



**TNCSA**  
TO SERVE • TO PARTNER • TO CHANGE LIVES  
FOR A BETTER TENNESSEE



# ANNUAL REPORT

## FY 2024-2025

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# ADMINISTRATION

## Who We Are

The Tennessee Community Services Agency (TNCSA) is a political subdivision and instrumentality of the State of Tennessee. As such, the Agency is tasked to act in all respects for the benefit of the people of the state, to perform essential public functions, and to serve a public purpose for the well-being of the citizens of the state.

## Governor Appointed Board

The Board of Directors of the Agency is appointed by the Governor and represents twelve regions within the state. Board members serve four-year terms. Twenty-five percent of the Board either rotates off or is reappointed each year. The Board consists of the following members:

Memphis/Shelby County Region: Vacant

Northwest Region: Shannon Haynes

Southwest Region: Gerry Campbell

South Central Region: Shauna Pounders

Mid-Cumberland/Davidson County Region: Annette Pulley

Southeast/Hamilton County Region: Vacant

Upper Cumberland Region: Vacant

East Tennessee/Knox County Region: Vacant

Northeast Region: Bob Cooper

Grand West Region: Ginger Terry

Grand Middle: Alana Grimaud

Grand East: Ann Ayers-Colvin

Commissioner's Designee: Adam Jarvis

## **Executive Director's Summary – Don Patterson**

Every day at TNCSA, we see the difference that access to support and resources can make in people's lives. This year, our team has worked to expand that impact across Tennessee, helping more individuals and families navigate complex systems and connect with the services they need to thrive.

We increased our capacity in independent support coordination, TennCare provider operations, and criminal justice initiatives, reaching more Tennesseans than ever before. Collaborations with the Department of Finance & Administration, Department of Tourist Development, the Department of Disability and Aging, TennCare, and other partners have strengthened our ability to deliver coordinated and effective services.

Accountability and transparency remain central to our work. Audits and program reviews confirmed that TNCSA continues to operate with integrity, responsibly managing public resources.

Financially, we are proud to report significant growth for the second consecutive year, with \$735,000 added to our fund balance. This sustained stability ensures we can maintain current programs, expand services where needed, and invest in future initiatives to better serve Tennessee communities.

Our staff met rising demand and new challenges with professionalism and compassion, embodying TNCSA's commitment to those we serve. Looking ahead, we will continue to expand access to underserved communities, strengthen staff development, enhance outcomes tracking, and deepen partnerships to provide seamless, high-quality support.

I am grateful to our Board of Directors, staff, volunteers, and community partners for their ongoing dedication. Together, we are building a stronger, healthier Tennessee and creating lasting impact in the lives of the people we serve.

# Programs and Services

## **Traumatic Brain Injury (TBI) Personal Care Services - Shelby County**

In 1992, the Tennessee General Assembly created the Traumatic Brain Injury (TBI) Program to support people living with brain injuries, along with their families and caregivers. Officially established by law in 1993, the program was built to meet the complex and often long-term needs of TBI survivors.

Each year, about 25,000 Tennesseans experience a traumatic brain injury, which is an acquired condition that affects how the brain functions. Injuries range from mild to severe and can impact everything from memory and movement to judgment and emotional control. Some of the most common causes of TBI in Tennessee are falls, car accidents, and violent assaults.

Living with a brain injury can be overwhelming, not only for the person injured but also for their family. The TBI Program helps reduce that burden by connecting people to the services and support they need to regain independence and quality of life.

In March 2016, TNCSA applied for a grant through the Department of Health to provide Personal Care Services for individuals with TBI in Shelby County. The agency was awarded a three-year contract, which began July 1, 2016. A two-year extension followed, carrying services through June 30, 2021. TNCSA reapplied and was awarded another three-year contract beginning July 1, 2021. The program has since been extended again and will continue through June 30, 2026.

The program's main goal is to help clients live as independently as possible by supporting them with activities of daily living.

During the fiscal year, the program was staffed by two part-time direct care professionals and one PRN staff member. Together, they provided services to eight clients, five men

and three women. Six clients resided at Welsh Manor, and two resided at McCullough Place, located roughly five miles away.

One new client began services in January 2025; the others were already enrolled before this year. The Site Director continues to make outreach efforts to fill open client slots, engaging with both current and new residents at each location.

Clients are actively involved in planning their care. Each person leads the development of their own service plan, with support from the Site Director, healthcare providers, the local TBI Service Coordinator, and family when needed.

Plans are tailored to individual needs and are flexible enough to adapt over time. Staff assist with a range of activities of daily living, including:

- Supervision, prompting, and reminders
- Bathing, grooming, and dressing
- Mobility and transferring
- Medication assistance
- Meal Preparation
- Housekeeping and laundry
- Transportation to appointments and errands
- Haircuts and other personal care

The Site Director conducted quarterly site visits in July 2024, October 2024, January 2025, and April 2025. At the start of the fiscal year, updated release forms and current photos were added to each client's file. New clients follow the same process during intake.

Each visit includes a review of service plans, which are updated with the client if needed. In addition to the quarterly visits, Ashley Chandler, Director of the TBI Program at the Department of Health, completed a site visit in May 2025 with no corrective action plans requested.

## **Tennessee Statewide Domestic Violence Helpline**

Since May 2023, TNCSA has operated the Tennessee Statewide Domestic Violence Helpline. The Helpline serves as a vital resource in protecting victims of domestic violence, which is an urgent issue in Tennessee, which ranks eleventh nationally in the rate of women killed by men.

The Helpline is available 24/7 to victims of all genders and ages, providing immediate support and connection to services. A call to 1-800-356-6767 puts victims in touch with trained Helpline Specialists who:

- Create safety plans
- Coordinate with law enforcement and shelters
- Conduct lethality assessments
- Walk callers through next steps
- Connect people to resources in all 95 Tennessee counties

Legislated in the early 1990s, the Helpline continues to operate with funding from the Office of Criminal Justice Programs (OCJP). Specialists field calls from across Tennessee, including after-hours and overflow calls from up to 18 domestic violence shelters.

After each shift, staff document call details in the iCarol database and share summaries with the relevant shelters, including key information and any needed follow-up.

Through this system, TNCSA manages over 18,000 calls annually, ensuring that even after-hours inquiries to local shelters receive a prompt and knowledgeable response.

## **Community Engagement - Memphis, TN**

The Memphis Site Director remains active in the local community, attending professional events, webinars, and partnership meetings throughout the year. Ongoing involvement includes:



- Quarterly meetings of the Traumatic Brain Injury Advisory Board
- Monthly participation in the Department of Children's Services Community Advisory Board (DCS-CAB)

The Site Director has also served in leadership roles on the DCS-CAB, including as Secretary (2018-2019) and Treasurer (2021-2023).

## **TennCare Advocacy and Outreach**

The TennCare Advocacy Program provides information and assistance pertaining to TennCare eligibility and/or covered services to Tennesseans. TennCare is the State of Tennessee's Medicaid program. TennCare Advocacy program staff operates a toll-free call center to answer questions from prospective and current TennCare recipients pertaining to how to get and keep TennCare. TennCare Advocates are trained and knowledgeable in customer service, conflict resolution, crisis de-escalation and problem solving. Advocates provide information and assistance on applications and redetermination processes, eligibility categories and requirements, program policies and procedures, covered services and appeal rights. Additionally, advocates provide information and advocacy services for TennCare members when medical/behavioral health services or prescriptions are denied, reduced, or suspended.

In addition to providing information regarding TennCare to callers, TennCare Advocacy Program advocates also provide resource information to callers that include referrals to low-cost/free medical clinics, referrals to community mental health services, prescription coverage resources, and transportation resources. Many of the callers have no or limited income and may not qualify for TennCare, so this information can be very helpful to them.

TennCare Advocacy staff have been working closely with the TennCare Response Unit, which receives requests from State of Tennessee Legislators and the Governor's Office for individuals that are facing insurmountable health care issues and situations that are outside of TennCare's existing policies for member eligibility. Based on request received by the Response Unit, their team will contact TennCare Advocacy for assistance in

contacting TennCare members that have lost TennCare coverage to review state eligibility requirements and extend themselves to complete an application for consideration of TennCare benefits.

The Advocacy Team supports TennCare Member Services with ongoing ad hoc Outbound call campaigns to at risk TennCare members that have not responded to mass mailings addressing benefit changes, verification of member demographics, household income and size, and additional information for participation in cost sharing programs.

The TennCare Advocacy Program call center operates between 8:00 A.M.-5:00 P.M. Monday-Friday (excluding State holidays).

The TennCare Advocacy Program staff consist of ten (10) advocates and one (1) Program Coordinator. There are two Mental Health and Substance Abuse Advocates who possess a degree in social services and/or have experience working in the social services or related field. The TennCare Advocacy Program staff members have received customer service training along with training on conflict resolution in order to best assist callers. The TennCare Advocacy Program also employs two bilingual staff (English and Spanish) that can assist Spanish-speaking callers. Additionally, TennCare Advocacy Program staff have access to interpreters for Limited English Proficiency callers to assist them with questions pertaining to TennCare.

TNCSA began contracting with the Bureau of TennCare for Advocacy and Outreach services in June of 2010 and continued through June 30, 2025.

The TennCare Advocacy and Outreach program received 6,488 calls during fiscal year 2024-2025. The chart below illustrates the number of calls received in each program area:

<u>Month</u>	<u>Advocacy</u>	<u>Mental Health</u>	<u>LEP</u>	<u>Total</u>
<b>July</b>	564	8	60	632
<b>August</b>	557	11	66	634
<b>September</b>	546	5	36	587
<b>October</b>	589	6	42	637
<b>November</b>	495	3	25	523
<b>December</b>	486	3	43	532
<b>January</b>	569	8	50	627
<b>February</b>	497	10	50	557
<b>March</b>	391	2	23	416
<b>April</b>	465	7	55	527
<b>May</b>	391	2	23	416
<b>June</b>	358	6	36	400
<b>Totals</b>	5908	71	509	6488

## TennCare Provider Operations Call Center

The TennCare Provider Operations call center is the single point of contact for internal and external TennCare customers (members and medical providers) with request for verification of member eligibility (benefits), medical claims payment status, and general inquires pertaining to TennCare services, programs, and coordination of services with other state and federal agencies. TennCare Provider Operations is setup with five distinct functional areas to better assist our customers with timely response to their inquiries:

### *Claims Review and Provider Inquiry Support*

Over the past 18 months, TennCare has transitioned the claims review process for TennCare-only, Medicare/Medicaid, and Medicare Savings Plan (MSP) claims to the Managed Care Organizations (MCOs) assigned to members: United Healthcare, BlueCare, Wellpoint, and TennCare Select.

This transition has reduced the volume of incoming calls to TNCSA's Provider Inquiry Department (Claims). With fewer claims-related calls, TNCSA has been able to reallocate staff expertise. Four of our experienced Customer Service Representatives (CSRs) now support daily email requests from the TennCare Appeals Department and respond to phone inquiries from TennCare members who receive bills from either TennCare or their medical providers.

The review and resolution process typically involves:

- Contacting the member for detailed information about the bill or provider payment demands.
- Sending a "Cease Billing/Contact" letter to the provider on behalf of the member and TennCare.
- Working with provider billing offices to determine whether the bill should be written off under TennCare guidelines.
- Coordinating reimbursement for members who made payments in response to provider demand letters.

