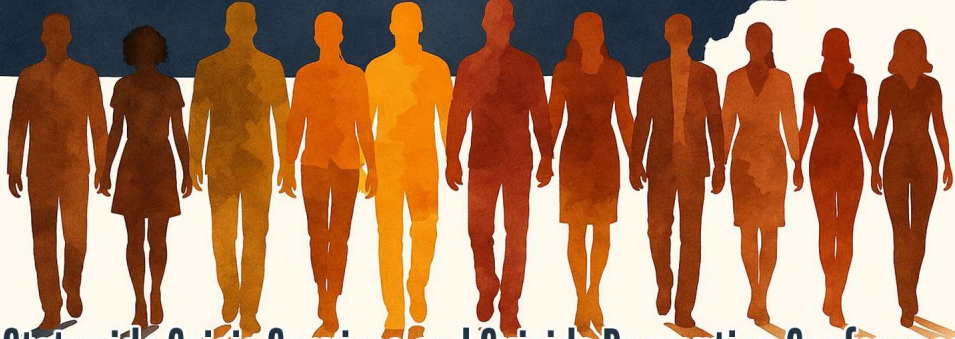


Many Voices, One Village

Building Hope in Tennessee




TN Statewide Crisis Services and Suicide Prevention Conference


August 28, 2025

Embassy Suites by Hilton Nashville South Cool Springs Hotel
Franklin, Tennessee

Sponsored by



In Partnership with



This project is funded under a Grant Contract with the
State of Tennessee, Department of Mental Health and Substance Abuse Services.

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BREAKOUT 2A

Innovation in a Changing
Crisis Landscape

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OPENING REMARKS
PANELIST INTRODUCTIONS

Brittany Willis, BS


*Data and Quality Assurance Program Manager,
Office of Crisis Services and Suicide Prevention*
Tennessee Department of Mental Health and
Substance Abuse Services (TDMHSAS)

TN Statewide Crisis Services and Suicide Prevention Conference


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Vanessa Hensley, LMSW



Raquel Shutze, LPC-MHSP-S, MPA



Brittany Farrar, MSSW



Michelle Gatewood, MA, LMFT

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Director of Crisis Services,
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Program Director, Specialized
Crisis Services, Youth Villages

