

Tennessee

UNIFORM APPLICATION

FY 2024/2025 Only Application Behavioral Health Assessment
and Plan

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/21/2024 3:56:20 PM)

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2025
End Year 2026

State Unique Entity Identification

Unique Entity ID KNUHYRCNLJC5

I. State Agency to be the Grantee for the Block Grant

Agency Name Tennessee Department of Mental Health and Substance Abuse Services
Organizational Unit Division of Planning, Policy and Legislation
Mailing Address 5th Floor Andrew Jackson Building 500 Deaderick Avenue
City Nashville
Zip Code 37243

II. Contact Person for the Grantee of the Block Grant

First Name Marie
Last Name Williams
Agency Name Tennessee Department of Mental Health and Substance Abuse Services
Mailing Address 6th Floor Andrew Jackson Building 500 Deaderick Street
City Nashville
Zip Code 37243
Telephone 615-253-3049
Fax
Email Address Marie.Williams@tn.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ☐ Yes ☒ No
First Name
Last Name
Agency Name
Mailing Address
City
Zip Code
Telephone
Fax
Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From
To

V. Date Submitted

Submission Date
Revision Date 8/21/2024 3:18:47 PM

VI. Contact Person Responsible for Application Submission

First Name Avis
Last Name Easley

Telephone 615-253-6397
Fax
Email Address Avis.Easley@tn.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

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Section 1947	Nondiscrimination	42 USC § 300x-57

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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
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11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov> [sam.gov]
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Marie Williams, LCSW

Signature of CEO or Designee¹: _____

Title: TDMHSAS Commissioner

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Please upload your state’s Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

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13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov> [sam.gov]
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

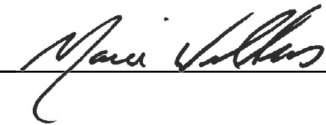
The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Marie Williams, LCSW

Signature of CEO or Designee¹: 

Title: TDMHSAS Commissioner

Date Signed: 7/9/2024

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

BILL LEE
GOVERNOR
STATE OF TENNESSEE

August 21, 2019

Odessa F. Crocker
Branch Chief, Formula Grants Branch
Division of Grants Management, Office of Financial Resources
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 17E22
Rockville, MD 20857

Dear Ms. Crocker:

As the Governor of the State of Tennessee, for the duration of my tenure, I delegate authority to the current Commissioner of the Department of Mental Health and Substance Abuse Services, Marie Williams, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG) and Mental Health Block Grant (MHBG).

Contact information for Commissioner Williams is as follows:

Marie Williams
Commissioner
Tennessee Department of Mental Health and Substance Abuse Services
6th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, TN 37243
615-532-6500 (Office)
615-532-6514 (Fax)
Marie.Williams@tn.gov

Thank you for your assistance.

Sincerely,



Bill Lee

Bipartisan Safer Communities Act (BSCA) Funding Plan 2025

3rd Allotment – Tennessee

Performance period of third allotment: 09/30/2024 – 09/29/2026

BSCA 3 Funding Area of Focus	Allocation SFY26	Community behavioral health provider implementing the program	Summary
Services - Expand Peer Wellness Coaches	\$848,582	Alliance Healthcare Services, Park Center, Tennessee Association of Mental Health Organizations (TAMHO)	Peer wellness coaches support adults living with SMI by facilitating evidence-based curriculums to help participants achieve their wellness goals
Services - Ped offices therapists		Alliance Healthcare Services, Helen Ross McNabb Center, Mercy Community Healthcare, TN Voices, Vanderbilt University Medical Center, Centerstone Research Institute	Psychologist or master's level therapist staffing within primary care office setting and related operational costs
Early Serious Mental Illness Set-Aside (10%)	\$105,759	Park Center	FEPI Youth & Young Adult Best Practices Trainers and related operational costs
Crisis Services Set-Aside (5%)	\$52,880	Crisis Center Inc (Memphis)	Additional staffing for 988 call center and related operational costs
Admin estimated	\$50,361		
TOTAL AWARD	\$1,057,582		

All BSCA activities included in third allotment funding plan are for ongoing projects that are being continued from the second BSCA allotment.