On average, TNCSA resolves member billing issues within 23 business days. This process includes multiple follow-up calls with both providers and members to confirm commitments, and each case is documented in TennCare's MS Dynamics system, which tracks all communications and notes by date and time.

In addition, the Provider Inquiry Department supports TennCare Online Services (TCOS), a subscription-based application that allows providers to verify member eligibility, submit claims, and adjudicate skilled nursing facility (SNF) claims. TNCSA assigns two primary and two back-up CSRs to manage provider email inquiries related to TCOS, including:

- Restoring expired provider access.
- Updating provider profiles with effective and end dates for SNF claim submissions.
- Adding new providers for eligibility review and claims submission.
- Troubleshooting access issues and error messages.

Our Provider Services CSRs also respond to calls through the Recipient Inquiry and Provider Eligibility toll-free numbers. These calls often involve correcting Medicare effective and end dates, which directly impact member co-pays, co-insurance, hospital admissions, and the payment of members' monthly insurance premiums.

### *Provider Registration*

Provider Registration is the front end of the provider interaction prior to delivery of medical services to TennCare members. Medical providers speak with Provider Registration representatives to:

- Check the status of pending applications to become a medical provider.
- Verify a provider's enrollment profile.
- Get direction and clarification on completion of provider forms.
- Designation of facility or business type-based specialty, number of staff, and services rendered by staff.

### *Provider Eligibility*

Upon completion of the Provider Registration process, a medical provider is granted with a Tennessee Medicaid Identification Number that is linked to his National Provider Identification Number (NPI) which allows him to access TennCare's Provider Eligibility line supported by customer service representatives in the Jackson Call Center. The majority of calls on the provider eligibility line are from medical providers who need to verify the type of medical coverage available to TennCare members (TennCare only,

TennCare with Medicare, or TennCare and Medicare with special financial assistance to pay member co-pays, coinsurance, annual deductible, and in some cases the Medicare Part B monthly premium). Along with general questions about TennCare services, provider eligibility representatives can assist callers in identifying and locating TennCare personnel and representatives with the Department of Human Services and Social Security Administration. The typical Provider Eligibility call lasts approximately two minutes.

### *Provider Inquiry*

Provider Inquiry is the back end of the provider's delivery of services to TennCare members. Once a provider delivers medical services, a medical claim form is completed (UB04 for Inpatient medical claims and the CMS 1500 for outpatient medical claims). These documents detail the type of treatment and cost associated with the treatment based on defined ICD10 codes and TennCare's contracted rates for those services. Medical providers contact provider inquiry representatives to verify if the claim has been received by the Bureau of TennCare, or if the claim has been processed and approved for payment. If approved, the provider receives the amount that TennCare will pay for the services. If the payment is not approved, the provider inquiry representative identifies the system generated reason for the denial, reviews the denial with the provider using copies of the claim forms, EOMB (explanation of medical benefits), and predefined procedures that are used to explain denial reason and next steps for correction and resubmission of the claim by the medical provider or reprocessing of the medical claim by Provider Inquiry representatives in cases where an error in processing was made by TennCare's Claims Processing Unit. Additionally, the representatives work with the provider to verify if a TennCare member has any other health insurance coverage outside of TennCare Medicaid, Medicare, or Medicare Savings Program which dictates that all other health insurance coverage is to be billed as primary prior to Medicare or TennCare making payments on a medical claim. The typical Provider Inquiry call lasts approximately three-and one-half minutes.

### *Recipient Inquiry*

Recipient Inquiry is the dedicated phone line for TennCare members to speak with representatives who can follow-up with medical providers on the member's behalf pertaining to medical bills received for services not paid through TennCare, or the Dual Eligible members (individuals with both TennCare and Medicare). Periodically, members receive bills from medical providers as a result of not presenting the provider all the necessary documentation that validates the type of insurance benefits they have through TennCare or TennCare and Medicare. The recipient inquiry representative contacts the medical providers and reviews the bills, advises of benefits available to the member, and requests the provider to rebill to receive all necessary payments. Recipient inquiry also receives general inquiries about TennCare and its services from existing members and the general public.

### *MCC Complaints*

The MCC (Managed Care Company) Complaints line is for medical providers to call when they are having difficulty with a TennCare MCO providing services to a member, or the provider is experiencing challenges with payments for services delivered. MCOs are responsible for providing payment to medical providers who deliver services for individuals with TennCare as their primary medical insurance. All complaints that are received through the MCC Complaints line after initial review are logged into the Siebel system which is monitored by the Bureau of TennCare. When a complaint is logged into Siebel, the MCO has a limited number of days to contact the provider and/or member and then provide a response back to the Bureau of TennCare through an e-mail submission into Siebel with the resolution of the inquiry.

TennCare Provider Operations receives the initial customer inquire from consumers and identify program(s) available based on health status, age, and income levels. Operators direct the consumer to the respective health plan's representatives to clarify questions pertaining to eligibility requirements, plan benefits, plan coverage, and status of pending enrollment applications.

This chart illustrates total Provider Call Center operations call data for the last fiscal year:

<u>Month</u>	<u>Eligibility</u>	<u>Provider Inquiry</u>	<u>Recipient</u>	<u>MCC Complaint</u>	<u>Provider Registration</u>	<u>Total Calls</u>
July	3552	2226	1841	65	1555	9,239
August	3699	2190	1877	65	1594	9,245
September	2852	1640	1649	60	1549	7,750
October	3158	1877	1669	74	1594	8,372
November	2392	1374	1218	52	1232	6,268
December	2283	1281	1174	46	1478	6,262
January	3093	1369	1695	52	1495	7,704
February	2936	1105	1201	58	1283	6,583
March	2974	1122	1316	36	1268	6,716
April	2899	929	1316	43	1413	6,600
May	2412	780	536	40	1157	4,925
June	2197	639	687	44	1321	4,888
Total Calls Received	34,447	16,532	16,179	635	16,939	84,732

## Senior Community Services Employment Program (SCSEP)

SCSEP is an on-the-job training program for eligible, older Americans seeking to re-enter the workforce. The major goals of SCSEP are to help participants update and develop new skills, to foster self-sufficiency, to increase employability as well as to benefit the partnering agency by providing valuable community service work and no costs to them.

SCSEP is authorized by Title V of the Older Americans Act and administered by the Department of Labor and Workforce Development through grants to national and state grantees that implement the program. TNCSA is a state subgrantee with oversight from the TN Department of Labor. We provide SCSEP services to 32 (when caseload is full)



participants over a 9-county region spanning from Dyer County in northwest TN over to Cheatham County in the western portion of middle TN.

To be eligible for SCSEP services, an applicant must be unemployed, 55 or older, a resident of TN and their family income must not exceed 125% poverty level. Applicants are also assessed for skills, interest and barriers to employment prior to placement into their community service assignment. Once matched to a eligible partnering agency, the participant will enter on-the-job training averaging 20 hours per week while receiving a training stipend for the highest federal, state or local minimum wage. TNCSA manages all payroll functions and oversees workmen's compensation for all SCSEP participants. During the past year, the SCSEP coordinator has built several solid, new relationships with agencies as well as resuming partnerships with existing agencies. A program requirement is that SCSEP partner with government or non-profit organizations so that is who is targeted as long as they have the ability to provide relevant training, adequate supervision and they have a shared vision of the Senior Community Service Employment Program. The SCSEP coordinator also continues to outreach private sector businesses who may be interested in employing active program participants. The coordinator also regularly reaches out/meets with agencies that may also refer potential participants to the program that are the greatest need, such as homeless shelters, VA offices, food banks, vocational rehabilitation offices to name a few. Flyers are also distributed throughout the 9-county area in relevant establishments and occasionally social media is used to recruit potential participants.

Once the participant is enrolled into SCSEP, the coordinator and participant develop an Individualized Employment Plan (IEP) which creates a roadmap to accomplish the goal of unsubsidized employment. The IEP addresses specific skills to be developed as well as barriers to employment. The IEP also addresses supportive services that may be needed to remove those barriers that would prevent participant from achieving stated goals. Referrals are often made to programs such as food banks, energy assistance, legal services, as well as gasoline cards, typically a one-time service, are provided to help participant more easily afford to get to/from work, especially when they first enter the program before receiving their first paycheck and in some cases residing several miles

from their training site in the more rural areas. Referrals are also made to different partnering agencies such as local career centers and senior centers for additional training assistance. For example, classes on computer literacy and resume writing are offered at these sites occasionally, and participants are always encouraged to attend. The SCSEP coordinator also conducts phone calls, texts and site visits and always encourages open communication and transparency which helps participants to feel comfortable to reach out when supportive services or even emotional support is needed. The program coordinator has extensive experience in case management services, advocacy and community outreach with a focus in the senior population.

TNCSA's SCSEP budget for the program/fiscal year 2024-2025 was \$296,115 for the 9 counties served. During this past year, 36 separate individuals received services through the program while performing approximately 29,700 hours of community service hours to partnering agencies. 61% of the participants lived in rural areas, 89% have family income below the poverty level, 14% have a disability, 8% had limited English proficiency, 8% had veteran status, and over 40% are over the age of 65, 3 of which were over 75.

SCSEP participation has seen a large increase in participation over the past couple of years. Overall, TNCSA comes very close to meeting and in some cases, surpassing, program performance measures. However, the well-being of the participant can only be measured by how the participant expresses themselves. The SCSEP coordinator receives many texts and phone calls from active participants that just want to express their gratitude for the program and what it has done for them personally. Participants share that the program not only improves their lives financially, but socially and mentally as well.

A recently exited participant came into the program from a rural area and with very few skills since she her entire adult life she had always been a caregiver for family members. She was struggling financially, lonely and depressed over the loss of recent loved ones. She was extremely eager to re-enter the workforce, so sought out the program. She was interested in learning general office skills and was placed at Northwest TN Economic Development Council in the LIHEAP and commodity department. She showed willingness

to help and learn all there was to learn about the specific position as documented on her IEP and was soon thereafter offered a permanent position there for an increase in pay and hours. Another exited participant was trained at a local senior center in the janitorial and maintenance department, and within a few short months was asked to transition into a part-time permanent position, which later turned into full-time and for over double what he was earning in the program. These are just a couple of measurable success stories, but 100% of the program participants have made improvements in their lives since enrolling into the program in immeasurable, very personal ways.

The program does not run without a few barriers, such as finding qualifying agencies to partner with and having it be located within a reasonable distance to participant, the low paying subsidy participant receives, and the distance the coordinator must cover. But regardless of these barriers, we here at TNCSA are committed to providing the most excellent service regardless and we look forward to continuing to better the lives for our deserving seniors!

## **Family Focused Solutions (FFS) - Cookeville**

The Family Focused Solutions (FFS) program is a supportive service integrated within the Tennessee Department of Human Services (TDHS) Families First initiative. Designed to assist families with children who are experiencing financial hardship, Families First offers comprehensive support to help participants achieve stability and self-sufficiency.

TDHS contracts with Tennessee Community Services Agency (TNCSA) to provide FFS services in fourteen Upper Cumberland counties: Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White.

TNCSA has maintained a strong and consistent partnership with TDHS in administering this program. For the 2024-2025 fiscal year, TDHS added East Tennessee State University (ETSU) to our program collaborations to monitor changes in participants' work activities, track job skill training hours, and to collect required documentation and attendance records from Families First participants.

The Upper Cumberland FFS program is staffed by a full-time, master's-level supervisor and a counselor. The supervisor provides ongoing staff support, manages caseloads, conducts chart reviews, oversees data collection and reporting, and works closely with partner organizations. Both the supervisor and counselor deliver direct, daily services to FFS clients.

