

Tennessee
Department of
Mental Health and
Substance Abuse
Services

THREE YEAR
PLAN
FY 2016 - FY 2018

(July 1, 2015 – June 30, 2018)

TDMHSAS THREE YEAR PLAN
FY 16 – FY 18
July 1, 2015

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Introduction and History of the Department

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) serves as the state's mental health and substance use disorders and opioid authority. TDMHSAS is responsible for system planning, setting policy and quality standards, system monitoring and evaluation, disseminating public information and advocacy for persons of all ages who live with mental illness, serious emotional disturbance, and/or substance use disorders.

History, in brief:

- 1953-- the Tennessee General Assembly (TGA) created the Department of Mental Health to provide for better treatment and improved welfare of persons with mental illness.
- 1973-- under the Comprehensive Alcohol and Drug Treatment Act, TGA gave the Department responsibility for developing programs for treating and preventing alcohol and drug abuse.
- 1975-- the department was renamed the Tennessee Department of Mental Health and Mental Retardation to reflect services to individuals with intellectual disabilities (then called mental retardation).
- 1991-- the Division of Alcohol and Drug Abuse Services was transferred to the Department of Health.
- 2000-- TGA changed the Department's name to the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) and revised the mental health and developmental disability law, Title 33 of the Tennessee Code Annotated (TCA).
- 2007-- the Bureau of Alcohol and Drug Abuse Services (BADAS) was transferred to TDMHDD from the Department of Health by executive order and codified in 2009. This transfer added substance use disorder (SUD) treatment and prevention authority to the Department.
- 2010-- legislation was passed that created a Department of Intellectual and Developmental Disabilities (DIDD). Responsibility for services related to developmental disabilities and/or intellectual disabilities was transferred to the new Department. DIDD now serves as the state's developmental disability authority. 2010--TGA changed the name of TDMHDD to the Tennessee Department of Mental Health (TDMH) effective January 15, 2011.
- 2012--TGA changed the name of the Department of Mental Health to the Department of Mental Health and Substance Abuse Services (TDMHSAS) to more accurately reflect the mission of the agency.

TDMHSAS administers seven Regional Planning and Policy Councils from which regional mental health and substance abuse needs and information are funneled to the Statewide Council and to the Department. Needs assessment priorities and recommendations from the Statewide Planning and Policy Council, combined with requirements associated with federal Mental Health and Substance Abuse Block Grant funding, inform the development of the Department's Three-Year Plan. Title 33, Chapter 2, Part 2 of the Tennessee Code Annotated requires the TDMHSAS to develop a Three-Year Plan (Plan) based on input from the TDMHSAS Planning and Policy Council. The plan must be revised at least annually based on an assessment of the public need for mental health and substance use disorders services. A needs assessment is conducted annually by the TDMHSAS Regional Councils to assist the Department with planning for resource allocation. Data is provided to the Regional Councils to assist members with identifying and prioritizing needs. Prioritized needs are shared with staff to inform the development of strategies for the Three-Year Plan and report progress annually. The needs assessment process creates a research-based method for Regional Councils to influence the design of the mental health and substance use delivery system by identifying each region's needs and targeting limited state resources to more effectively and efficiently meet identified needs. This information is used to communicate and integrate results into a strategic planning and action process that ensures assessment information is used in meaningful ways.

TDMHSAS embraces the New Freedom Commission Goals as follows:

1. Tennesseans understand that behavioral health is essential to overall health.
2. Services are service-recipient and family-driven and youth-guided.
3. Disparities in services are eliminated.
4. Early screening, assessment, and referral to services are common practice.
5. Excellent services are delivered.
6. Technology is used to access services and information.

A detailed breakdown of all applicable services and initiatives is included in the strategies and outcomes section of the Three-Year Plan. Following is a current snapshot of initiatives designed to help achieve the expressed goals, adhere to the Departmental mission, follow the recommendations of the Planning and Policy Council system needs assessment and follow the directives of the Governor and the Commissioner issued through the Customer Focused Government goals.

Department Organization

Division of Administrative Services (DAS) oversees monitoring, information technology, general services, and the budget. DAS coordinates major maintenance and capital outlay projects and provides consultation and administrative oversight for the Regional Mental Health Institutes.

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

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

Division of Clinical Leadership (DCL) seeks to assure high quality services through the following activities: consultations; clinical oversight; education; the development and revision of clinical policies and best practice guidelines; and the advancement of research reviews.

Division of Planning, Research & Forensics (DPRF) supports mandated Departmental planning responsibilities by working with program staff to develop strategies and goals, administering the Planning and Policy Council system, and developing, and/or consulting on grant applications and reports. DPRF works collaboratively with all program and planning areas to develop Departmental policy through research, data collection and analysis, decision support and program evaluation. The Division is also responsible for forensic services including court ordered evaluation and treatment, and the Tennessee Integrated Court Screening and Referral Project.

Division of Mental Health Services (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including children's services, housing, crisis services, suicide prevention and peer-to-peer recovery services.

Division of Hospital Services (DHS) provides oversight of operation for the four Regional Mental Health Institutes for administrative, quality management, program services, and nursing services.

Division of General Counsel (DGC) provides the mandated services of advising the Licensure Review Panel and representing TDMHSAS in involuntary commitment and civil service proceedings.

Office of Licensure (OLIC) The Office of Licensure is charged with licensing all Tennessee agencies providing mental health, substance abuse, and personal support services.

Office of Human Resources (OHR) works to ensure the Department of Mental Health and Substance Abuse Services obtains and maintains a workforce that is capable of fulfilling the Department's mission and objectives.

Goals

Goal 1:	Tennesseans understand that behavioral health is essential to overall health.
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TDMHSAS participates in collaborative efforts with other Departments and agencies in service to Tennesseans and in concert with shared advocates, stakeholders and interested citizens.