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Director, Youth Villages

Michelle Gatewood, MA, LMFT,
Deputy Executive Director,
CONTACT Care Line

TN Statewide Crisis Services and Suicide Prevention Conference



*Bridging Care: The Intersection of
EmPATH Units and Crisis Services*

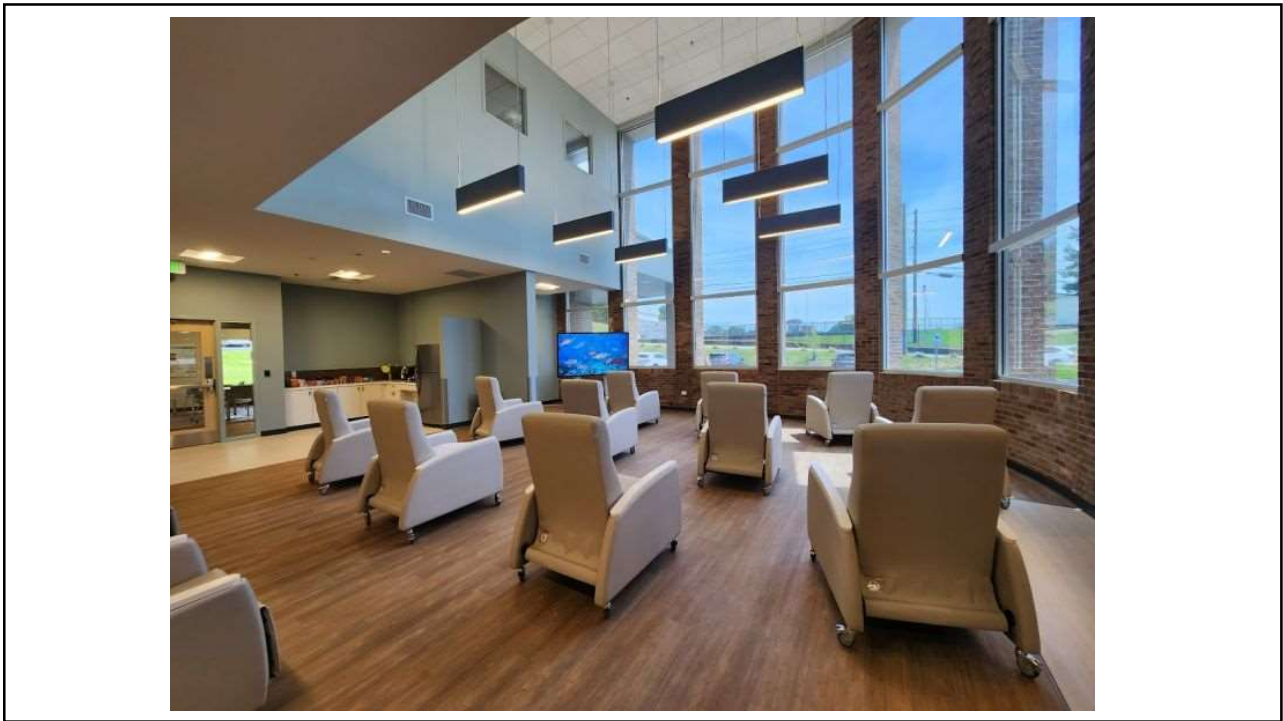
Transforming Emergency Psychiatry

The EmPATH Model

Emergency **P**sychiatric **A**ssessment **T**reatment **H**ealing

Developed by Scott Zeller, M.D.
Vice-President, Acute Psychiatry, Vituity
Assistant Clinical Professor, University of California, Riverside
Past President, American Association for Emergency Psychiatry
Past Chair, National Coalition on Psychiatric Emergencies





What makes the EmPATH approach different?

- Designated destination for all medically-cleared patients in crisis prior to determination of disposition or IP admission; not viewed as an alternative destination but *THE* destination
- Designed and staffed to treat emergency psychiatric patients – philosophy of “no exclusion”
- Medical services on site Urgent Care which deters ED destination
- **Immediate** patient evaluation and treatment by a psychiatrist and/or APN constant observation and **re-evaluation**
- Provides a calming, healing, comfortable setting completely distinct from the Medical ED
- Wellness and Recovery-oriented approach



Patient benefits

Trauma-informed Unit,
a home-like care setting
different from a chaotic ED;
relaxation, movement,
recreation encouraged

Calming Environment
that best meets patients’
needs, can serve themselves
snacks, beverages, linens

**Multi-disciplinary
Treatment Team** involved
from arrival to disposition

**Constant Observation &
Re-evaluation** leads to
much higher diversion from
hospitalization

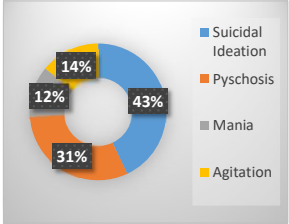
**Rapid Evaluation by
Psychiatrists,** ensuring care
integration with comprehensive
care plan development

Restraint Elimination
Typically far less than 1%



EmPATH: Year One

- Over 1,730 admissions
- 43% presented with primary symptom of suicidal ideation
- 31% presented with primary symptom of psychosis
- 44% self-referred
- 71% Knox County
- 95% of admissions have not been referred to an Emergency Department or to an inpatient level of care



EmPATH and CSU- differences:

- EmPATH Prescriber on unit entire shift- availability 24/7- sees clients within 15 minutes
Starts medication if indicated right away– ability to reassess quickly and make changes
- CSU rounds primarily in the daytime hours
- EmPATH is a 23 hour acute stabilization unit- takes higher acuity than CSU-individuals that previously would have been sent to ED (20% are transitioned to CSU after stabilization)
- Open environment with reclining chairs at EmPATH vs. shared rooms at CSU



Prior to EmPATH Opening:

- MCU staff toured the facility and spoke with staff in order to have a better understanding of EmPATH as a whole so staff can relay this information to those calling our crisis line
- Weekly meetings between EmPATH and Crisis supervisory staff
- Ensured a “safe place” to discuss any issues, concerns, challenges, etc. so that individuals can receive the best care possible throughout the Crisis Continuum of Care
- Created new documentation for transfers/referrals from EmPATH to CSU
- Ensured telehealth capability between EmPATH and MCU



How Crisis Intersects with EmPATH:

- Provides MCU team with option to divert individuals to EmPATH vs. ED
- EmPATH is able to transfer individuals to CSU for further stabilization if needed
- Provides CSU with option to direct individuals to EmPATH if acuity is too high and medical provider is not on site at time of admission
- Able to utilize the on-site Urgent Care Center at EmPATH for individuals who need medical attention but may not rise to the level of ED
- MCU is able to assess either in-person or via tele-health to assist with getting the individual to the appropriate level of care as quickly as possible



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Youth Villages Tennessee Resiliency
Project:
*Reducing Emergency Department Bed
Boarding for Youth in Crisis*

Brittany Farrar, MSW
Raquel Shutze, LPC-MHSP-S MPA

The Problem:



Youth in need of inpatient psychiatric treatment are waiting in emergency departments for days and are often discharged without receiving any inpatient psychiatric treatment.

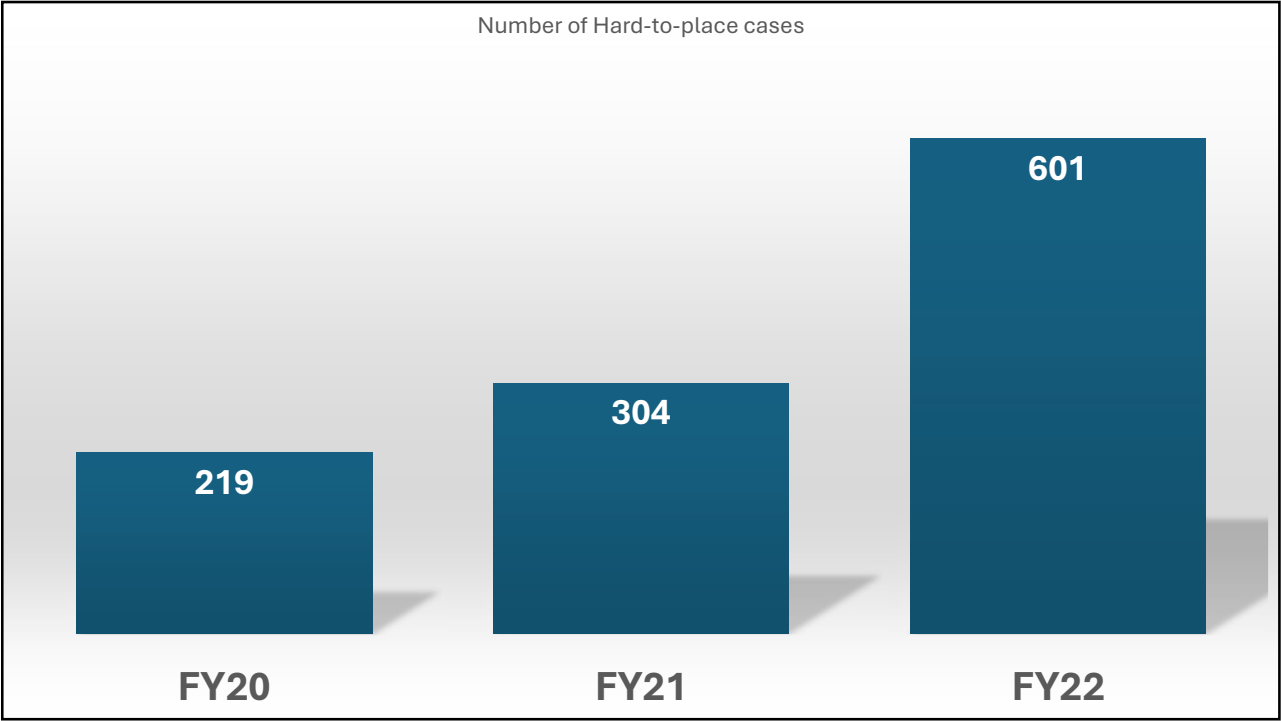
- Timeline and increase of bed boarding in Tennessee
- 2016 Pilot
- Goals of the Youth Villages Tennessee Resiliency team

Defining Hard-to-place Cases

- A case in which the mobile crisis team is unable to obtain recommended inpatient psychiatric treatment in a timely manner.