The program is further supported by the Cookeville Site Director, who ensures program compliance, assists staff, participates in collaborative partner initiatives, submits timely reports to TDHS, and serves as the primary liaison between TDHS and TNCSA for operational matters.



Family Focused Solutions has experienced minimal turnover over its more than twenty-year history. However, during FY24-25, a counselor position became vacant due to retirement. This vacancy was promptly filled by Jim Collett, a former TNCSA employee with sixteen years of experience specifically within the FFS program. Throughout the transition, Program Supervisor, Jamie Clark provided exemplary oversight to ensure continuity of services and a seamless onboarding process for Jim.



*Jim Collett and Jamie Clark*

Customers come to the Family Focused Solutions (FFS) program through a referral process from Tennessee Department of Human Services. Customers may have any number of barriers to employment such as mental or physical health problems, unmanaged stress, substance abuse, child health or behavior disorders, teen/young adult pregnancy, lack of parenting skills, learning disabilities, domestic violence, legal issues,

or homelessness. Many have had a lengthy history of trauma and abuse since childhood. Oftentimes the offended becomes the offender when they have their own children, creating a multi-generational cycle of abuse and trauma. Adverse Childhood Experiences (ACEs) can lead to significant barriers to gaining sustainable employment in adulthood. FFS staff are trained on the impact of ACEs on brain development and the importance of building resiliency in customers with high ACE scores. To address barriers, Counselors perform comprehensive assessments to identify the specific needs of every participating individual and family. They provide short-term, solution-focused counseling with a focus on helping the customer find solutions to their own problems.

Counselors face unique barriers to meeting the needs of customers who live in rural counties of the Upper Cumberland region where needed resources are often limited. Customer engagement continues to be primarily conducted remotely, using whatever means each customer prefers. Our counselors strive to engage customers at their point of need and to help them establish immediate short-term and long-term goals. Through resource mapping counselors are usually able to connect customers with community supports most accessible and beneficial for their long-term success.

Life skills education is provided, particularly in areas of financial literacy, parenting, social relationships, coping skills, making good choices, and time management. Case management services are also provided to help coordinate the various facets of a customer's Personal Responsibility Plan (PRP). The plan outlines an agreed upon path to achieving program goals. Typically, a PRP will include a work activity requirement of thirty hours.

FFS Counselors can modify work activity hours when specific barriers are determined to limit or prevent a customer from meeting the requirement. Though the goal is always to work toward removing barriers to employment, FFS Counselors serve as an advocate for participating individuals and families and assist with disability applications when needed by those with mental or physical health problems that may prevent them from being able to work.

To meet the needs of customers, counselors routinely research the internet and contact resource providers directly to learn about new or additional services and how best to

connect customers to them. A direct contact approach allows FFS Counselors to make more appropriate referrals to community services. It also provides insight into barriers customers often face when following up on the services to which they've been linked.

In FY24-25 FFS Counselors continued to implement some of the successful practices established during the Covid pandemic. An increased number of contact attempts and counseling sessions to more effectively engage interested customers are examples of these practices. The ability to engage customers for assessments and ongoing counseling through phone sessions in lieu of in person appearances continues to help reduce transportation and childcare barriers which have historically hindered consistent customer participation. Counselors also continued to share literature in person or through the mail when needed.

TNCSA received 123 new customer referrals to the FFS program in FY24-25. This is a seventy-one percent increase from the seventy-two new referrals received in FY23-24. It also exceeds new referrals received in FY22-23 and FY21-22, which were at 103 and eighty-six respectively. Referral increases may be attributed in part to TDHS's move away from offering a medical exemption lane for customers with medical/mental health barriers to employment or who are pursuing Social Security Disability (SSDI) benefits. In previous years such customers were referred to a Medical Exemption Unit (MEU) within DHS. These customers are now likely to be referred to FFS for an assessment and a potential modification or temporary thirty-day exemption from the work activity requirements of Family First. When possible FFS Counselors will modify instead of exempt, as this allows customers to access other support services through DHS such as car repairs, vision, dental and others. Customers who are placed on exempt status are not eligible for additional support services.

Inclusive of customers who continued FFS services from the previous year, the program had 147 participants receiving services at least some portion of FY24-25. This is more than double last year's seventy-three participants. FFS continues to be a volunteer program. Of the 123 newly referred customers, ninety-six (78%) completed assessments and continued to engage FFS supports voluntarily. Proportionately, this is slightly down from seventy-nine percent in FY23-24. Sixty-one (63.5%) newly assessed customers

presented with mental health barriers to employment. Thirty-one (32.3%) assessed customers presented having long-term physical health barriers. This is significantly higher than the three (5.3%) reported last year. The increase may also be directly related to DHS's movement away from utilizing the Medical Exempt Unit as in previous years. Eighty (83.3%) newly assessed customers reported multiple barriers to employment in FY24-25 compared to forty-four (77.2%) in FY23-24. Eighty-nine (92.7%) of customers who were engaged with FFS during the fiscal year were at some point in need of some level of modification to their thirty hours work activity requirement.

Below are current FFS Performance Measure Outcomes (PMOs) collected by the Tennessee Department of Human Services (TDHS). PMOs are based on customers' self-reported conditions at the time of their assessment and the progress achieved at the time of case closure. DHS provides Counselors with a standardized matrix tool to determine a customer's initial classification level in each category. Although a customer may not be considered "In Crisis" or "Vulnerable" in a particular domain at the time of their assessment, he/she may very well meet the criteria for either of these classifications at some point during their program participation.

Performance Measure Outcomes	TNCSA Average (7/1/22- 6/30/23)	TNCSA Average (7/1/23- 6/30/24)	TNCSA Average (7/1/24- 6/30/25)
Eighty-five percent (85%) of Customers will have a successful completion of FFS, i.e., the Customer's Families First case is not closed prior to completion of FFS services due to sanction or loss of contact with Customer.	N/A	N/A	83%
Eighty-five percent (85%) of Customers who are "In-Crisis" (1) or "Vulnerable" (2) in the housing domain will be at a "Safe" (3) or higher rating at the time of FFS closure, as defined and measured in the pre- and post-Self-Sufficiency Assessment.	N/A	N/A	100%
Seventy-five percent (75%) of Customers who are "In-Crisis" (1) or "Vulnerable" (2) in the physical health	100%	100%	100%



and/or mental health domains will be at a "Safe" (3) or higher rating at the time of FFS closure as defined and measured in the pre- and post-Self-Sufficiency Assessment.			
Seventy- five percent (75%) of Customers who are in "In-Crisis" (1) or "Vulnerable" (2) in the health care access domain will be at a "Safe" (3) or higher rating at the time of FFS closure as defined and measured in the pre- and post-Self-Sufficiency Assessment.	100%	100%	100%
Seventy-five percent (75%) of Customers who are "In-Crisis" (1) or "Vulnerable" (2) in the support system domain will be at a "Safe" (3) or higher rating at the time of FFS closure as defined and measured in the pre-and post-Self-Sufficiency Assessment.	100%	100%	100%

The first Performance Measure in chart above related to sanctions and case closures was new to the FFS program in FY24-25. The Department of Human Services may sanction a customer for a variety of reasons. One primary reason relates to a customer's repeated failure to submit appropriate documentation to ETSU or DHS. Customers are required to submit regular timesheets, provide proof of job training hours, and submit other sorts of documentation while participating in Families First. A customer may also be sanctioned for failure to maintain contact or failure to keep appointments with DHS or ETSU. It is the goal of FFS counselors to help mitigate issues that could lead to a sanction. Counselors are dependent on timely email notifications from DHS case managers when a sanction has been recommended to allow sufficient time for intervention. When a customer is sanctioned, their Families First (FF) case is closed, and they must reapply. Failure to maintain contact with FFS counselors for a-period-of-time, can also lead to the closure of their Family Focused Solutions (FFS) case. Successful implementation of this PMO is largely dependent on customer compliance. TNCSA successfully met this PMO in the first, second, and fourth quarters of FY24-25 but fell below the eighty-five percent benchmark in the third quarter. As a result, TNCA implemented the following approved corrective action plan.

1) FFS staff will reach out to DHS TCM when a client is out of contact with FFS and at risk of closure due to no replies to contact attempts. If the client is still cooperating with and replying to DHS, TCM may be able to remind client to engage with their FFS counselor at their monthly contacts with clients.

2 FFS staff will check EBMS for any updated contact information before closing.

TNCSA finished the year slightly below the benchmark for this PMO. The chart below provides the quarterly data.

Eighty-five percent (85%) of Customers will have a successful completion of FFS, i.e., the Customer's Families First case is not closed prior to completion of FFS services due to sanction or loss of contact with Customer.			
Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
85%	86.9%	73.6%	86.3%

In all remaining PMO domains one or more customers were determined to be "In Crisis" or "Vulnerable" at assessment. Using the standardized matrix tool, all these customers had achieved Level 3 ("Safe") status by the

time their case was closed. To be considered "Safe" in the Housing domain, a customer must be in stable housing that is safe but only marginally adequate. All customers reporting homelessness were provided with resources and referrals to housing providers. A customer is considered "Safe" in the Physical Health and Mental Health domains if a) chronic illness is generally well managed and the customer is attempting to make routine medical and dental appointments, and if b) mental health needs have been identified, the customer is accessing mental health services and is working towards getting them met. "Safety" in the Health Care Access domain is met, according to the matrix, if the customer's child(ren) has medical coverage, but not the parents. Lastly, a "Safe" Support System is defined as having one to three personal supports and having basic community networks available when needed.

TNCSA strives to provide high quality services. FFS staff send client surveys with return envelopes and postage annually to solicit feedback regarding customer satisfaction. Customer feedback provides counselors with knowledge of service strengths and areas of needed improvement.

The following success stories are examples of how the Family Focused Solutions (FFS) program and counselors impact the lives of participants.

- 1) *Client K is a single mother of two young children. She had recently separated from her husband after moving to TN. Client K was homeless with no where to go and was staying in a motel. FFS was able to provide the client a temporary exemption while she got her children enrolled in school and into a mental health provider due to the stress in their lives. Client K was quickly able to find employment and modified to her work hours. However, this did not work well as she was not paid appropriately for her time. Client K had reliable transportation and was soon able to find other full-time employment working delivery jobs. Childcare had been an issue during after school hours, but she is now able to take her children with her as needed. Client K and her children were recently able to move in with her sister. This has been a good solution as she and her kids are able to help her sister around the house. Client K was closed successfully with Families First (FF) and Family Focused Solutions (FFS) due to being over income.*
- 2) *At the time Customer A was referred to FFS, she was experiencing housing concerns due to lack of adequate space for her large family. In addition, past drug problems and resulting legal issues prevented her from obtaining employment in her chosen field. This customer has now been clean for 2 years and reports long-term participation in N/A meetings as well as having a supportive sponsor. Recently, Customer A obtained two part-time jobs. She is currently working full-time hours on a weekly basis, which provides much needed financial stability. Customer A also applied for housing in multiple locations to expand her housing options. Customer A reported she no longer needs Families First and her case has been closed.*

TNCSA is very grateful for the seasoned partnership we have with TDHS. FFS Counselors continue to become familiar with the TDHS' Eligibility Benefits Management System (EBMS). At year end, FFS Counselors were receiving all referrals through EBMS and were able to access components of the system to review case notes and verify customers remain active with Families First (FF).