- TDMHSAS participates in the State Health Plan Advisory Committee to ensure issues related to mental health and substance use disorders are incorporated into the State Health Plan. The Department continues to participate in the Internal State Health Council, along with other state agencies, to assist in the development of the strategic plan for Statewide Health Information Exchange (HIE).
- TDMHSAS participates in the Governor’s Public Safety Subcabinet Workgroup to significantly reduce prescription drug abuse, drug trafficking, curb violent crimes, and lower the rate of repeat offenders.
- TDMHSAS and the Tennessee Commission on Children and Youth (TCCY) coordinate the Council on Children’s Mental Health (CCMH). The CCMH is charged with designing and supporting a Statewide System of Care model for children and youth with mental health needs and their families that is coordinated, community-based, family-driven, youth-guided, and culturally and linguistically competent.
- TDMHSAS also participates on the Youth Transitions Advisory Council (YTAC) to address the needs of youth transitioning from the child mental health system to the adult system.
- TDMHSAS participates fully with the Governor’s Children’s Cabinet, a collaboration of agency heads whose goal is to impact children’s services in Tennessee.
- TDMHSAS collaborates with service providers, youth, families, and other stakeholders statewide on annual Children’s Mental Health Awareness Day activities and promotional events to increase awareness of mental health needs in children and reduce stigma associated with people living with mental illness.
- TDMHSAS staff members continue to speak to groups across Tennessee about the importance of good mental health and its impact on the workplace, schools, and within the community of people living with mental illness and substance abuse disorders.
- TDMHSAS staff members participate in community groups and outreach programs to enhance understanding of mental health, serious emotional disturbance, substance use disorders and co-occurring disorders.
- TDMHSAS promotes and supports collaborative partnerships between the behavioral health and criminal justice systems.
- TDMHSAS collaborates with the Department of Education (DOE), Coordinated School Health, the Center of Social and Emotional Foundations for Early Learning (CSEFEL), and other related groups to increase awareness of the crucial importance of early identification and treatment of children and youth with mental health needs.
- TDMHSAS collaborates with the Department of Education in the DOE’s Workplace Violence Prevention initiative.
- TDMHSAS also funds the Tennessee Suicide Prevention Network, Tennessee Lives Count and the Promise for Tomorrow curriculum which use suicide prevention and early interventions methods.

Suicide Prevention and Crisis Services

Suicide is a major public health problem and the most preventable type of death. While Tennessee has seen a decline in suicide rates for youth in recent years, the number of individuals between the ages of 34-54 has been steadily increasing. During 2013, Tennessee lost 1,017 individuals to suicide across the lifespan and of those 21% were veterans. Research indicates that for every death, there are at least 25 attempts. To address this problem, TDMHSAS funds, supports and leads many activities related to the reduction of suicide deaths and attempts.

- The Shield of Care is a specialized suicide prevention training curriculum designed for staff working within juvenile justice facilities. The Shield of Care program is listed on the Suicide Prevention Resource Center's (SPRC's) Best Practice Registry (BPR), which is a collaborative effort with the American Foundation for Suicide Prevention and SAMHSA.
- The Tennessee Zero Suicide Initiative is a collaborative effort between TDMHSAS and Tennessee Suicide Prevention Network and involves working with behavioral health and health serving systems. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems.
- Tennessee is currently focusing efforts on strengthening the behavioral health system, by improving the clinical skills and confidence levels of those being relied on to treat and support individuals both during and after a suicidal crisis.
- Through the TSPN Intra-state Departmental Group, TDMHSAS partners with TSPN to collaborate with other state agencies to promote and encourage the integration of suicide prevention efforts into all state operated programs and services.
- The Division of Clinical Leadership partners with TSPN to collaborate on suicide prevention activities specific to African-American faith communities. Activities include a bi-annual national conference and work group meetings related to suicide prevention in the faith-based community.

Family Support Services

TDMHSAS supports caregivers of children with Serious Emotional Disturbance (SED) through the Family Support Program Network.

- TDMHSAS funds the Family Support & Advocacy program, a comprehensive family advocacy, outreach, support, and referral service statewide provided by Tennessee Voices for Children under the "Statewide Family Support Network." An important function of this service is to assist families of children with serious emotional disturbance (SED) and professionals working with SED children to attain the skills needed to assure that support services are provided.
- TDMHSAS supports the National Alliance on Mental Illness Tennessee (NAMI Tennessee) with the Child and Family Mental Health Education Program. The primary goal of this program is to provide information to parents, caregivers, service providers, and youth about mental health diagnoses, treatment modalities for children, advocacy skills, communication strategies, and problem solving techniques.
- Family support, such as respite, is a prime element in maintaining family caregiver's health and mental health. TDMHSAS funds Planned Respite services to families whose children have a SED and need temporary relief from care giving. There are currently eight Planned Respite programs across six community mental health centers. The Respite Voucher program was developed to meet parents' need for help in paying for needed respite services. This program is available Statewide through the Tennessee Respite Coalition.

Community Outreach, Education and Training

TDMHSAS promotes a variety of mental health and substance abuse education programs that reduce stigma associated with mental illness and substance use disorders.

- The Erase the Stigma program is a mental health education program that promotes understanding of mental health and wellness by providing basic information and education about mental illness and reduces the stigma associated with mental illness. A duck puppet/mascot named I.C. Hope is the signature method of providing mental health information to children and youth in concert with storytelling and other interactive exercises.
- The Higher Education Prevention Initiative is a college campus prevention initiative designed to promote safe and healthy campus communities throughout the State. It engages public and private colleges and universities in Tennessee to reduce alcohol and other drug abuse and misuse and related violence.
- The community substance abuse prevention coalitions (Coalitions) are community teams, representing many different sectors, which mobilize to address the substance abuse problems that affect the health and wellness of the community. Coalitions implement environmental strategies focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. The Coalitions work to change public laws, policies and practices to create environments that decrease the probability of substance use disorders.
- Tennessee Statewide Clearinghouse for Alcohol and Drug Information and Referral serves as a repository, distribution center and library for information regarding substance use disorders and co-occurring disorders.
- Department-wide in-service training and events, such as teleconferences, are organized to promote education and understanding about mental health diagnoses, recovery, resilience, person-centered care and stigma reduction are provided to staff.

System of Care for Children and Youth

TDMHSAS oversees and administers three federally funded System of Care (SOC) demonstration initiatives and five SOC Expansion Initiatives serving a total of twenty-two counties. Each grant provides funding and technical assistance to local communities to build and sustain Systems of Care for children and youth diagnosed with serious emotional disturbance (SED) and their families. SOC initiatives are grounded in a value-based framework, which includes being family-driven, youth-guided, community-based, and culturally and linguistically competent. SOC values and principles place the child and family at the center of this values-based approach to service delivery and system collaboration and assemble a network of effective formal and informal supports around the family. TDMHSAS partners with child serving departments, agencies, service providers, youth, families, and other stakeholders in developing comprehensive and coordinated Systems of Care and the infrastructure to support and sustain effective and appropriate services for children and youth with intensive mental health needs.

The Statewide System of Care Expansion Initiative (SOC-EXP) implementation grant was awarded to the TDMHSAS in October 2012. Implementation of the grant will fundamentally change the way mental health services are provided to children in Tennessee. The focus of the expansion grant is infrastructure and workforce development through creation of a statewide sustainable SOC Technical Assistance Center. In addition TDMHSAS will be developing a strategic financing plan for long-term sustainability of the SOC approach in Tennessee.

