

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
Goal 1: Tennesseans understand that behavioral health is essential to overall health.				
Objective 1.1: TDMHSAS increases awareness, knowledge and sensitivity of the public, state entities and other relevant parties regarding mental illness, serious emotional disturbances, substance use disorders, and COD, including the service needs of these populations.				
1.1.1	DMHS	In FY 2015 and 2016, DMHS staff will provide consultation to Tennessee state agencies to increase awareness, knowledge and sensitivity regarding mental illness and serious emotional disturbances, to be reported in August of each respective year.	DMHS staff will report annually a summary of all activities with other state agencies where consultation and training is provided.	
1.1.2	DPRF	In FY 2015 and 2016, DPRF in collaboration with OC, DMHS, DSAS, DHS, and DCL will educate Governor Haslam's Cabinet about mental illness and substance abuse within 15 days after the end of the quarter, to be reported in August of each respective year.	DPRF will complete at least one statistical report each quarter on mental illness and substance abuse illness by January 15, April 15, July 15, October 15.	
1.1.3	DPRF	In FY 2015 and 2016, DPRF in collaboration with DCL, will develop and implement a plan to improve the knowledge base of TDMHSAS central office staff through two annual lunch and learn brown-bag group discussions, to be reported in August of each respective year.	DPRF, in collaboration with DCL, will organize at least two lunch and learn brown bag sessions each year to be held by July 1 and December 1.	
1.1.4	DPRF	In FY 2015 and 2016, DPRF will collaborate with other community stakeholders from state agencies and build collaborative relationships at the local level, to be reported in August of each respective year.	Quarterly attendance at statewide meetings, regional meetings, committee meetings, state meetings, and other community meetings.	
1.1.5	DPRF	In FY 2015 and 2016, DPRF will provide technical assistance to support more effective operation of Regional Councils, to be reported in August of each respective year.	Quarterly conference calls and/or in-person meetings with Regional Council Leadership Teams.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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1.1.6	DPRF	In FY 2015 and 2016, DPRF will identify ways to inform the Councils about System of Care, Juvenile Court Screening and other pertinent projects related to children, to be reported in August of each respective year.	Planning will provide at least two additional resources and/or trainings on children to the Statewide and Regional Councils each year.	
1.1.7	DPRF	In FY 2015 and 2016, DPRF will assist the Regional and Statewide Councils with building and strengthening the use of specialized committees to make recommendations to the Department, to be reported in August of each respective year.	Children's, Adult, and Planning and Budget Committees will meet at least quarterly or as needed and provide input to the Regional and Statewide Councils following each meeting.	
1.1.8	DPRF	In FY 2015, DPRF will promote increased awareness and understanding of the challenges presented when persons with mental illness and developmental disability (the "dually diagnosed" population) come into contact with the criminal justice system, to be reported in August 2015.	Forensic Services will participate in at least one conference and present on dually diagnosed individuals in the criminal justice system.	
1.1.9	OC	In FY 2015, the Office of Communications, in collaboration and partnership with all other Divisions and Offices, will produce and develop educational mental health and substance abuse materials to be shared and distributed with all communities around the state.	Twelve Department newsletters, three media releases, and type of educational materials produced and distributed (as requested).	
1.1.10	DCL	In FY 2015, DCL will meet with twelve community organizations to increase the awareness of behavioral health issues, to be reported in August of 2015.	DCL will meet with at least six community organizations to increase awareness of behavioral health issues by January 2015 and six by July 2015.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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1.1.11	DCL	In FY 2015, DCL will write articles for the Department's newsletters and pursue other media outlets and make educational awareness presentations in the community to increase the awareness of behavioral health issues, to be reported in August 2015.	DCL will write two articles for the Department's newsletter and pursue other media outlets and make six educational awareness presentations in the community to increase the awareness of behavioral health issues.	
1.1.12	Commissioner's Office	In FY 2015, Office of Licensure will provide annual training for supportive living facilities, board and care homes, and adult residential facilities, to be reported in August 2015.	100% of facility operators will be offered training.	
1.1.13	DPRF	In FY 2015, DPRF will participate with DOH in development of the State Health Plan, to be reported in August 2015.	Planning staff will attend at least four State Health Plan meetings to provide behavioral health information for the Plan.	

Objective 1.2: TDMHSAS promotes activities and education to decrease death by suicide.

1.2.1	DCL	In FY 2015, DCL will provide mental health and suicide prevention information to veterans during community events, to be reported in August 2015.	DCL will provide mental health and suicide prevention information to 50 veterans during community events by January 2015 and 50 veterans by July 2015.	
1.2.2	DCL	In FY 2015, DCL and DMHS, in collaboration with the Tennessee Suicide Prevention Network (TSPN) and the Davidson County Metro Public Health Department, will assist new leaders in faith communities to develop and implement suicide statements or suicide prevention plans/activities, to be reported in August 2015.	Assist 10 leaders in the faith communities to develop and implement suicide statements or suicide prevention plans/activities.	
1.2.3	DSAS	In FY 2015, DSAS will train treatment providers statewide to work with individuals who are suicidal, to be reported in August 2015.	Contract with the Tennessee Suicide Prevention Network to provide suicide prevention training to substance abuse professionals and program administrators for service providers in Middle, East and West TN.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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1.2.4	DMHS	In FY 2015, 2016 and 2017, DMHS will participate in each quarterly meeting of the Governor's Suicide Prevention Advisory Council which delineates the Tennessee Strategy for Suicide Prevention, to be reported in August of each respective year.	Participation in quarterly community meetings.	
1.2.5	DMHS	In FY 2015, DMHS will collaborate with TSPN and regional partners on Suicide Prevention Awareness Day activities to increase awareness and decrease stigma associated with suicide and mental health, to be reported in August 2015.	At least 150 mental health professionals will be trained in the rural west Tennessee area by the TSPN coordinator.	
1.2.6	DMHS	In FY 2015, DMHS in collaboration with DPRF, Forensics, TCCY and the Department of Children's Services, will complete development of a suicide gatekeeper annual refresher training curriculum for juvenile justice settings, the Shield of Care, and make materials available to agencies of other states, to be reported in August 2015.	Develop suicide gatekeeper refresher training curriculum, provide materials to other states, and train the trainer in the Department of Children's Services.	

