



**STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY**

**DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
AND
STATEWIDE PLANNING AND
POLICY COUNCIL**

Performance Audit Report

July 2016

Justin P. Wilson, Comptroller



**Division of State Audit
Sunset Performance Section**

DEBORAH V. LOVELESS, CPA, CGFM, CGMA
Director

JOSEPH SCHUSSLER, CPA, CGFM
Assistant Director

SANDRA TULLOSS
Audit Manager

David Wright, CFE
Mason Ball, CPA, CGFM
In-Charge Auditor

Sarah Vandergriff
Jafar Ware
Staff Auditors

Amy Brack
Editor

Amanda Adams
Assistant Editor

Comptroller of the Treasury, Division of State Audit
Suite 1500, James K. Polk State Office Building
Nashville, TN 37243-1402
(615) 401-7897

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STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY
DEPARTMENT OF AUDIT
DIVISION OF STATE AUDIT
SUITE 1500, JAMES K. POLK STATE OFFICE BUILDING
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1402

PHONE (615) 401-7897
FAX (615) 532-2765

July 29, 2016

The Honorable Ron Ramsey
Speaker of the Senate
The Honorable Beth Harwell
Speaker of the House of Representatives
The Honorable Mike Bell, Chair
Senate Committee on Government Operations
The Honorable Jeremy Faison, Chair
House Committee on Government Operations
and
Members of the General Assembly
State Capitol
Nashville, Tennessee 37243
and
The Honorable E. Douglas Varney, Commissioner
Department of Mental Health and Substance Abuse Services
Andrew Jackson Building – 6th Floor
500 Deaderick Street
Nashville, TN 37243
and
Joe Page, Chair
Statewide Planning and Policy Council
498 Industrial Drive
Bristol, TN 37620

Ladies and Gentlemen:

Transmitted herewith is the performance audit of the Department of Mental Health and Substance Abuse Services and the Statewide Planning and Policy Council. This audit was conducted pursuant to the requirements of the Tennessee Governmental Entity Review Law, Section 4-29-111, *Tennessee Code Annotated*.

This report is intended to aid the Joint Government Operations Committee in its review to determine whether the department and the council should be continued, restructured, or terminated.

Sincerely,

Deborah V. Loveless, CPA
Director

State of Tennessee

Audit Highlights

Comptroller of the Treasury

Division of State Audit

Performance Audit

Department of Mental Health and Substance Abuse Services

and

Statewide Planning and Policy Council

July 2016

FINDINGS

The department did not implement prior audit recommendations to establish adequate internal controls in one specific area*

We found that internal control deficiencies in one specific area identified in a previous audit were partially addressed. The details of this finding are confidential pursuant to Section 10-7-504(i), *Tennessee Code Annotated*. We provided the department with detailed information regarding the specific conditions we identified, as well as our recommendations for improvement (page 6).

Regional Mental Health Institutes' boards of trustees were not compliant with state statute

We found that the Regional Mental Health Institutes' boards of trustees did not always comply with statutory requirements. Specifically, two boards did not meet annually, one board had extended vacancies, two boards did not have staggered board terms, and one board had too many state officials serving concurrently (page 12).

OBSERVATIONS

The audit also discusses the following issues: the department has a formal system to identify and attempt to fulfill unmet needs and waiting lists (page 14); the department has established methods of diverting individuals from the criminal justice system (page 16); and the regional planning and policy council members work well together but could improve documenting participation of current or former service recipients and members of service recipients' families (page 19).

*This finding is repeated from a previous audit.

Performance Audit
Department of Mental Health and Substance Abuse Services and
Statewide Planning and Policy Council

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Performance Audit

Department of Mental Health and Substance Abuse Services and Statewide Planning and Policy Council

INTRODUCTION

PURPOSE AND AUTHORITY FOR THE AUDIT

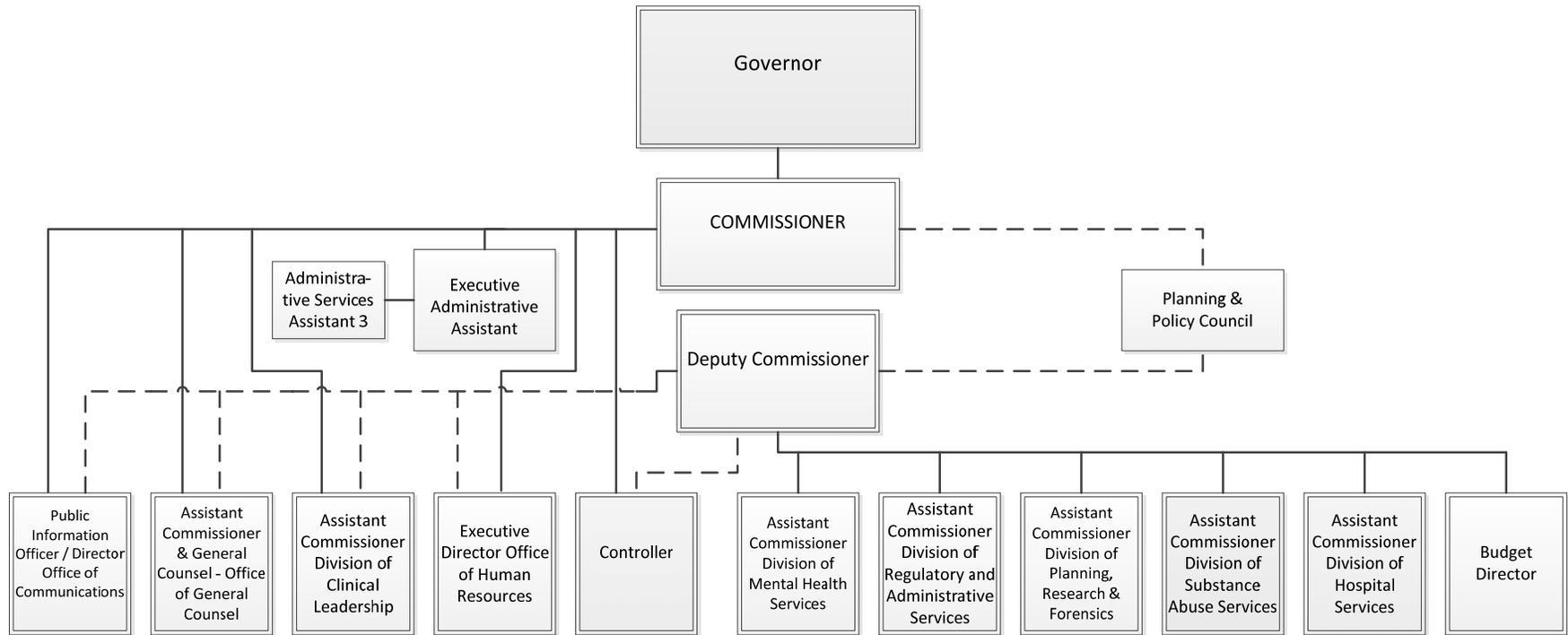
This performance audit of the Department of Mental Health and Substance Abuse Services and the Statewide Planning and Policy Council was conducted pursuant to the Tennessee Governmental Entity Review Law, Section 4-29-111, *Tennessee Code Annotated*. Under Section 4-29-238, *Tennessee Code Annotated*, both the Department of Mental Health and Substance Abuse Services and the Statewide Planning and Policy Council are scheduled to terminate on June 30, 2017. The Comptroller of the Treasury is authorized under Section 4-29-111, *Tennessee Code Annotated*, to conduct a limited program review audit of the agencies and to report to the Joint Government Operations Committee of the General Assembly. The audit is intended to aid the committee in determining whether the department and council should be continued, restructured, or terminated.

ORGANIZATION AND STATUTORY RESPONSIBILITIES

In 2010, the statutorily created Department of Mental Health and Substance Abuse Services took over the mental health responsibilities of the former Department of Mental Health and Developmental Disabilities. The Department of Mental Health and Substance Abuse Services serves as the state's mental health, substance use disorders, and opioid treatment authority. The department is responsible for planning; setting policy and quality standards; system monitoring and evaluation; disseminating information; and promoting the development and provision of services that meet the needs of persons with mental illness, serious emotional disturbance, or substance abuse. Section 4-3-1603(b), *Tennessee Code Annotated*, calls for the department to provide the best possible care for Tennessee citizens in need of mental health and/or substance abuse services by improving existing facilities; developing future facilities and programs; and adopting preventive programs. A map on page 3 illustrates the density of mental health providers in the state. Finally, the department also has jurisdiction and control over the state's four Regional Mental Health Institutes (see map on page 4). As of March 1, 2016, the department had 1,786 employees statewide.

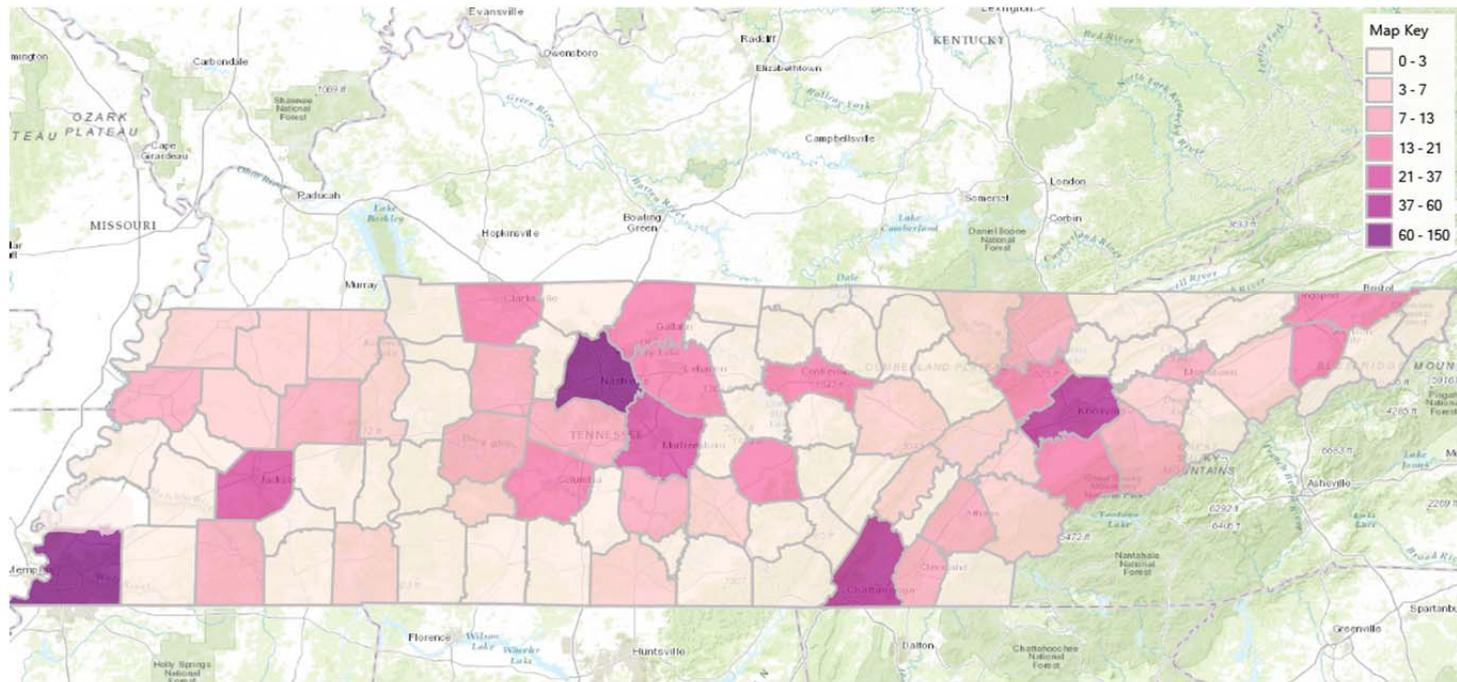
As illustrated in the organizational chart on page 2, the Office of Communications, the Office of General Counsel, the Division of Clinical Leadership, the Office of Human Resources, and the Controller report to the commissioner. The department's divisions of Mental Health Services; Regulatory and Administrative Services; Planning, Research, and Forensics; Substance Abuse Services; Hospital Services; and the Budget Office report to the deputy commissioner.

Tennessee Department of Mental Health and Substance Abuse Services July 20, 2016



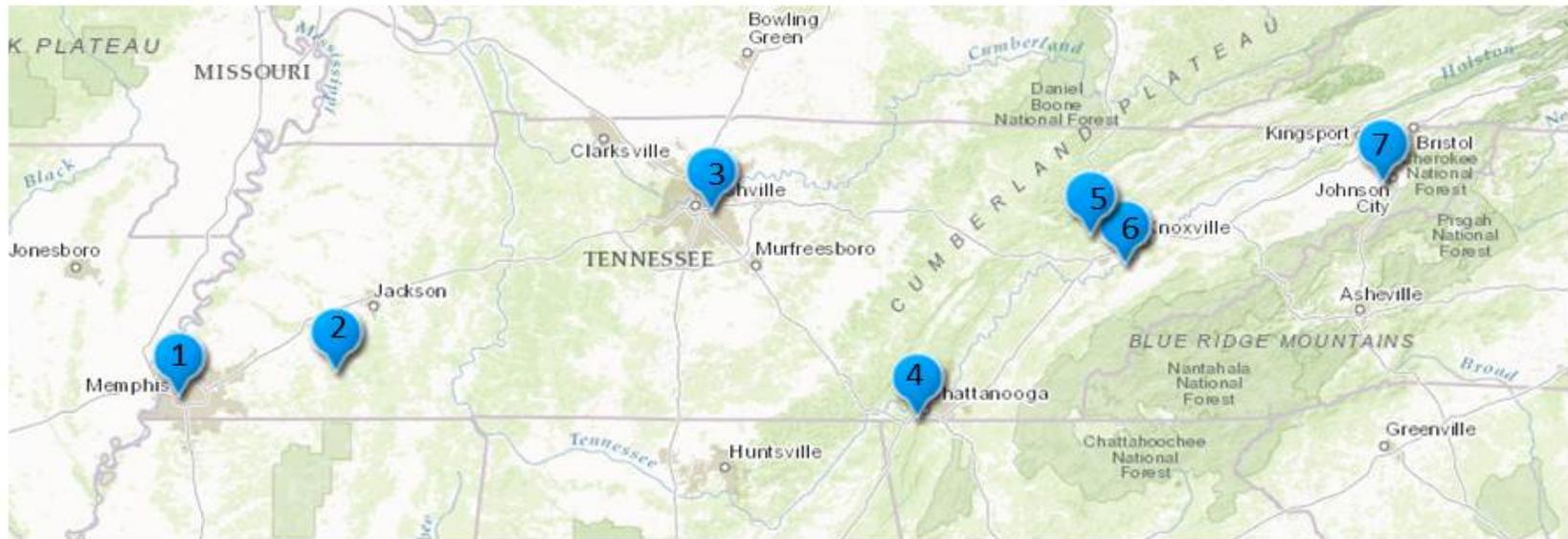
Source: Tennessee Department of Mental Health and Substance Abuse Services

Concentration of Mental Health and Substance Abuse Facilities by County As of May 9, 2016



(Source: Information provided by the Department of Mental Health and Substance Abuse Services)

Locations of Regional Mental Health Institutions and Contracted Private Hospitals



Source: Tennessee Department of Mental Health and Substance Abuse Services

1. Memphis, TN- Memphis Mental Health Institute
2. Bolivar, TN- Western Mental Health Institute
3. Nashville, TN- Middle Tennessee Mental Health Institute
4. Chattanooga, TN- Moccasin Bend Mental Health Institute
5. Oak Ridge, TN- Ridgeview Psychiatric Hospital (contracted private hospital)
6. Louisville, TN- Peninsula Psychiatric Hospital (contracted private hospital)
7. Johnson City, TN- Woodridge Psychiatric Hospital (contracted private hospital)

AUDIT SCOPE

We audited activities of the Department of Mental Health and Substance Abuse Services for the period July 1, 2012, to July 1, 2016, and the Statewide Planning and Policy Council for the period July 1, 2013, to July 1, 2016. Our audit scope included a review of internal controls and compliance with laws, regulations, and provisions of contracts or grant agreements that are significant within the context of the audit objectives. Management of the department is responsible for establishing and maintaining effective internal controls and for complying with applicable laws, regulations, and provisions of contracts and grant agreements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

PRIOR AUDIT FINDINGS

Section 8-4-109, *Tennessee Code Annotated*, requires each state department, agency, or institution to report to the Comptroller of the Treasury actions taken to implement audit recommendations. We conducted a follow-up of findings from the most recently issued performance audit (January 2013). We found that the department resolved the 2013 audit findings by

- improving the licensure complaint procedures, as well as the licensure database, to improve consistency, timeliness, and data reliability;
- establishing a schedule for civil penalties and improving the process for identifying repeat violators and collecting civil penalties; and
- adopting more uniform and consistent documentation procedures related to subcontract monitoring.

We also followed up on an audit finding in the December 2014 financial and compliance audit that found management of the department did not establish internal controls in one specific area. Details of the finding were not released to the public due to security concerns. We found those controls were still not adequate (see page 6).

OBJECTIVES, METHODOLOGIES, AND CONCLUSIONS

OFFICE OF HUMAN RESOURCES

The Office of Human Resources works to ensure that the Department of Mental Health and Substance Abuse Services maintains a workforce capable of fulfilling the department's mission and objectives.

As mentioned above, during the follow-up on prior audit findings, we determined that the audit recommendations concerning internal controls in a specific area were not fully implemented.

We interviewed departmental staff at the Central Office and at the Regional Mental Health Institutes (RMHIs); reviewed departmental documents and records; and reviewed management's risk assessment for fiscal year 2015. We determined that the department failed to fully implement the audit recommendation; thus, this is a repeat finding.

Finding

1. The department did not implement prior audit recommendations to establish adequate internal controls in one specific area

We found that internal control deficiencies in one specific area, identified in a previous audit, were partially resolved. Management did not establish and implement internal controls as required by state policies or industry best practices. The details of this finding are confidential pursuant to Section 10-7-504(i), *Tennessee Code Annotated*. The identified issue was also not included in management's risk assessment of the RMHIs. We provided the department with detailed information regarding the specific conditions we identified, as well as our recommendations for improvement.

Neither the prior finding nor details about this finding are disclosed in this public report due to security concerns. However, a detailed finding has been provided directly to management.

Recommendation

The commissioner should ensure that the conditions found in the 2014 financial and compliance audit report are remedied by the prompt development and implementation of effective controls. In addition, the commissioner should ensure that the risks associated with this finding are adequately identified and assessed in the department's documented risk assessment.

Management's Comment

We concur. Pursuant to Section 10-7-504(i), *Tennessee Code Annotated*, the details of this finding are confidential and are submitted by separate report.

DIVISION OF HOSPITAL SERVICES

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

Closure of Lakeshore Mental Health Institute

We reviewed the availability of inpatient, state funded mental health services in Knoxville and East Tennessee since the closure of Lakeshore Mental Health Institute on June 30, 2012. Since the closure, adults in need of inpatient psychiatric services in East Tennessee communities are served by the private hospitals: Peninsula Hospital in Louisville (Tennessee), Ridgeview Psychiatric Hospital and Center in Oak Ridge, and Woodridge Psychiatric Hospital in Johnson City. These facilities contract with the department to serve uninsured, indigent state patients that would previously have been treated by Lakeshore, along with patients that have insurance. Moccasin Bend RMHI in Chattanooga also serves patients from Knoxville and East Tennessee, some of whom may be transferred from the private hospitals for acuity reasons. Department management redirected funding to provide community-based outpatient services, such as Peer Support and Crisis Stabilization Units, decreasing the need for inpatient treatment and hospitalization. Overall, the closure of Lakeshore and the development of additional resources do not appear to have negatively impacted the availability of public inpatient mental health services in East Tennessee.



Above and below: The new Hank Rappe Playground built on Lakeshore Park property, after the closure of Lakeshore Mental Health Institute and the conveyance of land to the City of Knoxville.

(Photo Credit: Lakeshore Park Office, Cardin Bradley)



Patient Readmission Rate

The objective of our review of the patient readmission rate includes determining whether state and private hospitals collected readmission data and how management used this information.

We interviewed staff at the Central Office, RMHIs, and private contracted hospitals to determine whether the information was collected and how the information was used. We also analyzed departmental data collected over a three-year period (calendar years 2013, 2014, and 2015) to determine any trends during this time period.

The RMHIs and the contracted hospitals define readmission as whenever a patient returns to a facility within 30 days of discharge from that facility. The department collects readmission information from the RMHIs and sends a monthly report, which includes the 30-day and 7-day readmission data, to each of the four RMHIs. Contracted hospitals record readmission data for their use but were not expected to provide this information to the department until July 1, 2016.

According to the department, patients readmitted within 7 days may have experienced problems with the discharge plan. Similarly, the 30-day standard, the nationally recognized definition for readmission, may be affected by the patient not going to follow-up mental health appointments, not taking medication, experiencing problems with housing or family, or having other issues. The RMHIs and private hospitals have developed programs to work with the patient before discharge to help the patient successfully transition back into the community and lower the number of readmissions.

The department reviews readmission data for month-to-month and annual readmission trends and provides reports to the four RMHIs for their review and comparison. The department also distributes the results of its analysis of this readmission data to upper management. Additionally, the department indicated that each hospital reviews the 30-day readmissions, identifying specific patients on an ongoing basis as part of the quality management process. Individual cases are investigated to determine the underlying cause of the readmission. When community factors are identified, social service adjusts the referral process accordingly. When internal discharge planning is identified, adjustments are made both in internal processes and with individual plans.

As illustrated in Table 1 (see page 10) and Exhibit 1 (see page 11), the overall 30-day readmission rate at the RMHIs increased from calendar year 2013 to 2014 and leveled off for 2015. Exhibit 1 shows the percentage of 30-day readmissions. This data shows the following:

- both Middle Tennessee Mental Health Institute's and Moccasin Bend Mental Health Institute's readmission rates increased over the three-year period but at a fairly constant rate without any spikes;
- Memphis Mental Health Institute experienced a noticeable spike in calendar year 2014 and then returned close to the 2013 level in 2015; and
- Western Mental Health Institute showed a relatively consistent readmission rate over the three-year period.

According to the department, Western Mental Health Institute may experience a relatively consistent flat readmission rate because, unlike the other three RMHIs, its patient population is relatively small and includes a higher percentage of long-term sub-acute patients and a lower patient turnover rate. Sub-acute patients tend to stay longer in the hospital and are more likely to be discharged to group homes, nursing homes, and supportive living situations, as

opposed to the local community. In contrast, the other three RMHIs have a higher percentage of short-term acute patients, who are more likely to be discharged to go home with follow-up in the local community through an outpatient mental health agency.

Psychotropic Drugs

We reviewed the department's controls over the use of psychotropic drugs at the RMHIs due to their high cost, and thus high risk to the state.

We interviewed staff members in the RMHIs and in the divisions of Clinical Leadership, Hospital Services, and Mental Health Services. We also reviewed information provided by the Formulary Review and Oversight Committee, and Patient Rights Advocate quarterly reports for each of the four RMHIs for 2014 and 2015. We did not identify any issues or problems with the management or administrative oversight of psychotropic medication at the RMHIs.

Regional Mental Health Institutes' Boards of Trustees

Statute provides that each RMHI establish a board of trustees and detail responsibilities and requirements of the board. The objective of our review was to determine whether the boards of trustees complied with key state membership and meeting statutes.

We interviewed the chief executive officer at the RMHIs and members of the four RMHI boards of trustees, and we reviewed state statutes, board membership rosters, and board meeting minutes. We found that the RMHI boards of trustees failed to comply with some of the statutory requirements, as mentioned in Finding 2.

Table 1
Department of Mental Health and Substance Abuse Services
Regional Mental Health Institutes' 30-Day Readmissions Rate – By Number and Percentage
Calendar Years 2013 to 2015

		30-Day Readmission Rate for Regional Mental Health Institutes									
		Total 30-Day Readmission Rate		MTMHI		WMHI		MBMHI		MMHI	
Calendar Year	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
2013	714	8.51%	280	8.73%	55	5.43%	226	7.92%	153	11.60%	
2014	968	9.86%	396	10.33%	48	4.80%	294	8.94%	230	13.55%	
2015	988	10.56%	441	12.30%	60	6.02%	318	9.56%	169	11.65%	

Source: The department's monthly Avatar reports for calendar years 2013-2015.

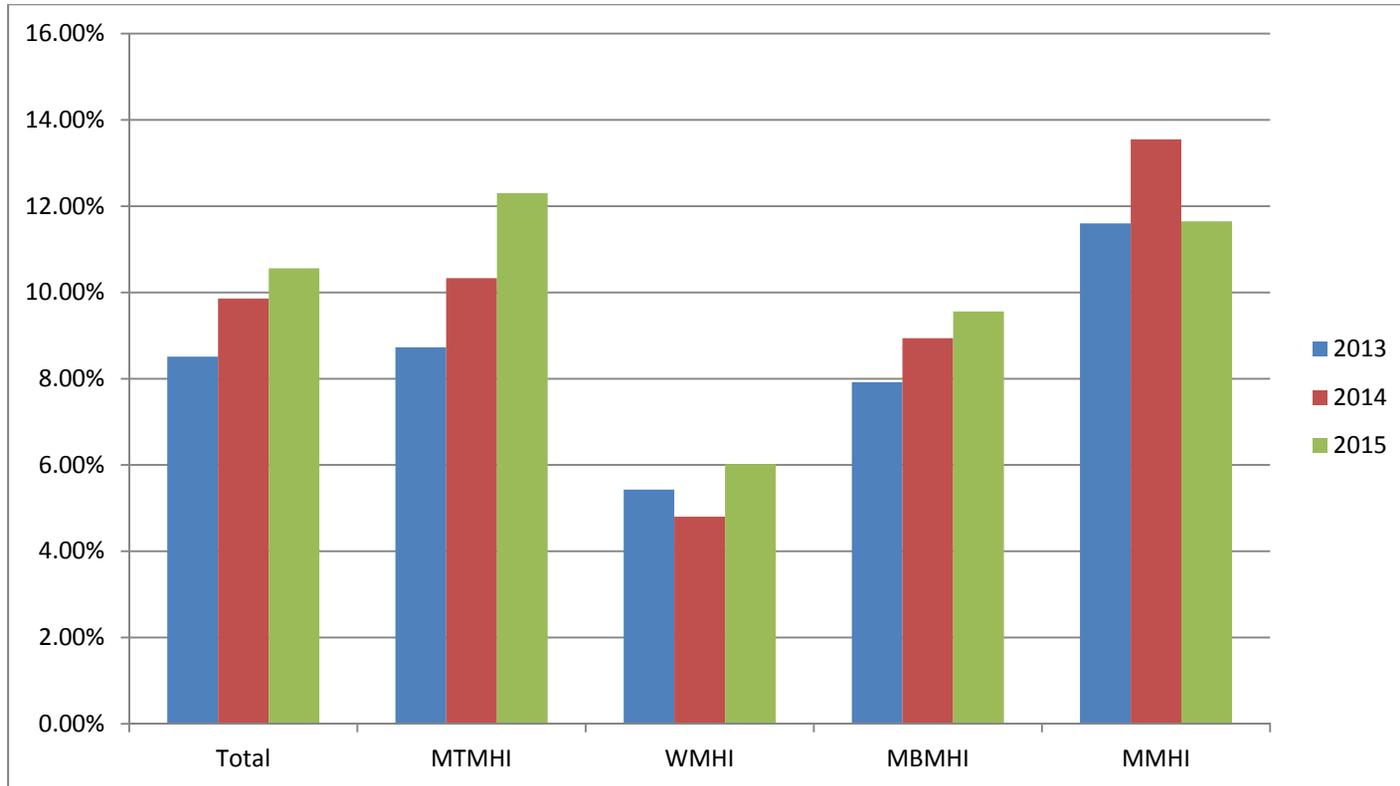
MTMHI – Middle Tennessee Mental Health Institute (Nashville)

WMHI – Western Mental Health Institute (Bolivar)

MBMHI – Moccasin Bend Mental Health Institute (Chattanooga)

MMHI – Memphis Mental Health Institute (Memphis)

Exhibit 1
Department of Mental Health and Substance Abuse Services
Regional Mental Health Institutes' 30-Day Readmission Rate as a Percentage of Patients Discharged
Calendar Years 2013 to 2015



Source: The department's monthly Avatar reports for calendar years 2013-2015.

MTMHI – Middle Tennessee Mental Health Institute (Nashville)

WMHI – Western Mental Health Institute (Bolivar)

MBMHI – Moccasin Bend Mental Health Institute (Chattanooga)

MMHI – Memphis Mental Health Institute (Memphis)

Finding

2. **Regional Mental Health Institutes' boards of trustees were not compliant with state statute**

Sections 33-2-901 and 902, *Tennessee Code Annotated*, list the following requirements of boards of trustees for Regional Mental Health Institutes (RMHIs):

- each board should consist of 15 members appointed by the commissioner, and each member serves a three-year term;
- members are to reside in the area served by the RMHI;
- terms of members should stagger so that five terms expire each year;
- no more than three state officials may serve concurrently on the same board;
- the board must meet at least once per year; and
- each board is to advise the chief executive officer (CEO) of the RMHI regarding policies, collaborate with the CEO to provide the commissioner with an annual report, and inform the public regarding the condition of the facility.

We found that the boards did not always comply with the statutory requirements in these areas:

- Member Vacancies – The Middle Tennessee Mental Health Institute's board had three vacancies that were not filled for approximately eight months.
- Staggered Terms – Moccasin Bend Mental Health Institute's and Middle Tennessee Mental Health Institute's board rosters were not staggered so that five terms expire each year. At Moccasin Bend, 11 board members were serving a first-year term, and at Middle Tennessee, 11 board members were serving a second-year term.
- Number of State Officials Serving Concurrently – At Western Mental Health Institute, four state officials were serving on the board concurrently. Two members were appointed on July 1, 2011 (appointment expires June 30, 2017); one member was appointed on July 1, 2013 (appointment expires June 30, 2016); and the other member was appointed on July 1, 2014 (appointment expires June 30, 2017).
- Meetings – Middle Tennessee Mental Health Institute's board did not meet in 2015, and Western Mental Health Institute's board did not meet in 2014.

Because of the noncompliance, the boards may fail to sufficiently advise the CEO, may fail to serve as effective liaisons to the community, and may fail to transmit valuable information regarding the condition of the RMHIs.

Recommendation

The commissioner should ensure that the boards of trustees comply with statutory requirements related to membership requirements and frequency of meetings.

Management's Comment

We concur. To ensure compliance with T.C.A. §§ 33-2-901 and 33-2-902, the Department has developed a new reporting and accountability procedure for each RMHI. Each of the RMHIs will now report the following information quarterly to the Commissioner at the Governing Body meeting: 1) date of the last Board of Trustees meeting; 2) membership roster of Board of Trustees, including name, affiliation, and term of office (appointment and expiration dates); 3) vacancies (if any); and 4) a summary of information discussed during the Board of Trustees' meeting. The Department will implement this practice on September 1, 2016, with each RMHI presenting the required information to the Governing Body on September 16, 2016.

Attached is a form [see Appendix 5, page 36] that will be used across the four RMHIs to report this information. At the next Governing Body meeting (September 16, 2016), the Governing Body will consider adopting this form as part of its standard operating procedures to ensure consistent reporting by the RMHIs and to provide a means of ensuring that the Department remains in compliance with T.C.A. §33-2-901 et seq.

Additionally, the Department believes that this new reporting format will provide quicker and more effective monitoring of the activities of the Boards of Trustees. It will also enable the Boards of Trustees to effectively advise the CEOs of the RMHIs as well as provide community insight and a voice in the provision of mental health services. See Attachment: *Revised Government Body Report with new Board of Trustee Reporting Format*. [See Appendix 5, page 36.]

Member Vacancies

We concur. All vacancies at MTMHI have been filled as of June 19, 2016. The Department will use the new monitoring form and process to confirm vacancies are filled timely as required by T.C.A. §33-2-901 et seq.

Staggered Terms

We concur. Beginning June 15, 2016, the terms of office for members of the MTMHI Board of Trustees were adjusted to ensure that five trustees' terms expire each year. Beginning September 15, 2016, the terms of office for members of the Moccasin Bend Mental Health Institute (MBMHI) Board of Trustees will be adjusted to ensure that five trustees' terms expire each year. Should any Board of Trustee member leave prior to the expiration of their term, replacement members will be appointed to serve for the remainder of the vacated term. The Department will use the new monitoring form and process to confirm the staggering of trustees' terms of office as required by T.C.A. §33-2-901 et seq.

Number of State Officials Serving Concurrently

We concur. By September 15, 2016, the composition of the WMHI Board of Trustees will be revised so that no more than three (3) state officials serve on the Board of Trustees at the same time. The Department will use the new monitoring form and process to confirm the number of staff officials serving on a Board of Trustees as required by T.C.A. §33-2-901 et seq.

Meetings

We concur. Since 2015 Middle Tennessee Mental Health Institute (MTMHI) has changed CEOs and held one Board of Trustees meeting on February 23, 2017, with a second meeting scheduled for September 22, 2016. Western Mental Health Institute (WMHI) has held two (2) Board of Trustees meetings on February 12, 2015, and April 8, 2016. The Department will use the new monitoring form and process to confirm meetings are held as required by T.C.A. §33-2-901 et seq.

DIVISION OF PLANNING, RESEARCH, AND FORENSICS

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

The Statewide Planning and Policy Council and the seven regional planning and policy councils interact closely with the division to identify unmet needs. The regional councils identify service needs, which are forwarded to the Statewide Planning and Policy Council. The statewide council subsequently reviews all of the regional needs and consolidates and submits identified needs to the department for possible inclusion in the department's three-year plan.

Observation

- 1. The department has a formal system to identify and attempt to fulfill unmet needs and waiting lists**

Department Mechanisms to Identify Needs

The Department of Mental Health and Substance Abuse Services has established a system to help identify unmet public treatment needs for individuals with a mental health and/or substance abuse problem. Specifically, its annually updated three-year plan helps the department

determine budget priorities. Additionally, the department has a formal process to receive feedback from numerous sources that identify service needs.

The department primarily identifies service needs through its seven regional planning and policy councils. Located across the state, the councils are statutorily required to consist of providers, consumers, family members of consumers, and other affected persons and organizations. The councils annually determine their respective service needs and submit two mental health and two substance abuse priority needs (one adult and one juvenile) to the Statewide Planning and Policy Council.

The statewide council considers all needs identified by the regional councils as well as the prioritized needs most commonly identified by the regions. The statewide council submits the regional needs to the department for consideration and possible inclusion in its three-year plan.

In addition to the Statewide Planning and Policy Council and the regional planning and policy councils, the department also considers needs assessment information from the Adult Subcommittee of the Commission on Children and Youth and the Consumer Advisory Board. To further help identify possible service needs, the department conducts regularly scheduled statewide needs assessments with stakeholders.

Commonly Identified Needs and the Department's Steps to Address These Needs

The lack of available indigent bed space is one of the most frequently identified unmet needs. The shortage includes the full continuum of all types of inpatient publicly funded beds; respite housing for people with co-occurring substance abuse and mental health disorders who are discharged from institutional facilities; and detox beds. Waiting time for bed space varies depending on the nature of bed needed. For example, based on department data, the average wait for a bed in one of the department's Regional Mental Health Institutes was 20.2 hours in fiscal year 2015, while a department official stated that the wait time for a detox bed can be weeks.

The department, along with providers and advocacy groups, also reports the problem of a lack of treatment services for pregnant women with a substance abuse issue. Reported unmet service needs include the lack of treatment facilities that will admit addicted pregnant women; the lack of treatment facilities that provide recovery support for women through their pregnancies and post-partum—especially ones that provide family residential care; and the lack of childcare for women in treatment during pregnancy and post-partum.

Department officials, council members, and representatives of advocacy groups indicate that resource limitations affect whether an identified need is included in the department's three-year plan and thus the department's budget request. To assist regional planning and policy councils in addressing service needs that are not included in its three-year plan, the department provides information on available federal grant opportunities that the councils may apply for. The department also partners with private and governmental entities, including Creating Homes Initiative (CHI), to leverage non-state resources to develop housing for individuals with a severe

mental health issue. For example, the department reports working with the U.S. Department of Agriculture's Rural Development program, the U.S. Department of Housing and Urban Development, and the Tennessee Housing Development Agency. Since the department began these collaborative efforts in 2000, CHI reports that it has developed over 13,500 housing opportunities across the state. Additionally, the department established an outreach program in June 2015 to help faith-based organizations identify and provide needed substance abuse services.