Expand Peer Wellness Coaches

BSCA supplemental funds added four additional Peer Wellness Coaches supporting the West and Middle Grand Divisions of Tennessee. The Peer Wellness Initiative, Peer Wellness Coaches (PWC's) program supports adults living with SMI by facilitating holistic, evidence-based curriculums such as Chronic Disease, Diabetes, and Chronic Pain Self-Management Workshops, Nutrition and Exercise for Wellness and Recovery (NEW-R), Dimensions: Well Body, Whole Health Action Management (WHAM), and Tobacco Free Workshops, First Aid Arts, Enhancing Immune Health, and one-on-one Peer Wellness Coaching to help participants achieve their wellness goals. All coaches are Certified Peer Recovery Specialist (CPRS). These areas of the state previously had limited peer wellness coach supports offered through the Peer Support Centers but did not have access to one-on-one peer wellness coaching and

not all Peer Wellness Initiative workshops can be offered through the Peer Support Centers. Examples of workshops not offered by the Peer Support Centers include, Matter of Balance (MOB), Dimensions: Well Body, Enhancing Immune Health, and First Aid Arts.

Increase the number of therapists imbedded in pediatric offices across Tennessee

BSCA supplemental funds increased the number of therapists to treat SED who are imbedded in pediatric offices across Tennessee. The therapists work at community mental health centers and are imbedded in pediatric offices to help provide immediate therapeutic services to children. Having mental health services on-site at primary care physician offices has reduced barriers for families to receiving behavioral health treatment. There were five mental health providers selected for the Community Mental Health and Primary Care Integration Project part of a competitive grant selection process. Each program embeds clinical mental health services within a primary care setting. The primary targeted population is Tennessee youth ages birth through eighteen (18) years with SED.

First Episode Psychosis Initiative (FEPI) set-aside (10%)

The BSCA Early Serious Mental Illness Set-Aside funding continues to support a First Episode Psychosis Initiative (FEPI) Statewide Trainer grant contract. The Statewide Trainer work supports existing FEPI sites to treat SMI/SED utilizing the evidence based OnTrack model to provide Coordinated Specialty Care to youth and young adults ages 15-30 years old who experience a first episode of psychosis. The Youth & Young Adult Best Practices Trainers/Consultants support FEPI sites across Tennessee with training, coaching, technical assistance, and fidelity monitoring to support the statewide implementation of y/ya best practices.

Crisis set-aside (5%)

Funds from the BSCA MHBG 5% set aside will support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation. All funds from the BSCA 5% crisis set aside support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation. TN 988 contact centers contract with TDMHSAS through this and other MHBG funding to increase staffing capacity to increase call handle rates and enhanced service monitoring. Tennessee Crisis Services incorporate a continuum of high-quality crisis services, including Crisis Telephonic Triage and Intervention, Mobile Crisis (all ages), Crisis Stabilization Units (CSUs), Crisis Respite, and Walk-In Center (WIC) services. Funding for these services is shared between TDMHSAS and the Medicaid authority, TennCare. The approach is based on determining the most appropriate intervention needed to successfully alleviate the crisis in the least restrictive environment available to meet the needs of the individual. Over the past three years, TDMHSAS has also been awarded funding to formally support Tennessee's 988 Infrastructure. As of July 2022, when an individual calls/chats/texts 988, the contact is routed to a Tennessee-based provider. In FY24, Tennessee's 988 providers have handled 42,619 crisis calls.

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name	Marie Williams, LCSW
Title	TDMHSAS Commissioner
Organization	Tennessee Department of Mental Health and Substance Services

Signature:

Date:

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

This form is not applicable.

Planning Tables

Table 2 State Agency Planned Expenditures

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SUPTRS) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d										\$2,165,262.00	\$104,702.00
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^{ee}		\$2,092,601.00			\$251,000.00						
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$27,370,700.00	\$2,840,700.00	\$140,826,900.00	\$1,690,400.00	\$1,757,700.00				
7. Other 24-Hour Care		\$5,941,515.00	\$101,217,160.00		\$32,889,133.00					\$1,649,980.00	
8. Ambulatory/Community Non-24 Hour Care		\$10,116,263.00	\$351,489,781.00	\$12,955,590.00	\$178,927,911.00			\$4,045.00		\$10,385,272.00	\$996,910.00
9. Crisis Services (5 percent set-aside) ^{f9}		\$1,207,201.00		\$11,375,217.00	\$37,124,044.00					\$726,022.00	\$52,352.00
10. Administration (excluding program/provider level) ⁹ MHBG and SABG must be reported separately ^f		\$1,013,666.00	\$286,200.00	\$779,900.00	\$19,365,600.00	\$572,700.00		\$202.00		\$746,327.00	\$57,698.00
11. Total	\$0.00	\$20,371,246.00	\$480,363,841.00	\$27,951,407.00	\$409,384,588.00	\$2,263,100.00	\$1,757,700.00	\$4,247.00	\$0.00	\$15,672,863.00	\$1,211,662.00