Goal 2: Services are service recipient and family-driven and youth-guided.

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

2.1.1	DCL	In FY 2015, DCL will report results for TIES grant project that serves families with children in or at risk of being placed in state custody and at least one parent that abuses substances, to be reported in August 2015.	Percentage of TIES children that have been safely and successfully maintained in their homes with caregivers by January 2014 and July 2015.	
2.1.2	DMHS	In FY 2015, DMHS will increase Family and Youth Participation and Engagement in the Council on Children's Mental Health (CCMH) and its workgroups under the leadership and guidance of the coordinator of family and youth engagement, to be reported in August 2015.	CCMH Family and Youth participation will be increased by 12% throughout the year.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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2.1.3	DPRF	In FY 2015 and 2016, DPRF in collaboration with DMHS, will evaluate the implementation of a statewide system of care for providing services to children with emotional and behavioral problems by the first day of each quarter, to be reported in August of each respective year.	Quarterly grant data reports on July 31, October 31, January 31 and April 30.	
2.1.4	DMHS	In FY 2015 and 2016, DMHS will provide at least one training on family-driven/youth-guided approaches annually to staff, providers, family members, and other stakeholders under the System of Care Technical Assistance Center, to be reported in August of each respective year.	Annual training will be provided on family-driven/youth-guided approaches.	
2.1.5	DPRF	In FY 2015, DPRF Forensic Services, will promote the participation of family service providers in juvenile courts to assist youth and their families in navigating the mental health and substance abuse services systems, to be reported in August 2015.	Forensic Services will contract for Family Service Providers for Macon, Madison, Davidson and Knox County Juvenile Courts.	
2.1.6	DPRF	In FY 2015, DPRF will seek funding opportunities for extending the provision of family service provider services for youth and their families in juvenile courts beyond FY 2015, to be reported in August 2015.	Forensic Services will consult with DSAS and DMHS on the identification and pursuit of funding opportunities for providing family service providers to juvenile courts and explore TennCare eligibility for these services.	

Goal 3: Disparities in services are eliminated.

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

3.1.1	DMHS	In FY 2015 and 2016, DMHS will participate in and support the Cultural and Linguistic Competency (CLC) Advisory Committee of the Council on Children's Mental Health, to be reported in August of each respective year.	Will promote CLC Advisory Committee and participate in one meeting.	
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**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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3.1.2	DGC	In FY 2015 and 2016, DGC will respond to and provide legal review of EEOC complaints and discrimination/harassment investigations according to required timelines, to be reported in August of each respective year.	Division will respond to 100% of EEOC complaints and discrimination/harassment investigations according to required timelines.	
Objective 3.2: TDMHSAS increases access to services and supports, especially in rural areas.				
3.2.1	DPRF	In FY 2015, DPRF will expand the availability of family support providers for youth involved with juvenile court and their families and integrate the service with screening of youth in juvenile courts for mental health and substance abuse service needs, to be reported in August 2015.	Forensic Services will contract to expand family service providers services to Knox and Davidson County Juvenile Courts.	
3.2.2	DMHS	In FY 2015 and 2016, DMHS will expand System of Care implementation to Region 3 through contracts for SOC related services, to be reported in August 2015.	Increase SOC contracts by at least one county.	
3.2.3	DHS	In FY 2015, in collaboration with DCL, DHS will implement a measurable outcome system to monitor quality of patient care through patient satisfaction at the RMHIs, to be reported in August 2015.	Measureable outcome system to monitor patient care through patient satisfaction.	
3.2.4	DHS	In FY 2015, DHS in collaboration with DPRF, will increase the effectiveness of the ASA procedures and processes using the Results Based Accountability (RBA) to be piloted at MBMHI, to be reported in August 2015.	Staff monitoring reports submitted monthly.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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3.2.5	DMHS	In FY 2015, 2016, and 2017, DMHS will promote policies and practices that ensure children receive effective and appropriate services as early as possible through TDMHSAS's interagency collaboration with other child serving agencies (i.e., Team Tennessee, TN Youth Child Wellness Councils (TNYCWC), Children's Council on Mental Health (CCMH), and participation in at least one early intervention focused committee, to be reported in August of each respective year.	Annual participation on one early intervention committee and collaboration with at least two child serving agencies.	
3.2.6	DCL	In FY 2015 and 2016, DCL will contract with providers for mental health and substance abuse services in Bedford, Cannon, Coffee, Davidson, Marshall, Rutherford, and Warren counties for 300 families through the new Therapeutic Intervention, Education, & Skills (TIES) grant, to be reported in August of each respective year.	300 families will be enrolled in the TIES program.	