## **White County Family Treatment Court (WCFTC)**

The White and Van Buren County Family Treatment Court (FTC) exists to keep children safe, help families heal, and break the cycle of substance use and neglect. We do this by bringing parents, children, and community partners together in a supportive, court-based program that combines accountability with compassion. Our team works side-by-side to make timely decisions, connect families to the services they need, and ensure children have safe, stable, and loving homes.

This program is made possible through funding from the Tennessee Department of Mental Health and Substance Abuse Services and opioid abatement funds provided by White County Government.

Traditional court systems are not designed to fully address the challenges of substance use and its impact on families. Without extra support, parents can remain stuck in cycles of denial, continued use, and repeated court involvement—while children remain at risk.

Family Treatment Court offers a better way forward. By bringing together the court, treatment providers, and community partners, the program provides more frequent check-ins, stronger accountability, and meaningful encouragement—helping parents find the path to recovery and reunification.

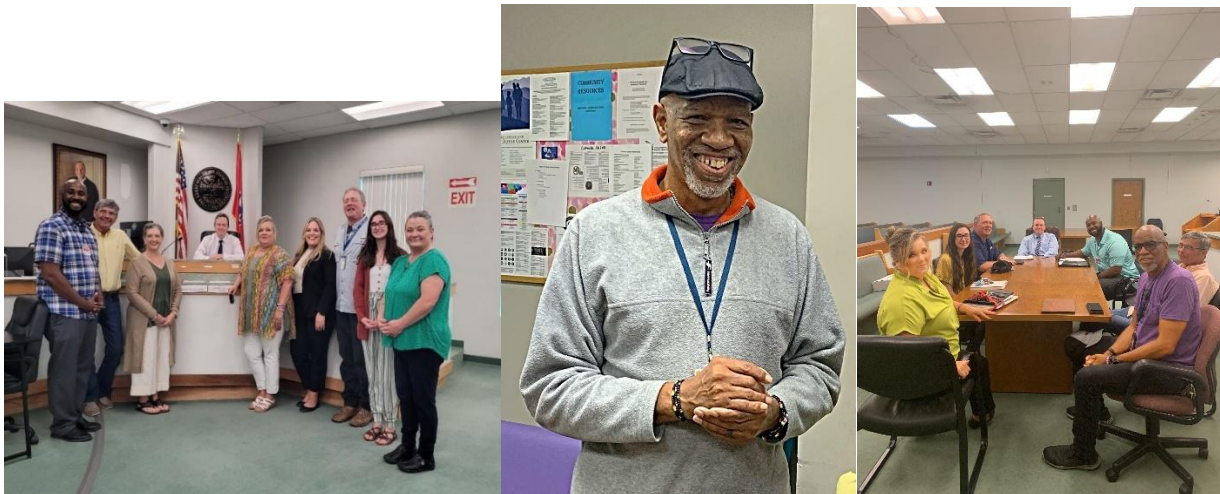
The FTC focuses on cases of child abuse or neglect where parental substance use is a contributing factor. The program currently operates in White and Van Buren counties' court and child welfare systems. We bring together a dedicated team—judges, court staff, attorneys, child protective services, treatment professionals, and community partners—who share one common goal: helping families find hope, stability, and lasting change. Participants receive:

- Comprehensive treatment tailored to their needs
- Frequent, random drug and alcohol testing
- Intensive case management, linkage to resources and personal support
- Regular meetings with a judge who knows their story and encourages progress

- A balanced system of rewards for success and fair consequences for setbacks
- Assistance and support navigating their dependency and neglect case and permanency plan

We believe in clear expectations, honest communication, and immediate feedback. Every participant knows the rules, understands the choices before them, and is encouraged to take control of their recovery journey. Progress is recognized and celebrated, while setbacks are addressed quickly with support and guidance.

The program runs on strong partnerships. The judge is a central figure in the process, offering both accountability and encouragement, while the WCFTC team works closely with each participant to guide them toward lasting recovery. Our collaborative team includes the Judge, Program Coordinator, Case Manager, Guardian ad Litem, DCS and Foster Care Representatives, White County Youth Service Officer, School Representative, Health Department, Substance Use and Mental Health Treatment Providers. In FY24-25 our Team welcomed Mr. James Tribble as a new WCFTC team member. Mr. Tribble is affiliated with UC Recovery and is the newly elected President of the White County Anti-Drug Coalition. In his role with UC Recovery, he assists WCFTC participants with transportation to treatment appointments, drug screen appointments, work, school, etc.



Because participation is voluntary, the WCFTC case manager meets with referred individuals and their attorneys as soon as possible to explain how the program works and

answer questions. Because DCS Court (General Sessions) is held in the morning on the same days as WCFTC, individuals/families can potentially be admitted into WCFTC the same day their DCS dependency/neglect case is first heard. If they choose to participate, the case manager conducts a Tennessee Risk Assessment System (TNRAS) evaluation to ensure eligibility. Participants must:

- Join the program voluntarily
- Agree to program guidelines
- Be at least 18 years old
- Be the primary caregiver of a child or children
- Have a diagnosis of drug and/or alcohol dependence
- Be identified as high risk/high need through state assessment
- Have or have had an open child protective case in White or Van Buren County

Once accepted, families can begin their WCFTC journey immediately. Sessions are held twice a month, on the first and third Mondays, giving families consistent support and opportunities to show progress.

We follow the Ten Key Components of Family Treatment Courts to ensure we are providing the highest quality of support, structure, and accountability. Our goal is simple but powerful: to keep children safe, strengthen families, and help parents achieve lasting recovery so they can provide the safe, loving homes their children deserve.

Referrals to the WCFTC program can be made a variety of ways. Our first official referral came from the Department of Children's Services (DCS) in June 2023. Nine new referrals were made to the WCFTC program during FY24-25 compared to ten in FY23-24. Many of the referrals were self-made following their DCS (General Sessions) court hearing. They approached the WCFTC Case Manager who attends the General Sessions Court to learn about the program. One participant was referred by another successful participant through contact at a recovery meeting. All nine referred individuals completed the TNRAS eligibility assessment compared to seven who completed the assessment in



FY23-24. One did not meet eligibility for participation. The eight eligible referrals were admitted to the WCFTC program at some point during FY24-25 and further assessed to determine treatment needs. Three of these eight participants were terminated from the program for non-compliance at some point during the year. One voluntarily withdrew.



It is with great excitement we can share the news of our first graduate! B. Miller successfully completed all the service requirements listed in the Family Permanency Plan with DCS and the conditions of Family Treatment Court as well as maintaining compliance with her county probation requirements. Ms. Miller entered WCFTC in April 2024. She graduated from the program and her case closed with DCS in February 2025. For Ms. Miller this meant gaining sobriety and having joint custody of her five-year-old son instead of losing custody. We're so proud of her for the hard work she put into changing her and her son's life and are honored to have been a part of her journey!



Our goal for the coming year is to welcome more participants who are seeking support in creating a stable, safe environment for their children by addressing the underlying challenges of substance abuse. We are committed to continually reviewing our processes

and overcoming obstacles to enhance both the quality and accessibility of our services for those in need.

In May 2025, TNCSA was awarded opioid abatement funds through White County Government to strengthen support for program participants and enhance WCFTC services. Since the program's inception, limited funding allowed only for a part-time case manager. These additional funds have expanded the position to full-time, enabling greater community networking, stakeholder outreach, referral development, and an increased caseload capacity. The expanded role also supports staff retention by offering access to full-time benefits.

This funding has further allowed WCFTC to assist participants with essential needs such as housing and utility deposits, transportation, required hair follicle testing, clothing, and more. The positive impact is already evident, fostering stronger partnerships with agencies like DCS by helping fill service gaps the Department cannot cover. The contract period for these funds runs from May 1, 2025, through December 31, 2025. The Cookeville Site Director, who secured the current funding on behalf of the program, plans to reapply during the next grant cycle. In addition, the Site Director will pursue other opportunities through the Opioid Abatement Council's (AOC) Community Cycle 3 solicitation. While TNCSA submitted a proposal for Community Cycle 2 funding, the program was not selected to receive an award.

Since becoming full-time, Mr. Gilcrest has worked diligently to establish new partnerships and expand old ones to enhance WCFTC program services. The program has added new partnerships with UC Recovery, Bradford Health Services, On-Site Drug Screens, Seeds of Hope, The Way, and Christpoint Church. We have expanded our partnership with White County Government and are building on our existing relationships with the Department of Children Services, Health Connect America, Volunteer Behavioral Health, etc. Additionally, Mr. Gilcrest is now an active participant of the White County Anti-Drug Coalition and participates on the Volunteer Health Community Advisory Board.

Faith-based ministries can be valuable in addiction recovery by providing spiritual support, community, and a framework for hope and healing. They offer a unique approach that complements traditional treatment methods by addressing the spiritual and emotional



needs of individuals seeking recovery. In addition to spiritual and emotional support, some faith-based ministries offer direct services such as transportation and housing to those in recovery. Seeds of Hope, The Way, and Christpoint Church are faith-based partners who offer direct services to people in recovery.

Seeds of Hope is dedicated to helping individuals and families overcome homelessness and addiction. They provide a safe, temporary shelter, support services, and resources to help residents become self-sufficient. We currently do not have any participants who are homeless. However, homelessness is often a circumstance for individuals dealing with addiction. Transitional housing options are important to have in place. The shelter also offers recovery meetings and other classes that are accessible to WCFTC participants. Mr. Gilchrest teaches a class at the shelter on Monday evenings. In the following picture, Mr. Gilchrest is pictured with Mr. Tribble (UC Recovery) and Seeds of Hope representative, Mrs. Tina Lomax.



### *WCFTC Seeds of Hope and UC Recovery*

The Way offers recovery support meetings. While WCFTC participants are required to attend support meetings regularly, they have the freedom to select their preferred locations. Positive feedback from those who attended meetings at The Way prompted our Program Coordinator to meet with the facilitator and learn more about their structure and content. Because trauma-informed approaches are highly beneficial for people in recovery, it is valuable for our team to understand the types of meetings participants may engage in.

Christpoint Church's transportation ministry has also partnered with WCFTC to assist with participant transportation.

As the WCFTC program continues to evolve, we want to adjust to participants' needs and continue to improve program implementation. Our new partnership with On-Site Drug Screens is an example of these adjustments. We found that hair follicle tests conducted upon admittance to the program provide a more accurate assessment of client's use and allow for better treatment plan development. Additionally, hair follicle tests are sometimes needed in a timelier manner than is sometimes available through Department of Children Services (DCS). Results can have a significant impact on dependency and neglect case outcomes such as approval or denial of visits with children. The ability to obtain test results in a timely manner reduces the stress of potentially delayed visitation and thereby reduces the chance of triggering relapse. On-Site Drug Testing is the same vendor used by the local DCS. This partnership promotes confidence in the integrity of the screening by all parties to the case.

To strengthen and expand our community partnerships in FY24-25, the Cookeville Site Director/WCFTC Co-Coordinator and the WCFTC Co-Coordinator/Case Manager attended Bradford (Cornerstone) Health Services' open house in Cookeville, TN. Since treatment options outside White County are sometimes necessary, this event provided an excellent opportunity to connect with a variety of regional providers.



Staff training is essential to delivering high-quality services to participants and their families. Along with sharing online webinars and literature among team members, two

FTC staff and other team members attended the Tennessee Association of Recovery Court Professionals (TARCP) Conference in Murfreesboro, TN, in December 2024.

