


Three Year Plan
for
FY2010 – FY2012
(July 1, 2009– June 30, 2012)

**Tennessee Department of
Mental Health and
Developmental Disabilities**

**TDMHDD THREE YEAR PLAN
FY 10 – FY 12
July 1, 2009**

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ACRONYMS

BHO	Behavioral Health Organization
BHSN	Behavioral Health Safety Net
CAB	Consumer Advisory Board
CHI	Creating Homes Initiative
CJI	Creating Jobs Initiative
CMHAs	Community Mental Health Agencies
CMS	Center for Medicare and Medicaid Services
COD	Co-occurring Disorders
CHS	Consumer Housing Specialists
DADAS	Division of Alcohol and Drug Abuse Services, TDMHDD
DAS	Division of Administrative Services, TDMHDD
DCL	Division of Clinical Leadership, TDMHDD
DCS	Department of Children's Services
DD	Developmental Disabilities
DIDS	Division of Intellectual Disabilities Services, Tenn. Dept. of Finance & Administration
DPL	Division of Policy and Legislation, TDMHDD
DRSP	Division of Recovery Services and Planning, TDMHDD
DSP	Division of Special Populations, TDMHDD
FY	Fiscal Year
HUD	U.S. Department of Housing & Urban Development
MCO	Managed Care Organization
NAMI	National Alliance on Mental Illness
OC	Office of Communications, TDMHDD
OCA	Office of Consumer Affairs, TDMHDD
OHS	Office of Hospital Services, TDMHDD
OHR	Office of Human Resources, TDMHDD
OLC	Office of Legal Counsel, TDMHDD
OLR	Office of Licensure and Review, TDMHDD
RMHI(s)	Regional Mental Health Institute(s)
RHF	Regional Housing Facilitators
SAMHSA	Substance Abuse and Mental Health Services Administration
SETH	Support, Employment, Transportation & Housing
SPMI	Serious Persistent Mental Illness
TDMHDD	Tennessee Department of Mental Health & Developmental Disabilities
TNMAP	Tennessee Medication Algorithm Project

Note:

Strategies requiring a funding request for implementation or expansion are marked with "Req. \$".

INTRODUCTION

The Tennessee Department of Mental Health and Developmental Disabilities' (TDMHDD) mission is to plan for and promote the availability of a comprehensive array of quality prevention, early intervention, treatment, habilitation, and rehabilitation services and supports based on the needs and choices of people with mental illness, serious emotional disturbance, alcohol and other drug use disorders, and developmental disabilities and their families. One of the TDMHDD's major responsibilities is service system planning.

Title 33 of the Tennessee Code Annotated, the mental health and developmental disability law, requires the TDMHDD to develop a three year plan based on the TDMHDD Planning and Policy Council's recommendations. The plan must be updated at least annually, based on an assessment of the public need for mental health, alcohol and other drug use disorders, and developmental disabilities' services and supports. The TDMHDD improvement budget request is tied to the annual update of the plan. The regional planning and policy councils are responsible for needs assessments at the local level and for making recommendations for service development and resource allocation based on their findings. The TDMHDD Planning and Policy Council formulate recommendations for service development and resource allocation for incorporation into the TDMHDD Three Year Plan and budget request.

The plan serves several purposes:

1. Gives the TDMHDD Planning and Policy Council a forum to advise the Department on the desirable array of prevention, early intervention, treatment, and habilitation services and supports for service recipients and their families. The Council provides citizen participation to advise the Department on policy and formulation of budget requests, along with the development and evaluation of services and supports.
2. Provides a basis for the development of the TDMHDD's annual budget improvement request to the governor for the parts of the plan that are to be implemented during the budget year.
3. Centers on programs and activities that are vital to carrying out the vision and mission of the Department.
4. Provides a self-monitoring process to ensure that the TDMHDD meets its obligations to service recipients and their families.

5. Provides a means by which the TDMHDD addresses the Olmstead decision. (This decision requires a state to provide community-based services for an individual if treatment professionals believe such services are appropriate, if the individual does not oppose the move, and if the move can be reasonably accommodated, given the resources of the state).
6. Provides a means for internal and external communication. The plan communicates the TDMHDD goals and objectives to staff, other state entities, agencies that provide services and supports, other interested parties, and the public.
7. Provides a means to set priorities and to allocate resources consistent with the priorities while striving to ensure equitable distribution of services and resources statewide.

TDMHDD realizes the importance of fulfilling the goals established by the New Freedom Commission on Mental Health; therefore, the goals from the New Freedom Commission's final report, *Achieving the Promise: Transforming Mental Health Care in America*, July 2003, were used to develop the framework of the TDMHDD's Three Year Plan. The Department modified the New Freedom Commission goals to include persons with developmental disabilities (DD) and alcohol and other drug use disorders. TDMHDD also utilized recommendations from the New Freedom Initiative, *Fulfilling America's Promise to Americans with Disabilities*, to develop objectives and strategies that will assist the Department in planning integrated services and supports essential to persons with developmental disabilities.

TDMHDD recognizes the need for services and supports for persons with developmental disabilities, especially for those who are not diagnosed with an intellectual disability. TDMHDD participates in the Developmental Disabilities Work Group, which continues to advocate for the recommendations from the DD Task Force report, "Fulfilling the Promise," which aims to attain a comprehensive home and community-based service system for persons with developmental disabilities. One of the recommendations made by the Task Force was to transfer responsibility for administering services for persons with developmental disabilities to the Division of Intellectual Disabilities Services (DIDS). Albeit, the Department and the DD and TDMHDD Planning and Policy Councils endorsed the transfer, it has not yet occurred. The Work Group will continue to advocate for this transfer in the coming year. During the interim, this plan will address DD strategies.

As a result of current revenue shortfalls in Tennessee, TDMHDD is faced with reducing and reallocating within the Departmental budget by approximately \$27 million by FY 10 -11. The immediate impact of these reductions has been minimized through a reinvestment of one-time federal stimulus funds for FY 09 -10. TDMHDD has made every effort to find ways to both conserve and augment existing funding while working to ensure continuation of important mental health and alcohol and other drug use disorders' services.

After critically examining current programs and services, TDMHDD decided to focus on preserving services and programs that target the Department's high priority populations and services and programs with a substantial impact on reducing psychiatric hospitalization. The Department continues to do everything possible to minimize the effects of the budget reduction on Tennesseans affected by mental illness and alcohol and other drug use disorders during these tough economic times.

Divisions

The Division of Administrative Services (DAS) oversees monitoring, information systems, general services, and the budget. DAS also coordinates purchasing and facility management operations, major maintenance and capital outlay projects; provides budgeting and accounting functions, claims payments, data processing and system reporting.

