

**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES**
and the
TDMHDD PLANNING & POLICY COUNCIL
FY 2009 Joint Annual Report
July 1, 2008 – June 30, 2009

INTRODUCTION:

The Department of Mental Health and Developmental Disabilities (DMHDD) is the state's mental health, substance use disorders, developmental disabilities, and Opioid authority and is responsible for system planning; setting policy and quality standards; licensing personal support services agencies and mental health and alcohol and drug services and facilities; system monitoring and evaluation; disseminating public information and advocacy for persons of all ages who have mental illness, serious emotional disturbance, substance use disorders, or developmental disabilities. DMHDD also licenses intellectual disability services and facilities.

DMHDD serves adults with mental illness and children with emotional disturbance by planning, promoting, and contracting for an array of community mental health services, which are complementary to the mental health treatment services provided through the Bureau of TennCare. Community mental health services include prevention, early intervention, support services, rehabilitation, recovery and forensic services, and juvenile court evaluation services. DMHDD also provides a wide array and intensity level of substance abuse treatment services for children and adults with specialty services for women and persons with HIV. Prevention services are targeted to children and youth and include an array of school and community-based prevention programs. The program also supports professional training and evaluation activities. Substance abuse services are provided through a statewide network of more than 145 community and faith-based providers.

- DMHDD administers two federal block grants from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). One that provides services for adults with mental illness and children with serious emotional disturbance, and another for persons with substance use disorders.
- DMHDD maintains private, state and federally funded grant contracts with private, not for profit community mental health and substance abuse agencies and other organizations that provide a variety of services that are either not available or not fully supported through TennCare to enrollees and for non TennCare members who need services provided by DMHDD.

- DMHDD continues to administer the Behavioral Health Safety Net of TN program which addresses core mental health service needs for uninsured persons with serious and persistent mental illness (SPMI) who meets eligibility criteria.
- DMHDD operates five state psychiatric hospitals referred to as Regional Mental Health Institutes (RMHIs).
- DMHDD provides statutorily mandated inpatient and outpatient forensic and juvenile court services through a combination of direct service through the RMHIs and contracts with community providers.

The Department of Mental Health and Developmental Disabilities Planning and Policy Council was created by the General Assembly, which set membership requirements and responsibilities in Tennessee Code Annotated, §§33-1-401-402. Membership includes service recipients and their family members, representatives for children, the elderly, advocates, service providers, state agency representatives, and two legislators selected by the speakers of the respective houses.

The Council meets quarterly and is charged with assisting DMHDD in planning a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports; with advising the Department on policy budget requests; and developing and evaluating services and supports. The Council annually reviews the adequacy of the mental health and developmental disability law, Title 33, to support the service systems; makes recommendations for inclusion in the Department's three-year plan; annually reviews the federal Mental Health Block Grant and the federal Substance Abuse Block Grant; and, in conjunction with the DMHDD, reports annually to the Governor on the service system and departmental programs, and facilities.

ACCOMPLISHMENTS:

- Behavioral Health Safety Net of TN (BHSN) formerly known as the Mental Health Safety Net (MHSN) - DMHDD continues to administer the BHSN which addresses core mental health service needs for uninsured persons with serious and persistent mental illness (SPMI) who meets eligibility criteria. DMHDD partners with 19 community mental health agencies across the state to provide essential mental health services to the persons in this program. On January 1 2009, the former State-only/Judicial program was dissolved by TennCare and those individuals were offered services in the BHSN if they met eligibility requirements. DMHDD continues to offer mental health services to those who meet program eligibility requirements. This service package was designed to meet basic medication and treatment needs of these individuals and includes assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, and pharmacy assistance and coordination.

Approximately 21,947 individuals received services through the BHSN program this fiscal year. The top three services utilized were case management, pharmacologic management, and psychotherapy.

The DMHDD Planning and Policy Council played a significant role in shaping the program: advocating for flexibility in the service package based on consumer need, inclusion of critical medications in the formulary, and expansion of the eligible population. The Council continues to follow the implementation of the BHSN.

- Crisis Stabilization Units (CSU's) – Over the years, the continuum of crisis services has been expanded, both by DMHDD and by TennCare contracts with Managed Care Contractors (MCCs) under a TennCare waiver program. As part of an incremental move to carve-in managed care services, funding was targeted for increasing community alternatives to hospitalization. As a result, seven (7) crisis stabilization units (CSUs) have been put in place since the implementation of TennCare's integrated health contracts managed by multiple MCCs in April 2007.

In addition to the three (3) CSUs established in Middle Tennessee in FY 2008, CSUs were developed in FY 2009 in Memphis, Jackson, Knoxville and Johnson City. CSUs offer intensive, 24-hour mental health treatment in a less restrictive setting than a psychiatric hospital and less costly.