The annual TARCP Conference is particularly valuable because it offers training tailored specifically to Tennessee. This year's event was no exception, bringing together treatment court professionals, trainers, and service providers from across the state. Staff participated in sessions led by local recovery court experts and TDMHSAS-sponsored trainers, covering a wide range of recovery and treatment topics. They also had opportunities to network with resource providers and connect with vendors offering tools to enhance program services.

A highlight of the conference was a presentation by our own WCFTC team member, Larry Latzman, who taught a packed-room session on Hope. He did a phenomenal job sharing his powerful story of trauma and recovery, leaving a lasting impression on all who attended.

Over four days, more than 7,000 public safety and public health professionals gathered in Kissimmee, Florida, for RISE25 Conference. All RISE supports all treatment court types and disciplines, addressing the most critical challenges at the intersection of justice and treatment. Through the annual RISE conference, participants engage in meaningful networking with colleagues from across the nation, while enjoying premier entertainment in a dynamic setting.

In May 2025, WCFTC Co-Coordinator and Case Manager, Marq Gilchrest, participated in the RISE25 Conference. He attended a series of specialized training sessions covering key topics such as administrative and case management roles, phase structure and program advancement, professional boundaries and ethical considerations, strategies for increasing family engagement, and advanced approaches beyond motivational interviewing.

RISE25 provided a valuable platform for national networking and knowledge exchange, offering innovative insights to enhance services for individuals affected by substance use disorders.

Here Marq is pictured with Joan Lund, who is a parentage attorney for all parents involved in their family treatment court in Hancock County, Mississippi.



## Public Defender Social Work Pilot Expansion Project (PDSW)

Public Defender Social Work Expansion Project (PDSW) promotes rehabilitation and reduced recidivism by addressing defendants' underlying issues. The project is based on the premise that criminal behavior is systemic of personal, psychological, and social dynamics that have accumulated in the lives of individuals and led them to their involvement with the criminal justice system. Many have experienced trauma, abuse, mental health problems, physical health problems, homelessness, substance abuse disorders, and so forth and often have had little to no opportunities to address these issues. Forensic social workers can provide critical insight into clients' backgrounds, mental health, substance abuse history and up-bringing. Working as part of the defense team they are able assist attorneys in gaining more equitable outcomes for individuals involved in the criminal justice system.

The Public Defender Social Work Expansion Project (PDSW) is a multi-phased program. The initial phase began as a three-year pilot with TNCSA in June 2020. The project began its second three-year grant cycle with TNCSA in July 2023. It is funded through the Office of Criminal Justice Programs (OCJP) and is a collaborative effort between OCJP, the Public Defender Conference, TNCSA, various public defenders, attorneys, substance abuse and mental health treatment providers, and community resource providers. As in

the pilot phase, TNCSA contracted with OCJP for six project positions -one program director position and five forensic social worker positions in five TN judicial districts. Current project sites are as follows: (1) 1<sup>st</sup> Judicial District - Carter, Johnson, Unicoi, and Washington Counties, (2) 7<sup>th</sup> Judicial District - Anderson County, (3) 12<sup>th</sup> Judicial District - Bledsoe, Franklin, Grundy, Marion, Rhea, Sequatchie Counties, (4) 22<sup>nd</sup> Judicial District - Giles, Lawrence, Maury, Wayne Counties, and (5) 29<sup>th</sup> Judicial District - Dyer and Lake Counties.

Public Defender attorneys in the selected judicial districts utilize forensic social workers to work with referred clients who may benefit from the program. Social workers were hired by TNCSA and located in the public defender's office of each participating judicial district. Social workers are master's level clinicians. They perform multiple tasks as well as offer individualized recommendations regarding service referrals both inside and outside of jail. Duties include a range of services such as conducting needs assessments, linkage to substance abuse and mental health treatment; resource assistance related to housing, employment and education; release and alternative sentence plan preparation; and general case management. Additionally, other support services such as crisis intervention and supportive counseling using a variety of modalities are provided as needed. Each social worker uses an established process model to move participants from the initial referral to the evaluation phase, documenting each participating defendant's progress and backsets throughout the process.

As you can see in the chart below, the number of new referrals in each district increased in FY24-25 when compared to FY23-24. Numbers are typically lower in the first year of each grant cycle as it includes a period of hiring and training prior to accepting referrals. There were no position turnovers during FY24-25. Please note the 268 newly opened referrals for FY23-24 were adjusted down from the 285 reported last year, following additional analysis. In FY24-25, social workers opened, completed, and closed 466 referrals across participating judicial districts.



Referrals Opened	Districts					
Time Period	1	7	12	22	29	Grand Total
FY 2023-2024	78	60	72	41	17	268
FY 2024-2025	135	98	121	105	89	548
Grand Total	213	158	193	146	106	816

### *PDSW New Referrals Opened Chart*

Referrals Closed	Districts					
Time Period	1	7	12	22	29	Grand Total
FY 2023-2024	46	33	39	24	11	153
FY 2024-2025	128	59	137	61	81	466
Grand Total	174	92	176	85	92	619

### *PDSW New Referrals Closed Chart*

Of the 548 new referrals in FY24-25, there were 366 male clients and 159 female clients. Twenty-three were listed as unknown or unspecified. This listing can happen when a client bonds out before the social worker gets to meet with the client in person or the data was not captured for other reasons.

As you can see in the chart below, most clients referred were incarcerated at the time of their referral (418). Their charges varied.

Client Liberty Status	District					
Category	1	7	12	22	29	Grand Total
Free	25	13	12	34	23	107
Incarcerated	110	69	107	66	66	418
Unknown		15	2			17
Unspecified		1		5		6
Grand Total	135	98	121	105	89	548

### *PDSW FY24-25 Client Incarceration Chart*

Current Offense Level	District					
Category	1	7	12	22	29	Grand Total
1st Degree Murder	2					2
Felony- Class A	1	2	2	5	5	15
Felony- Class B	13	12	26	7	17	75
Felony- Class C	23	18	34	15	15	105
Felony- Class D	8	10	12	4	9	43
Felony- Class E	17	6	9	3	7	42
Misdemeanor- Class A	23	19	35	11	33	121
Misdemeanor- Class B		3		30	1	34
Misdemeanor- Class C	2	2		14	1	19
Probation Violation	46	6	1	11	1	65
Unknown		15	2			17
Unspecified		5		5		10
<b>Grand Total</b>	<b>135</b>	<b>98</b>	<b>121</b>	<b>105</b>	<b>89</b>	<b>548</b>

### *PDSW Charges Chart*

Social workers in each participating district made tremendous progress in moving the program forward. The following chart shows the various services provided to clients in each district. Collectively project social workers started 1,256 services with clients in FY24-25. They completed 1,187 services within the same period. A service was considered complete when the social worker had finalized his/her work with the client.

Services Started	Districts					
Service Descriptions	1	7	12	22	29	Grand Total
Alternate Sentencing Planning	8	2	34	15	4	63
Assessment Screening	124	84	113	101	88	510
Community Resource Assistance	55	24	57	8	4	148
Crisis Intervention and Stabilization		2	2	2	1	7
Forensic Evaluation Support	1			1		2
Housing Assistance	8	3	6	5	1	23
IDD Assistance	3	1	4	1		9
Life Skills	3	2		1	4	10
Medical Assistance	4	1			1	6
Mitigation	20	13	27	4	3	67
Post Case Disposition Assistance		1		1		2
Treatment Placement	113	65	89	73	68	408
Social Histories		1				1
<b>Grand Total</b>	<b>339</b>	<b>199</b>	<b>332</b>	<b>212</b>	<b>174</b>	<b>1256</b>

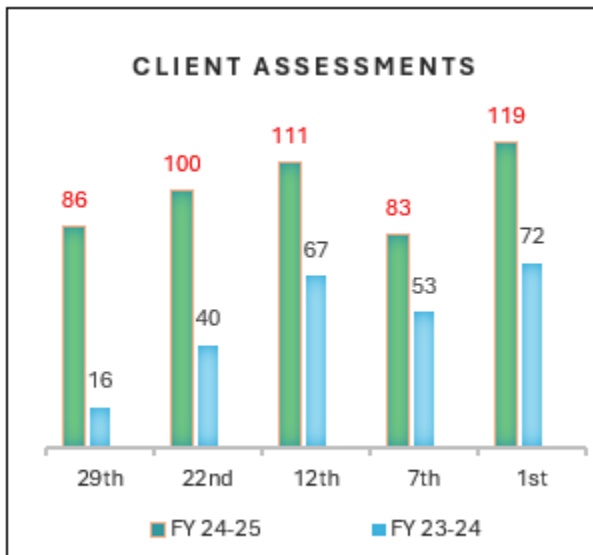
### *PDSW FY24-25 SW Services Started w/client Chart*

Annual performance objectives for each of the five partnering judicial districts in FY24-25 were as follows:

- 75 clients will be assessed.

- 50 clients will achieve improved access to community resources or resources within local jails.

The chart below shows the number of clients assessed in each district. All districts exceeded the performance objective of 75 client assessments in FY24-25. Some factors that may influence the number of clients assessed in a particular district include the number of counties in the district and the number of referrals made to the social worker by the public defenders in the district.



#### *PDSW Client Assessments Chart*

Each social worker has worked to build and maintain substantial community partnerships and has extensively collaborated with community agencies to coordinate appropriate care services for clients. Advocacy for client services has occurred in each district - and continues. Through assessments social workers can identify a variety of client needs. The majority of needs fall into one of the service categories detailed in the chart below.



Referrals to Providers		Districts				Grand Total
Service Descriptions	1	7	12	22	29	
Community Resource Assistance	16	5	20	6	2	49
Crisis Intervention and Stabilization			2	2	1	5
Housing Assistance	7	2	6	5	1	21
IDD Assistance	3	1	3	1		8
Life Skills	1	1		1	4	7
Medical Assistance	1	1				2
Treatment Placement	112	63	85	67	68	395
<b>Grand Total</b>	<b>140</b>	<b>73</b>	<b>116</b>	<b>82</b>	<b>76</b>	<b>487</b>

### *PDSW Referrals to Third Party Providers*

Treatment placement was by far the most identified client need this fiscal year. Social workers initiated 395 service connections for treatment placement across all partnering judicial districts. Of the 395 initiated, 296 clients were successfully connected to treatment by the end of the fiscal period.

There are a variety of reasons the remaining clients were not connected to treatment. A treatment provider may not yet be identified, a client may bond out or transfer, or a client's case may be put on hold while the Public Defender is working with a District Attorney. All judicial districts exceeded the performance measure requirement of improving client access to community resources or resources within the local jails.

Treatment Placements		Client Issue				Grand Total
Type	1	7	12	22	29	
<b>Co-Occuring</b>	<b>44</b>	<b>20</b>	<b>28</b>	<b>20</b>	<b>2</b>	<b>114</b>
Non-Residential Treatment	4	3	1	1		9
Residential Treatment	40	17	27	19	2	105
<b>Mental Health</b>	<b>1</b>	<b>2</b>	<b>6</b>		<b>7</b>	<b>16</b>
Non-Residential Treatment	1	2	5		6	14
Residential Treatment			1		1	2
<b>Substance Abuse</b>	<b>23</b>	<b>17</b>	<b>55</b>	<b>26</b>	<b>45</b>	<b>166</b>
Non-Residential Treatment		1	1	1	10	13
Residential Treatment	23	16	54	25	35	153
<b>Grand Total</b>	<b>68</b>	<b>39</b>	<b>89</b>	<b>46</b>	<b>54</b>	<b>296</b>

### *PDSW Treatment Placement by Type*

Public defenders, judges, district attorneys, and clients continue to realize the impact social workers can have in the public defense setting. To help analyze this impact, project partners

track client arrest data from the time the social worker begins working with a client to one year following case closure with the assigned social worker.