^aThe original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^cThe expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^dWhile the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

^eColumn 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

^fRow 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

^gPer statute, administrative expenditures cannot exceed 5% of the fiscal year award.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:
Footnote for 7.C/E. the funds in Other 24-Hour Care now include funds previously reported in the Other Psychiatric Inpatient Care since that was removed from the report.
Footnote for 9.C. TennCare does support crisis services but does not provide breakout for this report.
Footnote for 6.C. The increase in this section was due to CPE revenue added to the RMHI budgets
Footnote for 6.F. The decrease in local funding is due to a statutory change making the State responsible for misdemeanor forensic evaluations for FY25 forward.

Planning Tables

Table 6 Non-Direct Services/System Development

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2024

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems								
2. Infrastructure Support	\$1,047,201.00				\$1,207,201.00			\$52,352.00
3. Partnerships, community outreach, and needs assessment								
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$468,000.00				\$485,500.00			
5. Quality Assurance and Improvement	\$654,555.00		\$40,090.00	\$139,702.00	\$654,555.00		\$36,000.00	\$104,702.00
6. Research and Evaluation								
7. Training and Education	\$1,167,954.00		\$600,110.00		\$1,742,356.00		\$413,190.00	
8. Total	\$3,337,710.00	\$0.00	\$640,200.00	\$139,702.00	\$4,089,612.00	\$0.00	\$449,190.00	\$157,054.00

¹ The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

³ The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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Footnotes:

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.

CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

STATE FLEXIBILITY: In lieu of expending 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

TDMHSAS contracts with twelve community behavioral health providers to provide mobile crisis and crisis hotline services. Tennessee has a vast statewide crisis system, with 24-hour crisis line and services, reaching over 117,000 individuals in state fiscal year 2024. Approximately 12,330 of the calls were received by the statewide hotline.

Each contracted agency operates a local crisis hotline and there is a statewide toll-free crisis line 855-CRISIS-1 (855-274-7471) telephone call routing system for individuals within the State of Tennessee who are experiencing a behavioral health crisis. A telephone call coming into the Crisis Hotline is routed to the crisis services provider serving the area from which the telephone call originated.

Services provided via statewide Crisis Hotline, as well as the local crisis provider responder lines, include "live" answering by qualified and trained crisis triage personnel within three (3) minutes, telephonic crisis assessment, intervention, and triage until the individual can be linked to the crisis services provider serving the area from which the telephone call originated and/or the area where the individual is physically present. All crisis call centers are required to be adequately staffed to respond in "real time," whenever possible, to telephone calls transferred to their

telephone line by the statewide Crisis Hotline to meet the needs of the population served.

Tennessee's 988 Contact Center Network is comprised of eight (8) crisis call centers across the state. Four include state contracted crisis services providers, and the remaining providers are not crisis services providers. Funds from the MHBG 5% set aside continue to support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation. TN 988 contact centers will continue to contract with TDMHSAS through this funding to increase staffing capacity to increase call handle rates and enhanced service monitoring. All funds from the MHBG 5% crisis set aside support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.
- b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.
- c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the SAMHSA guidelines.
- d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.
- e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity
- a. Number of locally based crisis call Centers in state
 - i. In the 988 Suicide and Crisis lifeline network
 - ii. Not in the suicide lifeline network
 - b. Number of Crisis Call Centers with follow up protocols in place
 - c. Percent of 911 calls that are coded as BH related
2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)
- a. Independent of first responder structures (police, paramedic, fire)
 - b. Integrated with first responder structures (police, paramedic, fire)
 - c. Number that employs peers
3. Safe place to go or to be:
- a. Number of Emergency Departments
 - b. Number of Emergency Departments that operate a specialized behavioral health component
 - c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

- a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	☐	☐	☐	☐	☐	☒
Someone to respond	☐	☐	☐	☐	☐	☒
Safe place to go or to be	☐	☐	☐	☐	☐	☒

- b. Briefly explain your stages of implementation selections here.