DMHDD has established a workgroup that is reviewing different options for crisis service delivery in Tennessee. The DMHDD Planning and Policy Council continue to advise the Department on issues related to crisis services.

- Medically-Monitored Crisis Detoxification Units - DMHDD is in the process of opening five medically monitored crisis detoxification units that will provide short-term (i.e., 1-3 days) alcohol and drug detoxification services 24 hours, seven days a week. The units are cost effective because they offer intensive 24-hour evaluation and withdrawal management, including observation, monitoring, and treatment, in a less restrictive setting than a hospital. The MMCD units are clinically effective because MMCD providers will refer upon discharge to treatment providers and follow-up to ensure that individuals maintain their scheduled appointments and continue in A&D care. The first four units are scheduled to open by August 15, 2009 in Chattanooga, Jackson, Knoxville and Memphis. The fifth will open in Nashville later on in the year.
- Commissioner Betts co-chairs the Council on Children's Mental Health which was created by Public Chapter 1062 to design a plan for a statewide system of mental health care for children. The Council has meet several times since its inception and is comprised of approximately 60 representatives from all child-serving state agencies, legislature, Governor's Office, Comptroller's Office, advocacy groups, not for profit agencies, providers, managed care companies, higher education, community members, parents of children with mental health disorders, and other key stakeholders.

The Council submitted its first report to the Legislature on February 1, 2009. A copy of the full report can be obtained by visiting the following link: <http://www.tn.gov/tccy/ccmh-report09pdf>. The Council will continue to meet at least

every two months to develop a statewide system of mental health care for children by July 2010.

- DMHDD Planning and Policy Councils - In an effort to streamline planning functions and increase efficiency within the Councils, the DMHDD Planning and Policy Council structure was revised by combining all council advisory responsibilities under one Departmental Council and seven regional councils. These Councils will represent mental health, developmental disabilities and substance use disorders. Restructuring the Councils will reduce meeting frequency, eliminate duplication, and decrease staff time for council oversight, which will result in a more efficient and cost effective process. The DMHDD Planning and Policy Council participated in the development of the new council structure.
- Grant Award – In September 2008, DMHDD received a grant of \$9 million from SAMSHA to implement a coordinated system of care for children and youth in Memphis and Shelby County over the next six years, called the JustCare Family Network. The focus of a system of care program is to foster the collaboration between state and local agencies, schools, and families and to provide appropriate mental health services and supports for children and youth with serious emotional disturbances in order for them to function more effectively at home, in school, and within their community, The Network anticipates serving 450 children and youth with SED ages 5 to 19 residing in Memphis and Shelby County.
- Grant Award – In December 2008, DMHDD was awarded \$1.5 million dollars by SAMHSA to fund a three year grant benefiting the Tennessee Lives Count Project that will continue to provide youth suicide prevention initiatives throughout the state. The TLC project teaches the warning signs for suicide among the youth population and has provided suicide prevention training to more than 18,000 Tennesseans. Tennessee has become a national leader in suicide prevention, programming, and planning. 2008 is the 10th anniversary of an organized effort across Tennessee to implement statewide prevention initiatives.
- Grant Award to Community Providers – In April 2009, DMHDD issued an announcement of funding for statewide prevention services for approximately \$6 million. The Division of Alcohol and Drug Abuse Services' statewide needs assessment provided information on how funding would be targeted to provide evidence-based prevention services to select populations, such as youth in foster care, youth in the juvenile justice system, and children of substance abusing parents. Funds will be awarded in the following categories: Tennessee Prevention Network, Community Anti-Drug Coalitions, Prevention Coordinator, Tennessee Teen Institute Program, and Higher Education Initiative.
- Grant Award - The Office of Forensic and Juvenile Court Services received a Transfer Transformation Initiative (TTI) grant administered by the National Association of State Mental Health Program Directors (NASMHPD) on sub-contract from SAMHA in the amount of \$105,000. This grant supports the Department's

efforts at Transformation of the juvenile court-ordered mental health evaluation system from a predominantly inpatient service to a community-based outpatient service. In FY 09, this TTI grant funded a state-wide training conference on conducting Juvenile Forensic Evaluations led by nationally-known expert Dr. Randy Otto. Certified forensic evaluators from the RMHI C & Y services and from all the contracted inpatient and outpatient evaluation providers attended, which increased the availability of certified outpatient evaluation providers and expanded the knowledge base of all certified forensic evaluators.

- Anti-Stigma Campaign – DMHDD continues the “Overcoming Stigma Campaign” to spread positive messages regarding resiliency and recovery with a focus on the arts. On May 4, 2009, DMHDD and the Middle Tennessee Mental Health and Substance Abuse Coalition sponsored the third Annual Art for Awareness Day at the Legislative Plaza which featured the work of consumer artist throughout the state. During this event, Governor Bredesen, Commissioner Betts, and several members of the General Assembly were presented a unique piece of art created to display in their offices throughout the month of May in recognition of Mental Health Month. During this event, consumer artists enjoyed a reception in celebration of this event.