The arrest data below reflects cumulative figures from FY23-24 through FY24-25 for clients referred across participating judicial districts. Prior to engagement with the Public Defender Social Worker (PDSW) Program, referred clients had a combined total of 11,613 arrests. While actively working with PDSW social workers, only 66 additional arrests were recorded. Within six months after program participation, 136 arrests were reported among previously referred clients across all districts. Notably, this figure declined significantly at the one-year mark, with just 65 additional arrests reported among clients one year post-engagement with the PDSW Program.

Arrest Data	District					Grand Total
	1	7	12	22	29	
Total Prior Arrests	3103	2285	3060	1293	1872	11613
Total Arrests During SW Case	39	2	4	15	6	66
Total Arrests Post 6 Months	42	32	41	0	21	136
Total Arrests Post 1 Year	16	21	26	0	2	65

#### *PDSW FY23-24 and FY24-25 Arrest Data Chart*

As the project has progressed, roles have become better defined, relationships with court and other community partners have grown, and education has continued to ensure attorneys understand how to make appropriate referrals and best utilize social workers to help restore lives of the clients they serve.

The project continues to analyze data collection processes across participating judicial districts to ensure integrity, using the findings to guide service delivery and client advocacy. The Project Director and the five social workers from our current partnering public defender offices gathered in November 2024 to receive updated training on data collection and entry requirements.



Dallas Crews continues to serve as TNCSA's Program Director for the Public Defender Social Worker Project. She has a background in social work as a licensed social worker in the state of Tennessee and practiced in the public defender setting several years prior to her current position. Dallas collaborates with the Executive Director of the Public Defender's Conference, public defenders, and the other social workers working in the project to further develop a program structure that equips forensic social workers to provide the highest quality of services to clients referred by the public defenders as well as works to educate the public defenders on how to most effectively utilize their social worker's services.

The 29th Judicial District expanded social worker services to a second public defenders' office located in Giles County, TN. Below Dallas is pictured with the social worker from that district, following one on one training and collaboration with the public defenders.



*Dallas and Shaneka (29<sup>th</sup> JD)*

To bring awareness to the valuable work of the PDSW Project, Dallas attended events as often as possible to meet with legislators. The Public Defender Conference sponsors a Legislative Ice Cream Social for legislators once a year. Dallas was able to score a meeting with Representative Justin Jones for Social Worker Day on the Hill.



*Dallas and Representative Jones*

Other events included attending the Criminal Justice Sub Committee and Social Worker Day on the Hill at the State Capitol. Dallas had opportunity to meet with several legislators such as Senator Paul Bailey, Senator Adam Lowe, Senator Ken Yager, Speaker Cameron Sexton, House Majority Leader William Lamberth, Representative Rick Scarborough, and several legislative aids with whom she left business cards and a flyer about the identified

gaps in service for clients served by the PDSW program. One identified gap is in services for Intellectual and Developmentally Disabled (IDD) clients.

Training is an important part of our program and staff development and is key to the success and expansion of the PDSW Project. In addition to staff's initial training and job shadowing, continued education training is important for all program staff to maintain licensure.

In October 2024, Dallas coordinated with the TN Public Defenders Conference to host a two-day Public Defender Social Workers Conference in Knoxville, TN. This was the first combined conference for social workers, investigators, and public defenders since the start of the project. There were training lanes for each profession as well as a few combined training sessions. Dallas put a tremendous amount of effort into securing exceptional speakers and submitting detailed information to the appropriate organizations for approval to offer CEU and CLE credits to those attending the conference. A variety of topics were covered during the conference including:

- Trauma Thought the Lens of Race
- Voluntary Brain Disease: Substance Abuse Disorder, Biased Regulations, and Mitigating Factors Part 1 and 2
- PDSW Services and Supports for the IDD Population
- Bad Soil Not Bad Seed: Amplifying System Failures in Mitigation Writing
- Where's the Line? Managing Professional Boundaries Amid Pervasive Resource Scarcity
- Housing and Homelessness Resources
- Motivational Interviewing

An award banquet wrapped up the first day of training. The Tennessee District Public Defender Conference presented Dallas with the very meaningful Dr. Roger M. Noe

Award in recognition of Excellence in Social Work in Public Defense and for her work on the PDSW Project. Dr. Noee added to the honor by attending the conference to present the award in person.



*Dallas receiving award*



*Dallas and Dr. Noee*

In May 2025 social workers in all PDSW Project sites had the opportunity to attend the National Organization of Forensic Social Workers (NOFSW): Connecting People, Transforming Justice Conference held in New Orleans, LA. The conference is one of few conferences designed specifically for forensic social workers working in public defense. The event provides staff an opportunity to learn from experienced coaches across the county and allows them to establish networking bonds that extend far beyond the conference to ultimately help their own clients down the road.

The 4<sup>th</sup> Annual Evolve Conference was hosted by the UT College of Social Work in Knoxville, TN in March, 2025. The conference focused on meeting community needs, with a variety of speakers and breakout sessions. The PDSW Project Director and social worker from the 1<sup>st</sup> Judicial District Public Defenders Office took advantage of the nearby training. They took classes on

- Healing through Parenting: Promoting Community and Resilience by Co-Implementing Parenting Programs in Adverse Contexts



- AI: integration and ethical challenges in social work practices
- Applying the Liberatory Consciousness Framework to Practice
- Say Gay: A Framework for Advocacy and Allyship

They attended a community partner mingle where they were connected to a few new resources such as HIV resources for clients, group therapy for severe and persistent mental illness, and Partial Hospitalization Programming for mental health. It was a great day!

The Public Defender Social Worker Expansion Project has experienced many successes to date. The following are a few stories shared by our social workers.

- 1) *A client of mine was in need of housing after experiencing years of homelessness. I was able to secure housing for him in Knoxville. This client voluntarily sought services, rather than being mandated to do so by the court. In addition to housing, the client required assistance obtaining vital documents, including a birth certificate, state ID, and Social Security card. I collaborated with the Community Justice Liaison (CJL) in my area, and together we met with the client to order a replacement birth certificate. The client and I also discussed submitting a referral to the Community Resource Center through the Day Reporting Center in Knoxville. This would allow him to receive further support in obtaining his ID and Social Security card. Through collaboration with other providers, we were able to lay the groundwork for this client's success and help him take meaningful steps toward building a better life.*

**Geordyn Houston, LMSW | Forensic Social Worker**

- 1) *A client came to me following a history of incarceration tied to substance use and untreated mental health challenges. With determination and the right support, the client engaged in a holistic, trauma- informed treatment program that integrated therapy, peer mentorship, and workforce development. Over the course of a year, the client not only achieved sobriety but also secured stable housing, reconnected*

*with family, and began working as a mental health specialist, using their lived experiences to inspire and guide others on similar paths.*

**Shaneka Campbell, LMSW | Forensic Social Worker**

- 2) *I have a client on the sex offender registry who completed a 12-month substance abuse transitional housing program. He had plans at staying at the program longer but told me he remembered what it felt like waiting for a bed to open and wanted it to be there for someone else. He faced adversity while in the program and was behind on rent and program fees. He reached out to ask me for help finding resources several times. He completed the program with all his rent and fees paid. He created artwork at the program he was able to sell to make some income. He told me his life has completely changed, and he has plans to start his own transitional housing on land he inherited in his hometown. He told me he is working to become a peer recovery specialist because he wants to help other people who need help.*

**Daniel Krell, LMSW | Forensic Social Worker**



The Knoxville office of TNCSA serves as the central hub for two statewide programs. From this location, we provide Independent Support Coordination (ISC) for the Home and Community-Based Services (HCBS) 1915c Waiver, Tennessee Strong Families (TSF), and Katie Beckett Part B (KBB) programs. Each program is administered by the Tennessee Department of Disability and Aging (DDA). Additionally, we oversee Foster Care Advocacy and Mentoring through the Department of Children's Services Foster Parent Advocacy and Mentoring Program (DCSFPAM).

Our ISC team members, advocates, and mentors receive robust training and mentorship, equipping them to serve with compassion and professionalism. Many have been recognized by providers, community members, and other stakeholders for their dedication. Their work often extends beyond their roles, as they actively give back to the communities where they live, work, and serve.

### **Independent Support Coordination Program**

In partnership with DDA, our ISC program assists individuals with developmental or intellectual disabilities in identifying and achieving personal goals, whether pursuing education, starting a business, finding employment, cultivating new relationships, or engaging in meaningful retirement activities. This year, the program continued to expand beyond the traditional 1915C Waiver to include Tennessee Strong Families and Katie Beckett Part B services. Our guiding vision is for every individual to live in a community that celebrates diversity and supports the potential of all its members. We uphold core values of collaboration, proven performance, and a responsive, strength-based service approach.

### **1915C Waiver Services**

The 1915C Waiver serves primarily adults in home and residential settings, supported living, workplaces, and other community-based environments. ISCs work closely with individuals, families, and chosen representatives to identify needs, develop service plans, select providers, and monitor progress, always prioritizing the least restrictive and most empowering settings possible.

### **Tennessee Strong Families (TSF)**

Launched in July 2023, TSF supports children with intellectual or developmental disabilities who are in state custody. In partnership with the Department of Children's Services, TSF provides \$20,000 annually in flexible funding through a Healthcare Reimbursement Account (HRA) to help foster and adoptive families meet high medical and behavioral needs. This program has been a resounding success. One of the primary goals of the program was to create stability (fewer placement disruptions/moves) for children with disabilities in foster care. DDA's data shows that the children enrolled in this TNSF HRA program has had their disruption rates plummet with 90% stability since the beginning of TNSF.

### **Katie Beckett Part B (KBB)**

Introduced in March 2024, KBB serves children under 18 with disabilities and complex medical needs who do not qualify for institutional care or Medicaid. Eligible families receive up to \$10,000 annually to cover expenses through five flexible funding options, ranging from medical expense cards to respite care.

### **Impact Stories**

In 2014, The Tim Tebow foundation launched an event called, "A Night to Shine." This prom-like event is an evening designated to honor individuals with special needs. It is held annually on the Friday before Valentine's Day. The honored guests receive gifts, limousine rides, and a catered dinner. At the end of the evening, guests are crowned as Prom Kings and Queens! Theresa Goins and Bobby Bridges participated in this event in February 2025.



Domestic Violence Awareness Month (DVAM) is observed in October to recognize victims and raise awareness about the impact of domestic violence. October 17, 2024, also known as “Purple Thursday,” was a day for people to wear purple to show their support for survivors of domestic violence. A few of the TNCSA employees who participated in Purple Thursday are pictured and include Megan Teeter, Amanda Porter, and Jeannie O’Neal.



On November 14, 2024, Kim Holland, ISC, received the first Statewide Technology Trailblazer Award from DDA. This award is given to individuals who have gone above and beyond to pave the way for others to use technology in their daily lives. Kim is pictured with the Commissioner of DDA, Brad Turner.



Some of the DDA individuals served by TNCSA spent the day in Gatlinburg, the highlight of their time there involved creating an Old Tyme Photo. Bobby Bridges (left), Don Breeden (Middle), and Keenan Simpson (right).