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) directly funds, supports, and oversees the Tennessee Statewide Crisis Services System. This continuum includes the statewide toll-free crisis line, adult mobile crisis response, children and youth mobile crisis response, walk-in centers, crisis stabilization units, crisis respite, and follow-up services. Tennessee's existing Crisis Services Continuum is an array of services available to eligible individuals who are in need of crisis services to meet their needs in the least restrictive and most appropriate setting to alleviate or stabilize their symptoms as well as strengthen or develop their support system and coping skills to allow each individual to remain in his or her community during and after a behavioral health crisis period. All three elements (call centers, responder services, and stabilization centers) are being implemented statewide. All three of these elements would be considered in the Program Sustainment stage.

Someone to talk to: TDMHSAS contracts with twelve community behavioral health providers who to provide mobile crisis and crisis hotline services. Tennessee has a vast statewide crisis system, with 24-hour crisis line and services, reaching over 117,000 individuals in state fiscal year 2024. Approximately 12,330 of the calls were received by the statewide hotline. Each contracted agency operates a local crisis hotline and there is a statewide toll-free crisis line 855-CRISIS-1 (855-274-7471) telephone call routing system for individuals within the State of Tennessee who are experiencing a behavioral health crisis.

A telephone call coming into the Crisis Hotline is routed to the crisis services provider serving the area from which the telephone call originated. Services provided via statewide Crisis Hotline, as well as the local crisis provider responder lines, include "live" answering by qualified and trained crisis triage personnel within three (3) minutes, telephonic crisis assessment, intervention, and triage until the individual can be linked to the crisis services provider serving the area from which the telephone call originated and/or the area where the individual is physically present. All crisis call centers are required to be adequately staffed to respond in "real time," whenever possible, to telephone calls transferred to their telephone line by the statewide Crisis Hotline to meet the needs of the population served.

Tennessee's 988 Contact Center Network is comprised of eight (8) crisis contact centers across the state. Four include state contracted crisis services providers, and the remaining providers are not crisis services providers. Funds from the MHBG 5% set aside will support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation. TN 988 contact centers will continue to contract with TDMHSAS through this funding to increase staffing capacity to increase call handle rates and enhanced service monitoring. All funds from the MHBG 5% crisis set aside support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation.

All twelve crisis hotline service providers, along with all eight 988 service providers, have crisis follow-up protocols in place. At present, we are unable to gather data around total percentage of mental health related calls present to the 911 system.

Someone to respond: TDMHSAS contracts with twelve community behavioral health providers to operate adult and youth mobile crisis services that are non-hospital, community-based services offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) for a behavioral health illness, a crisis situation, or a perception of a crisis situation. Services may be accessed by calling the 24/7/365 statewide crisis line 855-Crisis-1 (855-274-7471). Adult Mobile Crisis Services are provided to adults who are eighteen (18) years of age and over. Children and Youth Mobile Crisis Services are provided to children and youth who are seventeen (17) years of age or younger. There are four (4) Children and Youth serving Mobile Crisis Response Teams. The four (4) children's mobile crisis response teams cover the entire state, inclusive of all 95 Tennessee Counties. The scope of services and deliverables in our grant contracts with the community providers is a response time of two (2) hours or less of at least 90% of the crisis calls that necessitate a mobile crisis team response. For calls that emanate from local schools, the state standard is one (1) hour. Children's mobile crisis response teams is in Program Sustainment stage. Children's Mobile Crisis Services are fully implemented and sustained through TDMHSAS state appropriations and TennCare (stated Medicaid authority) funding across the state. All Mobile Crisis team utilize peers in some capacity in the provision of crisis services.

Place to go: Tennessee crisis providers operate nine (9) crisis Walk-In Centers that are non-hospital, facility-based services, affiliated with each of the State-licensed Crisis Stabilization Units, offering twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365). Crisis Walk-in Triage Services include assessment and evaluation; early intervention; prevention; stabilization; referral(s) to needed behavioral health services; and follow-up services for symptoms of a behavioral health illness or crisis situation. Individuals may be maintained in the walk-in center pending final disposition to the recommended level of care. All nine (9) Walk-In Centers also provide 23-hour observation services as appropriate. Crisis Stabilization Units are licensed by the State to offer (24/7/365) intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the crisis for involuntarily commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment. There are currently ten (10) Crisis Stabilization Units across the state, a total of one hundred and thirty-four (134) beds for adults and twelve (12) beds for children and youth. TDMHSAS will be adding three (3) new Walk-In Center/Crisis Stabilization sites in efforts to increase the statewide footprint of Community Stabilization Services.