Reducing stigma and increasing knowledge regarding resiliency and recovery is an important focus of the DMHDD Planning and Policy Council.

- An integrated model of service delivery, which includes both physical and mental health components within a single contract (MCO), is now being implemented by the Bureau of TennCare and DMHDD throughout the State. This model presents the department with opportunities to improve health and mental health outcomes for TennCare enrollees. DMHDD and the DMHDD Planning and Policy Council continue to evaluate the effectiveness of the integrated contracting and delivery model to ensure positive outcomes on behavioral health measures.
- The Creative Homes Initiative was a top 50 finalist in Harvard Kennedy School’s Ash Institute Innovation in Government Award. Tennessee’s Creating Homes Initiative combines state leadership, regional housing development/funding experts, and local partnerships to develop affordable, supportive homes for people with mental illness. Since 2000, \$250,000,000 has been leveraged, resulting in the development of 7,200 housing units. The DMHDD Planning and Policy Council continue to be very supportive of the Creative Homes Initiative.
- The Creating Jobs Initiative (CJI) assertively and strategically partners with local communities to expand employment opportunities. DMHDD continues to establish partnerships with providers of employment services at the state and local levels, including: Vocational Rehabilitation Services, Department of Labor, One-Stop Career Centers, and Benefits to Work Project (Center for Independent Living and Statewide Independent Living Council and Social Security Administration), to provide technical assistance to community mental health agencies regarding employment for mental health service recipients. DMHDD conducts outreach and training statewide

to educate service recipients, family members, mental health service providers, employers, and other interested community stakeholders regarding employment opportunities and services.

- Peer Support Specialists – DMHDD has certified 99 applicants since the inception of the Peer Specialist Certification Program in FY '08, with 30 new certifications awarded and 23 re-certifications granted in FY '09. The Department has held numerous outreach presentations to inform MH providers and potential consumer-applicants about the program for delivery of these Medicaid-billable services. It has both conducted and sponsored trainings for peer specialists to meet ongoing education requirements of certification. The guidelines and standards, along with application and certification forms, are available on the DMHDD website. The Office of Consumer Affairs has implemented program improvements to simplify the certification process and to provide certification status information to prospective employers. The DMHDD Planning and Policy Council continue to endorse this program.
- DMHDD, in collaboration with NAMI TN and Tennessee Voices for Children, launched “The Family Support Specialist Certification Program” in May 2009 which provides direct caregiver to caregiver support to parents of children and youth with emotional, behavioral and co-occurring disorders. To date, thirty persons have been trained as Family Support Specialist. The DMHDD Planning and Policy Council supports the implementation of this program.
- DMHDD assisted in funding “The Rep Your Voice Campaign” as a part of its Strategic Prevention Framework State Incentive Grant, which funds community anti-drug coalitions to implement effective substance abuse prevention strategies in 29 counties across the State. The Strategic Prevention Framework model helps communities to understand through data how they can make best use of prevention resources.
- DMHDD was awarded the opportunity for Tennesseans to participate in the first ever “Policy Academy” sponsored by the National Federation of Families for Children’s Mental Health. A Policy Academy is a model workshop designed to assist representatives from selected states in the development and implementation of certain initiatives to address a common public policy issue. Tennessee was one of only six states chosen to attend.
- DMHDD hosted a meeting of the International Institute of Mental Health Leadership (IIMHL) in Nashville July 10 and 11, 2008. This meeting focused on sharing developments within countries and open discussions on potential collaboration and partnerships. The IIMHL’s mission is to provide an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of mental health services. Countries that comprise the IIMHL are the United States, Australia, Canada, England, Ireland, Northern Ireland, New Zealand, and Scotland.

- DMHDD hosted the National Association of State Mental Health Program Directors summer meeting in Nashville July 13-15, 2008. Mental Health Commissioners from all 50 states and several of their leadership staff were able to see Tennessee's initiatives in mental health and substance abuse services. This meeting was a forum for discussion about the integration of mental health and primary health care services. Ideas were shared on mental health policy and how to strengthen the public mental health system. Members of the IIMHL presented information regarding initiatives in their countries.
- DMHDD hosted the 2008 National Training Institutes on Developing Local Systems of Care for Children and Adolescents with Mental Health needs and their families on July 17, 2008. The meeting focused on "new directions" for improving services, supports and outcomes for children and families.

Challenges:

- Budget – The FY 09 – 10 approved budget reflected 22% in DMHDD reductions and reallocations, including reducing capacity at the RMHIs, reducing policy and program staff, and community program grants. After critically examining current programs and services, DMHDD decided to focus on preserving services and programs that target the Department's high priority populations and programs with a substantial impact on reducing psychiatric hospitalization. Non-recurring funding add-backs, in the amount of \$18 million, mitigated these reductions for FY 09 -10.

As a result of current revenue shortfalls in Tennessee, DMHDD is faced with a net FY 10 – 11 budget reduction of \$27 million and the reallocation of additional funds within the Departmental budget to cover essential programs. The immediate impact of these reductions has been minimized through a reinvestment of one-time federal stimulus funds for FY 09 -10. DMHDD continues to make every effort to find ways to both conserve and augment existing funding while working to ensure continuation of important mental health and substance use disorders' services.

The DMHDD Planning and Policy Council monitors the Department's budget, and makes recommendations as needed. Council members, and others, were instrumental in obtaining the non-recurring funding add-backs for DMHDD's FY 09-10 budget.

- This past year the "state only/judicial" categories were eliminated from TennCare which resulted in persons with SPMI being disenrolled. As of January 2009, those uninsured persons with SPMI may be eligible to receive services through the BHSN if they meet eligibility criteria, which will increase the funding needed for the program. DMHDD is working with the Department of Finance and Administration to ensure that the Cover Tennessee products continue to offer mental health and substance abuse benefits and that they are utilized, and to raise awareness in the business community

of the importance of including mental health and substance abuse benefits in employee-based health insurance products.

- Efficient operation of the RMHIs is affected by fluctuating demand for inpatient services. Service recipients are admitted based on statutory criteria, limiting the department's ability to balance treatment needs with space availability. Often, hospital admissions are directly related to a lack of intensive outpatient community mental health services, thus their discharges may be delayed if adequate aftercare housing, treatment, and support services are not readily available. The suitable accommodations based on availability clause allows DMHDD to decrease staffing to appropriate levels for 676 beds and time admissions to the RMHIs not to exceed that capacity.
- Mental Health Crisis Services - The department is working to decrease inpatient utilization by promoting the development of housing, crisis intervention services, and more readily available outpatient services and supports for people with mental illness or serious emotional disturbance. The department is re-designing the crisis services model and is encouraging the mental health provider community to develop an improved community continuum in an effort to reduce over-utilization of inpatient services at the RMHIs. Funding has been reallocated within the department to increase crisis services. The department continues to work with private providers to increase the availability of inpatient psychiatric services in non-state facilities.
- Employment - The primary challenge for the Office of Employment Planning and Development is the lack of funding to establish an Employment Facilitator in each of the 7 mental health planning regions. Based on the significant success in the expansion and improvement of housing options for people with mental illness through the Creating Homes Initiative, the Division of Recovery Services and Planning is committed to developing a similar model for Creating Jobs Initiative, anticipating similar outcomes. Research demonstrates that work is a key to recovery and that persons with mental illness are able to live more rewarding lives through this contribution to their communities. Studies show that 60% - 75% of the number of people with mental illness wants to work. However, 85% - 95% are unemployed. The impact of the lack of employment opportunities for persons with mental illness and co-occurring disorders, includes increased homelessness, increased criminal justice involvement, and increased hospitalizations. Lack of funding severely limits implementation of the Creating Jobs Initiative. DMHDD continues to seek alternative funding to develop and maintain this program.
- DMHDD recognizes the need for services and supports for persons with developmental disabilities, especially for those who are not diagnosed with intellectual disabilities. DMHDD participates in the Developmental Disabilities Task Force which is charged with conducting a statewide needs assessment, assessing the capacity of the service system and developing a plan to provide cost-effective home and community-based services and supports for persons with developmental disabilities other than mental retardation. After a year of research, discussion and

planning; the Task Force issued its report, "Fulfilling the Promise," which contained recommendations to achieve a comprehensive home and community-based service system for persons with developmental disabilities other than intellectual disabilities.

The DMHDD Planning and Policy Council endorsed the recommendations of the DD Task Force report, and formally recommended to the Commissioner of DMHDD that responsibility for administering services to persons with developmental disabilities be transferred to the Division of Intellectual Disabilities Services (DIDS). Even though, DMHDD and DIDS collaborated on implementing the transfer this year, it was not accomplished. Therefore, DMHDD will continue the planning function since funds for service provision have not been allocated to DMHDD for the DD population.

- In FY 09, following a Tennessee Court of Appeals decision, the state stopped paying for inpatient mental health evaluations for juveniles involved in the juvenile justice system. Payment for these evaluations became the responsibility of the counties. Legislation was passed to promote use of outpatient evaluations and reduce need for inpatient evaluations. Training of juvenile court staff on interface and services in the mental health system was instituted.

Given the above accomplishments and identified challenges, the Department recognizes the continuing impact the economy is having on an already fragile system of care, and as a result, sees its advocacy role as critical in assuring that its scarce resources are optimized in a manner that does not compromise the quality of care to those most in need.