TDMHSAS has established four overarching goals and objectives for the SOC Expansion Implementation Grant:

1. Implement state-level policy, administrative and regulatory changes promoting and sustaining a Statewide SOC infrastructure, including a strategic financing plan;
2. Facilitate increased access to and expand or enhance the coordinated system of services, supports, and individualized care management for children and youth with serious emotional disturbances and their families;
3. Create and implement sustainable training and technical assistance strategies that facilitate ongoing learning, coaching and practice improvement, and supports fidelity to SOC values and principles; and
4. Expand the existing support and advocacy base for a Statewide System of Care.

Goal 2:	Services are service recipient, family-driven, and youth-guided.
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TDMHSAS operates a structured planning process with multiple layers of Statewide and Regional Council involvement to ensure grassroots citizen participation in policy and delivery system planning. Membership includes:

- Representatives of individuals and their families; advocates for children; adults and elderly; service providers; stakeholder agencies and organizations for both mental health and substance abuse;
- Current or former service recipients and members of service recipient families with mental health and substance abuse disorders;
- Representation from the Substance Abuse Treatment Advisory Council, the Anti-drug Coalitions, the DSAS Prevention Advisory Council, was added to each regional Council to assist with planning for substance abuse treatment and prevention services; and
- A representative from the Consumer Advisory Board also participates on the Council.

The Department oversees the seven Regional Planning and Policy Councils from which local and regional mental health and substance abuse needs and information are funneled to the Statewide Council and to the Department through:

- Needs assessment priorities and recommendations from the Statewide Planning and Policy Council;
- Requirements associated with federal Mental Health and Substance Abuse Block Grant funding;
- Development of the Department’s Three-Year Plan for the service delivery system which is updated annually by TDMHSAS with input from all Councils.

The DSAS Prevention Advisory Council, which focuses solely on prevention services, meets quarterly to seek feedback from agencies, coalitions, and other state agencies that provide such services. The Advisory Council is instrumental in supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse prevention services that are data driven, evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access. In addition, the Council promotes interagency collaboration for the development and implementation of prevention services. The DSAS Tennessee Treatment and Recovery Advisory Council (TNTRAC) meet quarterly to provide guidance to DSAS regarding specific programmatic funding (including the use of evidence-based practices), administrative decisions, and strategic planning. The Council is comprised of service providers and other stakeholders, as well as key Division staff. TNTRAC has eight committees that address specific areas: treatment and recovery, women, adolescent, co-occurring, criminal justice, information technology, HIV and faith-based initiatives.

Additionally, TDMHSAS coordinates the Consumer Advisory Board (CAB). The CAB serves as the voice of service recipients on issues related to recovery and resiliency, policy and planning, system evaluation, and the rights of the service recipient. The CAB provides its advocacy function for recipients regardless of age, ethnicity, sexual identity, or social or educational opportunity. The Consumer Advisory Board has held three annual Peer Recovery Specialist conferences. The conferences have been instrumental in promoting peer recovery specialists work throughout the state and has helped to educate stakeholders regarding the value of hiring trained certified peer recovery specialists in their agencies. As a direct result, the TDMHSAS continues to help reduce stigma associated with those who live with mental health and substance abuse disorders, and create better community mental health services.

The TDMHSAS Helpline program is available through a toll free number and email address posted on the TDMHSAS website. Consumer advocates provide information about mental illness and substance abuse resources, respond to complaints, make referrals to services and supports, and provide information to TDMHSAS staff on recurring issues of concern from service recipients.

Peer Recovery Services

The Department promotes a variety of peer recovery services for behavioral health service recipients to assist in the recovery process.

- TDMHSAS certifies Peer Recovery Specialists through its statewide certification program so that they can seek employment providing peer-to-peer services.
- TDMHSAS also promotes emerging evidence-based and best practices through the administration and monitoring of a certification programs for Family Support Specialists, some of whom provide direct support to service recipients and their families.
- TDMHSAS provides training to the coordinators of the 45 peer support centers in the recovery process, including the use of recovery tools such as the Wellness Recovery Action Plan (WRAP[®]), as well as in other ways that the centers can assist participants in achieving recovery goals.
- TDMHSAS also funds a Peer Recovery Call Center at Mental Health Association of East Tennessee.
- TDMHSAS promotes the My Health, My Choice, My Life initiative, a statewide health and wellness initiative led by trained Peer Wellness Coaches who help participants build self-confidence to take part in maintaining mental and physical health and managing chronic health conditions.
- TDMHSAS will partner with the Tennessee Mental Health Consumers' Association to introduce peer recovery services in the Regional Mental Health Institutes this year. These peer bridger services are intended to increase patients' likelihood of successfully transitioning back into their home community and reducing rates of readmission.
- TDMHSAS recently received a Transformation Transfer Initiative grant from the National Association of State Mental Health Program Directors (NASMHPD) to provide peer bridger services in Tennessee's Crisis Stabilization Units.

TDMHSAS works to ensure that all service recipients involved in emergency commitment hearings, judicial commitment hearings and conservatorship proceedings at the RMHIs are afforded a full and fair hearing, and that their constitutional rights are preserved. The Department enhances service recipients' knowledge of their rights by requiring service providers to inform service recipients of their general rights as well as rights specific to the program of service. Staff ensures that confidentiality laws and regulations for the protection of service recipients are followed to minimize the potential for dissemination of confidential patient information or personal health information. TDMHSAS also designates a specific staff person to target compliance with federal and state privacy laws.

The Mental Health Block Grant funds a respite voucher program for families of children and youth with an SED, which features a family-directed respite service model. Respite gives relief to families and caregivers from the extraordinary and intensive demands of providing ongoing care. It helps keep families together and keeps them healthier, happier, and more productive by assisting them in finding time to get away and reduce stress related to constant caregiving.

TDMHSAS collaborates with youth, families, and other stakeholders in developing and implementing Statewide and local broad-based governance structures for each SOC initiative. These governance structures provide youth and families the opportunity to actively participate in the design, implementation, and evaluation of the local SOC. TDMHSAS also co-chairs the statutorily mandated Council on Children’s Mental Health where youth and family members are active participants in the development of a strategic plan for a comprehensive Statewide SOC for children and youth with mental health needs.

Goal 3:	Disparities in services are eliminated.
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TDMHSAS continues to eliminate disparities in services through the following programs and supports.