Contracts for five (5) awards/sites have been executed, with two (2) of the five (5) being for children and youth; one for Henry County, one for Montgomery County, one for Dyer County, one for Davidson County and one for Shelby County. All capital and operations quarterly reporting has been submitted timely. Projects are at various stages in terms of infrastructure development, with the earliest site go-live projected of November 2024.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

TDMHSAS began the buildout of Tennessee's crisis system in 1991, with the addition of crisis call/mobile crisis services, spanning all 95 counties for children, youth, and adults. Walk-in Center, Crisis Stabilization Unit and Respite services were added in 2008.

Most recently, in FY22, TDMHSAS began formally supporting the 988 Crisis system with both Mental Health Block Grant recurring funding and, as of June 1, 2022, SAMHSA funding.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The crisis set aside is used to enhance Tennessee's 988 Network. Funds from the MHBG 5% crisis set aside support the TN 988 Network in efforts to improve and increase infrastructure, while allowing for ongoing data capture to identify service gaps and continued needs. We are actively engaging the six Tennessee National Suicide Prevention Lifeline Center Network providers. Funding is anticipated to primarily support staffing needs at these agencies. Each call center has identified counties of service where they are the designated as the "primary" call center. If the primary call center does not answer the call within a certain amount of time, then it shifts to a "backup" NSPL call center in Tennessee. There has been emphasis in the planning and implementation grants on maintaining a 90% in-state answer rate and grants have supported additional staffing to prepare for increased capacity of calls. If a call is not answered by the state primary or back-up call center, then the call goes to the national backup call center. There has also been work to implement a Chat/Text Center infrastructure for 988 in Tennessee.

There are currently two sources of funds that support the 988 programming with focus on support for the 988 Crisis Contact Centers. The first is a recurring set-aside from the Community Mental Health Services Block grant. Additionally, Tennessee received a new federal SAMHSA Cooperative

Agreement that is expected to be recurring funds to support the same 988 contact centers. This new federal agreement also includes funds for statewide evaluation. Funds from these two sources are focused on supporting the enhanced infrastructure, data collection and service evaluation for the 988 contact center services.

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).¹

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

¹<https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The statewide and regional Councils participate in the development of the Mental Health and Substance Abuse Block Grant state plan by reviewing, monitoring, and evaluating adequacy of services for individuals with substance use and mental health disorders within the state. The Council reviews and makes recommendations on the Block Grant application and the annual Report.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

The Department oversees seven regional Planning and Policy Councils from which local and regional mental health needs and information are funneled to the State Planning and Policy Council and ultimately to the Department. Needs assessment priorities and recommendations from the Council, combined with requirements associated with federal Mental Health and Substance Abuse Block Grant funding, inform the development of the Department's Three-Year Plan for the service-delivery system. The Three-Year Plan is then updated annually by TDMHSAS with input from all eight Councils.

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No

4. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? ☒ Yes ☐ No

5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

TDMHSAS operates a structured planning process with multiple layers of Planning and Policy statewide and regional Council involvement to ensure citizen participation in policy development and delivery-system planning.

Membership includes: service recipients, representatives of recipients and their families; advocates for children, adults and the elderly; service providers; veterans; and stakeholder agencies and organizations. The majority of each Council's membership is current or former service recipients and members of service recipient families living with serious mental illness (SMI), serious emotional disturbances (SED), and substance use disorders (SUDs). With this membership mix, TDMHSAS ensures that planning for the service-delivery system meets the needs of the citizens of the state at large.

Advocates, providers, individuals, and family members of individuals with substance use disorders are members of the statewide and seven regional Councils. The Council system in Tennessee is fully integrated and collaborative between the mental health and substance use provider, treatment, advocate and service recipient communities. The percentage of representation from mental health and substance use services communities is monitored and maintained by the Office of Planning.