What makes a case challenging-to-place?

Custody status	Insurance status	Aggression and other behavioral issues
Juvenile Justice Involvement	Autism Spectrum Disorders	Other Intellectual or Developmental Delays



The TRP Team

- Make up of the team
- Rapid engagement of challenging cases
- Focused on diversion efforts to avoid unnecessary hospitalizations
- Coordination with all key players
- Outreach efforts
- Training in the community

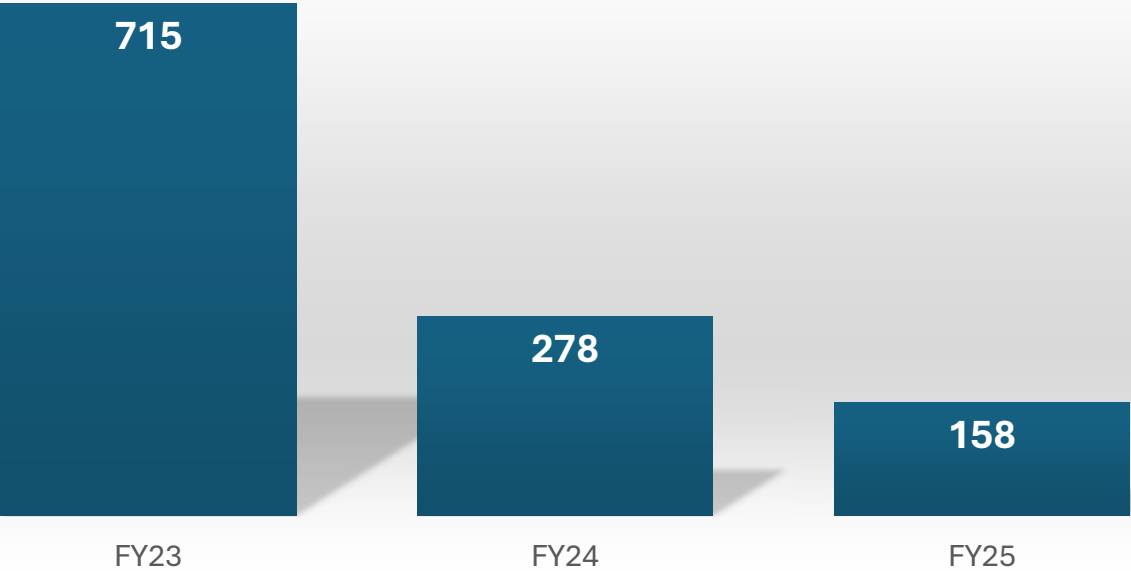
The background of this section is a photograph of a group of people in a meeting or training session. Many of the people have their hands raised, suggesting an interactive or participatory activity. The image is slightly blurred, focusing attention on the text overlay.

Successes!

- 1,174 young people served
- 89 trainings conducted in the community
- 560 customer outreach meetings
- 24% cases diverted to services other than inpatient psychiatric
- 76% successfully placed into inpatient psychiatric hospitalization
- 90% of families served reported experiencing reduced disruption related to the young person's emotional/ behavioral challenges when surveyed at 1 month.