- The Emotional Fitness Centers program is a faith-based initiative in Memphis and Shelby County that provides funding for Peer Advocate Liaisons (PALS) in churches in underserved African-American communities. The Liaisons assist participants in identifying behavioral health needs and help to successfully navigate the behavioral health system with the goal of increasing utilization of mental health and substance abuse services.
- TDMHSAS continues to recruit minorities, people with disabilities, individuals who are deaf and hard of hearing, residents from rural areas, youth, and caregivers of children with SED to serve as members of the Statewide and Regional Planning and Policy Councils.
- Accommodations and auxiliary aids and services including but not limited to qualified sign language interpreters are provided to the Council members and participants as requested. Spoken language interpreters are also provided when needed.
- DMHS continues to partner with the State Council for the Deaf and Hard of Hearing and community providers to develop strategies that will provide and enhance culturally competent mental health services to Tennesseans who are deaf and hard of hearing. DSAS also funds an agency in Middle Tennessee to provide substance abuse prevention services to deaf and hard of hearing children or children who come from a home with a deaf and hard of hearing individual.
- TDMHSAS ensures that all contracts comply with Title VI and any other state and federal law that is designed to protect citizens from discrimination, corruption, and unfair treatment.
- The Behavioral Health Safety Net of Tennessee (BHSN of TN) offers community-based, core, vital services that people living with serious mental illness need to continue leading functional, productive lives. The BHSN of TN partners with 15 community mental health providers across Tennessee. The BHSN of TN continues to provide core behavioral health services to more than 35,000 indigent individuals living with serious mental illness.
- TDMHSAS administers a 24/7 crisis system to assist adults and children and youth in behavioral health crisis.
- TDMHSAS consistently reviews and distributes grant announcements to providers for opportunities to obtain funding for the purpose of increasing prevention/intervention programs for adults, children, and youth. Specifically and in particular, the Department seeks increased funding for the School-Based Liaison program for youth who are at risk of mental health and substance use disorders. DMHS has secured the current funding for school-based programs from the Tennessee Department of Education and internal Department sources.

- Projects for Assistance in Transition from Homelessness (PATH), serves people with serious mental illness, including those with co-occurring substance use disorders who are experiencing homelessness or are at imminent risk of becoming homeless. Outreach is focused on helping people who are living on the streets or in homeless shelters.

TDMHSAS works with the Tennessee Commission on Children and Youth (TCCY), Department of Children’s Services (DCS), Tennessee Voices for Children, Vanderbilt Center for Excellence and the Administrative Office of the Courts (AOC) to transform the way in which children and youth involved in the juvenile justice system access mental health and substance abuse services. The Transfer Transformation Initiative grant from SAMHSA supports screening that result in juveniles being referred for appropriate services.

TDMHSAS funds 44 adult recovery court programs including two adult residential recovery court programs, three juvenile drug court programs, one family recovery court, three veteran court programs and one mental health court program. Additional specialty court programs that are operational in Tennessee but not funded by TDMHSAS include one family drug court, four juvenile drug courts, four designated DUI court programs, and six mental health court programs. Recovery (Drug) Courts are funded with state appropriations and drug court fees. The recovery courts are specialized courts or court dockets that incorporate the following for the target population: intensive judicial supervision; treatment services; recovery support services; sanctions; and incentives to address the needs of addicted non-violent offenders. The target population includes adult male or female offenders who meet the criteria and voluntarily participate in the Recovery Court Program.

DSAS, in collaboration with representatives from Shelby County Government and the General Sessions Court Judge, has developed and implemented a Mental Health Court program. The Shelby County Mental Health Court is a voluntary program for adult offenders with serious mental health and co-occurring disorders. Defendants are invited to participate in the program following a specialized screening and assessment. For those who agree to the terms and conditions of community-based supervision, a team of court staff and mental health professionals work together to develop treatments plans and supervise participants in the community.

TDMHSAS and the Tennessee Department of Correction (TDOC) opened the first statewide residential Recovery Court in the nation. The court is located in the Tennessee Morgan County city of Wartburg, which is about 45 miles west of Knoxville. The 100-bed program has been established to allow the state to divert offenders in need of substance abuse treatment and mental health services from prison beds to effective treatment programs that are evidence-based and proven to have a larger impact on reducing recidivism. The Recovery Court will also allow prison beds to be reserved for those violent offenders who are most in need of them and who have a more noticeable effect on public safety. Morgan County Residential Recovery Court participants complete an intensive 7 – 9 month program and then transition back to their community recovery court to complete their final phase of programming. Case management, recovery services, safe housing, job placement and training, and family support services are provided to the individuals back in their community court.

Goal 4:	Early screening, assessment, and referral to services are common practice.
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TDMHSAS is involved in a variety of activities to ensure that early screening, assessment and referral are common practice.

- TDMHSAS has partnered with the Bureau of TennCare and other child-serving departments to improve access to and quality of prevention and early intervention services for children and youth.
- TDMHSAS promotes activities that lead to early identification, assessment and diversion of service recipients who are involved in the justice system through support of the justice mental health liaison projects.
- TDMHSAS is involved in a variety of activities to ensure that early screening, assessment and referral are common practice. TDMHSAS has partnered with the Bureau of TennCare and other child-serving departments to improve access to and quality of prevention and early intervention services for children and youth.
- TDMHSAS is working with juvenile judges and other state agencies to identify mental health treatment needs of youth involved in the juvenile justice system.
- A federal Transfer Transformation Initiative grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the department, will allow for the expansion of a juvenile court screening project which trains youth service officers to complete mental health and substance abuse screening for all youth referred to juvenile court as unruly or delinquent.
- Screening, Brief Intervention, Referral for Treatment Tennessee (SBIRT-TN) is a five year SAMSHA grant program that identifies patients using substances at risky levels and provides services that tend to reduce and prevent related health consequences, accidents and injuries. SBIRT-TN is working to expand the use of SBIRT across Tennessee through a SBIRT Physician Champions Program.

Several programs, funded by the Mental Health Community Services Block Grant, provide early intervention and prevention services for children, youth and their families.