The Statewide and Regional Councils also collaborate with the Statewide Young Adult Leadership Council (YALC) under the TDMHSAS Office of Youth and Young Adult Initiatives. The YALC is a place for young people to gain professional development, community service, and leadership skills while sharing experiences of mental illness, substance abuse, and/or systems involvement in a non-judgmental place where they can grow in their recovery and wellness journeys. YALC members are invited to attend all quarterly council meetings.

Per T.C.A. §33-1-402, responsibilities of council members include advising the Commissioner regarding plans and policies to be followed in the service system and the operation of the Department's programs and facilities; providing recommendations to the General Assembly legislation and appropriations for such programs and facilities; and, publicizing generally the situation and needs of persons with mental illness, serious emotional disturbance, substance use disorders, and their families. With the Commissioner, the TDMHSAS Statewide Planning and Policy Council also reports annually to Governor on the service system, including the Department's programs, services, supports, and facilities.

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

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

c/o 500 DEADERICK STREET
ANDREW JACKSON BUILDING, 5th FLOOR
NASHVILLE, TENNESSEE 37243

RIKKI HARRIS

CHAIR

PAUL FUCHCAR

VICE-CHAIR

July 10, 2024

Marie Williams, Commissioner
Tennessee Department of Mental Health and Substance Abuse Services
Andrew Jackson Building, 6th Floor
500 Deaderick Street
Nashville, TN 37243

RE: FY2025 Mental Health Block Grant Application

Dear Commissioner Williams:

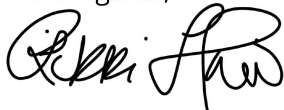
The Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council (TDMHSAS P&PC) is proud to support the Department in its work to serve people of all ages who have mental illness, serious emotional disturbance, and substance abuse disorders through an application for the FY2025 Mental Health Block Grant.

The members of the Statewide Council, along with its seven Regional Planning and Policy Councils, meet at least quarterly throughout the year to share information across regions and with TDMHSAS leadership and staff. Each year the Council requests and receives information and data from the regional councils about the mental health needs, substance abuse needs, and service gaps across the state. These needs are then prioritized and communicated to TDMHSAS to support the development of the Department's Three-Year Plan and block grant application. TDMHSAS also provides annual reporting on progress made on prior year's identified needs. Once a draft of the block grant application is prepared, Council members review, ask questions, and provide feedback to TDMHSAS.

The Councils represent the diverse geographic areas of the state and are comprised of a wide range of service providers and individuals with lived experience of mental illness, and substance abuse disorders. The diverse representation helps insure TDMHSAS has a deep understanding of the needs and gaps in Tennessee.

As a partner and support system for the Department's work, we gladly support TDMHSAS in pursuing this grant.

Best regards,



Rikki Harris
TDMHSAS Planning and Policy Council Chair

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
 State Vocational Rehabilitation Agency
 State Criminal Justice Agency
 State Housing Agency
 State Social Services Agency
 State Health (MH) Agency.
 State Medicaid Agency

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Sarah Adams	State Employees	State Medicaid Agency	Division of TennCare, 3rd Floor Nashville TN, 37243 PH: 615-925-2192	Sarah.e.adams@tn.gov
Shara Biggs	Providers	Mental Health Cooperative	275 Cumberland Bend Drive Nashville TN, 37228 PH: 615-743-1695	sbiggs@mhc-tn.org
Melissa Birdwell	Providers	Frontier Health	2001 Stonebrook Place Kingsport TN, 37660 PH: 423-224-1000	Mbirdwel@frontierhealth.org
Amy Blackwell	Parents of children with SED	Compassion Counseling	1830 Clydesdale Street Maryville TN, 37801 PH: 865-724-2325	Director@cccmaryville.org
Renee Bouchillon	State Employees	State Social Services Agency	DHS District Office, Suite B Columbia TN, 38401 PH: 931-380-4636	renee.bouchillon@tn.gov
Jim Casey	State Employees	State Criminal Justice Agency	Rachel Jackson Bldg., 4th Floor Nashville TN, 37243 PH: 615-253-8163	jim.casey@tn.gov
Courtney Collier	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		648 Bowman Rd Medon TN, 38356 PH: 731-426-5688	firstclass1906@outlook.com
Ben Dickey	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2390 W. Monica Drive Bartlett TN, 38134 PH: 901-517-0681	Bendickey7@gmail.com
Paul Fuchcar	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		207 Spears Avenue Chattanooga TN, 37405 PH: 423-667-3311	paul.fuchcar@cdas.org
	Individuals in Recovery (to include		1310 24th Ave	