Goal 4: Early screening, assessment, and referral to services are common practice.

Objective 4.1: TDMHSAS provides prevention and early intervention services and education to persons or families with persons at risk of or who have serious emotional disturbance, mental illness, and substance use disorders.

4.1.1	DMHS	In FY 2015, DMHS will continue to work with Tennessee Suicide Prevention Network, Tennessee Lives Count and the Jason Foundation to provide annual suicide prevention and early intervention training, to be reported in August 2015.	Annual suicide and early intervention training will be provided to 20,000 individuals.	
4.1.2	DMHS	In FY 2015 and 2016, DMHS through the Early Connections Network (ECN) and Childcare Consultation Program, will provide at least three social-emotional development trainings to providers, stakeholders, and parents statewide annually, to be reported in August of each respective year.	Three social-emotional development training events will be provided to the community annually.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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4.1.3	DSAS	In FY 2015, DSAS will develop strategies to reduce the number of babies born with Neonatal Abstinence Syndrome (NAS) by treating pregnant women misusing and abusing prescription drugs, to be reported in August 2015.	Implementation of the Prescription for Success strategies.	
4.1.4	DSAS	In FY 2015, DSAS will increase the retention for women in treatment and recovery support services, to be reported in August 2015.	Increase retention of women in treatment and recovery support services by 7%.	
4.1.5	DSAS	In FY 2015, DSAS will increase the diversion opportunities for individuals in the criminal justice system with a substance use or co-occurring disorder, to be reported in August 2015.	Diversion opportunities will be provided to 620 offenders which is a 15% increase from the 2013 baseline measurement of 539 offenders.	
4.1.6	DSAS	In FY 2015, DSAS will provide recovery support services for adult and adolescent consumers to supplement their treatment to increase their chances of long-term sobriety, to be reported in August 2015.	Recovery support services will be provided to 505 consumers through case management, transportation, transitional housing, recovery support groups, spiritual and pastoral support, and relapse prevention.	

Objective 4.2: TDMHSAS promotes screening, assessment, and treatment/service options for persons with co-occurring disorders of substance use disorders and mental illness.

4.2.1	DPRF	In FY 2015, Forensic Services will promote access to mental health and substance abuse services by expanding the pilot project for screening children in juvenile court alleged to be unruly or delinquent for mental health and substance abuse needs, in partnership with the Administrative Office of the Courts and the Department of Children's Services, to be reported in August 2015.	Forensic Services will contract for CANS training for juvenile court staff in courts identified by Forensic Services and the Administrative Office of the Courts as willing and able to implement the screening project.	
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FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
4.2.2	DPRF	In FY 2015 and 2016, Forensic Services in collaboration with the Board of Parole and the Department of Correction, will promote the use of screening, assessment and referral to treatment/service options for service planning for parole-eligible inmates, to be reported in August of each respective year.	Prepare a annual summary report for the Board of Parole, reporting outcomes for sex offender evaluations (i.e. above/below base rate risk) and violent offenders (high, medium and low risk).	
4.2.3	DSAS	In FY 2015, DSAS will expand access to recovery (drug) treatment courts across Tennessee with emphasis on treating serious methamphetamine and/or prescription drug addiction, to be reported in August 2015.	Increase capacity by 6.2% or 2,400 participants.	

Objective 4.3: TDMHSAS promotes screening for mental illness and substance use disorders in primary health care.

4.3.1	DCL	In FY 2015, DCL, in consultation with other TDMHSAS divisions and state agencies, will include screening tools in the best practice guidelines for older adults, to be reported in August 2015.	One screening tool will be included in the behavioral health best practice guidelines.	
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Goal 5: Excellent services are delivered.

Objective 5.1: TDMHSAS promotes the use of research findings and evidence-based practices in service delivery.