- TDMHSAS promotes prevention and early intervention by providing information about depression and anxiety screenings in local communities, coordinating activities for National Depression Screening Day, promoting the Violence and Bullying Prevention Program, and providing respite services and respite vouchers for services to families of children identified with a SED or dually diagnosed with SED and intellectual disabilities,
- TDMHSAS oversees the Early Connections Network regional System of Care (SOC) initiative in five counties. The initiative will design, implement and evaluate early childhood mental health services partly through the promotion and practice of early identification of mental health needs in young children ages birth to five years.
- TDMHSAS also participates on the Tennessee Infant and Early Childhood Mental Health Initiative, a statewide group of supporters of infant and early childhood mental health committed to increasing awareness of infant mental health, identifying system-wide barriers to care, and promoting early identification of and effective and appropriate treatment for mental health needs in the age zero to five population.
- TDMHSAS promotes the K-Town Youth Empowerment Network is a mental health initiative in Knox County, Tennessee, serving youth who are transitioning to adulthood (ages 12-21) with Serious Emotional Disturbance (SED) and their families. K-Town offers an effective approach to delivering mental health services and system transformation through an enhanced culturally competent, family-driven, youth-guided and coordinated System of Care.
- TDMHSAS oversees the Professional Care Services (PCS) System of Care Grant Program. This program engages community and agency leaders, families, and youth to share responsibility, resources, and services necessary to meet the needs of young children in the targeted communities. The SOC Grant Program works to build strong community collaboration to serve young children and their families.
- TDMHSAS supports the Chattanooga Care Connection which helps students in the alternative school programs in Hamilton County. Services include prevention, early intervention, treatment,

and recovery support delivered from a family-driven perspective in which parents/caregivers partner with providers in a supportive and interactive collaboration.

- TDMHSAS participates in the Governor’s Safety Subcabinet with a mission to develop a safety action plan designed to have a significant impact on crime in Tennessee and help create a climate in communities across the state that fosters the creation of more jobs.
- TDMHSAS continues to implement the “Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee.” This comprehensive and multi-year strategic plan was developed by the Tennessee Department of Mental Health and Substance Abuse Services in collaboration with sister agencies impacted by the prescription drug epidemic.
- TDMHSAS received a 5% increase in the annual Mental Health Block Grant allocation to create a program for youth who experience their first psychotic episode. The program is being implemented in the upper northwest area of Tennessee and is innovated for operation in a rural area.
- TDMHSAS was awarded a five year Healthy Transitions grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) in October 2014. This Initiative will assist Tennessee youth and young adults with or at risk of developing a serious mental health condition and/or co-occurring disorder in improving their health and wellness, leading self-directed lives, and reaching their full potential.
- TDMHSAS funds an early intervention program in 83 middle and high schools across Tennessee, called Mental Health 101, which improves recognition of symptoms and duration requiring intervention in youth. This outreach program received the APA Psychiatric Achievement Award in 2015 for reducing suicides while increasing treatment utilization among youth.

There are several TDMHSAS programs focusing on early intervention of mental health disorders and prevention of substance use disorders.

- Tennessee Prevention Network funding supports twenty-three agencies in providing evidence-based prevention services to select populations of youth, including children in foster care, children of substance abusing parents, children of incarcerated parents, high school dropouts and other population groups that have been identified to be at high risk of abusing substances. Additionally, the Tennessee Prevention Network programs target those engaged in high risk behaviors such as binge drinking, prescription drug abuse, and inhalant abuse.
- The Comprehensive Alcohol, Tobacco and Other Drug Prevention Program is a structured, intensive group session targeting youth who may be at risk for developing alcohol, tobacco, or other drug use and abuse problems and includes a community service project that strengthens commitment against substance use disorders.
- B.A.S.I.C (Better Attitudes and Skills in Children) is a school-based mental health prevention and early intervention program for children that promotes mental health by identifying children at risk of serious emotional disorders and referring them to treatment. This program offers mental health education through direct classroom interaction with children and through work with teachers, coaching them on strategies to promote social emotional development of children.
- The School-Based Mental Health Liaison Program provides face-to-face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED, behavior problems, or substance use disorders.
- Educational opportunities for professionals in the field of substance abuse prevention and treatment associated with the prevention, intervention, treatment, co-occurring and recovery support to advance knowledge and skills are provided.
- The Therapeutic Intervention, Education, and Skills (TIES) program addresses the complex needs of children (ages 0 to 18) who are in or at-risk of out-of-home placement due to parent/caretaker methamphetamine or other substance abuse. The project implements an evidence-based, trauma-informed, culturally competent continuum of outreach, treatment, education/counseling, and

supportive services for children and families utilizing all components of the high fidelity Intensive Family Preservation Services (IFPS) model in eight rural Tennessee counties: Bedford, Cannon, Coffee, Franklin, Grundy, Lincoln, Moore, and Warren.

- The Knoxville Early Diversion Program (KEDP) provides screening, assessment, referral, and treatment services through a partnership with the Helen Ross McNabb Center and Knoxville Law Enforcement Agency, and in coordination with community partners and stakeholders. This program will assist the city of Knoxville with enhancing existing behavioral health, substance abuse, and co-occurring services by giving law enforcement an avenue to identify individuals that are appropriate for pre-arrest diversion.
- Office of Crisis Services and Suicide Prevention is collaborating with the Department of Intellectual and Developmental Disabilities (DIDD) to identify and optimize access to essential information and services for individuals with intellectual disabilities being served in the crisis response system. The overall goal is to improve outcomes for individuals with intellectual disabilities that enter into crisis.

Goal 5:	Excellent services are delivered.
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Each of the six evidence-based practices recommended by SAMHSA is provided in some measure in the State's behavioral health service system. These include: supported housing, supported employment, assertive community treatment, family psychoeducation, integrated treatment for persons with co-occurring disorders of mental illness and substance use, and illness management and recovery. TDMHSAS evaluates the most effective mental health treatments and develops, revises or updates best practice guidelines for children, adolescents, and adults as research indicates the need to do so.

TDMHSAS has developed creative ways to increase affordable housing for individuals receiving mental and substance abuse services.

- CHI creates affordable housing opportunities for people who have experienced serious mental illness or co-occurring disorders by working with community partners. Regional housing facilitators (RHF) and consumer housing specialists (CHS) implement the Creating Homes Initiative (CHI) at the community level in the seven statewide planning regions.
- TDMHSAS is enhancing substance abuse recovery housing by partnering with Oxford House, International to assist with efforts to increase housing, employment, education, and other supports for individuals recovering from substance use disorders.

Services and Supports for Youth

- TDMHSAS received an Adolescent and Transitional-Aged Youth Treatment Enhancement and Dissemination Grant for four years. The Treatment and Recovery for Youth (TRY) Program will improve substance abuse treatment and recovery services for Tennessee adolescents (12-18) and transitional-aged youth (18-24) and their families by developing a Learning Laboratory in Madison and Maury counties.
- TDMHSAS, in partnership with the Department of Children's Services, Division of Juvenile Justice, the Tennessee Commission on Children and Youth (TCCY), Shelby County government, and Alliance Healthcare Services was awarded a Policy Academy Action Network grant in 2014 to improve policies and programs for diverting youth with behavioral health needs from the juvenile justice system to appropriate community-based services.