Tennessee is a wonderful State that celebrates all individuals. Featured below are Kormarious Mason (blue strip pants) and Chase Lang (black t-shirt) enjoying a community dance at the Skinner Center in Memphis, TN. On the right is Linda Herriman who loves helping others in her community; she is employed at Wendy's Restaurant.



Hayward Terrell Gipson recently celebrated his five-year anniversary as a valued TNCSA employee. Pictured with his son, Maliki, Terrell shares that he has always had a passion for helping others and takes pride in being seen as a dependable person. He finds great fulfillment when others confide in him about the challenges they face, allowing him the opportunity to offer feedback, guidance, and encouragement. With more than a decade of experience supporting and uplifting people in the community, Terrell treasures the moments when he can witness their success, knowing he played a part in helping them reach their goals. “I truly believe in our mission statement at TNCSA,” Terrell says. “To serve, to



partner, to change lives for a better Tennessee.”



Kim Bridgman was honored this year with her five-year service award for her



dedication to TNCSA. Kim possesses a remarkable gift for advocating on behalf of others, taking on challenges of any size with determination and skill. She has consistently achieved what others deemed impossible, securing homes, services, and supports for those in need. Survey feedback from families praised Kim as professional, kind, personable, and always accessible. Her genuine care for the rights and aspirations of the individuals she serves has earned her deep respect and trust. A true team player, Kim goes above and beyond to ensure both the team and the agency meet visit requirements, even serving multiple months in 2024-2025 in other regions to meet community needs. Kim is passionate about empowering individuals to live and work in ways that fulfill their goals. She educates not only the people she serves but also stakeholders, providers, and families on how to achieve outcomes aligned with individual's desires. Kim is always up for an adventure, and she is shown below with a Highland Cow.



TNCSA staff continue to broaden their horizons. Francesca Thompson was accepted in the Ph.D. program at Walden University. She will be studying forensic psychology.

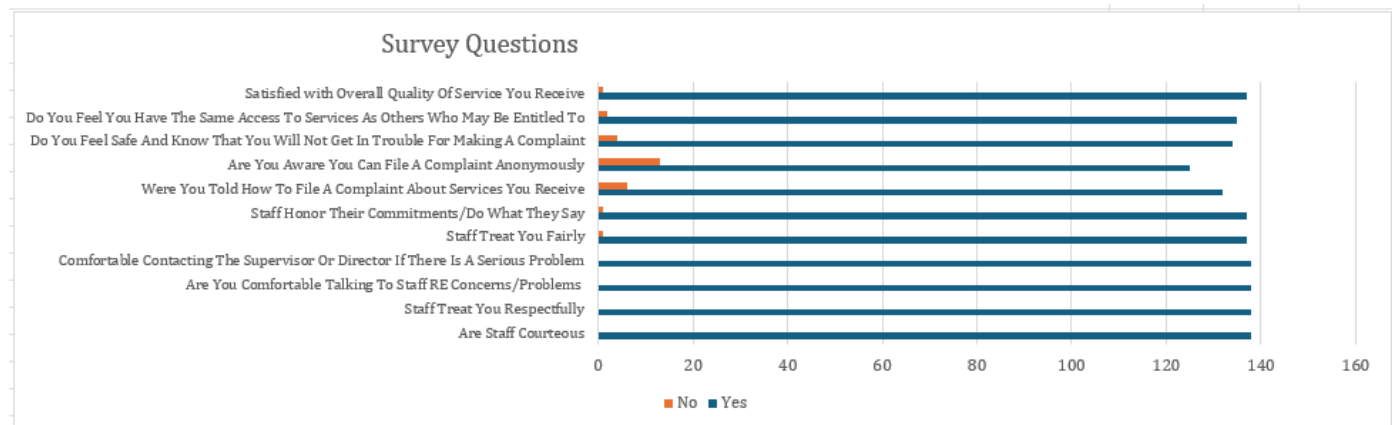
Francesca's hope for the future is to help educate the next generation of forensic psychologists, inspiring them to find new avenues in which to improve society. She wants to change the world by helping others achieve their goals.



Through research projects and continuing to further her education, Francesca hopes to find new ways to empower victims of crime. Francesca also hopes to explore new ways and possibilities to improve the justice system in bringing an emphasis on rehabilitation and diminished recidivism. While she has not nailed down a topic for her dissertation, she is eager to explore all her interests to find the perfect thesis to explore.

In April 2025, staff sent surveys to individuals served, stakeholders and family members. There is also a tag line displayed on all ISC emails for individuals to be able to complete surveys throughout the year. This year there was an overwhelming response from individuals who completed and returned the surveys, and it was a good reflection and documentation of the hard work conducted by TNCSA staff. The results below capture surveys through the end of the fiscal year, June 30, 2025.

Survey Questions	Yes	No
Are Staff Courteous	138	0
Staff Treat You Respectfully	138	0
Are You Comfortable Talking To Staff RE Concerns/Problems	138	0
Comfortable Contacting The Supervisor Or Director If There Is A Serious Problem	138	0
Staff Treat You Fairly	137	1
Staff Honor Their Commitments/Do What They Say	137	1
Were You Told How To File A Complaint About Services You Receive	132	6
Are You Aware You Can File A Complaint Anonymously	125	13
Do You Feel Safe And Know That You Will Not Get In Trouble For Making A Complaint	134	4
Do You Feel You Have The Same Access To Services As Others Who May Be Entitled To	135	2
Satisfied with Overall Quality Of Service You Receive	137	1



Some of the positive comments received because of the survey in the KBB program included:

*“Because of this program (KBB), our son and our family are doing better than we ever have. We enrolled our son into Jujitsu classes, and he has learned to focus his mind and attention; but the coolest thing about this is, when the other kids in the class learned a little about him, they all wanted to talk to him and he now has friends. You can’t imagine what this means to him and to us. Thank you for your work every day.”*



A father stated the funds his daughter had received from Katie Beckett has helped her participate in events that she might not otherwise experience. He emphasized, *"she is living her best life."*

A grateful father of a Katie Beckett child that is always in a wheelchair indicated that the family was able to get a new deck ramp installed using Katie Beckett Funds so they could take their child in the community more often.



Grayson Steinkuehler and his family took a trip to the Bahamas. Katie Becket covered the cost of him being able to swim with dolphins due to the sensory input. Over the past nine months, Grayson has had a significant speech delay, and would only greet his ISC when prompted by his mother, but due to the KBB program paying for speech therapy, he is now able to pronounce words with clearness and even said, *"thank you for everything you have done for us, we love you"* to his ISC.



TNCSA is a member of the Tennessee Association of Support Coordinators (TASC). This year TASC honored ISCs across the State with an appreciation luncheon. The luncheon was voluntary and held in various locations to accommodate those that might want to attend. Amanda Porter and Megan Teeter took advantage of this time away from the office and enjoyed good food, fun, gifts and more.



### **The Department of Children’s Services Foster Parent Advocacy and Mentoring Program (DCS-FPAMP)**

The Tennessee Department of Children’s Services (DCS) established the Foster Parent Advocacy and Mentoring Program (FPAMP) in 1997. The program connects experienced, professionally trained foster parents, serving as advocates with foster families who need support in navigating the DCS system. Advocates assist with communication between foster parents and DCS team members, participation in Child and Family Team Meetings, and other situations where guidance is helpful.

FPAMP was created after the passage of the Foster Parent Bill of Rights. The program offers a vital network of advice, support, and technical assistance to help foster parents ensure the safety and well-being of children in their care.

For more than a decade, **TNCSA** has partnered with DCS and the Tennessee Foster Adoptive Care Association to hire, train, and provide administrative oversight to foster parent advocates. During the 2024-2025 fiscal year, the Department of Children's Services (DCS) underwent a significant regional restructuring, consolidating from twelve regions statewide to six: West, Midwest, Midstate, Tennessee Valley, East, and Northeast. This change, implemented in March 2025, also impacted the Foster Parent Advocacy and Mentoring Programs (FPAMP). Each of the six new regions now has three to four mentors and two to three advocates assigned.

Over the past twelve months, 345 mentor-to-mentee matches were made, and advocates worked on 296 cases. Throughout the transition, mentors and advocates demonstrated remarkable adaptability, supporting one another as they navigated new coverage areas, established relationships with newly assigned DCS staff, and connected with updated community resources. A key benefit of this restructuring is the increased number of mentors and advocates within each region, fostering stronger peer support and enhancing services for foster parents statewide.

In June 2025, the State of Tennessee, DCS and TNCSA lost longtime foster parent advocate Nancy Woodall. Over more than four decades, Nancy opened her home to more than 400 children. She was instrumental in shaping the Tennessee Foster Parent Bill of Rights and served as an advocate for more than 20 years. Nancy had an unwavering passion for advocacy, working tirelessly to build partnerships with foster parents, DCS, and private agencies to strengthen foster care. She was known for speaking highly of those she worked alongside and will be profoundly missed.



In other program highlights, Jennifer Allen, East Region Advocate, participated in the Knox County Community Advisory Board Annual Provider Fair in September 2024. This event brought together non-profit providers and various organizations dedicated to expanding the resource knowledge of DCS frontline staff and prevention groups serving children and families in Knoxville and surrounding counties.





Mark Hickman, a TNCSA DCS Advocate for the Northeast region, was able to adopt Kamdyn and Bentyn after almost 13 years of being their foster parents. Pictured is Mark and his wife Vickie with Kamdyn, their daughter London, and Bentyn.



Shirley Brock, now a retired TNCSA DCS Advocate after over 15 years of service, and her husband were able to adopt three boys after four years of being their foster parents. Shirley retired from her role as advocate to spend more time with her family. She will be missed.



### Mentor Highlights include:

Former TNCSA Mentor, Candace Jennings, successfully adopted children during this year; she resigned to focus on her growing family.



Lee Copeland, Upper Cumberland Advocate has fostered for more than ten years, over 31 children, six of whom she adopted, states: *“As a foster parent, it sometimes feels that you have no one to go to if you’re having an issue or a concern. I wanted to be that person! I mentored for a couple of years and then became an advocate. I love being there for foster parents and helping them work through things, whether they are right or wrong, sometimes we just need things explained to us or to be listened to. It’s a pleasure to be that person!”*

## **Tennessee Department of Tourist Development Program**

In April 2024, TNCSA began a partnership with the Tennessee Department of Tourist Development. Through this agreement, TNCSA provides staffing support by hiring employees as needed and delivering administrative oversight for those positions.

During the past fiscal year, two new roles were added under this contract: a Special Projects Coordinator and a Content Specialist/Videographer. This brings the total number of program employees to three.

Tourism in Tennessee continues to thrive, with visitor spending reaching a record \$31.7 billion in 2024. This level of activity generated \$3.3 billion in state and local tax revenue, marking the fourth consecutive year of record-breaking growth.

TNCSA is proud to support the Department of Tourist Development and to play a role in advancing one of the state's most successful and impactful industries.

## **Information Technology**

The past year has been both productive and transformative for TNCSA's Technology Department. With the addition of new programs, upgraded equipment, and expanded staff, IT operations have grown significantly. These developments broadened the department's responsibilities, including hardware procurement, system maintenance, and onboarding and training for new employees. Support requests increased again this year, reflecting the agency's continued growth and the ongoing need for dependable technical assistance. Despite these demands, the department remains focused on providing reliable IT services that keep TNCSA operating efficiently.

## **Key Achievements for Fiscal Year 2025**

### **Cloud Migration**

A complete transition from physical servers to Microsoft's cloud platform was successfully completed this year. All agency data is now securely stored in the cloud, improving efficiency across daily operations. A third-party backup system was also implemented, capable of retaining up to five file revisions for as long as eleven years.

## **Digital Forms and Paperless Operations**

The department continued its initiative to transition all program-related forms to digital formats. Since the project began, approximately 130 forms have been created, including 37 in Fiscal Year 2025. Many of these forms are complex and require programming skills, particularly in JavaScript. Examples include a compliance form that automatically calculates the total number of 'yes' and 'no' responses to produce a compliance percentage, and a travel form that automatically calculates expenses for transportation, subsistence, and other categories. Staff feedback has been overwhelmingly positive, noting substantial time savings and improved accuracy.

## **Onboarding for Remote Staff**

The updated onboarding process ensures that remote employees receive equipment and software licenses promptly, allowing them to begin work without delay. Maintaining this process will be essential as TNCSA continues to grow. A comprehensive IT onboarding checklist was developed for new Independent Support Coordinators (ISCs). The checklist includes 21 tasks covering equipment setup, software installation, and access to online resources, each supported by detailed tutorials. The process takes approximately two and a half hours per employee. Since implementation, numerous new hires have completed the training successfully, with minimal attrition following onboarding.

## **IT Help Desk**

The Help Desk remains the primary resource for addressing technology needs. Most requests are handled through the ticketing system, while urgent issues such as internet outages are managed by phone. The system allows staff to request IT support, order equipment, and submit new hire or termination forms. HR-related tickets automatically alert supervisors to ensure proper documentation and timely follow-up. Real-time updates help both employees and supervisors track requests from submission to resolution.

During the fiscal year, the Help Desk processed 675 tickets, an increase from 624 the previous year. While the ticket system remains the main channel for support, requests also come through phone calls, emails, text messages, chat, and in-person visits.



### **Provider Registration and Eligibility**

Support continues for seven Microsoft Forms used for digital data entry. As part of provider onboarding, each employee's browser bookmarks are preloaded with form links to ensure easy access. The technology team coordinates closely with staff and supervisors to keep forms current and to assist with data retrieval when needed. This year presented challenges with access to state resources, including Q-Drive access and VPN connectivity following the state's transition to Cisco Secure Connect. The department worked directly with the State IT team and the Provider Enrollment Manager to restore access, manually replacing VPN software for all affected employees.

### **Domestic Violence Helpline Support**

There was a significant increase in after-hours calls this year. The technology team collaborated to manage these calls effectively, ensuring the Domestic Violence Helpline remained operational during technical disruptions. This approach reduced downtime and improved response consistency. A successful Google advertising campaign was also launched for the DV Helpline. A Gmail Business profile and advertising account were created, and coordination with Google's support team helped maximize campaign performance. The result was a 622% increase in organic traffic during the campaign, with sustained growth at twice the previous rate after its completion.

### **Looking Ahead**

As TNCSA continues to expand, the Technology Department remains committed to delivering secure, efficient, and innovative IT services. The goal is to ensure staff have the tools and support needed to carry out the agency's mission of changing lives for a better Tennessee.



## FINANCIAL STATEMENTS FY 24-25

Tennessee Community Services Agency  
Statement of Net Position  
June 30, 2025

	<u>Governmental Activities</u>
<b>Assets</b>	
Cash (Note 2)	\$ 955,118.31 *
Accounts receivable	7,896.15
Due from the State of Tennessee	1,060,149.32
Prepaid items	7,852.02
Net pension asset	2,346,517.00
Capital assets (Note 3):	
Equipment	-
Lease asset	253,119.89
Total assets	<u>4,630,652.69</u>
Deferred outflows of resources related to pensions	2,186,589.00
Deferred outflows of resources related to OPEB	-
<b>Liabilities</b>	
Accrued payroll, payroll taxes, and benefits	101,391.22
Accounts payable	18,870.43
Due to the State of Tennessee	16,771.13
Unearned revenue	-
Long-term liabilities:	
Portion due or payable within one year:	
Compensated absences (Note 4)	99,998.94
Lease liability	146,085.18
Portion due or payable after one year:	
Compensated absences (Note 4)	159,312.69
Lease liability	110,165.77
Net OPEB Obligation	-
Total liabilities	<u>652,595.36</u>
Deferred inflows of resources related to pensions	1,794,979.00
Deferred inflows of resources related to OPEB	-
<b>Net Position</b>	
Invested in capital assets, net of related debt	253,119.89
Unrestricted	1,378,420.44
Pension income	2,738,127.00
Total net position	<u>\$ 4,369,667.33</u>

The notes to the financial statements are an integral part of this statement.  
The LGIP balance was \$843,205.23 as of June 30, 2025.

Tennessee Community Services Agency  
Statement of Activities  
For the Fiscal Year Ended June 30, 2025

Programs	Expenses	Program Revenues		Net (Expense) Revenue and Change in Net Position
		Charges for Services	Operating Grants and Contributions	
Governmental Activities:				
Administration	\$ 533,904.50	\$ -	\$ 850,179.16	\$ 316,274.65
DCS Resource Parent Advocacy & Mentoring Program	243,711.46	-	241,005.46	(2,706.00)
Department of Disability and Aging Programs	1,345,928.76	-	1,708,022.78	362,094.02
Domestic Violence Helpline	547,311.00	-	545,796.86	(1,514.14)
Family Focused Solutions	146,500.54	-	145,525.32	(975.22)
Family Treatment Court	59,532.45	59,193.35	-	(339.10)
Public Defender Social Work Program	536,426.15	-	526,498.76	(9,927.39)
Senior Community Services Employment Program	222,948.04	-	222,446.61	(501.43)
TennCare Advocacy Call Center Program	552,207.90	-	549,196.68	(3,011.22)
TennCare Provider Call Center Program	1,285,776.16	-	1,286,703.48	927.32
Tourist Development Services Program	183,340.77	-	178,621.82	(4,718.95)
Traumatic Brain Injury Program	65,894.79	-	65,894.79	-
OPEB Expense - unallocated	-	-	-	-
Depreciation - unallocated	155,221.54	-	-	(155,221.54)
Pension Expense	2,205,228.00	-	-	(2,205,228.00)
Lease Expense	(155,003.47)	-	-	155,003.47
Total	\$ 7,928,928.59	\$ 59,193.35	\$ 6,319,891.72	\$ (1,549,843.52)
General revenues:				
Payment from the State of Tennessee			\$ -	
Unrestricted investment earnings			31,366.43	
Total general revenues			31,366.43	
Change in net position			(1,518,477.09)	
Net position - July 1			5,888,144.42	
Prior period adjustment for pensions			-	
Net position - June 30			\$ 4,369,667.33	

The notes to the financial statements are an integral part of this statement.

Tennessee Community Services Agency  
Balance Sheet  
General Fund  
June 30, 2025

Assets and deferred outflows	
Cash (Note 2)	\$ 955,118.31
Accounts receivable	7,896.15
Due from the State of Tennessee	1,060,149.32
Prepaid items	7,852.02
Net pension asset	<u>2,346,517.00</u>
Total assets	<u>4,377,532.80</u>
Deferred outflows of resources	2,186,589.00
Total assets and deferred outflows	<u><u>6,564,121.80</u></u>
Liabilities and Fund Balance	
Liabilities:	
Accrued payroll, payroll taxes, and benefits	101,391.22
Accounts payable	18,870.43
Due to the State of Tennessee	<u>16,771.13</u>
Total liabilities	<u>137,032.78</u>
Deferred inflows of resources	1,794,979.00
Fund balance:	
Reserved for prepaid items	7,852.02
Unreserved	4,624,258.00
Pension income	<u>2,738,127.00</u>
Total fund balance	<u>4,632,110.02</u>
Total liabilities and fund balance	<u>\$ 6,564,121.80</u>
Reconciliation of the general fund balance sheet to the statement of net position:	
Total fund balances - governmental funds	\$ 4,632,110.02
Amounts reported in the statement of net position are different because:	
Deferred outflows and deferred inflows for OPEB are not reported in the general fund.	( - )
Capital assets used in governmental activities are not financial resources and therefore are not reported as assets in the general fund.	( 253,119.89 )
Long-term liabilities are not due and payable in the current period and therefore are not reported as liabilities in the general fund. Long-term liabilities at year-end consist of:	
Net OPEB Obligation	( - )
Compensated absences	( 259,311.63 )
Lease liability	( 256,250.95 )
Total net position	<u>\$ 4,369,667.33</u>

The notes to the financial statements are an integral part of this statement.

Tennessee Community Services Agency  
Statement of Revenues, Expenditures, and Changes in Fund Balance  
General Fund  
For the Fiscal Year Ended June 30, 2025

Revenues		
State grants and contracts	\$	6,292,406.59
Charges for services		86,678.48
Interest		<u>31,366.43</u>
Total revenues		<u>6,410,451.50</u>
Expenditures		
Administration	\$	533,306.66
Department of Children's Services Resource Parent & Mentoring Program		241,005.46
Department of Disability and Aging Programs		1,320,579.59
Domestic Violence Helpline		545,796.86
Family Focused Solutions		145,525.32
Family Treatment Court Programs		59,193.35
Public Defender Social Work Program		526,498.76
Senior Community Services Employment Program		222,446.61
TennCare Advocacy Call Center Program		549,196.68
TennCare Provider Call Center Program		1,286,703.48
Tourist Development Services Program		178,621.82
Traumatic Brain Injury Program		<u>65,894.79</u>
Total expenditures		5,674,769.38
Excess of revenues over expenditures and net change in fund balance	\$	735,682.12
Fund balance, July 1		<u>1,158,300.90</u>
Fund balance, June 30	\$	<u>1,893,983.02</u>

Reconciliation of the general fund statement of revenues, expenditures,  
and changes in fund balance to the statement of activities:

Net change in fund balance	\$	735,682.12
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Amounts reported in the statement of activities are different because:

Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives as depreciation expense and the value of right-to-use leases or subscriptions is amortized over the term of the leases or subscriptions as amortization expense. This is the amount by which capital outlays exceeded these expenses in the period.	(218.07)
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Changes to net OPEB asset/liability and OPEB related deferred outflows and inflows of resources do not require the use of current financial resources and therefore are not reported as expenditures in governmental funds.	-
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The expense for compensated absences reported in the statement of activities does not require the use of current financial resources and, therefore, is not reported as an expenditure in governmental funds.	(48,713.14)
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Changes to net pension liability and pension related deferred outflows and inflows of resources do not require the use of current financial resources and therefore are not reported as expenditures in governmental funds.	(2,205,228.00)
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Change in net position of governmental activities	\$	<u>(1,518,477.09)</u>
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The notes to the financial statements are an integral part of this statement.

Tennessee Community Services Agency  
Year Ending June 30, 2025

CASH AND CASH EQUIVALENTS:

Amount in Local Government Investment Pool	\$	843,205.23
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STATE RECEIVABLES/PAYABLES:

	Receivables		Payables
Department of Children's Services	\$ 45,494.22	\$	-
Department of Finance and Administration - OCJP	131,796.07		-
Department of Health	21,529.67		-
Department of Human Services	31,497.85		-
Department of Disability & Aging	378,193.65		
Department of Labor and Workforce Development	27,216.29		732.33
Department of Tourist Development	53,366.80		-
Division of TennCare	371,054.77		-
Department of Treasury - TCRS	-		16,038.80
	-		16,038.80

TOTALS	\$	1,060,149.32	\$	16,771.13
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DUE TO OTHER COMPONENT UNITS:

None