The Division of Alcohol and Drug Abuse Services (DADAS) serves as the single state authority for receiving and administering federal block grant funding from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). DADAS is responsible for planning, developing, administering, and evaluating a statewide system of services for the treatment of persons whose use of alcohol, drugs or substances has resulted in patterns of abuse or addiction. The Division is also responsible for co-occurring services. The Division also strives to prevent the onset of substance abuse through effective community-based prevention programs. The Criminal Justice Liaison project was transferred from the Division of Policy and Legislation to DADAS this past year. The project will work to divert offenders with a mental health and/or substance abuse disorder into community programs, where they can be more effectively served.

The Division of Clinical Leadership (DCL) seeks to assure high quality services through consultations, clinical oversight, education, the development and revision of best practice guidelines and research reviews. DCL assists service recipients by providing clinical oversight of various programs and monitoring clinical research. DCL provides consultation to the clinical directors at the RMHIs including pharmacy consultation. DCL also provides consultation on the development of system wide electronic medical records to the Regional Mental Health Institutes (RMHIs).

The Division of Policy and Legislation (DPL) works with all program and planning areas to develop departmental policy through legislative initiatives, grant applications, data collection and analysis, rule promulgation, contracting, program monitoring and service recipient advocacy. DPL oversees adult and juvenile outpatient and inpatient forensic evaluations and treatment and provides evaluator training.

The Division of Recovery Services & Planning (DRSP) creates and oversees the development, implementation and expansion of quality peer support services, employment education services, and housing/homeless services for Tennesseans diagnosed with mental illness or co-occurring disorder (COD). DRSP staff incorporates and promotes the implementation of prevention and intervention strategies, evidence-based modalities, best practices and targeted outcomes. Recovery Services and Planning also oversees the Behavioral Health Safety Net—a program that provides key mental health services for uninsured Tennesseans with

serious and persistent mental illness who meets eligibility criteria. DRSP provides direct advocacy for and assistance to individuals experiencing challenges in accessing services through the Consumer Affairs Ombudsman Program and through linkages to community resources. Recovery Services and Planning administers the certification programs for Peer and Family Specialists who provide direct, Medicaid-billable peer-to-peer support services. DRSP staff coordinates the Departmental planning activities, including the TDMHDD, state and regional planning and policy councils, the Three Year Plan, the Mental Health Block Grant Plan, and the Finance and Administration Strategic Plan.

The Division of Special Populations (DSP) develops and monitors a continuum of services across the lifespan. The primary focus; however, is to provide early intervention and prevention, training, support and advocacy for children who may be at risk for or who have been diagnosed with a serious emotional disturbance, and their families. The importance of early childhood interventions has been shown empirically to ameliorate behavioral and emotional problems developing in young children, and to benefit the family and the community. These services are supported by federal block grant funding, state dollars and competitive federal grant dollars, and therefore the children served do not have to meet medical necessity criteria to access them. The Division of Special Populations, Office of Children and Youth, promotes the development of services which are evidence-based or best and/or promising practices that incorporate the core values and principles of a System of Care for children and youth with mental health needs and their families. Our other major initiative is to provide suicide awareness and prevention programs across the lifespan. The strategies developed are based on the Surgeon General's Call to Action for suicide prevention. DSP also provides services for individuals with a mental illness or developmental disabilities, other than intellectual disabilities, in nursing home facilities through its administration of the Pre-Admission, Screening and Residential Review (PASRR) program. The PASRR program screens admissions to nursing facilities in compliance with federal law. The screening is done to determine whether individuals are appropriate for nursing home admission or need other "specialized services" for their mental illness or disability if they are admitted into a nursing home facility. Finally, the Assistant Commissioner of the Division of Special Populations serves as the Chief Nurse for all five Regional Mental Health Institutes, (RMHI) providing consultation to the Nurse Executives and participates in the RMHI's Governing Body Committee.

Offices

The Office of Legal Counsel (OLC) advises the Commissioner, Deputy Commissioner, Department Divisions and the five (5) RMHIs. The office provides legal representation to the Department and to the RMHIs in State legal and administrative proceedings. OLC is responsible for drafting and reviewing legislation, administrative rules, policies and procedures affecting the Department. The office oversees HIPAA compliance, confidentiality/open records requests, and drafts and

reviews contracts and other documents of legal significance. OLC has administrative oversight of the Office of Licensure and Review, which is responsible for protecting individuals receiving services and supports by applying the Department's licensure rules and regulations. OLC has oversight of Facility Investigators, one at each of the RMHIs, who investigate claims of abuse, neglect and mistreatment. OLC also has oversight of the Department's Discrimination and Harassment Investigator.

The Office of Communications (OC) has the administrative responsibility of disseminating public information and making reports on the Department's programs, services and facilities.

The Office of Human Resources (OHR) provides administrative services and gives policy management advice and technical assistance to the Department on personnel-related matters. The staff advises employees regarding the Americans with Disability Act, Equal Employment Opportunity Commission, employee relations, employee benefits, classification and compensation, recruitment, training, performance evaluations, and personnel transactions.

The Office of Consumer Affairs (OCA) is responsible for promoting the interests of services recipients; providing direct assistance to recipients through the Ombudsman program, and providing the tools for service recipients to advocate for themselves through training opportunities and the promotion of self-help programs. OCA provides variety of materials that are made available to the public on mental health and alcohol and other drug use disorders. OCA provides training and materials for the Declaration for Mental Health Treatment and coordinates the certification program for peer and family specialists.

The Office of Licensure and Review (OLR) is responsible for protecting Tennesseans who need mental health, mental retardation, alcohol and drug abuse, and personal support services by applying the Department's licensure rules and regulations. The Office of Licensure and Review and Review functions to protect the interests of individuals against unlicensed providers, unsafe environments, inadequate education and training of personnel, physical and mental abuse and acts deemed detrimental to the treatment and general welfare of persons with mental health, mental retardation, alcohol and drug abuse issues or in need of personal support services. Additionally, the Office of Licensure and Review and Review is responsible for protecting Tennesseans who are receiving services at the Department's 5 regional mental health institutes, providing oversight for investigations of allegations of abuse, neglect, mistreatment and misappropriation of funds.

The Division of Hospital Services (OHS), in conjunction with the RMHI Governing Body, provides oversight of the RMHIs for daily operations, program design and quality management functions. OHS is responsible for working with the RMHIs to assure continued compliance with the Joint Commission and Centers for Medicare and Medicaid Services (CMS) requirements.

OHS staff coordinates the activities of the Governing Body Quality Committee, which reviews and evaluates the performance of services provided at the RMHIs to assure and improve the quality of care provided to RMHI patients. OHS staff work with other TDMHDD and RMHI staff regarding standardization of RMHI functions, exploration of electronic medical record options, and "right-sizing" the RMHIs. OHS staff conduct the statutorily mandated analyses of Certificate of Need (CON) applications for the establishment of mental health hospitals or psychiatric units in general hospitals. OHS staff are also responsible for oversight of the mandatory outpatient treatment process, training and designation of mandatory pre-screening agents, interfaces with the Division of Mental Retardation relative to placement of RMHI patients with a diagnosis of mental retardation, and coordination of service recipient transfers between facilities. OHS works closely with the TDMHDD Human Resources Office on RMHI staffing issues, addressing classification and compensation concerns, evaluating RMHI staffing patterns, and making recommendations for modifications as indicated.

Goal 1:**Tennesseans understand that mental health is essential to overall health.**

TDMHDD continues the “Overcoming Stigma Campaign” to spread positive messages regarding resiliency and recovery. The Commissioner and staff continue to speak to groups across Tennessee about the importance of mental health and its impact on the workplace, schools, and within the community in order to encourage their positive participation in efforts to overcome the stigma of mental illness. Public Service Announcements will continue to address the issue of stigma and encourage Tennesseans to seek help.

TDMHDD staff participates in community groups and outreach programs to enhance understanding of mental health, serious emotional disturbance, alcohol and other drug use disorders, co-occurring disorders and developmental disabilities. They respond to phone inquiries, distribute brochures or other information via mail or e-mail and participate in community events such as health fairs and screenings. The OCA coordinates yearly depression screenings open to the public. These activities target other state entities, service recipients, family members, service providers and the community to increase knowledge and awareness. The Department also provides educational opportunities for professionals in the field of alcohol and other drug use disorders that are associated with the prevention, intervention, treatment, co-occurring and recovery support to advance their knowledge and skills. Educational opportunities are also available for specialized forensics juvenile justice evaluators and training for law enforcement on mental illness.

The Tennessee Statewide Clearinghouse for Alcohol and Drug Information and Referral serves as a repository, distribution center and library for information regarding alcohol and other drug use disorders and co-occurring disorders. The Clearinghouse also serves as an information and referral center that can be accessed through a toll-free telephone service (the Tennessee Redline) at 1-800-889-9789, and an internet web-site that provides current information regarding alcohol and other drug use disorders and co-occurring disorders to the public.

The Tennessee Teen Institute provides teens with the skills, education and information to develop and implement alcohol and drug prevention programs in their communities. This is an annual five day event designed to develop leadership, communication, and planning skills to help other teens avoid substance abuse.

A library of brochures outlining the signs, symptoms and possible treatments and supports for many youth and adult mental health disorders, developmental disabilities, alcohol and other drug use disorders, and co-occurring is maintained in the Department. This information is designed to assist individuals and family members in the identification of programs and services that will best serve them and promote recovery, resilience, and community integration. TDMHDD provides department-wide in-service training and events, such as teleconferences, to promote education and understanding about mental health diagnoses, recovery, resilience, person centered care and stigma reduction among staff. In 2008, the Department approved “Bridging the Gap,” a mental health curriculum for teachers,

principals and other school personnel developed by NAMI Tennessee. This curriculum explores the warning signs of early onset mental illness in children and adolescents.

Suicide is often the result of untreated mental illness, and TDMHDD staff encourages individuals to seek help and overcome the stigma that often prevents the pursuit of treatment. TDMHDD provides information, awareness, training and prevention about suicide to service recipients, family members, service providers and the faith community. The Department participates in the Tennessee Suicide Prevention Network (TSPN) at both the Interdepartmental and Statewide Advisory Council level, and maintains membership on the TSPN Strategies and Outcomes Committee. TDMHDD promotes the Promise for Tomorrow school based suicide prevention curriculum developed by the Jason Foundation. The Foundation distributes the curriculum to educators and others upon request. Staff also promotes the prevention of depression and suicide in older adults through the dissemination of information tailored to the older adult population.

TDMHDD promotes and supports collaborative relationships between the mental health and criminal justice systems. TDMHDD staff and the criminal justice mental health liaisons provide training and education to county officials, local law enforcement agencies and medical staff on information required to work effectively with an individual who has a mental illness. They provide training on the benefits of continuity of care for inmates with serious mental illness, including the need for prescribed psychiatric medications and the availability of utilizing the state contract for purchasing the medication at a cost savings. The Department also provides education to the court systems including judges, attorneys and other court personnel regarding the forensic and juvenile court processes. TDMHDD collaborates with the Administrative Office of the Court (AOC) in integrating forensic training into the curriculum for the interpreter training conducted by AOC.

OBJECTIVES:

- 1.1 TDMHDD increases awareness, knowledge and sensitivity of the public, state entities and other relevant parties regarding mental illness, serious emotional disturbances, alcohol and other drug use disorders, and COD, including the service needs of these populations.**

STRATEGIES:

- 1.1.1 In FY 2010, OC will produce public relations materials and distribute public service announcements to increase awareness of effective treatments and support resources for mental illness and alcohol and other drug use disorders, to be reported in February and August 2010.
- 1.1.2 In FY 2010, DRSP will work with service recipients, family members, providers and other interested parties, to create educational opportunities on implementing recovery principles and practices at the local level, to be reported in February and August 2010.
- 1.1.3 In FY 2010, DRSP will work with OHS to continue to provide educational opportunities to the staff of the five RMHI's on the principles and philosophy of recovery and how to implement recovery practices at each of the Institutes, to be reported in February and August 2010.
- 1.1.4 In FY 2010, DSP, in collaboration with DADAS, will provide education and information regarding mental health and alcohol and other drug use disorders while conducting outreach in the faith-based communities, to be reported in February and August 2010.

- 1.1.5 In FY 2010, through training of professionals throughout the state, DADAS will facilitate co-occurring awareness so that it impacts the expansion of integrated co-occurring treatment in Tennessee, to be reported in February and August 2010.
- 1.1.6 Moved to narrative
- 1.1.7 In FY 2010, DRSP, Consumer Affairs, will enhance its assistance to consumers and families through the training of its staff to provide peer support, to be reported in February and August 2010.
- 1.1.8 In FY 2010, DPL will develop and provide training in conjunction with DIDS for staff of the General Assembly, detailing the role of TDMHDD and DIDS on services to persons with mental retardation, mental illness, developmental disability and substance use disorder, to be reported in February and August 2010.

1.2 TDMHDD promotes activities and education to decrease deaths by suicide.

STRATEGIES:

- 1.2.1 In FY 2010, DSP, through participation in the Governor’s Suicide Prevention Advisory Council and in collaboration with DCL, will support the implementation of the eleven TN Suicide Prevention Strategies, to be reported in February and August 2010.
- 1.2.2 In FY 2010 DSP, in conjunction with DCL, will provide, two or more, suicide prevention and awareness training programs to promote knowledge about risk and warning signs of suicide, to be reported in February and August 2010.
- 1.2.3 In FY 2010, DCL, through participation in Fort Campbell Suicide Prevention Task Force, will provide technical assistance to the members of the Task Force to raise suicide awareness to soldiers and family members, to be reported in February and August 2010.

GOAL 2:	Services are Service Recipient and Family Driven.
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TDMHDD conducts a variety of forums for service recipients, family members, and other stakeholders to express desires and needs related to the Department’s service systems. TDMHDD has a system of advisory councils designed to provide citizen-based participation that assists the Department in planning prevention, early intervention, treatment, and habilitation services and supports. These advisory councils also serve to advise the Department on policy decisions, legislative initiatives and budget requests. Each of the planning and policy councils must maintain a majority membership of current or former service recipients and members of service recipient families. Additionally, TDMHDD coordinates the Consumer Advisory Board (CAB). The CAB serves as the voice of service recipients, regardless of age, ethnicity, sexual identity, or social or educational opportunity, on issues related to recovery and resiliency, policy and planning, system evaluation, and the rights of the service recipient. TDMHDD continues to work with CAB to find ways to ensure diversity within the CAB membership.

Service recipient staff the TDMHDD Ombudsman program available through an 800-phone number and email address posted on the TDMHDD website. These advocates provide information about mental illness, alcohol and other drug use disorders, and developmental disabilities. They also respond to complaints, make referrals to services and supports, and provide information to TDMHDD staff on recurring issues of concern to service recipients.

TDMHDD promotes peer support services to mental health service recipients to assist in the recovery process. TDMHDD staff trains the directors of the Peer Support Centers in the recovery process, including recovery tools such as the Wellness Recovery Action Plan (WRAP), as well as ways that the centers can assist participants in achieving their recovery goals. TDMHDD also promotes emerging evidence-based and best practices through the administration and monitoring of its certification programs for Peer and Family Specialists who provide direct peer-to-peer support to service recipients.

TDMHDD enhances service recipients' knowledge of his or her rights by requiring service providers to inform service recipients of their general rights as well as rights specific to the program of service.

TDMHDD 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 honored. Staff ensures that Health Insurance Portability and Accountability Act (HIPAA) regulations for the protection of service recipients are followed, to minimize the potential dissemination of confidential patient information and personal health information used in research or other applications.

TDMHDD processes licensure applications from eligible service providers and issues licenses to those 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.

OBJECTIVES:

2.1 Service recipients and families participate in the design, implementation and evaluation of the service system.

STRATEGIES:

- 2.1.1 Completed in FY09
- 2.1.2 In FY 2010, DRSP, in collaboration with DADAS, will increase alcohol and drug representation on the TDMHDD Planning and Policy Council, to be reported in August 2010.
- 2.1.3 In FY 2010, DADAS will commission a statewide alcohol and other drug use disorders assessment of need that will be used by DADAS, DRSP and the Planning and Policy Councils to make recommendations for inclusion into the FY 2011-2013 Three-Year Plan, to be reported in February and August 2010.
- 2.1.4 Moved to narrative
- 2.1.5 Moved to narrative
- 2.1.6 Completed in FY09
- 2.1.7 Deleted for FY10
- 2.1.8 Completed in FY09
- 2.1.9 Move to the narrative

- 2.1.10 Completed in FY09
- 2.1.11 In FY 2010, DRSP, Consumer Affairs, will collaborate with DADAS and DSP to develop a co-occurring component to the curriculum of all Certified Specialist programs to be reported in February and August 2010.
- 2.1.12 Deleted for FY10
- 2.1.13 Moved to narrative
- 2.1.14 In FY 2010, DRSP, Consumer Affairs, will review and revise the certification process and standards for peer and family specialists to work in the public behavioral health system, to be reported in February and August 2010.
- 2.1.15 In FY 2010, DRSP, Consumer Affairs, will collaborate with DADAS to design and implement the certification process for Recovery Specialists to work in the public behavioral health system, to be reported in February and August 2010.
- 2.1.16 In FY 2010, DRSP, Consumer Affairs, will collaborate with DRSP, Recovery Services, to design and implement an outreach plan to assist peer support center staff with training opportunities for peer specialist certification, to be reported in February and August 2010.

2.2 TDMHDD protects and enhances rights of people with mental illness, developmental disabilities, and alcohol and other drug use disorders.

STRATEGIES:

- 2.2.1 In FY 2010, TDMHDD will develop a community based volunteer initiative to provide conservators to individuals discharged from Regional Mental Health Institutes, to be reported by DPL February and August 2010.
- 2.2.2 Deleted for FY10
- 2.2.3 Deleted for FY10
- 2.2.4 In FY 2010, DRSP will join service recipients and family members as part of the Content Management Committee for the Recovery within Reach website that is being developed as part of the Real Choice Systems Change Person-centered Planning Grant, to be reported in February and August 2010.

Goal 3:	Disparities in Services are Eliminated.
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TDMHDD works to eliminate disparities in services and supports statewide. Below are initiatives taking place in Tennessee that hopefully will reduce those disparities.

The Emotional Fitness Centers, a faith-based pilot project, has continued, after the funded pilot ended, to address utilization disparity of mental health services in West Tennessee by attempting to remove the stigma of seeking mental health services in minority communities. This project is offered in several local churches in Shelby County with outreach to Hardeman and Fayette counties. The focus is on underserved African American communities in need of mental health services who are not accessing the mental health service system.

The Aligning Forces for Quality Initiative is being implemented by the Healthy Memphis Common Table in the Memphis area to improve the quality of health care, reduce racial disparities and provide models for national reform. TDMHDD continues to offer assistance regarding issues related to mental health services.

TDMHDD administers the Behavioral Health Safety Net (BHSN) to uninsured Tennesseans with serious and persistent mental illness (SPMI) who meets eligibility criteria. The program is provided through 19 community-based, not for profit, mental health agencies across the state and provides the core, vital services that people with SPMI need to continue leading functional, productive lives. Services include assessment, evaluation, diagnostic, therapeutic intervention, case management, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.

In order to assist persons when a behavioral health crisis occurs, Tennessee has a 24/7 crisis system. Crisis Response Teams provide crisis intervention and assessment. A major goal of the crisis response system is to divert persons, when clinically appropriate, from psychiatric inpatient hospitalizations and unnecessary incarcerations due to behavioral health conditions. Services are provided to anyone in Tennessee regardless of ability to pay. To divert individuals from more restrictive levels of care, the crisis system includes a continuum of crisis services used to divert individuals when clinically appropriate. The continuum of diversion services includes referrals to outpatient behavioral health service providers, Crisis Respite, Detoxification or a Crisis Stabilization Unit. The Crisis Stabilization Units provide short-term stabilization services that include assessment, triage, medication management, and group and individual therapy as well as an opportunity for clients to work with the wellness recovery consumer specialists.

The Deaf and Hard of Hearing with mental health problems are in need of culturally competent services that address the disparities this population encounters. Therefore, DSP will partner with the State Council for the Deaf and Hard of Hearing as well as community providers to develop strategies that will enhance mental health services to this population.

TDMHDD continues to recruit persons of various cultural backgrounds to serve as members of the departmental, mental health, and developmental disabilities planning and policy councils. TDMHDD remains aware of service gaps and barriers to minority groups and strives to eliminate this through participation in community or state department councils/committees that address these concerns. Examples include Encuentro Latino and the Executive Committee of the Minority Health Summit. Efforts are made to ensure providers either have employees who speak various languages or provide interpreters when needed. The Office of Forensic Services also provides training for court interpreters. TDMHDD continues to determine methods for recruiting and serving minority populations using methods such as those used in the Regional Intervention Programs.

TDMHDD and the Tennessee Commission on Children and Youth have responsibility for a Council on Children's Mental Health that is designing a statewide system of care for children and their families that is non-fragmented, community centered, family driven, child focused and culturally and linguistically competent. TDMHDD also shares responsibility, with DCS, for a transition task force to address the needs of youth transitioning from the child mental health system to the adult system. Partners in this task force include all child-serving departments, community agencies and advocacy groups. This collaboration seeks to address gaps in the service delivery system, the fragmentation of services, and the lack of

developmentally appropriate services to transition-age youth into the adult mental health system.

The TDMHDD oversees the pre-admission screening and residential review (PASRR) of nursing home residents with mental illness and developmental disabilities, other than intellectual disabilities, by assuring that evaluations are performed timely and appropriately. This screening determines whether the individual's mental health or disability related needs can be met in a nursing home.

OBJECTIVES:

3.1 TDMHDD increases awareness of the importance of a culturally competent service system and improves availability of services and supports that reflect the cultural diversity of Tennessee.

STRATEGIES:

- 3.1.1 In FY 2010, OHR will pursue innovative methods for recruiting culturally competent TDMHDD employees, to be reported in February and August 2010.
- 3.1.2 In FY 2011, OHR will pursue innovative methods for recruiting culturally competent TDMHDD employees, to be reported in February and August 2011.
- 3.1.3 In FY 2012, OHR will pursue innovative methods for recruiting culturally competent TDMHDD employees, to be reported in February and August 2012.

3.2 TDMHDD increases access to services and supports, especially in rural areas.

STRATEGIES:

- Req. \$ 3.2.1 In FY 2010, TDMHDD will implement a model for crisis services statewide that is effective and cost-efficient, to be reported by DRSP in February and August 2010.
- Req.\$ 3.2.2 In FY 2010, the Commissioner in collaboration with DPL and DRSP, will work with stakeholders and legislators to explore a variety of options for funding behavioral health services for individuals who are uninsured, to be reported in February and August 2010.
- 3.2.3 In FY 2010, DSP will partner with DCS to assess the mental health service needs of transitional/high-risk youth, to be reported in February and August 2010.
- 3.2.4 Deleted for FY10
- 3.2.5 Deleted for FY10
- 3.2.6 Deleted for FY10
- 3.2.7 Deleted for FY10
- 3.2.8 In FY 2010 DSP will seek grants and other funding options to expand school-based mental health services, to be reported in February and August 2010.
- 3.2.9 In FY 2010, OHS will review census trends at the RMHIs and will make adjustments in the number of RMHI operating beds based on those census trends, to be reported in February and August 2010.

Goal 4:**Early Screening, Assessment, and Referral to Services are Common Practice.**

TDMHDD is involved in a variety of activities to ensure that early screening, assessment and referral are common practice. TDMHDD 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. Through support of the criminal justice mental health liaison projects, TDMHDD promotes activities that lead to early identification, assessment and diversion of service recipients who are involved in the criminal justice system. DPL is working with juvenile judges and other state agencies to identify mental health treatment needs of youth involved in juvenile justice system. Youth who have been charged with delinquency in juvenile court can receive services from a crisis team, when experiencing a crisis situation, and outpatient court ordered mental health evaluations. In addition, the contracts for the delivery of health and mental health care to TennCare enrollees encourages behavioral health screening in primary care for all enrollees and mandates behavioral health screening for enrollees in physical disease management programs.

TDMHDD promotes prevention and early intervention by assisting with depression and anxiety screenings in local communities and coordinating activities for National Depression Screening Day. Information and screening tools are made available at various venues.

Communities in Tennessee are challenged by a drug epidemic, which includes the high usage rates of methamphetamine, alcohol, tobacco, marijuana, other illegal drugs and the illegal use of prescription drugs. Through the Tennessee Strategic Prevention Framework State Incentive Grant (SPF-SIG), TDMHDD partners with the community to strengthen drug prevention in Tennessee. TDMHDD also provides technical assistance, training and support to local and statewide alcohol, tobacco, and drug prevention programs. These programs strive to prevent the onset of substance use and to reduce the negative consequences of substance use. TDMHDD-funded prevention services are provided through contracts with community based organizations. Intensive Focus Prevention Programs provide eight to twelve sessions targeting youth up to age 18 who may be at risk for developing substance use problems.

OBJECTIVES:

4.1 TDMHDD provides prevention and early intervention services and education to persons or families with persons at risk of or who have serious emotional disturbance, mental illness, and alcohol and other drug use disorders.

STRATEGIES:

Req. § 4.1.1 In FY 2010, DSP will provide prevention and early intervention services for at-risk children, to be reported in February and August 2010.

Req. § 4.1.2 In FY 2010, TDMHDD will request funding and seek creative methods to expand early intervention and prevention programs, such as BASIC, a prevention and early intervention program for K-3 elementary school children, and suicide prevention, to be reported by DSP in February and August 2010.

4.1.3 Covered in Strategy 5.5.20

4.1.4 In FY 2010, DSP, in collaboration with community and family advocacy groups, will continue to develop a System of Care for children with SED and their families in rural middle and west Tennessee, to be reported in February and August 2010.

4.2 TDMHDD promotes screening, assessment, and treatment/service options for persons with co-occurring disorders of substance use disorders and mental illness or dual diagnosis of mental illness and intellectual disability.

STRATEGIES:

4.2.1 In FY 2010, OLC, in collaboration with DIDS and TDMHDD staff, will develop an interagency agreement or memorandum of understanding (MOU) to ensure integrated services are available for persons with a dual diagnosis of mental illness and intellectual disability, to be reported in February and August 2010.

4.2.2 In FY 2010, OHS will continue to collaborate with DIDS to identify service recipients in the RMHIs with dual diagnoses of mental illness and intellectual disability who are eligible for DIDS services and will work with DIDS to facilitate the community placement of these service recipients, to be reported in February and August 2010.

Req. § 4.2.3 In FY 2010, DADAS will initiate seven co-occurring treatment and recovery programs, one per planning region, to be reported in February and August 2010.

4.3 TDMHDD promotes screening for mental illness and alcohol and other drug use disorders in primary health care.

STRATEGIES:

4.3.1 In FY 2010, DCL, in collaboration with DSP, will provide screening tools for use by primary care physicians, human service professionals and referral resources in its best practice guidelines, to be reported in February and August 2010.

4.3.2 Delete in FY10

Goal 5:	Excellent Services are Delivered.
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TDMHDD strives to provide excellent services to Tennesseans, and the following are ways in which the Department works toward that goal.

Each of the six Evidence-Based Practices recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) is provided to 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 COD of mental illness and substance use disorders, and Illness Management and Recovery.

This past year, TDMHDD developed a systematic administrative rules review process to incorporate evidence-based practices and increase stakeholder involvement in the rule-making process.

Regional Housing Facilitators (RHF) and Consumer Housing Specialists (CHS) implement the Creating Homes (CHI) Initiative of the SETH Initiative at the community level in the seven statewide mental health planning regions. RHF's and CHS's are responsible for engaging traditional and non-traditional community partners in their regions, including, but not limited to: group home operators, mental health providers, landlords, apartment complex owners and developers, public housing officials, MCO's, community staff members, and other stakeholders.

The Creating Jobs Initiative (CJI) assertively and strategically partners with local communities to expand employment opportunities. TDMHDD 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. TDMHDD 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.

Access to Recovery (ATR) is a SAMHSA grant to provide alcohol and drug treatment and recovery support services. This initiative incorporates independent choice of service provider, issues vouchers for payment of services, and includes faith-based organizations as service providers. Through this grant, TDMHDD strives to expand access to treatment and recovery services for persons with alcohol and other drug use disorders.

To ensure that quality services for alcohol and other drug use disorders are being provided, TDMHDD promotes the use of the Tennessee Alcohol and Drug Best Practice Guidelines, a guide for all publicly funded services for alcohol and other drug use disorders 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 alcohol and other drug use disorders and 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. TDMHDD administers the Alcohol and Drug Addiction Treatment program (ADAT), which is a state-funded program that provides alcohol and drug abuse treatment services for Driving Under the Influence (DUI) offenders and supervised probation offenders.

The TDMHDD Institutional Review Board (IRB) reviews all research requests received by the Department, for conformation to TDMHDD policy. Staff writes and submits articles for publication on mental health issues and disseminates research findings. TDMHDD develops, provides and oversees internships for individual undergraduate and graduate students in mental health policy and treatment. The RMHI Governing Body Quality Committee, under the leadership of TDMHDD staff, reviews and makes recommendations on trends of incidents, investigations and mortality reviews in the RMHIs to the Governing Body. They make recommendations for improvements in patient care and safety at the RMHIs by reviewing select quality indicators. TDMHDD staff work closely with the RMHIs

to assure on-going compliance with accrediting and certifying agencies, including the Joint Commission standards and CMS regulations.

TDMHDD monitors licensed agencies for quality services and reports the number of abuse and neglect incidents investigated along with their findings to the TDMHDD Planning and Policy Council annually. 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, alcohol and other drug use disorders and developmental disabilities. Other proposed legislation is reviewed for potential impact on the Department and individuals served by TDMHDD.

TDMHDD continues to produce and refine reports that assess progress made by community providers on the provision of services. These reports also provide information on program performance measures and identify areas for quality improvement. TDMHDD 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.

TDMHDD evaluates the continuum of care and 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 initial training sessions (approximately eight annually) to contractors and Department staff. The Department provides an annual continuing education session for certified forensic evaluators.

TDMHDD continues to work to improve and implement clinical recruitment and retention. The Department participates in educational activities at area colleges, universities, and high schools to increase the visibility of TMHDD employment opportunities. Staff also continues to collaborate with the RMHIs to increase visibility of TDMHDD career opportunities by attending job fairs, career days, and other functions throughout the state and to address ongoing clinical staffing concerns. TDMHDD works with the Department of Human Resources to create more competitive salary rates for clinical professionals at the RMHIs, particularly nursing parity rates. The Department also uses the Peer Support Specialist program to improve and expand the mental health workforce.

TDMHDD has ongoing relationships with several schools, including Vanderbilt University, University of Tennessee - Memphis, and Meharry Medical College. These relationships allow TDMHDD 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, allowing students to become aware of opportunities available in the public mental health sector. TDMHDD partners with East Tennessee State University to provide a psychiatric residency program at Lakeshore Mental Health Institute. This gives the Department affiliations with Departments of Psychiatry in three of our five state hospitals (*Lakeshore, Memphis, and Middle Tennessee Mental Health Institutes*). TDMHDD encourages medical schools and other clinical professional programs in colleges and universities to increase focus in courses to identify and treat individuals with mental illness, developmental disabilities, and alcohol and other drug use disorders.

TDMHDD participates in the Tennessee Interdisciplinary Health Policy Program (TIHPP) by providing monthly internships where medical, law, and pharmacy students participate as a group in government agency-sponsored internships to learn the value and effectiveness of the multi-disciplinary approach to health care policy development.

OBJECTIVES:

5.1 TDMHDD promotes the use of research findings and evidence-based practices.

STRATEGIES:

- 5.1.1 In FY 2010, DADAS will assist agencies that provide services for persons with alcohol and other drug use disorders, to identify evidence based programs and interventions that address the particular needs in their communities, to be reported in February and August 2010.
- 5.1.2 In FY 2010 DCL, in collaboration with TennCare, will assess the most effective mental health treatments and will revise or update Best Practice Guidelines if research indicates the need to do so, to be reported in February and August 2010.
- 5.1.3 In FY 2010, DCL will continue to develop the Tennessee Medication Algorithm Project (TNMAP) that meets the access needs and availability to patients treated within the RMHIs, to be reported in February and August 2010.
- 5.1.4 In FY 2010, DCL will do an overall evaluation of TNMAP and follow-up with issues identified, to be reported in August 2010.
- 5.1.5 In FY 2010, DADAS will use the cross system mapping exercise with the CJ/MH liaisons to identify the gaps, resources and opportunities available for the target population and also identify services needed to divert a person with mental illness from the criminal justice system into the mental health system, to be reported in February and August 2010.
- 5.1.6 In FY 2010, DPL will analyze and use data from the Tennessee Outcome Measurement system (TOMS) to meet SAMSHA mental health block grant outcome measure data requirements, to be reported in February and August 2010.
- 5.1.7 In FY 2010, DADAS will increase the number of strategies related to reducing the access to tobacco products for persons less than eighteen (18) years of age, to be reported in February and August 2010.
- 5.1.8 In FY 2010, DPL, Forensics Services, will apply for funding as available to plan and implement best practices in criminal and juvenile justice collaborations, to be reported in February and August 2010.
- 5.1.9 In FY 2010, DSP will report both local and national findings from the System of Care, to be reported in February and August 2010.
- 5.1.10 In FY 2010, DSP will report the results of the local and national findings from the Tennessee Lives Count, a youth prevention and early intervention program, to be reported in February and August 2010.

5.2 Persons with developmental disabilities have access to services and supports.

STRATEGIES:

- Req. \$ 5.2.1 In FY 2011, TDMHDD will seek funds to expand services for people with developmental disabilities, other than intellectual disability, to be reported by DRSP in February and August 2011.
- 5.2.2 In FY 2012, TDMHDD will expand services and supports for individuals with developmental disabilities, other than intellectual disability, if funding is appropriated, to be reported by DRSP in February and August 2012.
- 5.2.3 In FY 2010, DRSP will identify, refer and/or assist others with grant applications or other funding opportunities to implement services for persons with developmental disabilities, other than intellectual disability, to be reported in February and August 2010.
- 5.2.4 Deleted for FY10.
- 5.2.5 In FY 2010, TDMHDD will provide information and referrals regarding developmental disabilities services upon request, to be reported by DRSP in February and August 2010.

5.3 TDMHDD increases access to recovery oriented services that include peer support, employment and housing.

STRATEGIES:

- 5.3.1 In FY 2010, DRSP, through the Creating Homes Initiative (CHI), will assist local communities to create 500 new or improved units of affordable, appropriate and integrated permanent housing options along a continuum from 24/7 supportive living facilities through home ownership, to be reported in February and August 2010.
- 5.3.2 In FY 2010, DRSP will facilitate the creation of housing for SED youth transitioning out of state custody or the juvenile justice system as DSP indicates that program support opportunities are available, to be reported in February and August 2010.
- Req. \$ 5.3.3 In FY 2010, DRSP will collaborate with DPL to investigate the possibility of creating housing for individuals with mental illness and COD transitioning out of the criminal justice system and forensic institutionalization, to be reported in February and August 2010.
- 5.3.4 Deleted for FY10
- 5.3.5 Deleted for FY10
- 5.3.6 Deleted for FY10
- 5.3.7 In FY 2010, DRSP will work with homeless services providers and stakeholders including other state agencies to improve coordinated efforts to end homelessness, to be reported in February and August 2010.
- Req. \$ 5.3.8 In FY 2010, DRSP will continue the Creating Jobs Initiative (CJI) to assertively and strategically partner with local communities to expand employment opportunities for service recipients who want employment, with a goal of adding 2,010 new employment opportunities by 2010, to be reported in February and August 2010.
- 5.3.9 In FY 2010, DRSP will identify opportunities at the state and local levels for braided funding whereby resources are combined from various employment service entities to provide employment services for individuals with mental illness and COD, to be reported in February and August 2010.
- 5.3.10 Deleted for FY10
- 5.3.11 Deleted for FY10

- 5.3.12 Deleted for FY10
- 5.3.13 In FY 2010, DRSP will convene a stakeholders meeting to identify, plan for, and prioritize transportation issues, to be reported in February and August 2010.
- 5.3.14 In FY 2010, DRSP will work with Peer Support Centers to assist 500 persons to develop a Wellness Recovery Action Plan, to be reported in February and August 2010.
- 5.3.15 In FY 2010, DRSP will assist peer support centers review standards and center operations to ascertain if a more cost effective method of utilizing funds can be established, to be reported in February and August 2010.
- 5.3.16 In FY 2010, DRSP will implement the strategies outlined in the Real Choice Systems Change Grant, which will provide training to teach WRAP classes, train practitioners to teach Illness Management and Recovery classes, and to establish a web-based resource directory, to be reported in February and August 2010.
- 5.3.17 In FY 2010, DRSP will implement alternative funding strategies to continue Regional Housing Facilitation services in one region and Consumer Housing Specialist services in 2 regions that are proposed to lose funding beginning in FY 2011, to be reported in February and August 2010.
- 5.3.18 In FY 2010, DRSP will assist community mental health agencies in pursuing alternative funding for Peer Support Centers, to be reported in February and August 2010.

5.4 TDMHDD improves and expands the workforce that provides services and supports.

STRATEGIES:

- 5.4.1 In FY 2010, DCL will review the status of the Licensure Professional Task Group's recommendations to determine if progress has been made in policy or regulations to enhance the recruitment of mental health, alcohol and other drug use disorders, and developmental disabilities' professionals, to be reported in August 2010.
- 5.4.2 In FY 2010, TDMHDD will pursue funding options to provide training of staff and other stakeholders in the field of mental health, alcohol and other drug use disorders, and developmental disabilities, to be reported by DCL in February and August 2010.
- 5.4.3 In FY 2010, DCL will collect, maintain, analyze and/or revise data and reports related to workforce development for at least one mental health catchment area and reports annually, through the Tennessee Department of Health, to the appropriate federal agency, to be reported in February and August 2010.
- 5.4.4 In FY 2010, DCL, in collaboration with DOH, will investigate a more viable way to calculate the designation of a "Federal Mental Health Professional Shortage Area" within the state, to be reported in February and August 2010.
- 5.4.5 In FY 2010, OHR will assist the RMHIs in identifying current positions to convert to peer support/recovery specialists, to be reported in February and August 2010.

5.5 Quality services are available to persons with mental illness, serious emotional disturbance, alcohol and other drug use disorders, and developmental disabilities.

STRATEGIES:

- 5.5.1 In FY 2010, DADAS will develop social detox and other hospital diversion programs in all three regions of the State that will have the capacity of delivering 24/7 direct referrals from mobile crisis providers, to be reported in February and August 2010.
- 5.5.2 In FY 2010, TDMHDD will work with the Departments of Finance and Administration, and the Bureau of TennCare to report on the utilization of the mental health/substance abuse benefit through TennCare Programs and in Access TN, Cover TN, Cover Kids, and Cover RX, to be reported by the Commissioner in February and August 2010.
- 5.5.3 In FY 2010, DCL will monitor the TennCare preferred drug list (PDL) to determine the need for adding or deleting medication, as evidence based practices and research indicate, to be reported in February and August 2010.
- 5.5.4 In FY 2010, DCL will work with the RMHI medical staff to develop and maintain consistent pharmacy formularies across the RMHIs, to be monitored and reported by DCL in February and August 2010.
- 5.5.5 In FY 2010, DCL will implement activities in the memorandum of understanding (MOU) between TDMHDD and the Bureau of TennCare, to be reported in February and August 2010.
- 5.5.6 In FY 2010, DCL will collaborate with TennCare to establish a process and criteria for evaluating the effectiveness of the integrated behavioral and physical health contract, to be reported in February and August 2010.
- 5.5.7 In FY 2010, through the BHSN of TN, DRSP will continue to maintain and increase access to core essential services to eligible service recipients, to be reported in February and August 2010.
- 5.5.8 Completed in FY09.
- 5.5.9 In FY 2010, DPL, Forensic Services, will ensure that outpatient juvenile court-ordered mental health evaluations under T.C.A. § 37-1-128(e) are available to all juvenile courts in a timely and high-quality fashion through regular monitoring of standards and follow-up of reported problems, and will work with the Administrative Office of the Courts to identify gaps in the service, to be reported on in February and August 2010.
- 5.5.10 In FY 2010, DPL will provide technical support and guidance regarding data on compliance rating system to regional licensure offices and will analyze trends, to be reported in February and August 2010.
- 5.5.11 Moved to Narrative
- 5.5.12 Covered in 5.5.14
- 5.5.13 In FY 2010, OLR, in collaboration with DPL, will complete the process of addressing co-occurring illnesses in licensure rules, to be reported in February and August 2010.
- 5.5.14 In FY 2010, OLR, in collaboration with DADAS and DPL, will promulgate new rules for alcohol and drug treatment categories, and co-occurring disorder categories, to be reported in February and August 2010.
- 5.5.15 Completed in FY 2009

- 5.5.16 In FY 2010, OLR, in collaboration with DPL, will continue the process of making global changes for all existing TDMHDD licensure rules, to be reported in February and August 2010.
- 5.5.17 In FY 2011, OLR, in collaboration with DPL, will complete changes for TDMHDD licensure rules, to be reported in February and August 2011.
- 5.5.18 In FY 2010, OLR, will implement strategies to create more uniform procedures throughout the three regional offices, to be reported in February and August 2010.
- 5.5.19 In FY 2010, DPL will revise the licensure compliance rating system to include alcohol and drug facilities and services, to be reported in February and August 2010.
- 5.5.20 In FY 2010, DADAS will review the scope of the Criminal Justice Liaison Project for the purpose of exploring strategies to strengthen and expand criminal justice services, and to identify opportunities to obtain funding for criminal justice services, to be reported in February and August 2010.

Goal 6:	Technology is Used to Access Services and Information.
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With the goal of implementing comprehensive electronic medical records, TDMHDD is working to create an integrated system that will allow clinical staff to more efficiently provide direct care to service recipients. The use of bar coding tools along with hand-held devices, tablets and other tools will further enhance TDMHDD's ability to provide the best care in the most efficient manner possible. A true electronic medical record will allow TDMHDD to quickly exchange more information with other entities, particularly with the community mental health agencies, to create a more seamless continuum of care. The expanded use of video conferencing capabilities in partnership with other State agencies will provide greater access to services that are currently limited.

TDMHDD uses Internet based tools, such as the TDMHDD website and e-mail notifications to provide general information and inform service recipients, families, and other stakeholders about issues related to service delivery and public policy. In addition, the TDMHDD website is updated regularly to include the most accurate information about accessing resources available to Tennesseans. Consumer Housing Specialists, in partnership with the Department, oversee the content maintenance of a comprehensive, state-wide, housing knowledge web-based resources system as part of the Real Choice Systems Change Housing Within Reach project.

TDMHDD maintains databases for the Office of Consumer Affairs, the Office of Forensics and juvenile court services, Licensure , a contract database, and a Criminal Justice Mental Health database.

TDMHDD promotes the use of telemedicine to increase response time for diagnosing patients, reduce stressors on persons with a potential mental illness, and reduce transportation costs. TDMHDD continues to explore potential opportunities to expand the use of televideo by the RMHIs, the community and criminal justice settings.

OBJECTIVES:

6.1 TDMHDD will use technology to improve access and coordination of services, especially in remote areas or in underserved populations.

STRATEGIES:

- 6.1.1 Completed in FY09
- 6.1.2 In FY 2010, DRSP will launch a website entitled "Recovery Within Reach" with links to information on recovery tools and concepts, peer support services, employment, and housing, to be reported in February and August 2010.
- 6.1.3 In FY 2010, DRSP, Consumer Affairs, in collaboration with DPL, will use the enhanced OCA data base to analyze the quantity and nature of contacts handled by the Office of Consumer Affairs, to be reported in February and August 2010.
- 6.1.4 In FY 2010, DPL will work with community providers to promote and coordinate the use of televideo technology within the mental health care delivery system, to be reported in February and August 2010.
- 6.1.5 In FY 2010, DPL, Forensic Services, will assess the feasibility of the use of telemedicine in the forensic evaluation process, to be reported in February and August 2010.
- Req. \$ 6.1.6 In FY 2010, TDMHDD will seek funding to support and maintain the Tennessee Outcome Measurement System (TOMS), a statewide service recipient survey system, to assure that appropriate, effective and cost-efficient publicly funded behavioral health services are provided and to collect data required to report on National Outcome Measures (NOMS), to be reported by DPL in February and August 2010.
- 6.1.7 In FY 2010, DPL will identify any legal barriers for possible legislative change to better promote and utilize televideo technology, to be reported in February and August 2010.
- 6.1.8 In FY 2010, TDMHDD will inventory televideo equipment available to mental health systems and apply for available funds to purchase needed televideo equipment, to be reported in February and August 2010.

6.2 TDMHDD will develop and implement an integrated electronic health record and personal health information system.

STRATEGIES:

- 6.2.1 In FY 2010, DAS, in collaboration with OHS and DCL, will study the electronic health record and personal health information systems used in other states and the strategies used to transition to electronic health information systems, to be reported in February and August 2010.
- 6.2.2 In FY 2010, DADAS, in collaboration with DAS, will begin the planning stage of migrating the Alcohol & Drug Abuse Management Information System to a web-based platform, to be reported in February and August 2010.
- 6.2.3 Completed in FY 09
- 6.2.4 In FY 2010, DAS, in collaboration with DCL, OHS and the RMHIs, will release an RFP (Request for Proposals) for a new suite of applications to include Pharmacy, Computerized Provider Order Entry (CPOE), and electronic Medication Administration Records (eMAR), to be reported in February and August 2010.

THREE-YEAR PLAN FY 2010- FY 2012 ADDENDUM

The matrix below represents a list of needs that the TDMHDD Planning and Policy Council approved at the August 25, 2009 meeting. This information was generated from the annual need assessments compiled by the regional councils representing mental health, substance use disorders, and developmental disabilities. Additional items were also submitted by the Children’s Committee of the TDMHDD Planning and Policy Council. The Council recommended accepting this expanded list as an addendum to the FY 2010-2012 Three-Year Plan to ensure the Department included the expanded list of needs in their discussions regarding the Department’s FY2011 budget.

	MH	A&D	C&Y	DD
Funding for Crisis Services	X	X		
Funding mental health services for the uninsured	X			
Retain current program funding	X	X	X	
Restoration of the reduced funds to continue crucial services instead of expansion of new services	X	X	X	
Recovery Focused Peer Support Centers	X			
Adult Continuum of Care	X			
Increase the availability of Intensive Outpatient for the uninsured	X			
Increase Supportive Housing (including special needs, criminal justice/forensic)	X			
Need Mental Health Services for Veterans	X			
Reduce barriers to mental health services, stigma, and lack of transportation	X			
Medical coverage for the SPMI population	X			
Expand employment opportunities for persons with mental illness.	X			
Adequate system of care for children and youth (statewide)			X	
Home and Community-Based Services for Children and Youth			X	
Early Intervention services (for early childhood)			X	
Expand Children and Youth Respite Services (both day and night) and emergency			X	
Prevention services for Children and Youth		X	X	
Family Support services, education of parents	X		X	
More funds for student assistance school based programs, such as Project BASIC			X	
School Based Outreach services			X	
Increase Access to A&D and Co-occurring treatment services, includes the uninsured population		X		
Increase availability of detox services for the uninsured, need medical detox beds in Shelby County		X		
Funding for “Fulfill the Promise,” increase services and supports for persons with developmental disabilities (DD)				X
Continuation of the Family Support Program administered by the Division of Intellectual Disability Services				X
Database of persons with DD who need services and supports				X
Access to quality mental health care in rural areas for persons with DD				X
Expand employment opportunities for persons with DD				X
Appropriate housing for persons with DD				X