- TDMHSAS promotes access to appropriate mental health services for children and youth with serious emotional disturbances through the development, implementation, and evaluation of Systems of Care and related services. Systems of Care promote the use of appropriate and effective evidence-based and promising practices for children and youth, such as wraparound and trauma-focused cognitive behavioral therapy, and parent child interaction therapy.
- TDMHSAS developed a Statewide System of Care Technical Assistance Center (SOC-TAC) that partners with other state and national experts to provide training and technical assistance to state agencies, providers, and stakeholders serving children with mental, emotional and behavioral disorders and their families.
- TDMHSAS promotes access to mental health services that are best practices for children by continuing to provide funding for the Regional Intervention Program (RIP), school-based mental health liaisons, the Better Attitudes And Skills In Children (B.A.S.I.C) early intervention programs, mental health consultation in early childhood settings and a faith-based initiative for assessment and evaluation service to an underserved population. Services are also funded for children and youth in several evidence-based programs: Second Step Program used in the Violence and Bullying Prevention program, Youth Screen, and the QPR Program (Question, Persuade, Refer) for youth suicide prevention.
- TDMHSAS monitors the forensic performance standards for inpatient and outpatient forensic and juvenile court services. Staff reviews and revises the inpatient and outpatient juvenile and adult performance standards annually to improve the quality of the forensic and juvenile court ordered evaluations. Staff also provides three certification training sessions annually to contractors and Department staff.
- TDMHSAS developed the Best Practice Guidelines for Children and Adolescents from Birth to 17 Years of Age. The Guidelines are an extensive 500-page document that provides relevant information and education for professionals who deliver behavioral health services to children.

To ensure that quality services for substance use disorders are being provided, TDMHSAS promotes the use of the Tennessee Alcohol and Drug Best Practice Guidelines, a guide for all publicly funded services for substance abuse treatment in the State. The Department also promotes the *Matrix Intensive Outpatient Treatment Manual*, an evidence-based practice for treating persons with stimulant use disorders and is effective for treating other substance use disorders; the *Co-Occurring Disorder Training Manual*, which provides information and treatment needs and recommendations regarding service recipients who have a mental health disorder in combination with a substance use disorder; and the *Seeking Safety Manual*, a treatment manual for PTSD and substance abuse, which includes a trauma specific intervention for clients with a history of trauma and substance abuse.

TDMHSAS also administers the Alcohol and Drug Addiction Treatment program (ADAT), a state-funded program that provides substance abuse treatment services for Driving Under the Influence (DUI) offenders and supervised probation offenders. All funded treatment programs are required to use an evidence-based program geared to the population served.

TDMHSAS has developed a Trauma Informed System of Care by integrating the knowledge of violence and abuse into its service delivery practices. The trauma informed model, Seeking Safety: A Treatment Manual for PTSD and Substance Abuse, is used by all block grant treatment providers. This model can be designed for use with a group or individual format and for male and female service recipients in a variety of settings; i.e., outpatient, inpatient and residential. A Trauma Screener module has been developed in the Tennessee Web-based Information Technology System (TN-WITS) that can assist providers identify substance abuse clients who have had a traumatic event. If the screening indicates trauma, the provider will be required to create a treatment plan that includes trauma specific services and

refer the individual for other community support services, if needed. On-line training and regional workshops are provided to treatment, recovery support and criminal justice providers.

The Division of General Counsel, has implemented a Department-wide compliance plan called the Quality Assurance Quality Improvement Plan (QAQIP). The QAQIP is facilitated by the Director of Compliance, covers all areas of the Department, and addresses all possible laws, standards and regulations that may come into play as Department staff carry out the functions of the Department. The purpose of the QAQIP is to create a cross-functional committee to ensure that all Divisions within the Department are compliant with the guidelines that govern the activities contained in that Division.

Integration of behavioral health and physical health is a primary focus of the My Health, My Choice, My Life health promotion and wellness initiative for Tennesseans who live with mental health and substance use disorders. This holistic health initiative integrates a medical model with recovery and resiliency, resulting in an initiative that focuses on overcoming physical and mental health symptoms through strengths, personal empowerment and resiliency. It is led by trained certified peer recovery specialists, individuals who have first hand, lived experience with psychiatric and/or co-occurring conditions. This program provides individuals with self-directed tools, empowering them with the knowledge, skills and resources to improve their overall well-being and resiliency and live healthy and purposeful lives.

TDMHSAS was awarded The Tennessee Cooperative Agreement to Benefit Homeless Individuals-State (TN-CABHI) on 8/29/14. The grant will serve an estimated 620 individuals over period of three years. This initiative will provide collaboration among state-level agencies to reduce homelessness and housing with support services to homeless veterans and other chronically homeless people living with serious mental illness and/or substance use disorders in Shelby and Davidson Counties.

TDMHSAS launched the Tennessee Faith-Based Community Initiative that provides the framework for faith-based organizations across Tennessee to join in a recovery network. The department's Division of Substance Abuse Services is actively engaging faith communities and organizations as a means of increasing outreach, educational activities, access, and visibility to people seeking substance abuse services. The goal is to build a cohesive prevention, treatment, and recovery network with faith-based organizations to support a common goal of strengthening individuals and families and ultimately restoring our communities.

TDMHSAS processes licensure applications from eligible service providers and issues licenses to applicants meeting licensure requirements. The Department also conducts investigations of complaints, reports of abuse and deficiencies in operation of a facility which further serves to protect service recipients. TDMHSAS monitors licensed agencies and non-licensed recovery support agencies for quality, appropriateness and efficacy of services. Licensure staff ensures lawful compliance with rules and regulations regarding the operation of facilities, services and personal support services. The Department also identifies and proposes legislation that benefits individuals with mental illness and substance use disorders. Other proposed legislation is reviewed for potential impact on the Department and individuals served by TDMHSAS. TDMHSAS enforces and ensures compliance with Title 6 and Title 19 which is included in every mental health and substance abuse contract developed.

The Department continues to produce and refine reports and data that assess progress made on the provision of services. Reporting and data provide information on program performance measures and identify areas for quality improvement. TDMHSAS collaborates with stakeholders and family members to facilitate the development and use of meaningful evaluation indicators of service delivery systems to enhance resilience, rehabilitation and recovery.

Workforce Development

TDMHSAS continues to investigate a more viable way to calculate the designation of a “Federal Mental Health Professional Shortage Area” within the state. When the federal government designates a county or community as a mental health professional shortage area, it officially recognizes only that there are not enough psychiatrists to provide a sufficient level of care in that area.

As the behavioral health workforce integrates care efforts, case managers, social workers and nurses have shifted roles in order to help bridge the gap between physical health and behavioral health and move individuals with mental health and substance abuse issues toward recovery. TDMHSAS continues to work to improve and implement clinical recruitment and retention of clinical staff. The Department participates in educational activities at area colleges, universities, and high schools to increase the visibility of TDMHSAS employment opportunities. Staff also continues to collaborate with the RMHIs to increase visibility of TDMHSAS career opportunities by attending job fairs, career days, and other functions throughout the state and to address ongoing clinical staffing concerns. TDMHSAS works with the Tennessee Department of Human Resources to create more competitive salary rates for clinical professionals at the RMHIs, particularly nursing parity rates. The Department also promotes the certified peer recovery specialists and certified family support specialist programs to enhance and expand the behavioral health workforce.

The Department maintains relationships with several universities and colleges, including Vanderbilt University, Middle Tennessee State University, Fisk University, University of Tennessee – Health Science Center in Memphis, Austin Peay State University, Tennessee State University, and Meharry Medical College. All four RMHIs have clinical affiliation agreements that include additional schools. These relationships allow TDMHSAS to provide educational activities, internships, and clinical rotations for a variety of mental healthcare professionals, including nursing, psychiatry, psychiatric residents, pharmacy, physician assistants, nurse practitioners, social workers, and occupational therapy. Department affiliations exist within psychiatry departments in two of four state hospitals (Memphis and Middle Tennessee Mental Health Institute).

DSAS is also responsible for workforce development and provides this through online and face-to-face training events provided to substance abuse, prevention, treatment and recovery providers. Training events focus on training needs as identified through annual training needs assessment.

Goal 6:	Technology is used to access services and information.
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The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has developed and begun to implement a plan for the use of technology that accomplishes the following:

1. Succeeds at moving the TDMHSAS along the path towards establishing an Electronic Health Record (EHR) at the Regional Mental Health Institutes (RMHIs);
2. Anticipates present and future information sharing and collaboration with community service providers;
3. Undertakes to decrease the unnecessary transportation of patients/recipients (to an RMHI) who have accessed the crisis services continuum; and

4. Establishes the infrastructure for the collection and warehousing of client-level data with the ultimate goal of providing the public, policymakers, and service-delivery system developers with accurate data for decision support.

The RMHIs have standardized all forms used for charting patient treatment and have implemented new forms at all four hospitals. In anticipation of the development and shared use of an EHR, the RMHIs ensure that the various departments within the hospital have access to the most current information regarding the treatment of each patient through the use of standardized forms. The new forms help to transition standardized information into the new EHR for the purpose of accomplishing the same goal: offering RMHI staff the most current information regarding each patient in an electronic format. In anticipation of future electronic information sharing and collaboration with community service providers, the EHR development efforts include system compatibility with community structures either in place or in process. Information sharing will be HIPAA compliant and include the necessary pharmacy history, clinical history, test and lab history and aftercare recommendations and/or history. In an effort to increase the ability of patients to receive adequate care in less-restrictive, community-based settings, the development of an EHR creates a bridge between inpatient care and community providers allowing the patient to receive continuous care in every setting.

Telehealth technology has been implemented in all four RMHIs through the use of stationary video conferencing equipment. The mobile version of the technology is currently being utilized with laptop computers, netbooks and iPads. The mobile version allows community crisis workers and specialty consultants to move to the location of the patient and establish the patient's eligibility for admission to an RMHI prior to the transportation of that patient. The mobile version of the telehealth program decreases the frequency of unnecessary transportation of patients (usually completed by law enforcement personnel) and allows for the accurate assessment of patient needs in whatever setting the assessment takes place. Referrals can be made to appropriate and available services for every patient. Telehealth assessments at RMHIs have increased more than seventy-five percent in FY 2014 and by approximately 10% in FY 2015.

DMHS has developed a web-based Crisis Tracking System for use by providers who contract with the Department for providing crisis services. Providers routinely enter or upload information no less than once weekly. The Crisis Tracking System is designed to enhance decision support, allow for specific patient tracking by different providers through the crisis services continuum, and allow for client-level data reporting for cyclical needs assessment activities and outcome measure analysis. Efforts are currently underway to enter into a data sharing agreement with the TN Department of Health (TDOH) to allow cross walking of crisis system data with vital statistic records in order to evaluate the effectiveness of crisis services in reducing future suicide attempts or deaths.

DSAS utilizes the Tennessee Web-based Information Technology System (TN-WITS), a Certified Electronic Health Record data system, to collect client level data, financially process and generate provider payments, provide timely reporting information to all state and federal grantors, and assist with the programmatic accountability and review audit process. Two hundred twenty-four (224) service providers offering thirty-four (34) prevention, treatment, recovery support and criminal justice programs are being tracked and managed through the TN-WITS system.

TDMHSAS is exploring options to collect and maintain information about the behavioral health outcomes for individuals receiving services in Tennessee. This information will be used to meet national reporting requirements and enhance the ability of Tennessee to make data-driven decisions concerning the behavioral health delivery system.

TDMHSAS works with the Council on Children’s Mental Health (CCMH) to research and identify strategies for addressing system wide issues related to data sharing, electronic medical records, and the use of technology related to services and supports for children and youth with mental health needs.

**Tennessee Department of Mental Health
and Substance Abuse Services**

LIST OF ACRONYMS

ACA	Affordable Care Act
ADAT	Alcohol and Drug Addiction Treatment Fund
AHP	Affordable Housing Program of Federal Home Loan Bank
AHRQ	Agency for Healthcare Research and Quality
AOC	Administrative Office of the Court
ARC	Attachment, Self-Regulation and Competency Learning Collaborative
BASIC	Better Attitudes and Skills in Children
BGAS	Block Grant Application System
BHSN of TN	Behavioral Health Safety Net of Tennessee
BOPP	Board of Probation and Parole
BPR	Best Practice Registry
BRFSS	Behavioral Risk Factor Surveillance System
BRIDGES	Building Recovery of Individual Dreams and Goals through Education and Support
BRSS TACS	Bringing Recovery Supports to Scale Technical Assistance Center Strategy
BSF	Building Strong Families
CAB	Consumer Advisory Board
CABHI	Cooperative Agreement to Benefit Homeless Individuals
CADCA	Community Anti-Drug Coalitions of America
CANS	Child and Adolescents Needs and Strengths Survey
CCMH	Children’s Council on Mental Health
CCO	Chief Compliance Officer
CDC	Centers for Disease Control
CDSMP	Chronic Disease Self-Management Program
CEPI	Center for Evaluation and Program Improvement
CFSS	Certified Family Support Specialist
CJI	Creating Jobs Initiative
CHI	Creating Homes Initiative
CHS	Consumer Housing Specialists
CIT	Crisis Intervention Team
CMHA	Community Mental Health Agency
CMHI	Children’s Mental Health Initiative (MHBG use)
CMHS	Center for Mental Health Services
CMS	Center for Medicaid and Medicare Services
COC	Continuum of Care
COD	Co-Occurring Disorder
COE	Tennessee Centers of Excellence [for Children in State Custody]
CON	Certificate of Need
CPRS	Certified Peer Recovery Specialist
CQI/TQM	Continuous Quality Improvement/Total Quality Management