5.1.1	DCL	In FY 2015 and 2016, DCL will revise Tennessee rules to incorporate additions or deletions from the list of controlled substances within 30 days of receiving a request, to be reported in August of each respective year.	DCL will revise rules and initiate this process.	
5.1.2	DPRF	In FY 2015, 2016 and 2017, DPRF will collaborate with DHS, DAS, OHR, OC, DGC, Commissioner's Office, DMHS and DSAS to develop at least three measurable outcomes for each respective service area or office to be reported in each respective year.	The number of divisions and offices with three identifiable program outcomes by 7/1/2015, 7/1/2016, and 7/1/2017.	
5.1.3	DHS	In FY 2015, DHS will monitor and update standardized RMHI medical forms, to be reported in August 2015.	DHS will monitor standardized medical record forms at each RMHI annually.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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5.1.4	DHS	In FY 2015, DHS will submit a final draft of the Medical staff by-laws to the Governing Body and obtain approval from all RMHIs, to be reported in August 2015.	Medical staff by-laws will be submitted and approved by the Governing Body in January 2015.	
5.1.5	DHS	In FY 2015, DHS will research and identify barriers to discharge for patients in RMHIs and complete the Barriers to Discharge Survey, to be reported in August 2015.	Completion of quarterly Barriers to Discharge Survey.	
5.1.6	DHS	In FY 2015, DHS will collaborate with DMHS and DSAS to develop and integrate community provider meetings in the east, middle and west regions, to be report in August 2015.	Four quarterly meetings will be reported annually.	
5.1.7	DPRF	In FY 2015, 2016 and 2017, for the purposes of establishing and maintaining Departmental compliance with regulatory and operational issues, DPRF will provide consultation as needed and serve on the Compliance Committee as requested by the Division of General Counsel, to be reported on in August of each year.	Attend all Compliance Committee meetings and respond to all consultation requested.	
Objective 5.2: TDMHSAS increases access to resiliency and recovery oriented services that include peer support, family support, employment and housing.				
5.2.1	DPRF	In FY 2015, 2016 and 2017, DPRF will, in collaboration with all Departmental divisions ensure the capture of person-centered, community-based, resiliency-based, recovery-based goals and language in 100% of plans and documents produced by the Office of Planning to be reported in August of each respective year.	All plans will reflect resiliency and recovery-based language.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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5.2.2	DMHS	In FY 2015, DMHS through the CHI, will assist local communities to create new or improved units of affordable, appropriate and integrated permanent housing options along a continuum from 24/7 supportive living facilities through home ownership, to be reported in August 2015.	500 new or improved units will be created or improved.	
5.2.3	DMHS	In FY 2015, DMHS will work with homeless services providers and stakeholders including other state agencies to coordinate efforts to end chronic homelessness, to be reported in August 2015.	Chronic homelessness will be reduced by 10%.	
5.2.4	DMHS	In FY 2015, DMHS will help facilitate assistance to 200 homeless individuals enrolled through SSI/SSDI Outreach, Access, and Recovery (SOAR), to be reported in August 2015.	200 additional homeless individuals living with mental illness will receive assistance through a SOAR project.	
5.2.5	DMHS	In FY 2015, DMHS will utilize the PATH program to assist homeless individuals find housing and mental health services, to be reported in August 2015.	2,085 homeless individuals will be assisted in finding housing and/or mental health services by PATH contractors.	
5.2.6	DMHS	In FY 2015, DMHS will provide housing supports as needed for people living with very low income and a history of mental illness or co-occurring substance abuse through contracts with community providers in Community Supportive Housing, Emerging Adults, and Intensive Long-term Support programs, to be reported in August 2015.	Supportive housing will be provided to 780 individuals through 24 contracts with community providers.	
5.2.7	DMHS	In FY 2015, DMHS will provide short-term financial assistance to adults living with serious mental illness and very low income or recently discharged from psychiatric inpatient care to facilitate attaining and/or maintaining stable housing and support services, to be reported in August 2015.	Short-term financial assistance will be provided to 2,550 adults.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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5.2.8	DMHS	In FY 2015, through the BHSN of TN, DMHS will increase the number of peer support services to enrollees in the program to assist them in their recovery process, to be reported in August 2015.	Peer services to enrollees will increase by 10%.	
5.2.9	DMHS	In FY 2015, DMHS will provide training to peer leaders, cmha staff, and alcohol and substance abuse treatment agency staff in Middle, East, and West Tennessee to co-facilitate the Chronic Disease Self-Management Program, the Diabetes Self-Management Program, Tobacco Free, Well Body, Motivational Interviewing and Peer Wellness Coaching, to be reported in August 2015.	Number of individuals who have been trained in the Chronic Disease Self-Management Program, the Diabetes Self-Management Program, and Wellness Coaching.	
5.2.10	DMHS	In FY 2015, DMHS will work with peer support centers and other cmha and alcohol and substance abuse treatment agency staff in Middle, East, and West Tennessee to recruit individuals for the My Health, My Choice, My Life peer-led health promotion, wellness and self-management program, to be reported in August 2015.	My Health, My Choice, My Life will serve 810 individuals through health and wellness programs and 285 individuals through peer wellness coaching.	
5.2.11	DMHS	In FY 2015, DMHS will provide evidence-based supported employment services as needed for people living with mental illness or co-occurring substance abuse with community providers in the Supported Employment Initiative, to be reported in August 2015.	Supported Employment services will be provided to 183 individuals through contracts with community providers.	
5.2.12	DMHS	In FY 2015, DMHS will work with the Peer Run Call Center to ensure that the center will be staffed by certified peer recovery specialists who answer calls to the Peer Run Call Center, provide assistance, referrals, and peer support as needed, and provide follow-up calls to callers regarding assistance and referrals given, to be reported in August 2015.	The Peer Run Call Center will serve 2500 inbound calls, and 3100 follow-up outbound calls.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