Number of Hard-to-place Cases






Brittany Farrar
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601-297-3132





Agenda for Today

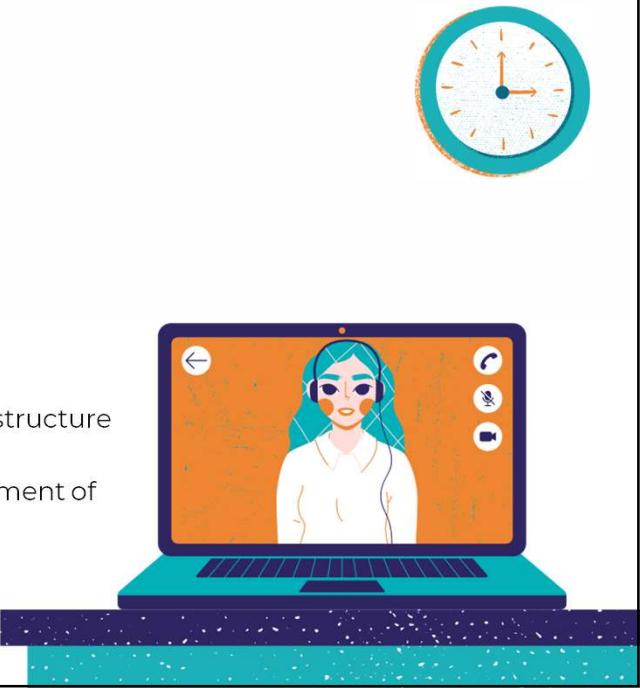
Focus on CONTACT's New Hire Mentor Program

Presentation Topics

- Overview of the program
- Observed outcomes

Learning Objectives

- Understand CONTACT's Mentor Program structure and impact
- Apply key concepts to inform the development of mentoring practices at your centers



Selection Process



1

Nomination - Supervisor or Self-Select

2

Evaluation - Conversation Quality, Professionalism, Procedural Knowledge

3

Approval - Presented to and approved by the Training Team

4

Notification - Mentor notified once approved to confirm willingness to participate

5

Enrollment - Training schedule coordinated

Mentor Training

- **Asynchronous Mentor Training Course (2-4 hours)**
 - **Mentor Program and Procedures**
 - **New Hire Training Procedural Knowledge**
 - **Feedback Skill Training and Practice**
 - **Review of CONTACT Organizational Values**
 - **Professionalism, Boundaries, and Resilience**
- **Shadow Shifts (4-8 hours)**
- **Hands-On Shifts (4-8 hours)**
- **Clinical Supervisor Debrief (1/2 Hour)**




Review of Daily
Check-In Forms

Quality Score
Monitoring

Corrective
Action
Monitoring

Value Alignment
and
Professionalism




Program Outcomes

Connection	Feedback	Skill
<div>Trainees report they feel a connection to and safe with their mentors</div>	<div>Mentor provided feedback is timely and implemented quickly</div>	<div>Mentors regularly evaluate skill and communicate any learning deficits</div>

Trainee Feedback

"What is your favorite part of training so far?"




"Getting feedback from my mentor on my roleplays"

"Shadowing and being able to see the different styles of responding to visitors"

"My mentors were great and supportive!"

"Roleplaying with mentors, their feedback is so constructive and helpful"

"My mentor provided excellent suggestions that I'm already implementing."










Questions?

CONTACT Website - contactlistens.org

Email - michelle.gatewood@contactlistens.org




Questions & Answers

In-Person Attendees . . .

Please raise your hand if you'd like to ask a question or share a comment. A Mic Runner will bring a wireless handheld microphone to you. Kindly speak directly into the mic so that everyone—including our virtual participants—can hear you clearly.

Virtual Attendees . . .

Please post your questions and comments in the Chat Box to the right of your viewing screen. Our Chat Box Monitor will relay them to the speakers and panelists for response during the session.



IMPORTANT NOTE FOR AUDIENCE ENGAGEMENT | Virtual participants will not be able to hear any in-room dialogue unless it is spoken directly into a microphone. Please wait for a mic runner to deliver a wireless handheld microphone before speaking. Kindly direct your comment or question into the microphone to ensure it is heard clearly. Your support in fostering inclusive and effective communication is greatly appreciated by all—especially our virtual attendees.

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COMPLETE CONFERENCE EVALUATION FORMS AND THE REQUEST FOR DOCUMENTATION OF CEs EARNED

**Up to 4.75 contact / clock
hours available for this event.**

QUESTIONS?
Email: tamho@tamho.org

EVALUATION FORMS



<https://www.surveymonkey.com/r/CrisisEval25>

CE DOCUMENTATION



<https://www.surveymonkey.com/r/CrisisCE25>

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