Melvin Gatewood	adults with SMI who are receiving, or have received, mental health services)	U.S. Dept of Veterans Affairs	South Nashville TN, 37212 PH: 615-983-7833	Melvin.Gatewood@va.gov
Katrina Gay	Family Members of Individuals in Recovery (to include family members of adults with SMI)	NAMI	1420 Drakes Creek Road Hendersonville TN, 37075 PH: 615-545-2548	kgay@namitn.org
Megan Gaylord	Providers	Youth Villages	8047 Hillcrest Drive Milan TN, 38358 PH: 901-233-7712	Megan.gaylord@youthvillages.org
Amber Hampton	Others (Advocates who are not State employees or providers)		446 Metroplex Drive Nashville TN, 37211 PH: 615-312-3113	ahampton@mhamidsouth.org
Ben Harrington	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		Mental Health Association of East TN Knoxville TN, 37930-2731 PH: 865-584-9125	ben@mhaet.com
Rikki Harris	Others (Advocates who are not State employees or providers)	TN Voices	500 Professional Park Drive Goodlettsville TN, 37072 PH: 615-269-7751	rharris@tnvoices.org
Debbie Hillin	Family Members of Individuals in Recovery (to include family members of adults with SMI)		5465 Village Way Nashville TN, 37211 PH: 615-975-0196	debbiehillin@buffalovalley.org
Amy Irvin	Providers	Omni Community Health	1401 Williams Street Chattanooga TN, 37408 PH: 423-544-4815	amyirvin@omnicommunityhealth.com
Jennifer Jones	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1321 Murfreesboro Pike Nashville TN, 37217 PH: 615-780-5901	jennifer@taadas.org
Melinda Jones	Parents of children with SED		3235 Royal Knight Drive Memphis TN, 38118 PH: 901-428-6494	mlindaj73@yahoo.com
Elizabeth Jones	State Employees	State Health Agency	Andrew Johnson Tower, 5th Floor Nashville TN, 37243 PH: 615-253-8483	elizabeth.jones@tn.gov
Lynn Julian	Family Members of Individuals in Recovery (to include family members of adults with SMI)		39 Timberhill Drive Jackson TN, 38301 PH: 731-695-2276	Vlandrum082@gmail.com
Eric Landry	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1620 Hwy. 73 Newport TN, 37821 PH: 843-509-0764	elandry@gmail.com
Susan Langenus Seabourn	Providers	Centerstone	2400 White Avenue Nashville TN, 37204 PH: 615-460-4451	susan.seabourn@centerstone.org
			9862 Baker Boy	

Gayle Lodato	Providers	Helen Ross McNabb Center	Drive Ooltewah TN, 37363 PH: 423-664-2849	gayle.lodato@mcnabb.org
Representative Brock Martin	State Employees	Tennessee House of Representatives	425 Rep. John Lewis Way N, Suite 652 Nashville TN, 37243 PH: 615-741-7478	Rep.brock.martin@capitol.tn.gov
Elton Maupins	Youth/adolescent representative (or member from an organization serving young people)		1428 Goodnight Court Nashville TN, 37207 PH: 615-500-1294	elton@giduniversity.org
Dawn Mitchell	Parents of children with SED		1010 Drummond Drive Nashville TN, 37211 PH: 615-293-0676	dawnmmitchell@yahoo.com
Morenike Murphy	Family Members of Individuals in Recovery (to include family members of adults with SMI)		909 Meadows Lark Lane Goodlettsville TN, 37072 PH: 615-756-4898	mmurphy@centerofhopebh.org
Lori Paisley	State Employees	State Education Agency	Andrew Johnson Tower, 10th Floor Nashville TN, 37243 PH: 615-854-2713	Lori.Paisley@tn.gov
Kim Parker	Providers	Pathways Behavioral Health Services	283 Summar Drive Jackson TN, 38301 PH: 731-541-8988	kim.parker@wth.org
Jennifer Phillips	Providers	Helen Ross McNabb Center	3130 Oakwood Hills Lane Knoxville TN, 37931 PH: 865-414-6559	JenniferV.Phillips@mcnabb.org
Erin Read	Family Members of Individuals in Recovery (to include family members of adults with SMI)		140 Dameron Avenue Knoxville TN, 37917 PH: 615-585-4066	erinreading@gmail.com
Albert Richardson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		4041 Knight Arnold Road Memphis TN, 38118 PH: 901-360-0442	arichardson@caapincorporated.com
Pamela Sessions	Providers	Renewal House	3600 Clarksville Pike Nashville TN, 37218 PH: 615-255-5222	psessions@renewalhouse.org
Dianne Sherrod	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		168 Quail Ridge Jackson TN, 38305 PH: 731-694-3161	dianne@jmprevent.org
Samantha Slagle	Providers	Frontier Health	26 Midway Street Bristol TN, 37620 PH: 423-989-4515	sslagle@frontierhealth.org
Kristen Stanley	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		3864 Priest Lake Drive Nashville TN, 37217 PH: 865-393-4204	Kristenmichelle0993@gmail.com
Patrick Starnes	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		607 Neill Avenue Nashville TN, 37206 PH: 615-330-1832	trucare10@yahoo.com