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Objective 5.3: TDMHSAS improves and expands the workforce that provides services and supports.				
5.3.1	DCL	In FY 2015, DCL will review mental health shortage area data, survey psychiatric physicians in undesignated areas and/or areas scheduled for re-designation as appropriate, and submit updated results as necessary to the Department of Health (DOH), to be reported in August 2015.	Annual survey/updates results will be reported to DOH by April 2015 and July 2015.	
5.3.2	OHR	In 2015, OHR will coordinate efforts to ensure all job vacancies within TDMHSAS are posted on the Departmental website, to be reported in August 2015.	100% of DMHSAS jobs will be posted on the Department website.	
5.3.3	DMHS	In FY 2015 and 2016, DMHS will develop a statewide System of Care Technical Assistance Center which will provide guidance and targeted technical assistance to providers and others involved in the SOC Expansion efforts, to be reported in August of each respective year.	Technical assistance and three trainings will be provided annually.	
5.3.4	DMHS	In FY 2015, DMHS and DSAS will collaborate to create a document to guide behavioral health providers on best practices for adding Peer Recovery Specialists to their workforce, to be reported in August 2015.	Guidance document will be developed and distributed to behavioral health providers.	
5.3.5	DSAS	In FY 2015, DSAS will maintain the knowledge of evidence-based programs and strategies through educational and training opportunities for the prevention, treatment, and recovery support workforce, to be reported in August 2015.	1,280 persons will receive educational and training opportunities.	
Objective 5.4: Quality services are available to persons with mental illness, serious emotional disturbance, and substance use disorders.				
5.4.1	DCL	In FY 2015, DCL will review the TennCare preferred drug list (PDL) throughout the year to make recommendations to add or delete medication as evidence-based practices and research indicate, to be reported in August 2015.	Review quarterly minutes from the TennCare Pharmacy Advisory and TennCare Drug Utilization Review Committee meetings and identify areas of concern.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
5.4.2	DCL	In FY 2015, DCL in collaboration with the RMHIs' medical staff, will conduct quarterly reviews of the RMHI formularies reported in August 2015.	All classes of medication will be reviewed quarterly.	
5.4.3	DCL	In FY 2015, DCL will monitor biannually the opioid treatment programs across the state to enhance patient care, safety and improve patient outcomes, to be reported in August 2015.	Two site visits will be made to all opioid treatment programs by July 2015.	
5.4.4	Commissioner's Office	In FY 2015, the Office of Licensure will conduct a comprehensive review of all licensure rules to identify and recommend changes, to be reported in August 2015.	All licensure rules will be reviewed annually for recommended changes.	
5.4.5	Commissioner's Office	In FY 2015, Office of Licensure will review, recommend, and implement any changes to administrative rules pertaining to adults and children and youth (C&Y), to be reported in August 2015.	Rule change recommendations will be submitted annually to the Governor's Office.	
5.4.6	DMHS	In FY 2015, DMHS will work in collaboration with community providers to develop standards of care for the delivery of crisis services, to be reported in August 2015.	Standards of care for crisis services delivery will be developed.	
5.4.7	DAS	In FY 2015, DAS will provide technical support solutions for implementation of paperless office and LEAN initiatives for contracts processing, to be reported in August 2015.	Technical support will be provided to assist with implementation of a paperless office for contract processing.	
5.4.8	DMHS	In FY 2015 and 2016, DMHS in close collaboration with community partners, will work with DOE, to increase access to mental health services for children and youth with SED or at risk of SED, to be reported in August of each respective year.	Number of children with increased access to mental health services.	

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Three-Year Plan Objectives and Strategies
FY 2015-2017**

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5.4.9	DPRF	In FY 2015, DPRF will use innovative methods to identify mental health and substance abuse service needs and gaps statewide and regionally, to be reported in August 2015.	Office of Planning will conduct the needs assessment process with at least one innovation to be completed annually.	
5.4.10	DMHS	In FY 2015, DMHS will collaborate with other stakeholders, to improve access to humane transportation for hospitalization, to be reported in August 2015.	A proposal to improve access to humane transportation will be developed.	
5.4.11	DMHS	In FY 2015 DMHS, Crisis Services will collaborate with the Bureau of TennCare, to create a plan to implement a Children and Youth Crisis Stabilization Unit, to be reported in August 2015.	A plan for implementation of Crisis Stabilization Units for children and youth will be developed.	
5.4.12	OHR	In FY 2015, OHR will promote a culture of continuous performance improvement by ensuring each employee has a Job Performance Plan with specific, measurable, attainable, and timely goals completed annually, to be reported in August 2015.	100% of employees will have a Job Performance Plan with measurable goals.	
5.4.13	DCL	In FY 2015, DCL, in collaboration with the University of Memphis will establish accreditation of the Pharmacy Residency Program in the Department, to be reported in August 2015.	A plan of correction will be submitted for any identified areas of correction from the accrediting body by January 2015.	
5.4.14	DSAS	In FY 2015, DSAS will increase substance abuse block grant treatment consumer's knowledge about the risk factors, symptoms, and testing methods for tuberculosis (TB), to be reported in August 2015.	Standardized pre and post test will be given to individuals to determine their knowledge about TB.	

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Three-Year Plan Objectives and Strategies
FY 2015-2017**

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5.4.15	DSAS	In FY 2015, DSAS Block Grant funded agencies will provide trauma-informed care services to individuals who indicated a traumatic event through screening and assessment, to be reported in August 2015.	All Block Grant funded agencies will provide screening and referrals to individuals who have experienced trauma.	
5.4.16	DSAS	In FY 2015, DSAS will require all contracted providers to provide treatment services to intravenous drug users and pregnant women substance users, to be reported in August 2015.	34% of intravenous drugs users and 16% of pregnant women will be served with block grant funds.	
5.4.17	DSAS	In FY 2015, DSAS utilizing community Coalitions, will work to decrease the young adult nonmedical use of pain relievers (age 18-25) in Tennessee, to be reported in August 2015.	Coalitions will develop and implement plans to address prescription drug abuse in their communities in order to reduce the rate to 10.1%.	
5.4.18	DPRF	In FY 2015, DPRF will provide to or secure training for RMHI staff on the latest version of an evidence-based risk assessment instrument, to be reported in August 2015.	Forensic Services will secure or provide training to RMHI staff on the HCR-20 Version 3 and provide scoring reviews on at least three test cases in preparation for implementation of the HCR-20 V3 in risk assessment and risk management.	
5.4.19	Commissioner's Office	In FY 2015, Office of Licensure will ensure that licensure surveyors will receive annual training on fire safety, abuse and neglect investigations, and complaint intake, to be reported in August 2015.	Annual training for surveyors will be provided at all Licensure offices.	
5.4.20	DGC	In FY 2015, DGC in collaboration with DCL, will engage in rulemaking and legislative activity for the purpose of updating Tennessee's controlled substances schedules, to be reported in August 2015.	Legislative proposals or regulations are filed and approved annually.	

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Three-Year Plan Objectives and Strategies
FY 2015-2017**