DIVISIONS OF MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE SERVICES

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

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

Observation

2. The department has established methods of diverting individuals from the criminal justice system

The Department of Mental Health and Substance Abuse Services is taking steps to divert individuals who have a mental health and/or substance abuse problem away from the criminal justice system through mechanisms such as recovery mental health, drug, and recovery veteran courts. Local jurisdictions determine whether they want to establish these courts in their communities.

Recovery Mental Health Courts

The department helped establish several recovery mental health courts in 2010 to divert eligible participants from the criminal justice system by placing them in appropriate community-based services. Program participants with a mental health diagnosis or a dual diagnosis (mental health and substance abuse) receive community-based mental health services and substance abuse treatment.

The use of community-based services helps minimize the risk of participants being admitted to one of the department's regional mental health facilities. Additionally, diverting individuals with a mental health diagnosis from the criminal justice system and combining with it the use of community-based services allows participants to receive services in a least

restrictive environment while also reducing the cost of providing treatment. According to department officials, the use of community-based services is less expensive than either the criminal justice system or the Regional Mental Health Institutes. For example, they reported that the average inmate per-day cost in a Department of Correction facility is \$73, and the average patient per-day cost in a Regional Mental Health Institute is \$882.

Currently, there are five recovery mental health courts in the state (Davidson, Shelby, Coffee, Warren, and Johnson counties) funded from federal, state, and local sources. Eligible individuals are given the option to either participate in the courts or serve their original sentence. Individuals charged with a violent criminal offense are not eligible to participate.

Another department diversion effort includes the establishment of a contracted liaison program. These liaisons interact with inmates and staff in local prisons and jails to identify individuals who might possess a mental health and/or substance abuse diagnosis and might be better served in a community setting rather than remaining incarcerated.

Additionally, the department contracts with a provider to offer crisis intervention training to law enforcement officials. Participation in the training is voluntary and is intended to help law enforcement officials identify individuals with a mental health diagnosis and determine how to engage them.

Law enforcement officers responding to a call determine whether an individual should be arrested or taken to a mental health facility or hospital emergency room. Officers who have received crisis intervention training should be better equipped to identify individuals who appear to have a mental health issue.

Recovery Drug Courts

In 2012, management of the drug courts, later called recovery drug courts, moved from the Department of Finance and Administration to the Department of Mental Health and Substance Abuse Services. Recovery drug courts intend to divert individuals with a substance abuse diagnosis or a dual diagnosis (substance abuse and mental health) from the criminal justice system and into community-based treatment.

Currently, there are 44 adult and 4 juvenile recovery drug courts located across the state. Local jurisdictions determine whether they want to establish a recovery drug court in their communities. Similar to the recovery mental health courts, eligible individuals are given the option to either participate in the courts or serve their original sentence, and individuals with a violent criminal record are ineligible. The department tracks program participants through a computer system that allows it to identify the number of active participants who have completed their program or have absconded. The state provides some funding to pay for court operations. Court participants pay for a portion of their treatment, or, if they are indigent, financial assistance is available from the department's Alcohol and Drug Addiction Treatment Fund.

Recovery Veteran Courts

The department helped establish recovery veteran courts in 2014 to try to divert individuals away from the criminal justice system by providing community-based treatment.

The program is voluntary for veterans who have a primary substance abuse diagnosis or dual diagnoses (mental health and substance abuse). Unlike recovery drug courts, veterans with violent criminal histories are not ineligible; their participation is determined on a case-by-case basis. There are four recovery veteran courts, located in Montgomery, Shelby, Knox, and Davidson counties. Local jurisdictions determine whether they want to establish a veteran recovery court in their communities.

Management's Comment

Attached [see Appendix 6, page 37] please find a map of all Tennessee Recovery Courts, indicated by county and judicial district. Included is a color-coded index for all the types of courts.

OFFICE OF GENERAL COUNSEL

The Office of General Counsel advises the commissioner on legal matters, oversees the licensure review panel, and represents the department in involuntary commitment and civil service proceedings.

Our audit objective for this office included determining the department's procedures for identifying statutes that require legislative action to repeal, amend, or update obsolete and other impacted statutes. We interviewed departmental staff and reviewed statutes and appropriate documents during the audit.

We determined that at the Governor's request, the commissioner, assistant commissioners, and program directors, in coordination with the Statewide Planning and Policy Council's Legislative Committee, review applicable statutes to determine the need for any legislative action.

STATEWIDE PLANNING AND POLICY COUNCIL

The department's Statewide Planning and Policy Council consists of mental health and substance abuse service providers, consumers, family members, advocates, and other stakeholders. The council is also statutorily required to have a representative from the state Senate and House of Representatives. The council's mission is to advise the department about the service system, policy development, legislation, budget requests, system evaluation, and monitoring. The department also administers seven regional planning and policy councils from which regional mental health and substance abuse needs and information are funneled to the statewide council and to the department. (See page 15 for further information on the council.)

Our related audit objective included determining whether the councils are compliant with state statutory requirements for membership and meetings.

We reviewed meeting records, including the posting of public notices, for the statewide council and regional councils for 2014 and 2015 and found the documentation to be sufficient. We reviewed conflict-of-interest statements for statewide council members and did not identify any problems or issues. Regional council members, per departmental policy, are not required to complete conflict-of-interest statements. We reviewed membership rosters for both the statewide council and regional councils to assess alignment with key provisions of Sections 33-1-401 and 33-2-203, *Tennessee Code Annotated*.

Observation

3. The regional planning and policy council members work well together but could improve documenting participation of current or former service recipients and members of service recipients' families

A majority of the membership for each regional council is required by statute to be current or former service recipients and members of service recipients' families (Section 33-2-203, *Tennessee Code Annotated*). Membership rosters provided by each of the seven regional councils failed to provide this information.

We observed that the councils operate in an open, collaborative environment. All meeting attendees, regardless of whether they are council members or not, actively participate in the meeting discussions, and their opinions appear to be taken into consideration. The regional councils also provide valuable information to the department during the needs assessment process (see Observation 1 on page 14). As mentioned previously in our report, the regional planning and policy council actively participates and contributes to the department's three-year plan to identify and address unmet needs in mental health and substance abuse. We recommend that the department document regional planning and policy council members who are current or former service recipients or members of service recipients' families.

APPENDICES

APPENDIX 1 Title VI and Other Information

The Tennessee Human Rights Commission (THRC) issues a report, *Tennessee Title VI Compliance Program*, that details agencies' federal dollars received, Title VI and other human rights related complaints received, whether the agency's Title VI implementation plan was filed timely, and whether THRC findings were taken on agencies. Departmental staff, council, and board member demographics, as well as a summary of the information in the latest THRC report for the Department of Mental Health and Substance Abuse Services, are presented below.

THRC did not report any issues with the department's Title VI implementation plan for fiscal year 2016 or with the Title VI annual report for fiscal year 2015.

The department received \$59,413,586 in federal funds, which was 0.29% of the total amount of federal funding received by all state agencies for fiscal year 2015.

**Department of Mental Health and Substance Abuse Services
Staff Ethnicity and Gender By Job Position
March 2016**

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
ACCOUNT CLERK	1	2	0	0	0	0	3	0
ACCOUNTANT 3	10	3	1	1	0	0	9	2
ACCOUNTING MANAGER	3	2	0	0	0	0	5	0
ACCOUNTING TECHNICIAN 1	1	13	0	3	0	0	11	0
ACCOUNTING TECHNICIAN 2	0	2	0	0	0	0	2	0
ADJUNCTIVE THERAPY DIRECTOR	3	1	0	2	0	0	2	0
ADMINISTRATIVE ASSISTANT 1	0	5	0	3	0	0	2	0
ADMINISTRATIVE SECRETARY	0	16	0	3	0	0	13	0
ADMINISTRATIVE SERVICES ASSISTANT 2	1	15	0	0	0	0	16	0
ADMINISTRATIVE SERVICES ASSISTANT 3	2	18	0	6	0	0	14	0
ADMINISTRATIVE SERVICES ASSISTANT 4	3	8	0	1	0	0	10	0
ADMINISTRATIVE SERVICES ASSISTANT 5	1	5	0	1	0	0	5	0
ADMINISTRATIVE SERVICES MANAGER	1	0	0	0	0	0	1	0
APPLICATION ARCHITECT	1	0	1	0	0	0	0	0
ASSISTANT COMMISSIONER 2	4	2	0	0	1	0	4	1
ATTORNEY 3	4	1	0	0	0	0	5	0
AUDIT DIRECTOR 1	0	1	0	1	0	0	0	0
BOILER OPERATOR 1	3	0	0	1	0	0	2	0
BOILER OPERATOR SUPERVISOR	1	0	0	0	0	0	1	0
BUDGET ANALYSIS DIRECTOR 2	1	0	0	0	0	0	1	0
BUDGET ANALYST 2	0	1	0	0	0	0	1	0
BUILDING MAINTENANCE WORKER 1	3	0	0	0	0	0	3	0
BUILDING MAINTENANCE WORKER 2	8	0	0	4	0	0	4	0
BUILDING MAINTENANCE WORKER 3	4	0	0	1	0	0	3	0
CERTIFIED PHARMACY TECHNICIAN	0	8	0	0	0	0	8	0
CLERK 2	3	12	0	10	0	0	5	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
CLERK 3	1	11	0	7	0	0	5	0
COMMISSIONER 2	1	0	0	0	0	0	1	0
COMPUTER OPERATIONS SUPERVISOR	0	1	0	1	0	0	0	0
COOK 1	1	5	0	6	0	0	0	0
COOK 2	0	1	0	1	0	0	0	0
COUNSELING ASSOCIATE 2	2	4	0	4	0	0	2	0
CUSTODIAL WORKER 1	18	36	1	44	1	0	8	0
CUSTODIAL WORKER 2	5	5	0	9	0	0	1	0
CUSTODIAL WORKER SUPERVISOR 1	3	3	0	3	0	0	3	0
CUSTODIAL WORKER SUPERVISOR 2	1	2	0	2	0	0	1	0
DEPARTMENT CONTROLLER	1	0	0	0	0	0	1	0
DEPUTY COMMISSIONER 2	0	1	0	0	0	0	1	0
DIVISION OF HOSPITAL SERVICES PROGRAM COORDINATOR	1	0	0	1	0	0	0	0
DIETITIAN	0	2	1	0	0	0	1	0
DIETITIAN SUPERVISOR	0	1	0	0	0	0	1	0
EQUIPMENT MECHANIC 2	1	0	0	0	0	0	1	0
EXECUTIVE ADMINISTRATIVE ASSISTANT 2	3	1	0	0	0	0	4	0
EXECUTIVE ADMINISTRATIVE ASSISTANT 3	2	1	0	0	0	0	3	0
EXECUTIVE HOUSEKEEPER 1	0	1	0	1	0	0	0	0
EXECUTIVE HOUSEKEEPER 2	1	1	0	2	0	0	0	0
FACILITIES MANAGER 3	3	0	0	0	0	0	3	0
FACILITIES SAFETY OFFICER 3	2	1	0	0	0	0	3	0
FACILITIES SUPERVISOR	4	0	0	0	0	0	4	0
FISCAL DIRECTOR 1	0	1	0	0	0	0	1	0
FOOD SERVICE ASSISTANT MANAGER 2	0	1	0	1	0	0	0	0
FOOD SERVICE DIRECTOR 3	0	1	0	0	0	0	1	0
FOOD SERVICE MANAGER 2	2	0	0	1	0	0	1	0
FOOD SERVICE SUPERVISOR 2	0	4	0	3	0	0	1	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
FOOD SERVICE SUPERVISOR 3	0	1	0	1	0	0	0	0
FOOD SERVICE WORKER	5	14	0	18	0	0	1	0
GENERAL COUNSEL 3	1	0	0	0	0	0	1	0
GROUNDWORKER 2	1	0	0	1	0	0	0	0
HEALTH INFORMATION MANAGER	0	3	0	0	0	0	3	0
HEATING & REFRIGERATION MECHANIC 1	2	0	0	1	0	0	1	0
HEATING & REFRIGERATION MECHANIC 2	1	0	0	0	0	0	1	0
HUMAN RESOURCES ANALYST 2	1	9	0	2	0	0	7	1
HUMAN RESOURCES ANALYST 3	0	5	0	1	0	0	4	0
HUMAN RESOURCES DIRECTOR 1	0	2	0	1	0	0	1	0
HUMAN RESOURCES DIRECTOR 3	0	1	0	0	0	0	1	0
HUMAN RESOURCES MANAGER 1	0	2	0	0	0	0	2	0
HUMAN RESOURCES MANAGER 2	0	1	0	0	0	0	1	0
HUMAN RESOURCES TECHNICIAN 2	3	8	0	5	0	0	6	0
HUMAN RESOURCES TECHNICIAN 3	1	3	0	3	0	0	1	0
HUMAN RESOURCES TRANSACTIONS SUPERVISOR	0	1	0	1	0	0	0	0
INFORMATION RESOURCE SUPPORT SPECIALIST 2	2	0	0	0	0	0	2	0
INFORMATION RESOURCE SUPPORT SPECIALIST 3	1	0	0	1	0	0	0	0
INFORMATION RESOURCE SUPPORT SPECIALIST 4	3	2	0	1	0	0	4	0
INFORMATION SYSTEMS ANALYST 2	0	1	0	0	0	0	1	0
INFORMATION SYSTEMS DIRECTOR 2	1	0	0	0	0	0	1	0
INFORMATION SYSTEMS DIRECTOR 3	1	0	1	0	0	0	0	0
INFORMATION SYSTEMS MANAGER 1	3	1	0	0	0	0	4	0
INFORMATION SYSTEMS MANAGER 3	1	0	0	0	0	0	1	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
INSTITUTIONAL SERVICES MANAGER	2	0	0	0	0	0	2	0
LABORATORY TECHNICIAN 1	0	2	0	1	0	0	1	0
LEAD PSYCHIATRIC TECHNICIAN	14	15	0	25	0	0	4	0
LEGAL ASSISTANT	0	1	0	0	0	0	1	0
LICENSED PRACTICAL NURSE 2	4	40	0	21	0	0	23	0
LICENSED PRACTICAL NURSE 3	0	7	0	7	0	0	0	0
MAIL CLERK	1	0	0	1	0	0	0	0
MAIL TECHNICIAN 1	1	0	0	0	0	0	1	0
MAIL TECHNICIAN 2	1	0	0	1	0	0	0	0
MAINTENANCE CARPENTER 2	1	0	0	0	0	0	1	0
MAINTENANCE ELECTRICIAN 1	1	0	0	0	0	0	1	0
MAINTENANCE ELECTRICIAN 2	1	0	0	0	0	0	1	0
MAINTENANCE MECHANIC 2	3	0	0	0	0	0	3	0
MAINTENANCE MECHANIC 3	1	0	0	0	0	0	1	0
MAINTENANCE PAINTER 2	2	1	0	0	0	0	3	0
MAINTENANCE PLUMBER 1	1	0	0	0	0	0	1	0
MAINTENANCE PLUMBER 2	1	0	0	0	0	0	1	0
MEDICAL RECORDS ASSISTANT	0	2	0	0	0	0	2	0
MEDICAL RECORDS TECHNICIAN 1	0	1	0	0	0	0	1	0
MEDICAL TRANSCRIBER 1	0	5	0	0	0	0	5	0
MEDICAL TRANSCRIBER 2	0	2	0	0	0	0	2	0
MENTAL HEALTH HOSPITAL SERVICES DIRECTOR	1	1	0	0	0	0	2	0
MENTAL HEALTH LICENSURE MANAGER	0	3	0	2	0	0	1	0
MENTAL HEALTH LICENSURE SURVEYOR	5	9	0	6	0	0	8	0
MENTAL HEALTH PROGRAM SPECIALIST 2	0	2	0	2	0	0	0	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
MENTAL HEALTH PROGRAM SPECIALIST 3	5	6	0	4	0	0	7	0
MENTAL HEALTH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES INSTITUTIONAL PROGRAM DIRECTOR	2	9	0	7	0	0	4	0
MENTAL HEALTH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES INVESTIGATOR	1	3	0	1	0	0	3	0
MENTAL HEALTH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES INVESTIGATOR SUPERVISOR	0	1	0	0	0	0	1	0
MENTAL HEALTH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LICENSURE DIRECTOR	0	1	0	0	0	0	1	0
MENTAL HEALTH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNER	0	2	0	0	0	0	2	0
MENTAL HEALTH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PROGRAM DIRECTOR	6	12	0	3	0	0	15	0
MENTAL HEALTH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES STANDARDS COORDINATOR	1	3	0	0	0	0	4	0
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CHIEF PHARMACIST	1	0	0	0	0	0	1	0
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CLINICAL DIRECTOR	1	0	0	1	0	0	0	0
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PROGRAM MANAGER 1	0	7	0	3	0	0	4	0
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PROGRAM MANAGER 2	4	3	0	2	0	0	5	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PROGRAM SPECIALIST	1	7	0	3	0	0	5	0
NURSE PRACTITIONER	2	11	0	3	0	0	10	0
OCCUPATIONAL THERAPY ASSISTANT (LICENSED)	0	2	0	2	0	0	0	0
PATIENT ACCOUNTS SPECIALIST 1	1	3	0	1	0	0	3	0
PATIENT ACCOUNTS SPECIALIST 2	1	6	0	1	1	0	4	1
PATIENT ACCOUNTS SPECIALIST 3	1	3	0	1	0	0	3	0
PHARMACIST 1	3	5	1	1	0	0	6	0
PHARMACIST 2	4	1	0	0	0	0	5	0
PHARMACY TECHNICIAN	0	1	0	0	0	0	1	0
PHYSICIAN	2	0	0	0	0	0	1	1
PHYSICIAN ASSISTANT	0	1	0	0	0	0	1	0
PHYSICIAN-INTERNAL MEDICINE	1	2	0	1	0	0	2	0
PHYSICIAN-PSYCHIATRIST INSTITUTIONAL CLINICAL DIRECTOR	3	1	1	0	0	0	3	0
PHYSICIAN-PSYCHIATRIST	15	6	5	4	0	0	9	3
PHYSICIAN-SPECIALTY	1	0	0	0	0	0	1	0
PROCUREMENT OFFICER 1	2	2	0	1	0	0	3	0
PROCUREMENT OFFICER 2	1	1	0	0	0	0	2	0
PROGRAMMER/ANALYST 3	0	1	0	0	0	0	1	0
PROGRAMMER/ANALYST 4	1	0	0	0	0	0	1	0
PROGRAMMER/ANALYST SUPERVISOR	0	1	0	0	0	0	1	0
PROPERTY OFFICER 1	1	0	0	1	0	0	0	0
PSYCHIATRIC HOSPITAL ADMINISTRATOR	3	0	0	0	0	0	3	0
PSYCHIATRIC HOSPITAL ASSISTANT NURSE EXECUTIVE	0	3	0	2	0	0	1	0
PSYCHIATRIC HOSPITAL ASSISTANT SUPERINTENDENT-PROGRAM SERVICES	2	1	0	1	0	0	2	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
PSYCHIATRIC HOSPITAL ASSISTANT SUPERINTENDENT-QUALITY MANAGEMENT	1	4	0	1	0	1	3	0
PSYCHIATRIC HOSPITAL FISCAL DIRECTOR 2	1	1	0	0	0	0	2	0
PSYCHIATRIC HOSPITAL HUMAN RESOURCES DIRECTOR 1	1	0	0	0	0	0	1	0
PSYCHIATRIC HOSPITAL INPATIENT COORDINATOR	7	15	0	11	0	0	11	0
PSYCHIATRIC HOSPITAL NURSE EXECUTIVE	0	3	0	1	0	0	2	0
PSYCHIATRIC HOSPITAL PATIENT RIGHTS ADVOCATE	2	1	0	2	0	0	0	1
PSYCHIATRIC HOSPITAL SUPERINTENDENT	1	2	0	0	0	0	3	0
PSYCHIATRIC HOSPITAL TRANSPORTATION SPECIALIST	8	3	0	6	0	0	5	0
PSYCHIATRIC CHAPLAIN 3	1	0	0	1	0	0	0	0
PSYCHIATRIC NURSE	0	3	0	1	0	0	2	0
PSYCHIATRIC NURSE PRACTITIONER	1	5	0	2	0	0	4	0
PSYCHIATRIC SOCIAL WORKER 1	0	26	0	14	1	0	11	0
PSYCHIATRIC SOCIAL WORKER 2	5	10	0	7	0	0	8	0
PSYCHIATRIC TEACHER COUNSELOR	0	2	0	1	0	0	1	0
PSYCHIATRIC TECHNICIAN	301	284	7	440	3	1	118	16
PSYCHOLOGICAL EXAMINER 1	2	1	0	0	0	0	3	0
PSYCHOLOGICAL EXAMINER 2	1	0	0	1	0	0	0	0
PSYCHOLOGIST	5	2	0	1	0	0	6	0
PSYCHOLOGY DIRECTOR	1	1	0	0	0	0	2	0
PUBLIC HEALTH ADMINISTRATOR 1	0	1	0	1	0	0	0	0
RECREATION THERAPIST 1	2	0	0	2	0	0	0	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	American Indian	White	Other
RECREATION THERAPIST 2	17	19	0	24	0	0	12	0
RECREATION THERAPIST 3	0	2	0	1	0	0	1	0
REGISTERED NURSE 1	2	2	0	1	0	0	3	0
REGISTERED NURSE 2	28	134	15	33	1	1	94	18
REGISTERED NURSE 3	11	60	4	26	1	0	40	0
REGISTERED NURSE 4	2	11	0	4	0	0	9	0
REGISTERED NURSE 5	0	1	0	0	0	0	1	0
REHABILITATION THERAPIST	2	0	0	2	0	0	0	0
REHABILITATION THERAPIST SUPERVISOR	0	1	0	1	0	0	0	0
SECRETARY	1	9	0	3	0	0	7	0
SECURITY CHIEF	4	0	0	2	0	0	2	0
SECURITY GUARD 1	25	9	0	19	1	0	13	1
SECURITY GUARD 2	8	2	0	5	0	0	4	1
SOCIAL SERVICES DIRECTOR	1	2	0	1	0	0	2	0
SOCIAL SERVICES SPECIALIST 2	1	7	0	5	0	0	3	0
SOCIAL WORKER 2	1	3	0	3	0	0	1	0
STATISTICAL RESEARCH SPECIALIST	2	2	0	1	0	0	3	0
STOREKEEPER 1	1	0	0	1	0	0	0	0
STOREKEEPER 2	3	2	0	3	0	0	2	0
STORES CLERK	3	0	0	2	0	0	1	0
STORES MANAGER	1	0	0	0	0	0	1	0
TELEPHONE OPERATOR 1	1	5	0	4	0	0	2	0
TELEPHONE OPERATIONS SUPERVISOR	0	1	0	1	0	0	0	0
TRAINING OFFICER 2	1	1	0	0	0	0	2	0
TRAINING SPECIALIST 2	1	0	0	1	0	0	0	0
VEHICLE OPERATOR	1	0	0	1	0	0	0	0
Total	700	1086	38	904	10	3	785	46
Percent	39%	61%	2.13%	50.62%	0.56%	0.17%	43.95%	2.58%

**Statewide Planning and Policy Council
Members by Gender and Ethnicity
March 2016**

Title or Area Represented	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	American Indian	White
Officers							
Chair	1	0	0	0	0	0	1
Vice-Chair	0	1	0	0	0	0	1
Total	1	1	0	0	0	0	2
Percent	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Members							
Anderson County	1	0	0	0	0	0	1
Bradley County	1	0	0	0	0	0	1
Carroll County	0	1	0	0	0	0	1
Davidson County	3	13	0	3	1	0	12
Dickson County	0	2	0	0	0	0	2
Gibson County	1	0	0	0	0	0	1
Greene County	1	1	0	0	0	0	2
Hamilton County	1	1	0	0	0	0	2
Knox County	2	0	0	0	0	0	2
Madison County	0	2	0	1	0	0	1
Scott County	1	0	0	0	0	0	1
Shelby County	2	2	0	3	0	0	1
Sullivan County	1	0	0	0	0	0	1
Total	14	22	0	7	1	0	28
Percent	38.89%	61.11%	0.00%	19.44%	2.78%	0.00%	77.78%
Ex-Officio Representatives							
Title or Agency	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	American Indian	White
Commissioner	1	0	0	0	0	0	1
Governor	1	0	0	0	0	0	1
Department of Human Services	0	2	0	1	0	0	1
Department of Correction	0	1	0	0	1	0	0
Department of Education	1	0	0	0	0	0	1
Department of Children's Services	0	1	0	0	0	0	1
Tennessee Housing Development Agency	0	1	0	0	0	0	1
TennCare	1	0	0	0	0	0	1
Department of Intellectual and Developmental Disabilities	1	0	0	0	0	0	1
Department of Health	1	0	0	0	0	0	1
Commission on Children and Youth	0	1	0	0	0	0	1
Department of Mental Health and	0	1	0	0	0	0	1

Title or Area Represented	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	American Indian	White
Substance Abuse Services							
Council on Developmental Disabilities	0	1	0	0	0	0	1
Total	6	8	0	1	1	0	12
Percent	42.86%	57.14%	0.00%	7.14%	7.14%	0.00%	85.71%
Overall Total	21	31	0	8	2	0	42
Percent	40.38%	59.62%	0.00%	15.38%	3.85%	0.00%	80.77%

**Regional Mental Health Institute Boards of Trustees
Members by Gender and Ethnicity
March 2016**

Moccasin Bend Mental Health Institute							
Title or Area Represented	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	American Indian	White
Chair	0	1	0	0	0	0	1
Hamilton County	3	9	0	2	0	0	10
Knox County	1	0	0	0	0	0	1
Total	4	10	0	2	0	0	12
Percent	28.57%	71.43%	0.00%	14.29%	0.00%	0.00%	85.71%
Memphis Mental Health Institute							
Title or Area Represented	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	American Indian	White
Chair	0	1	0	1	0	0	0
Shelby County	8	6	0	6	1	0	7
Total	8	7	0	7	1	0	7
Percent	53.33%	46.67%	0.00%	46.67%	6.67%	0.00%	46.67%
Western Mental Health Institute							
Title or Area Represented	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	American Indian	White
Chair	1	0	0	1	0	0	0
Hardeman County	4	2	1	1	0	0	4
Haywood County	0	1	0	1	0	0	0
Madison County	3	1	0	2	0	0	2
McNairy County	1	0	0	0	0	0	1
Shelby County	0	1	0	1	0	0	0
Tipton County	0	1	0	0	0	0	1
Total	9	6	1	6	0	0	8
Percent	60.00%	40.00%	6.67%	40.00%	0.00%	0.00%	53.33%
Middle Tennessee Mental Health Institute							
Title or Area Represented	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	American Indian	White
Chair	0	0	0	0	0	0	0
Davidson County	3	5	0	4	0	0	4
Rutherford County	0	2	0	0	0	0	2
Sumner County	1	0	0	1	0	0	0
Williamson County	0	1	0	0	0	0	1
Total	4	8	0	5	0	0	7
Percent	33.33%	66.67%	0.00%	41.67%	0.00%	0.00%	58.33%

APPENDIX 2
Performance Measures Information

As stated in the Tennessee Governmental Accountability Act, “accountability in program performance is vital to effective and efficient delivery of government services, and to maintain public confidence and trust in government.” In accordance with this act, all executive-branch state agencies are required to submit annually to the Department of Finance and Administration a strategic plan and program performance measures. On the Transparent Tennessee – Governor’s Priority: Health and Welfare website, the Department of Mental Health and Substance Abuse Services reported the following goals.

Performance Standards and Measures

Goal: Actively work with Regional Mental Health Institute leadership continuing efforts to improve outcomes for patient care while containing costs.

Improve Customer Service By: Providing caring and effective psychiatric hospital services for Tennesseans with serious mental health concerns.

Metrics	Frequency	Baseline	Target	Prior	Current	Status
Number of individuals admitted to a Regional Mental Health Institute	Fiscal Quarterly	9,737	9,500	2,373	2,370	√
Percent of patient satisfaction	Fiscal Year (June 30)	87.64%	88%			

Goal: Maintain and improve community mental health and substance abuse services.

Improve Customer Service By: Assist Tennesseans to access high quality and effective mental health and substance abuse services.

Metrics	Frequency	Baseline	Target	Prior	Current	Status
Number of people served in the public mental health and substance abuse system	Fiscal Year (June 30)	357,627	357,627			
Number of people served in the Behavioral Health Safety Net (BHSN)	Fiscal Quarterly	32,533	30,000	17,019	21,895	↑
Number of individuals served in substance abuse treatment programs	Fiscal Quarterly	20,664	20,664	5,322	4,470	↓
Number of individuals receiving treatment for prescription opioid abuse	Fiscal Quarterly	6,294	6,294	1,449	1,356	↓

Goal: Provide effective education and prevention services.

Improve Customer Service By: Educating Tennesseans and working to improve their understanding of mental health and substance abuse issues and getting people to early intervention services.

Metrics	Frequency	Baseline	Target	Prior	Current	Status
Number of Certified “Recovery Faith-Based Organizations”	Fiscal Year (June 30)	21	50			

**APPENDIX 3
Budget Information**

**Revenues by Source
For the Fiscal Year Ending June 30, 2015**

<i>Source</i>	<i>Amount</i>	<i>% of Total</i>
State	\$200,722,700	65.6
Federal	\$57,912,500	18.9
Other	\$47,546,000	15.5
Total Revenue	\$306,181,200	100.0

Source: Tennessee State Budget, Fiscal Year 2016-2017.

**Expenditures by Functional Area
For the Fiscal Year Ending June 30, 2015**

<i>Source</i>	<i>Amount</i>	<i>% of Total</i>
Administration	\$17,415,800	5.7
Community Alcohol and Drug Abuse Services	\$57,630,600	18.8
Community Mental Health Services	\$99,185,200	32.4
Middle Tennessee RMHI	\$45,690,300	14.9
Western RMHI	\$32,691,600	10.7
Moccasin Bend RMHI	\$35,112,700	11.5
Memphis RMHI	\$17,623,200	5.8
Major Maintenance	\$831,800	0.3
Total Expenditures	\$306,181,200	100.0

Source: Tennessee State Budget, Fiscal Year 2016-2017.

**Budget and Anticipated Revenues
For the Fiscal Year Ending June 30, 2016**

<i>Source</i>	<i>Amount</i>	<i>% of Total</i>
State	\$212,493,400	64.7
Federal	\$67,106,900	20.4
Other	\$48,807,200	14.9
Total Revenue	\$328,407,500	100.0

Source: Tennessee State Budget, Fiscal Year 2016-2017.

Appendix 4
Statistical Data from the Fiscal Year 2016-2017 Budget
Regional Mental Health Institutes

Annual Admissions

Fiscal Year	Lakeshore*	Middle TN	Western	Moccasin Bend	Memphis	Total
2009-2010	2,217	3,102	1,341	1,866	1,901	10,427
2010-2011	2,400	3,150	1,350	1,875	1,901	10,676
2011-2012	2,400	2,881	1,211	2,340	1,440	10,272
2012-2013	0	3,157	975	2,763	1,184	8,079
2013-2014	0	3,150	1,000	3,150	1,200	8,500
2014-2015	0	3,702	1,046	3,442	1,547	9,737
2015-2016	0	3,571	1,050	3,400	1,550	9,571
2016-2017	0	3,571	1,050	3,400	1,550	9,571

Annual Releases

2009-2010	2,239	3,110	1,353	1,885	1,903	10,490
2010-2011	2,400	3,150	1,350	1,898	1,903	10,701
2011-2012	2,400	2,854	1,202	2,305	1,433	10,194
2012-2013	0	3,139	971	2,752	1,186	8,048
2013-2014	0	3,150	1,000	3,200	1,200	8,550
2014-2015	0	3,739	1,038	3,429	1,546	9,752
2015-2016	0	3,590	1,040	3,400	1,550	9,580
2016-2017	0	3,590	1,040	3,400	1,550	9,580

Average Daily Census

2009-2010	166	172	121	102	60	621
2010-2011	153	163	119	101	56	592
2011-2012	95	166	114	104	59	538
2012-2013	0	167	132	131	49	479
2013-2014	0	177	119	137	47	480
2014-2015	0	181	128	136	47	492
2015-2016	0	178	128	136	47	489
2016-2017	0	178	128	136	47	489

Cost Per Occupancy Day**

2009-2010	\$727.09	\$688.93	\$728.93	\$636.77	\$937.47	\$721.44
2010-2011	\$692.13	\$724.79	\$719.33	\$640.10	\$911.63	\$721.18
2011-2012	\$684.65	\$696.83	\$746.89	\$647.54	\$896.88	\$717.70
2012-2013	\$0.00	\$697.85	\$658.96	\$592.12	\$1,063.61	\$719.71
2013-2014	\$0.00	\$701.55	\$742.18	\$651.05	\$1,048.09	\$731.14
2014-2015	\$0.00	\$691.60	\$699.73	\$707.35	\$1,027.29	\$730.14
2015-2016	\$0.00	\$714.06	\$823.88	\$697.46	\$1,099.16	\$775.20
2016-2017	\$0.00	\$721.14	\$775.08	\$721.24	\$1,143.60	\$775.89

* Lakeshore Mental Health Institute closed at the end of fiscal year 2011-2012.

** Last column indicates average cost per day for all institutions.

Source: Tennessee State Budget, Fiscal Year 2016-2017.

APPENDIX 5
Additional Information Provided by Agency in Response to Finding 2

Regional Mental Health Institution – Board of Trustee Reporting Form

I. Board of Trustees:

Date of most recent meeting:

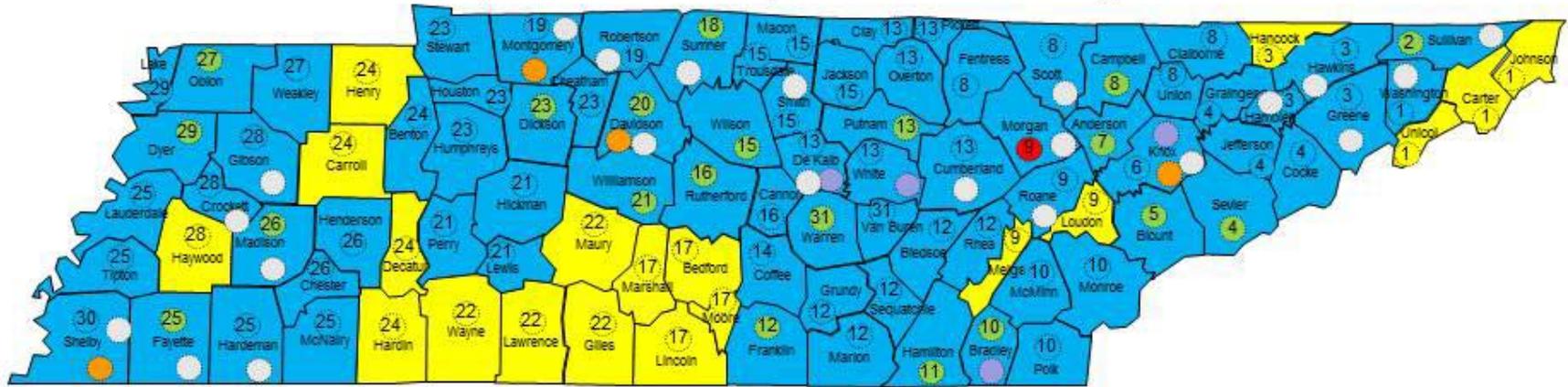
Name of Member	Affiliation	Term Start Date	Term End Date	State Official	Comments
1. Chair:					
2. Co-Chair:					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Summary of Discussion or Recommendation:



APPENDIX 6
Additional Information Provided by Agency in Response to Observation 2

FY 16 Map of Current and Proposed Funded Recovery Courts



- CURRENT RECOVERY COURTS**
- CURRENTLY NO RECOVERY COURTS**
- INDICATES CRIMINAL OR CIRCUIT COURTS (OPERATES IN JUDICIAL DISTRICT)**
- INDICATES GENERAL SESSION OR CITY COURTS**
- CURRENT JUVENILE/FAMILY RECOVERY COURTS**
- VETERAN RECOVERY COURT OR TRACK**
- INDICATES MORGAN COUNTY RESIDENTIAL – STATEWIDE CRIMINAL COURT RESIDENTIAL PROGRAM**