CSEFEL	Center for Social and Emotional Foundations for Early Learning
CSH	Community Supportive Housing
CSU	Crisis Stabilization Unit
CTR	Clinical Therapeutics and Recovery
CTTS	Community Targeted Transitional Support
CYHOP	Children and Youth Homeless Outreach Project
DAS	Division of Administrative Services
DCL	Division of Clinical Leadership
DCS	Department of Children's Services
DHS	Division of Hospital Services
DSAS	Division of Substance Abuse Services
DBSA	Depression and Bipolar Support Alliance
DIDD	Department of Intellectual and Developmental Disabilities
DIG	Data Infrastructure Grant
DGC	Division of General Counsel
DMHS	Division of Mental Health Services
DMHT	Declaration for Mental Health Treatment
DOE	Department of Education
DPRF	Division of Planning, Research and Forensics
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders Text Revision
DSMP	Diabetes Self-Management Program
EBP	Evidence Based Practice
ECAC	Early Childhood Advisory Council
ECCS	Early Childhood Comprehensive Systems
EHB	Essential Health Benefits
EHR	Electronic Health Record
EPSTD	Early Periodic Screening, Diagnosis and Treatment
F&A	Finance and Administration
FEPI	First Episode Psychosis Initiative
FHLB	Federal Home Loan Bank
FQHC	Federally Qualified Healthcare Centers
FPL	Federal Poverty Level
FSP	Family Service Provider
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HUD	U. S. Department of Housing and Urban Development
ICD-9	International Statistical Classification of Diseases
ILS	Intensive Long-term Support
IMR	Illness Management and Recovery
IRIS	Integrated Recovery Integrated Services
ITTS	Inpatient Targeted Transitional Support
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Questioning
LOF	Level of Functioning
LS/CFMI	Level of Service/Case Management Inventory
M/SUD	Mental Health/Substance Use Disorder
MCO	Managed Care Organization
MCRT	Mobile Crisis Response Team
MHBG	Mental Health Block Grant

MHMCML	My Health, My Choice, My Life
MHPAEA	Mental Health Parity and Addiction Equity Act
MHSN/CTR	Mental Health Safety Net/Clinical Therapeutics and Recovery
MI	Mental Illness
MMCD	Medically Monitored Crisis Detoxification
MOE	Maintenance of Effort
MOT	Mandatory Outpatient Treatment
MOU	Memorandum of Understanding
MPA	Mandatory Pre-screening Agent
MRCT	Mobile Crisis Response Team
MRS	Multiple Response System
MST	Multi Systemic Therapy
NAMI	National Alliance on Mental Illness
NAMITN	National Alliance on Mental Illness of Tennessee
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NASMHPD	National Association of Mental Health Program Directors
NCTIC	National Center for Trauma-informed Care (SAMHSA)
NIMBY	Not In My Back Yard
NIMH	National Institute of Mental Health
NITT	Now is the Time
NOMS	National Outcome Measurement System
NRI	National Association of State Mental Health Program Directors Research Institute
NVSS-M	National Vital Statistics Systems - Mortality
OC	Office of Communications
OCA	Office of Consumer Affairs
PALS	Peer Advocate Liaisons
PATH	Projects for Assistance in the Transition from Homelessness
PI	Primary Investigator
P&PC	Planning and Policy Council
PSC	Peer Support Center
PWC	Peer Wellness Coaching
QAQIP	Quality Assurance Quality Improvement Plan
QHP	Qualified Health Plans
QPR	Question, Persuade, Refer
RHF	Regional Housing Facilitators
RIP	Regional Intervention Program
RMHI	Regional Mental Health Institute
SAMHSA	Substance Abuse and Mental Health Services Administration
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention and Treatment
SBIRT	Screening, Brief Intervention, Referral and Treatment
SCHIP	State Children's Health Insurance Program
SED	Seriously Emotionally Disturbed/Disabled
SETH	Support, Employment, Transportation & Housing
SHP	Support Housing Program of HUD
SMHA	State Mental Health Authority
SMI	Severe Mental Illness or Seriously Mentally Ill
SNAP	Supplemental Nutrition Assistance Program

SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	System of Care
SOC-EXP	System of Care Expansion Initiative
SMI	Severe Mental Illness
SPF	Strategic Prevention Framework
SPMI	Severe Persistent Mental Illness
SSA	State Substance Abuse Authority
SUD	Substance Use Disorders
TA	Technical Assistance
TAMHO	Tennessee Association of Mental Health Organizations
TANF	Temporary Assistance for Needy Families
TCCY	Tennessee Commission on Children and Youth
TDCI	Tennessee Department of Commerce and Insurance
TDCS	Tennessee Department of Children's Services
TDFA	Tennessee Department of Finance and Administration
TDHS	Tennessee Department of Human Services
TDMHPPC	TDMHSAS Planning and Policy Council
TDMHSAS	Tennessee Department of Mental Health and Substance Abuse Services
TDOC	Tennessee Department of Corrections
TDOE	Tennessee Department of Education
TDOH	Tennessee Department of Health
TEAM	Tennessee's Emerging Adults Matter Initiative
TennCare	Tennessee's Medicaid Program Organization
TF-CBT	Trauma Focused-Cognitive Behavioral Therapy
TFC	Therapeutic Foster Care
TLC	Tennessee Lives Count
THDA	Tennessee Housing Development Agency
TIES	Therapeutic Intervention, Education and Skills
TIHPP	Tennessee Interdisciplinary Health Policy Program
TIPP	Treatment Improvement Plan
TMHCA	Tennessee Mental Health Consumers' Association
TNTRAC	Tennessee Treatment and Recovery Advisory Council
TN-WITS	Tennessee Web Information Technology System
TOMS	Tennessee Outcomes Measurement System
TOPS	Tennessee Office of Prevention Services
TRY	Treatment and Recovery for Youth
TSPN	Tennessee Suicide Prevention Network
TTI	Transformation Transfer Initiative
TVC	Tennessee Voices for Children
URS	Uniform Reporting System
WIC	Walk in Center
WRAP	Wellness Recovery Action Plan
YTAC	Youth Transitions Advisory Council

***This list may contain acronyms not used in the document to which it is attached.
The document may contain acronyms not listed here.**