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5.4.21	DGC	In FY 2015, 2016 and 2017, DGC will work with others in the Department as needed to ensure that the FY 2015 contracts are submitted to the Central Procurement Office on or before the deadlines set by the Chief Procurement Officer, to be reported in August of each respective year.	Number of contracts submitted by deadlines.	
5.4.22	DGC	In FY 2015 and 2016, DGC will ensure state is represented at commitment and conservatorship hearings and other hearings/court matters arising out of the regional mental health institutes (RMHIs) to which the State is a party, to be reported in August of each respective year.	DGC will report any such hearings at which they fail to appear on behalf of the state.	
5.4.23	DGC	In FY 2015, 2016 and 2017, DGC Director of Compliance, will complete and submit an Annual Compliance Report, to be reported in August of each respective year.	Annual submission of compliance report.	
5.4.24	DCL	In FY 2015, DCL, in collaboration with DSAS will pilot and implement a statewide methadone central registry disaster preparedness and data collection tool, to be reported in August 2015.	All Opioid treatment programs will utilize this system by 2015.	
5.4.25	DCL	In FY 2015, DCL will monitor the inpatient utilization of contracted private psychiatric hospitals in East Tennessee, to be reported in August 2015.	Determine the severity of behavioral and medical conditions and length of stay in comparison to the four RMHIs to assist with the strategic planning of the needs for each individual RMHI.	
5.4.26	DCL	In FY 2015, DCL in collaboration with Aegis Laboratories will conduct a study at targeted locations regarding synthetic drug use in patients receiving treatment at opioid treatment programs, to be reported in August 2015.	Completion of study.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
5.4.27	DMHS	In FY 2015, Crisis Services will partner with new providers of children and youth crisis response services for integration into the regional C&Y crisis services continuum, to be reported in August 2015.	4 new providers of children and youth response services will be integrated into the regional C&Y crisis services continuum.	
5.4.28	DSAS	In FY 2015, DSAS will expand self-supporting and drug free homes through Oxford House International for individuals in recovery, to be reported in 2015.	A total of six new recovery homes will be opened by June 30.	
5.4.29	DSAS	In FY 2015, DSAS will evaluate the HIV/EIS services in Tennessee to determine the effectiveness of the program, to be reported in August 2015.	A pre and post test will be given to individuals receiving HIV/EIS services to determine the effectiveness of the program.	
Objective 5.5: TDMHSAS increases access to mental health and substance abuse program outcome data to support program and funding decisions.				
5.5.1	DPRF	In FY 2015 and 2016, DPRF, in collaboration with DMHS, will annually compile Tennessee data on national outcome measures (NOMS), to be reported in August of each respective year.	DPRF will complete and submit the NOMS information required for SAMHSA's Uniform Reporting System (URS) Tables to SAMHSA by December 1.	
5.5.2	DPRF	In FY 2015 and 2016, DPRF will annually analyze TennCare behavioral health data, to be reported in August of each respective year.	DPRF will report the results of the TennCare behavioral health data analysis to executive staff by July 1.	
5.5.3	DPRF	In FY 2015 and 2016, DPRF in collaboration with TAMHO and DMHS, will annually analyze mental health consumer satisfaction data (Mental Health Statistical Improvement Program Survey or MHSIP) to be reported in August of each respective year.	DPRF will submit the results of consumer satisfaction surveys to the SAMHSA Uniform Reporting System (URS) Tables by December 1.	
5.5.4	DPRF	In FY 2015 and 2016, DPRF in collaboration with DMHS, DHS, and IT, will annually submit client-level data required by the Mental Health Block Grant, to be reported in August of each respective year.	DPRF will submit to SAMHSA client-level data on people receiving community mental health services by December 1, and hospital readmission data by March 1.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
5.5.5	DPRF	In FY 2015 and 2016, DPRF in collaboration with DSAS, will annually analyze substance abuse treatment outcome data, to be reported in August of each respective year.	DPRF will report the results of an analysis of substance abuse treatment outcome data to DSAS by June 1.	
5.5.6	DPRF	In FY 2015 and 2016, DPRF will annually analyze peer support center customer satisfaction data within 90 days of receiving all surveys from DMHS, to be reported in August of each respective year.	DPRF will report the results of the peer support center customer survey within 90 days of receiving completed surveys from DMHS.	
5.5.7	DPRF	In FY 2015 and 2016, DPRF in collaboration with DSAS, will annually evaluate the effectiveness of Tennessee's Recovery Courts and report data to DSAS, to be reported in August of each respective year.	DPRF will report evaluation data on Tennessee Recovery Courts to DSAS by September 1.	
5.5.8	DPRF	In FY 2015 and 2016, DPRF will annually analyze information reported in SAMHSA Uniform Reporting System (URS) Tables, to be reported in August of each respective year.	DPRF will report the results of an analysis of URS Tables to executive staff by July 1.	
5.5.9	DPRF	In FY 2015 and 2016, DPRF in collaboration with IT, will standardize data collected on TDMHSAS-funded programs by adding one program annually to client-level data, to be reported in August of each respective year.	DPRF will add at least one program annually to the client-level data submission to SAMHSA on December 1 until all TDMHSAS funded programs are included.	
5.5.10	DCL	In FY 2015, DCL in collaboration with DHS, will expand its focus on quality improvement by standardizing measurement tools for patient outcomes used at the RMHIs, to be reported in August 2015.	Develop measurement tools and monitor the use of them by March 2015.	
5.5.12	DCL	In FY 2015, DCL in collaboration with DHS, will facilitate the measurement of treatment outcomes at the RMHIs, to be reported in August 2015.	A measure of treatment outcomes will be developed by January 2015.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
5.5.13	DCL	In FY 2015, DCL will report on the operation of the department's Institutional Review Board (IRB), to be reported in August 2015.	A summary report of activities completed by and/or for the department's IRB will be completed.	
5.5.14	DCL	In FY 2015 and 2016, DCL in collaboration with DCS, DOH, Bureau of TennCare, and MCOs will evaluate the cost of pregnant substance abusing women entering treatment, to be reported in August of each respective year.	Determine overall cost to system as a result of new legislation by August 2015.	
5.5.15	DMHS	In FY 2015 and 2016, DMHS staff will provide leadership to the state for the Improving Diversion Policies and Programs for Justice-Involved Youth with Behavioral Health Disorders: An Integrated Policy Academy-Action Network Initiative in collaboration with the Department of Children's Services and other state and local stakeholders.	A summary of activities will be reported to executive staff by July 1, 2015 and July 1, 2016.	
5.5.16	DHS	In FY 2015, DHS will collaborate with the DGC to implement the department's Corporate Compliance Plan at each RMHI, to be reported in August 2015.	RMHIs under the direction of DHS, will report twice a year the findings related to Corporate Compliance to DGC.	
5.5.17	DPRF	In FY 2015, DPRF, in collaboration with the Administrative Office of the Courts and the Vanderbilt Center of Excellence, will provide data to juvenile courts on the Tennessee Integrated Court Screening and Referral Project on the screening and referrals of youth in those courts, to be reported in August 2015.	Forensic Services will develop a quarterly report of screening and referral frequencies with the Administrative Office of the Courts for all courts in the juvenile court screening project.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
Goal 6: Technology is used to access services and information.				
Objective: 6.1: TDMHSAS will use technology to improve access and coordination of services, especially in remote areas or in underserved populations.				
6.1.1	OHR	In FY 2015, OHR will analyze ways to decrease time spent on administrative processing of time and labor. This will include transitioning all Central Office employees to self-entry of time worked and examining alternate methods of time entry at the RMHIs, to be reported in August 2015.	100% of all Central Office and RMHI employees will transition to self-entry of time.	
6.1.2	DPRF	In FY 2015, DPRF, in collaboration with IT and DHS, will modify the Forensic Billing application to include the capacity to identify and track service recipients released from the RMHIs on Mandatory Outpatient Treatment (MOT), to be reported in August 2015.	The Forensic Billing modification for identifying and tracking service recipients released from the RMHIs on MOT will be operational.	
6.1.3	DMHS	In FY 2015, DMHS in collaboration with the Children's Cabinet and the Council on Children's Mental Health, will develop a plan for addressing cross-system data sharing issues related to services and supports for children and youth with mental health needs and to support continuous quality improvement efforts, to be reported in August 2015.	Development of a plan to address cross-system data sharing to support the quality improvement efforts for children.	
6.1.4	DAS	In FY 2015, DAS will work with DCL, DHS and F&A's Internal Health Council to evaluate the potential for an implementation of Direct secure message for health information exchange, to be reported in August 2015.	One evaluation will be developed and implemented in 2015.	
6.1.5	DHS	In FY 2015, DHS will collaborate with an F&A Business Analyst to coordinate efforts toward identification of an electronic record system, to be reported in August 2015.	Identification of a business process to improve requirements and funding projections.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.1.6	DHS	In FY 2015, DHS will implement a Customer Focused Government program specific to each RMHI, to be reported in August 2015.	80% of departments at each RMHI trained in Customer Focused Government (phase II) will be reported annually.	
6.1.7	DHS	In FY 2015, DHS will collaborate with the RMHIs to develop a system that networks documentation of hospital management activities, to be reported in August 2015.	90% of identified functions at each RMHI that have been incorporated into the network report system will be reported annually.	
6.1.8	DMHS	In FY 2015, DMHS will implement a new standardized crisis assessment, to be reported in August 2015.	Training will be provided to all crisis response providers.	
Objective: 6.2: TDMHSAS will develop and implement an integrated electronic health record and personal health information system.				
6.2.1	DAS	In FY 2015, DAS, in collaboration with F&A's Business Solutions Delivery Division, DHS and DCL, will develop an electronic medical records system cost-benefit analysis and implementation plan, to be reported in August 2015.	Electronic medical record cost benefit analysis system will be developed and implemented.	
6.2.2	DMHS	In FY 2015, DMHS will facilitate progress of PATH contractors not currently reporting process and outcome data into HUD's Homeless Management Information System (HMIS) toward meeting the federal mandate to convert to this data system by FY 2016, to be reported in August 2015.	All PATH contractors will report outcome data in the HMIS to meet federal mandate.	
6.2.3	DAS	In FY 2015, DAS will continue evaluating the implementation of a new IP Telephone system in the RMHIs as requested by OIR, to be reported in August 2015.	Evaluation of implementation of new IP telephone system.	
6.2.4	DAS	In FY 2015, DAS will work with DCL, DHS and other Divisions on technical systems preparation for the ICD-10 implementation in October 2015 as well as the implementation of the new DSM-V, to be reported in August 2015.	Technical assistance will be provided to Department staff for ICD-10 and DSM-V implementation.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.2.5	DCL	In FY 2015, DCL in collaboration with DHS, will work on the preparation and training for the ICD-10 implementation on October 15 and the implementation of the new DSM-V, to be reported in August 2015.		
Objective: 6.3 TDMHSAS will use technology to increase access to data and information about mental health and substance abuse services.				
6.3.1	DPRF	In FY 2015 and 2016, DPRF in collaboration with DAS, DSAS, and DMHS, will build the capacity of TDMHSAS to collect and report electronic data to SAMHSA, to be reported in August of each respective year.	DPRF will work with DAS, DSAS, and DMHS to identify and collect common data elements in FY 2015, and report integrated behavioral health data to SAMHSA in FY 2016.	
6.3.2	DPRF	In FY 2015 and 2016, DPRF will facilitate the identification of regional needs by annually updating behavioral health data books for each TDMHSAS region, to be reported in August of each respective year.	DPRF will post regional data books on the TDMHSAS website by October 1 of each respective year.	
6.3.3	DPRF	In FY 2015, 2016 and 2017, DPRF in collaboration with the DMHS and DSAS, will gather, analyze, and report children and youth expenditure data to TCCY annually, to be reported in August of each respective year.	DPRF will report data on children and youth expenditures to TCCY by January 15 and will report a summary to executive staff by March 31.	
6.3.4	DPRF	In FY 2015, 2016, and 2017, DPRF will evaluate the impact of legislation limiting access to pseudoephedrine on the manufacture of methamphetamine and the sales of pseudoephedrine, to be reported in August of each respective year.	DPRF will analyze data related to the sales of pseudoephedrine semi-annually to ascertain the impact of legislation on the production of methamphetamine. Data will be reported by February 1 of each year.	
6.3.5	DPRF	In FY 2015, DPRF will provide support to other divisions to evaluate the effectiveness and efficiency of programs serving individuals with mental illness and substance use disorders, to be reported in August of each respective year.	DPRF will initiate contact with program staff within 15 days of a request to create an action plan for program evaluation.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.3.6	DPRF	In FY 2015 and 2016, DPRF will increase access to state behavioral health data by annually updating a multi-year data book comparing TN to the U.S., to be reported in August of each respective year.	DPRF will post state data books on the TDMHSAS website by May 1.	
6.3.7	DPRF	In FY 2015, 2016, and 2017, DPRF in collaboration with DAS, will track short and long-term outcomes and indicators for the Department's plan to address prescription drug abuse, to be reported in August of each respective year.	DPRF will collect, analyze and report data on the short and long-term indicators of prescription drug abuse quarterly.	
6.3.8	DPRF	In FY 2015, DPRF in collaboration with DMHS, will design an evaluation process and provide analysis on children's crisis services, to be reported in August 2015.	DPRF will collect, analyze and report data on the effectiveness of the children's crisis program by December 31, 2015.	
6.3.9	DPRF	In FY 2015 and 2016, DPRF in collaboration with DSAS and other state agencies, will evaluate the impact of legislation requiring that pregnant women with drug addiction get treatment in lieu of misdemeanor charges, to be reported in August of each respective year.	DPRF will track, analyze and report data on the number of pregnant women receiving treatment for prescription drug abuse by December 31, 2016 for the two years post-implementation of the statute requiring women to get treatment or be charged with a misdemeanor.	
6.3.10	DPRF	In FY 2015, DPRF Office of Research will develop a manual to guide the data collection and reporting of client-level data, to be reported annually, to be reported in August 2015.	DPRF will complete the client-level data submission manual by September 30.	

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2015-2017**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.3.11	DPRF	In FY 2015, 2016 and 2017, DPRF will identify options for Divisions to include the collection of data (and appropriate up-to-date technology for those funds for which capital purchases are allowed) in all applications, grants and contracts, to be reported in August of each respective year.	The number of options identified in plans, applications and grants that allows data to be collected by the use of the most up-to-date technology and consistent with the Department's need to gather proper outcome data for needs assessment and reporting.	
6.3.12	DAS	In FY 2015, DAS will work with OIR and OHR to implement the Desktop Consolidation and NextGen IT projects, to be reported in August 2015.	Completion and implementation of the Desk Consolidation and Next IT project.	