Angel Townsend	Youth/adolescent representative (or member from an organization serving young people)		5751 Uptain Road Chattanooga TN, 37411 PH: 423-290-3269	Atownsend@homelesscoalition.org
Emily Waitt	Others (Advocates who are not State employees or providers)	Tennessee Prime Care Association	710 Spence Lane Nashville TN, 37217 PH: 317-605-5259	ewaitt519@gmail.com
Senator Page Walley	State Employees	Tennessee State Senate	425 Rep. John Lewis Way N Nashville TN, 37243 PH: 615-741-2368	Sen.page.walley@capitol.tn.gov
Don Watt	State Employees	State Housing Agency	502 Deaderick Street, 3rd Floor Nashville TN, 37243 PH: 615-815-2032	DWatt@thda.org
Allison White	Providers	Methodist-LeBonheur Healthcare	5050 Poplar Avenue Memphis TN, 38157 PH: 601-826-9720	Allison.White@mlh.org
Eula Whittaker	Family Members of Individuals in Recovery (to include family members of adults with SMI)		3323 Foxwood Drive Memphis TN, 38115 PH: 910-949-0661	e.l.whittaker@att.net
Marie Williams	State Employees	Tennessee Department of Mental Health and Substance Services	500 Deaderick Street 6th Floor Nashville TN, 37243 PH: 615-532-5600	marie.williams@tn.gov
Kevin R. Wright	State Employees	State Vocational Rehabilitation Agency	James K. Polk Bldg., 15th Floor Nashville TN, 37243 PH: 615-741-3599	Kevin.R.Wright@tn.gov
Evelyn Yeargin	Family Members of Individuals in Recovery (to include family members of adults with SMI)		275 Cumberland Bend Drive Nashville TN, 37228 PH: 615-743-1467	eryeargin@mhc-tn.org

*Council members should be listed only once by type of membership and Agency/organization represented.

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Footnotes:

Additional ex-officio members include: the Governor of TN, an employee of the Tennessee Department of Intellectual and Developmental Disabilities (TDIDD), an employee of Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), an employee of Tennessee Department of Children Services, an employee of Tennessee Council on Children and Youth (TCCY), and a member of the Tennessee Council on Developmental Disabilities.

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	11	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	7	
Parents of children with SED	3	
Vacancies (individual & family members)		
Others (Advocates who are not State employees or providers)	3	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	24	53.33%
State Employees	10	
Providers	11	
Vacancies		
Total State Employees & Providers	21	46.67%
Individuals/Family Members from Diverse Racial and Ethnic Populations		
Individuals/Family Members from LGBTQI+ Populations		
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	2	
Total Membership (Should count all members of the council)	47	

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Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1.

Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
- a)

Public meetings or hearings?

YesNo
- b)

Posting of the plan on the web for public comment?

YesNo
- If yes, provide URL:

The draft plan was posted on the Tennessee Department of Mental Health and Substance Abuse Services website in the Planning and Policy Council area and on the home page at the following link: <https://www.tn.gov/behavioral-health/planning1/mental-health-block-grant.html>

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

The final version was posted for the previous year at this link: <https://www.tn.gov/behavioral-health/planning1/mental-health-block-grant.html>
- c)

Other (e.g. public service announcements, print media)

YesNo
- Please indicate areas of technical assistance needed related to this section.

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Footnotes: