



Department of
**Mental Health &
Substance Abuse Services**

Three-Year Plan

2023-2025

Tennessee Department of Mental Health & Substance Abuse Services

Year Two FY 2024



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Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

Overview

TDMHSAS Vision:

A state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive.

TDMHSAS Mission:

Creating collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders.

TDMHSAS Goal:

To expand access to high quality behavioral health services to Tennesseans on the path to recovery from mental illness, substance use, and co-occurring disorders.

TDMHSAS Customers:

Individuals and families living with mental illness and substance use issues, providers, local communities, judicial system, legislators, other state agencies, and consumer/advocacy groups.

TDMHSAS Services:

Education, prevention, early intervention, evaluation, treatment, recovery support services, licensing oversight for community organizations providing behavioral health services, outpatient and inpatient care, operation of regional mental health institutes, and research and public policy.

Public Safety Strategic Goal:

Lead in partnership with State agencies and community partners to prevent and treat the prescription drug abuse epidemic in Tennessee

Health and Welfare Operational Goals:

1. Actively work with RMHI leadership continuing efforts to improve outcomes for patient care while containing cost
2. Maintain and improve community mental health and substance abuse services
3. Educating Tennesseans and working to improve their understanding of mental health and substance abuse issues and getting people to early intervention services

Customer Focused Government Goals:

1. Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services
2. Expand access to low-cost, high-quality, outcomes-oriented community mental health services
3. Expand access to low-cost, high-quality, outcomes-oriented community substance abuse services
4. Provide evidence-based interventions focusing on specialized populations

Organization of the Department

Division of Administrative and Regulatory Services (DARS) oversees monitoring, general services, procurement, major maintenance, capital outlay projects, administrative oversight for the Regional Mental Health Institutes (RMHIs), licensing of all Tennessee agencies providing mental health, substance abuse, personal support services, and investigating complaints of abuse, neglect or fraud against licensed organizations.

Office of Strategic Initiatives provides support to the department's executive leadership team and seeks to find and secure opportunities that help further the mission and vision of the department. The Office of Strategic Initiatives is responsible for planning, developing, administering special projects and initiatives to expand the service delivery for Tennesseans living with mental illness and substance use disorders.

Office of Fiscal Services oversees general accounting functions including accounts receivable and payable and interactions with state and federal funding sources.

Office of Faith-Based Initiatives actively engages faith communities and organizations as a means of increasing outreach, educational activities, access, and visibility to individuals seeking recovery services. The Office of Faith-Based Initiatives oversees the Faith-Based Community Coordinators as well as the Lifeline Peer Project, Hybrid Lifeline, and Collegiate Recovery which were established to reduce the stigma of mental illness and addiction in their respective regions and demographic focus. Additionally, this office provides oversight of the Certified Recovery Congregation Program.

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

Division of Clinical Leadership (DCL) promotes high quality services through consultations, Title VI training, clinical oversight, education, the development and revision of clinical policies, best practice guidelines, and the advancement of research.

Division of Planning, Policy, and Legislation (DPPL) coordinates departmental legislative, rulemaking, and CPO Policy 2013-007 subrecipient monitoring activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, prepares the Mental Health Block Grant Application, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment.

Office of Research supports the Department's mission by collecting, analyzing, and disseminating data in collaboration with customers to maintain dashboards, evaluate programs and services, and to develop an array of quality data products to inform mental health and substance abuse service needs, utilization, outcomes, and impact.

Division of Mental Health Services (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including affordable housing programs; homelessness prevention services; a full continuum of 24-hour crisis services; wellness and recovery services; peer recovery services; supported employment services; suicide prevention services; geriatric services/PASRR services; disaster MH services; and a comprehensive System of Care-based child, youth, and family supports services.

Division of Hospital Services (DHS) provides oversight of operation of the four Regional Mental Health Institutes (RMHIs) and three private contracted hospitals in East Tennessee for administrative, quality management, program services, and nursing services.

Office of Forensics and Juvenile Court Services (OFJCS) provides oversight of forensic evaluations for adult and juvenile courts and mandatory outpatient treatment services.

Division of General Counsel (DGC) provides comprehensive legal support to the Department including legal and administrative proceedings, conducts internal investigations, reviews contracts for legal sufficiency and administratively processes them, and serves as the privacy officer and counsel for the Department. The General Counsel serves as the Department's chief legal advisor and the Assistant Commissioner overseeing the DGC.

Office of Human Resources (OHR) assists the Divisions and Offices across the department in obtaining and maintaining a workforce that can fulfill the Department's mission and objectives.

Office of Communications (OC) develops internal and external communication including the drafting, production, and distribution of news releases and statements to the media, publication of quarterly Department newsletters, and managing the Department's website.

Goal 1: Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Hospital Services (DHS)	Improve resource connections for the uninsured by increasing the number of completed Behavioral Health Safety Net of TN (BHSN) enrollment applications made at the time of discharge from each Regional Mental Health Institute (RMHI)	Increase the number of individuals connected with community resources at the time of discharge from an RMHI	> 800 BHSN applications complete across four RMHIs	Number of BHSN of TN applications completed at the four RMHIs
	Improve collection rates for those with a contracted payer source that are admitted to the RMHIs	Increase collection of revenue dollars by timely submission of clean claims using the Waystar Clearinghouse platform	Six-month rolling average collection rates on contracted payer claims for those admitted to a RMHI will meet or exceed 93% (calculated using 181-day delay)	Percentage of six-month rolling average collection rates on contracted payer claims for those admitted to a RMHI
	Actively work with RMHI leadership to continue efforts to operate cost-effective, efficient, and outcomes-driven hospital services by sustaining critical positions	Increase the percentage of Registered Nurse (RN) 2 positions that are filled to support the RMHIs	75% of RN2 positions will be filled	Percentage of RN2 positions that are filled to support the RMHIs
	Actively work with RMHI leadership to continue efforts to operate cost-effective, efficient, and outcomes-driven hospital services by sustaining critical positions	Increase the percentage of Psychiatric Technicians positions that are filled to support the RMHIs	85% of Psychiatric Technician positions will be filled	Percentage of Psychiatric Technicians positions that are filled to support the RMHIs
	Provide access to psychiatric inpatient services at all four RMHIs	Serve individuals needing psychiatric inpatient services at all four RMHIs	6,100 discharges across all four RMHIs	Number of discharges across all four RMHIs

Goal 1: Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Forensics and Juvenile Court Services (OFJCS)	Provide court ordered inpatient forensic evaluations and treatment services for defendants referred by outpatient evaluators	Provide inpatient forensic services in the least restrictive hospital setting	No more than 15% of all inpatient defendants will be admitted to the Forensic Services Program (FSP) for inpatient forensic evaluation and treatment	Percentage of all inpatient defendants admitted to the FSP for inpatient forensic evaluation and treatment
Office of Research	Create the State Hospital Readmission (SHR) data file with information about the clients served by RMHIs using the data warehouse	Use the SHR data file to profile population, diagnostic and readmission trends for clients receiving services in state psychiatric hospitals	One SHR automated data file will be compiled and contain information for about 7,500 individuals receiving services in psychiatric hospitals operated by the Department	Number of State Hospital Readmission (SHR) data files submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) by March 1
	Create standardized and ad hoc data products in collaboration with DHS to inform policy and practice	Prepare data products to illustrate trends and variations in services for psychiatric hospitals operated by or under contact with the Department	A minimum of three data products will be generated	Number of data products generated for DHS

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Planning, Policy, and Legislation (DPPL)	Provide technical assistance to support effective operation of Regional Councils	Effective operation of Regional Councils	Four quarterly conference calls or in-person meetings with the seven Regional Council Leadership Teams	Number of quarterly conference calls with the Regional Council Leadership Teams
	Identify mental health and substance abuse service needs and supports in the community through annual needs assessment	Statewide needs assessment will be conducted annually	One statewide needs assessment per year will be completed with the seven Regional Councils, Adult Committee, Children’s Committee, and the Consumer Advisory Board (CAB)	Number of statewide needs assessments per year

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Policy, Planning, and Legislation (DPPL)	Provide update to Statewide and Regional Councils regarding how the Department is responding to various top needs identified by multiple regions (Department update)	Department update will be completed annually	One Department update will be completed annually to share with the Statewide and Regional Councils	Number of Department updates per year
	New members representing prevention/anti-drug coalitions will be added to each Regional Council as vacancies occur	Increase the number of prevention/anti-drug coalition representatives on each Regional Council	A prevention/anti-drug coalition member representative will be added to each Regional Council as vacancies occur	Number of prevention/anti-drug coalition member representatives on each Regional Council
	New members representing substance abuse will be added to each Regional Council as vacancies occur	Increase the number of substance abuse representatives on each Regional Council	A substance abuse member representative will be added to each Regional Council as vacancies occur	Number of substance abuse member representatives on each Regional Council
	New members representing a children and youth provider and/or family member will be added to each Regional Council as vacancies occur	Increase the number of children and youth providers and family members on each Regional Council	A children and youth provider and/or family member representative will be added to each Regional Council as vacancies occur	Number of children and youth providers and/or family members on each Regional Council
	New members representing a consumer and family member will be added to each Regional Council as vacancies occur	Increase the number of consumer and family member representatives on each Regional Council	One consumer and family member representative will be added to each Regional Council as vacancies occur	Number of consumer and family member representatives on each Regional Council
	New members representing housing will be added to each Regional Council as vacancies occur	Increase the number of housing representatives on each Regional Council	One housing representative will be added to each Regional Council as vacancies occur	Number of housing representatives on each Regional Council
	Engage in rulemaking activity	Update the rule version of Tennessee's controlled substances schedules I, II, III, IV, and V	100% of the rules will be filed to update Tennessee's controlled substances schedules I, II, III, IV, and V	Percentage of rules filed to update Tennessee's controlled substance schedules I, II, III, IV, and V

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Planning, Policy, and Legislation (DPPL)	Monitor legislative session and update Commissioner and staff	Produce an annual summary of legislative activity (“Legislative Summary”) from the current year’s legislative session regarding subject matter related to TDMHSAS	100% of the Department’s executive leadership team and RMHI chief officers will receive the Legislative Summary	Percentage of the Department’s executive leadership team members and RMHI chief officers who receive the Legislative Summary
Office of Research	Implementation of an integrated data warehouse to provide cross-division data to inform policy and practice	Operationalize a data governance plan describing how the data warehouse will automate federal reporting, standardize processes for data use and release across divisions, and define roles and decision rules for using the data warehouse	One annual Client Level Data (CLD) file containing basic client information combines information from DHS and DMHS.	Number of automated CLD files generated for federal Mental Health Block Grant (MHBG) reporting
	Conduct program evaluations with outcome data that are used to inform program quality in the community for behavioral health programs	Complete program evaluations for behavioral health programs	Seven programs are currently evaluated on an on-going basis	Number of programs under evaluation within our office
	Complete the Uniform Reporting System Tables (URS) containing information about the characteristics of individuals receiving publicly funded mental health services in Tennessee for SAMHSA	Generate URS reports to comply with federal MHBG reporting requirements	The URS report will be compiled and include information about individuals receiving publicly funded mental health services	Number of URS data reports submitted to SAMHSA
	Create data products to compile information for policy makers, the public, and Department leadership about behavioral health service needs, utilization, and impacts	Publish the data products about Department service needs, utilization, and impacts	Maintain 18 data products that are available to the public	Number of data products accessible on the Department’s website

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Research	Provide data entry and evaluation trainings to our provider partners with programs under evaluation within our office	Fully trained data entry personnel with provider partners	Trainings should at minimum equal the number of programs under evaluation within our office	Number of data trainings conducted with partner providers
Office of Forensics and Juvenile Court Services (OFJCS)	Provide court ordered forensic evaluations on an outpatient basis for courts statewide	Maximize the delivery of forensic services in the community rather than on an inpatient basis	75% of defendants a year statewide will be forensically evaluated on an outpatient basis without the need for forensic inpatient services	Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services
	Provide mental health and substance abuse screening to improve access to services for youth in juvenile courts	Establish systematic screening for mental health and substance abuse needs of youth in juvenile courts	4,000 screenings will be conducted with the Juvenile Justice version of the Child and Adolescent Needs and Strengths (CANS) survey in Juvenile Courts across the state	Number of screenings conducted in Juvenile Courts statewide
Division of Mental Health Services (DMHS)	Provide a twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) telephone call routing system for individuals experiencing a behavioral health crisis	Improve the effectiveness of the Crisis Services Continuum network of services statewide	126,000 of calls to the statewide crisis hotline and local crisis lines funded by TDMHSAS	Number of calls to the statewide crisis hotline (855-CRISIS-1) (all ages) and local crisis lines funded by TDMHSAS providing access and referral to crisis services to individuals experiencing a mental health crisis
	Provide a twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) telephone call routing system for individuals experiencing a behavioral health crisis	Improve the effectiveness of the Crisis Services Continuum network of services statewide	40,000 individuals screened for mental health related interventions by the 988 Call Centers	Number of individuals screened for mental health or related interventions by the 988 Call Centers (only calls included)

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Mobile crisis services are non-hospital community-based services offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) for behavioral health situations	Improve the effectiveness of the Crisis Services Continuum network of services statewide	75,000 of individuals will receive a face-to-face crisis assessment	Number of Tennesseans (all ages) accessing emergency psychiatric services and assessment from a mobile crisis responder or at a crisis walk-in center
	Crisis services are customized to meet the individualized needs of each person in the least restrictive and most appropriate setting to alleviate or stabilize their symptoms as well as strengthen or develop their support system and coping skills to allow each individual to remain in his or her community	Improve the effectiveness of the Crisis Services Continuum network of services statewide	67% of individuals that receive a face-to-face crisis assessment will be diverted to less restrictive community care	Percentage of Tennesseans who received face-to-face psychiatric crisis assessments who were diverted from hospitalization and referred to less restrictive community care (Crisis Stabilization Unit (CSU) , Respite, 23 hour observation services or Community Outpatient Services)
	CSUs are licensed by the state to offer twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the crisis for involuntary commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment	Improve the effectiveness of the Crisis Services Continuum network of services statewide	9,000 of individuals admitted to a state supported CSU for treatment services	Number of admissions to the eight CSUs (adults) Note: four new Adult CSUs to be added in FY23/24

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Behavioral Health Safety Net of Tennessee (BHSN of TN) provides core, essential, outpatient, mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of participating community mental health centers	Increase access to behavioral health services for uninsured/indigent adults and uninsured/underinsured children in Tennessee, and in geographic and population areas	40,000 served by the BHSN of TN	Number of uninsured/indigent adult Tennesseans having a serious mental illness (SMI) and number of uninsured/underinsured Tennessee children having a serious emotional disturbance (SED)
	Provide older adult services including agency and in-home counseling to seniors unable to access services outside of their home; care management, clinical social work, peer support, and geriatric psychiatry assisting seniors and their families to meet their behavioral health needs	Enable older adults to improve their quality of life through care management and to develop skills that will help them to live in the community as independently as possible	600 served by the older adult program	Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services
	Provide evidence-based treatment and recovery support services for youth and young adults who have experienced first episode psychosis (FEP)	Ensure that youth and young adults who have experienced FEP receive treatment and recovery support services	240 youth and young adults experiencing FEP will receive evidence-based treatment and recovery support services	Number of youth and young adults who receive treatment and recovery support services through First Episode Psychosis Initiative (FEPI)
	Provide support that allows individuals experiencing mental illness to maintain stable housing through short-term financial support	Individuals experiencing mental illness will maintain stable housing through short-term financial support	5,700 individuals experiencing SMI or co-occurring disorders (CODs) will receive short-term financial support for services aimed at living independently and maintaining stable housing through Community Targeted Transitional Services (CTTS) and Inpatient Targeted Transitional Services (ITTS) programs	Number of individuals (adults) experiencing SMI or CODs who receive short-term financial support for services such as rental assistance, utilities, medical support, and other costs associated with living independently and maintaining stable housing

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Provide and expand evidence-based employment and education services through the Individual Placement and Support (IPS) Supported Employment initiative for individuals over age 18 with SMI and/or CODs	Increase the rate of employment for individuals with SMI and/or CODs	50% of individuals served through the evidence based IPS Supported Employment initiative will be employed in competitive and integrated work for at least one day. It is estimated that 1,400 will be served by IPS teams in FY 2024	Percentage rate of employment for the individuals served through the evidence based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day
	Provide access to evidence-based treatment and coordinated recovery support services through MHBG supplemental funding to prevent, prepare for, and respond to SMI and SED needs and gaps due to the COVID pandemic.	Increased access comprehensive community mental health services to adults with SMI or children with SED	65,000 individuals will receive direct treatment and/or prevention/education targeting SMI/SED populations	Number of individuals who receive support from COVID MHBG supplemental grant funded projects
Division of Administrative and Regulatory Services (DARS)	Monitor licensed facilities to ensure compliance with licensing rules	Improved quality care and safer environments in licensed mental health and substance abuse facilities	2,200 licensing and oversight visits for mental health and substance abuse programs will be conducted	Number of licensing and oversight visits for mental health and substance abuse programs
	Work cooperatively with other state health and social service agencies to address allegations of abuse, neglect, and mistreatment of service recipients	Improved and safer environments for service recipients	If appropriate, eight individuals will be referred for placement on the Department of Health (TDH) Abuse Registry thereby prohibiting their working with vulnerable populations	Number of individuals referred for placement on TDH Abuse Registry
	Conduct a comprehensive review of licensure rules to identify recommended changes	Follows annual review of all licensure rules, recommend changes, as needed	Four licensure rules will be proposed for amendment	Number of licensure rules proposed for amendment
	Train licensure surveyors across all three regional offices on the use of the licensure database and policies for investigations and inspections	Training of all licensure surveyors across all three regional offices to ensure consistent application of licensure rules and procedures	100% of licensure surveyors will participate in training	Percentage of licensure surveyors participating in training

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Administrative and Regulatory Services (DARS)	Monitor department subrecipient agencies according to the Department’s fiscal year monitoring schedule to ensure subrecipient agencies’ compliance with fiscal requirements of Department grant contracts	Subrecipient agencies compliance with fiscal, state and federal requirements of Department grant contracts.	100% of scheduled agencies will be monitored	Percentage of subrecipient agencies on Department plan monitored
	Provide training and technical assistance to subrecipient grantees	Training and technical support to grantees regarding compliance with fiscal reporting requirements of subrecipient contracts	Twenty-four (24) trainings or technical assistance events offered to contract agencies	Number of trainings or technical assistance events offered to contracted agencies
Division of General Counsel (DGC)	Ensure contracts are submitted to the Central Procurement Office on or before deadlines	Timely submission of contracts	85% of agency contracts will be timely processed	Percentage of agency contracts submitted by deadline
	Ensure state representation for RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	State representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	100% state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department
	Ensure state representation at administrative proceedings governed by the Uniform Administrative Procedures Act (UAPA) – Tennessee Code Annotated Title 4, Chapter 5	State representation at administrative proceedings to resolve disputes between citizens, state employees, and governmental agencies	100% state representation at administrative proceedings	Percentage of state representation at administrative proceedings

Goal 3: Expand access to low-cost, high-quality, outcomes-oriented community substance abuse services (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Substance Abuse Services (DSAS) <i>*Noted in the 2023 Needs Assessment Summary</i>	Ensure individuals who inject drugs are receiving treatment	All contracted treatment providers will provide treatment services to individuals who inject drugs	40% of individuals who disclose they inject drugs will receive treatment services	Percentage of individuals receiving treatment services who disclose they inject drugs
	Provide an array of adult and adolescent recovery services to increase chances of recovery *	Provide recovery services that promote recovery	14,000 adult and adolescent consumers will receive recovery support services	Number of individuals enrolled in recovery support services
	Provide trauma-informed care services to individuals who have disclosed experience with trauma	Treatment agencies will provide assurance that individuals who have experienced trauma are receiving trauma informed care services	11,300 individuals who disclose experience with trauma will receive trauma-informed care	Number of individuals who have been screened for trauma
	Establish new recovery homes (i.e. Oxford Houses) statewide *	Expand self-supporting and drug-free homes through Oxford House International for individuals in recovery	Increase the number of recovery homes by 7 for a total of 150	Number of recovery homes (i.e., Oxford Houses)
	Provide Medication-Assisted Treatment (MAT) services (methadone, naltrexone, and buprenorphine) for individuals with opioid use disorder (OUD)	Increase the number of OUD diagnosed individuals receiving MAT	4,200 individuals will receive MAT services for OUD	Number of individuals receiving MAT services for OUD
	Provide training and technical assistance to SUD treatment providers on opioid and other substance use during pregnancy, access to gender-related responsive services, and other related information	Access to quality SUD treatment for women diagnosed with SUD who are pregnant and/or who have dependent children	The number of women who are pregnant and/or who have dependent children accessing SUD treatment will be 1,400	Number of women who are pregnant and/or who have dependent children accessing SUD treatment
	Ensure that women who are eligible, have the opportunity to participate in the Residential Recovery Court program	Admit women in the Residential Recovery Court program	Twelve women will access the Residential Recovery Court program	Number of women admitted into the Residential Recovery Court program

Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Strategic Initiatives	The Tennessee Recovery Navigator Program seeks to connect individuals entering emergency departments (EDs) to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a SUD	Increase the number of individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals	3,500 individuals will be served by the Tennessee Recovery Navigator Program	Number of individuals served by the Tennessee Recovery Navigator Program
	The Tennessee Recovery Navigator Program seeks to connect individuals entering EDs to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a SUD	Ensure the individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals are consistently connected to treatment and recovery services	Of the individuals served by the Tennessee Recovery Navigator Program, 70% will be connected to treatment and recovery services	Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigators Program
Office of Faith-Based Initiatives	Certify recovery congregation/community organizations on the Tennessee Faith-Based Community Initiatives.	Expand access to recovery support services through the faith community	1,500 congregations will be contacted for expansion of faith-based program	Number of congregations contacted for expansion of faith-based program
	Certify recovery congregation/community organizations on the Tennessee Faith-Based Community Initiatives.	Expand access to recovery support services through the faith community	Increase the number of certified faith-based recovery congregations by 150 for a total of 1,301. The goal is to have 2,025 certified by year 2025.	Number of newly certified faith-based congregations/organizations

Goal 4: Provide evidence-based interventions focusing on specialized populations

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Forensics and Juvenile Court Services (OFJCS)	Provide training on standards and practices for certification for evaluators conducting court-ordered forensic mental health evaluations of criminal defendants ordered by Tennessee courts	Ensure that mental health professionals receive training for certification to conduct court-ordered forensic mental health evaluations by contracted community mental health agencies and the RMHs	Four Forensic Evaluator Training sessions will be offered each fiscal year	Number of Forensic Evaluator Training sessions
Division of Mental Health Services (DMHS)	Reduce the number of suicides and increase mental health awareness in Tennessee through the provision of mental health and suicide prevention training and/or public awareness activities	Increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students	150,000 individuals will receive mental health awareness in Tennessee through the provision of mental health and suicide prevention trainings and/or public awareness activities through Tennessee Suicide Prevention Network (TSPN), Mental Health 101, Project TN, and Youth and Young Adult (Y/YA) Suicide Prevention programs	Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students
	Increase the number of students served by the school based behavioral health liaisons (SBBHLs) using the Multi-Tiered System of Support interventions from Tier II and Tier III services *	Ensure students with or at-risk of behavioral health challenges receive services and supports	37,500 students will receive mental health screenings, services, and/or supports in schools from SBBHLs	Number of students served by the school based behavioral health liaisons using the Multi-Tiered System of Support interventions from Tier II and Tier III services (Examples of Public of Tier II and Tier III services include Psycho-Educational Groups, Individual Student Consultations, Behavioral Health Screenings, Individual, Group, and Family Therapy)

**Noted in the 2023 Needs Assessment Summary*

Goal 4: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Provide mental health prevention and early intervention services and supports to children under age 6 and their families	Regional Intervention Program (RIP) will ensure that young children and their families experiencing challenging behaviors receive services and supports	375 children under the age of 6 and their families will receive prevention and early intervention services and supports through RIP to ensure that young children and their families experiencing challenging behaviors receive services and supports	Number of young children experiencing challenging behaviors served by RIP
	Provides treatment options for juvenile courts to utilize across the state, specifically services and training that are evidence-based and outcomes oriented	Ensure resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth	1,400 juvenile justice youth will be served in the community through the Juvenile Justice Reform (JJR) Local Diversion Grant	Number of juvenile justice involved youth diverted to evidence-based and community-based services
Office of Faith-Based Initiatives	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Increase the number of Lifeline Peer Project trainings provided	3,000 Lifeline Peer Project trainings will be provided within the community	Number of Lifeline Peer Project trainings provided
	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Increase the number of individuals who receive a Lifeline Peer Project training	100,000 individuals will receive a Lifeline Peer Project training	Number of individuals who receive a Lifeline Peer Project training
	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	6,000 referrals to treatment, recovery support, and other services will be made through the Lifeline Peer Project	Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project
	Educate the public and spread awareness surrounding Tennessee Faith-Based Community Initiatives on how it connects the community with recovery and support services	Expand awareness and education to the public on how Tennessee Faith-Based Community Initiatives connect the community with recovery and support services	845 Tennessee Faith-Based Community Initiatives trainings will be provided	Number of Tennessee Faith-Based Community Initiatives trainings provided

Goal 4: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Faith-Based Initiatives	Educate the public and spread awareness surrounding Tennessee Faith-Based Community Initiatives on how it connects the community with recovery and support services	Expand awareness and education to the public on how Tennessee Faith-Based Community Initiatives connect the community with recovery and support services	58,000 individuals will receive the Tennessee Faith-Based Community Initiatives training	Number of individuals who receive a Tennessee Faith-Based Community Initiatives training
	Educate the public, promote prevention, reduce stigma, and spread awareness through the Collegiate Recovery Initiative (CRI)	Increase the number of Collegiate Recovery and other trainings related to mental health, substance use, and suicide prevention provided on campuses	90 trainings will be provided to post-secondary institutions	Number of trainings provided
	Educate the public, promote prevention, reduce stigma, and spread awareness through the CRI	Increase the number of individuals per year who receive a Collegiate Recovery training on campuses	3,000 individuals will receive a Collegiate Recovery training in post-secondary institutions	Number of individuals who receive a Collegiate Recovery training
	Educate the public, promote prevention, reduce stigma, and spread awareness through the CRI	Increase the number of new post-secondary institutions contacted for expansion of the collegiate recovery program	45 new post-secondary institutions will be contacted for expansion of the collegiate recovery program	Number of new post-secondary institutions contacted
	Educate the public, promote prevention, reduce stigma, and spread awareness through the CRI	Increase the number of new recovery allies recruited on collegiate campuses	600 new recovery allies will be recruited on collegiate campuses	Number of new recovery allies

Goal 4: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Faith-Based Initiatives	Educate the public, promote prevention reduce stigma, and spread awareness through the CRI	Increase the number of newly Certified Collegiate Recovery campuses.	10 post-secondary institutions will meet the requirements to become a Certified Collegiate Recovery campus.	Number of newly Certified Collegiate Recovery campuses
Division of Substance Abuse Services (DSAS)	Provide online and regional face-to-face educational and training opportunities for prevention, treatment, and recovery support professionals	Increase the knowledge of evidence-based programs and strategies for the prevention, treatment, and recovery support workforce	3,300 substance abuse professionals will receive training on prevention, treatment, and recovery support services	Number of substance abuse professionals receiving training
	Substance Abuse Prevention Coalitions will address prescription drug misuse in their communities	Decrease non-medical use of pain reliever for young adults, ages 18-25	Reduce the percentage of young adults, ages 18-25, who report using pain relievers for non-medical use to 5.2%	Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use
	Regional Overdose Prevention Specialists (ROPS) will address the opioid crisis through naloxone distribution	Increase the number of naloxone kits distributed to individuals at high risk of overdose	Increase the number of naloxone kits distributed to individuals at high risk of overdose to 150,000	Number of naloxone kits distributed to individuals at high risk of overdose
Office of Communications (OC)	Produce news releases, media advisories, and Departmental promotional materials	Increase the awareness of the Department's actions to execute mission and achieve vision	Distribute 20 news releases, media advisories, and Departmental promotional materials	Number of news releases, media advisories, and Departmental promotional materials
	Engage with the public, providers, and staff through social media posts	Provide education, awareness, and prevention information through Facebook and Instagram posts	300 Facebook and Instagram posts	Total number of Facebook and Instagram postings per year
	Promote and publish the Update, featuring Department and provider news on a monthly basis	Communicate directly with vital stakeholders including but not limited to the state employee workforce, providers, advocacy groups, individuals receiving services, and lawmakers	Produce 12 Update Newsletters	Number of Update newsletters produced

Goal 4: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Communications (OC)	Distribute emails with current behavioral health news	Email summaries on current news, research, and trends to Department staff and providers	225 email summaries will be sent	Number of email summaries
	Provide the public online resources for mental health and substance abuse services, programs, and initiatives via our website	Promote prevention, early intervention, treatment, habilitation, and recovery support services via the web	800,000 unique web page views	Number of unique web page views
Division of Clinical Leadership (DCL)	Provide mental health and suicide prevention information to veterans	Increase veteran’s awareness of mental health and suicide prevention	550 veterans will receive mental health suicide prevention information	Number of veterans who receive mental health and suicide prevention information
	Develop and implement suicide prevention plans and activities in the faith communities	Prevent suicide in the faith communities	55 community faith leaders will develop and implement suicide prevention plans and activities	Number of faith communities who develop and implement suicide prevention plans and activities
	Ongoing implementation of Therapeutic Intervention, Education, and Skills (TIES) serving children in or at imminent risk of being placed in state custody	Through TIES, serve families with at least one caregiver with a substance use issue and with children in or at-risk of being placed in state custody	80% or more children have successfully remained in their homes with at least one caregiver with a substance abuse issue at case closure	Percentage of TIES children that have been safely and successfully maintained in their homes at case closure
	Implementation of TDMHSAS-HOMEBUILDERS (TDMHSAS-HB) serving children in or at imminent risk of being placed in state custody	Through TDMHSAS-HB, prevent families with at least one caregiver with a substance use issue and with children from being placed in state custody	70% or more of TDMHSAS-HB focal child participants will not have been removed or re-entered state custody for six (6) months post-case closure	Percentage of TDMHSAS-HB focal child participants that have not been removed or re-entered state custody for six (6) months post-case closure
	Monitor opioid treatment programs to improve quality of care	Enhance patient care, safety and improve patient outcomes in opioid treatment programs	Two monitoring visits per year will be conducted on opioid treatment programs	Number of monitoring visits to opioid treatment programs in compliance with standards

Goal 4: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Strategic Initiatives	The MAT ED Induction Project seeks to assist partner hospitals with increasing education and technical assistance to hospital emergency department staff to ensure there is an increase in the number of patients who when medically appropriate are provided buprenorphine induction in the ED	Enhance the screening and initiation of treatment for patients in the ED who are identified as having an OUD	240 individuals with OUD will receive buprenorphine initiation in the ED setting	Number of patients with OUD provided buprenorphine initiation in the ED
	The Hospital-Based Medications for Opioid Use Disorder (MOUD) Clinical Specialist will provide education and technical assistance to medical based settings regarding opioid and stimulant use disorder to assist in further connection to care and increase fidelity of clinicians to evidence-based practices	Expand the knowledge around treatment options and modalities as it relates to patients with opioid and/or stimulant use disorders	The Hospital-Based MOUD Clinical Specialist will provide education and technical assistance to at least 5 medical based settings	Number of medical based settings who have received education and/or technical assistance from the Hospital-Based MOUD Clinical Specialist
	The Project Rural Recovery Program seeks to engage and treat rural populations who are currently underserved to improve their health status	Provide mobile, integrated physical health, mental health, and substance use services to rural Tennesseans in 20 counties.	40% of adult clients who complete a reassessment will show an improvement in at least one of the following: blood pressure, body mass index, breath CO, A1c, or lipid profile over the course of treatment	Percent of adult clients, who completed a reassessment, who show an improvement in at least one of the following: blood pressure, body mass, index, breath CO, a1c, or lipid profile over the course of treatment
	The Project Rural Recovery Program seeks to engage and treat rural populations who are currently underserved to improve their health status	Provide mobile, integrated physical health, mental health, and substance use services to rural Tennesseans in 20 counties	2,000 unduplicated individuals will be served through the Project Rural Recovery Program per year	Number of unduplicated individuals served per year

Reporting: Division of Hospital Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of BHSN of TN applications completed at the four RMHIs	Number	869	>800			
Percentage of six-month rolling average collection rates on contracted payer claims for those admitted to a RMHI	Percentage	91.64%	93%			Matches target for CFG report. Average for July 2022 through June 2023 as of 7/25/2023. Based on 121 delay data.
Percentage of RN2 positions that are filled to support the RMHIs	Percentage	71%	75%			New program for FY24. Baseline is estimated.
Percentage of Psychiatric Technicians positions that are filled to support the RMHIs	Percentage	83%	85%			New program for FY24. Baseline is estimated.
Number of discharges across all four RMHIs	Number	5,935 discharges	6,100			

Reporting: Office of Forensics and Juvenile Court Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Percentage of all inpatient defendants admitted to the FSP for inpatient forensic evaluation and treatment	Percentage	9.5%	<15%			
Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services	Percentage	66%	75%			
Number of screenings conducted in Juvenile Courts statewide	Number	4,606	4,000			
Number of Forensic Evaluator Training sessions	Number	8	4			

Reporting: Division of Planning, Policy, and Legislation

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of quarterly conference calls with the Regional Council Leadership Teams	Number	1	1			
Number of statewide needs assessments per year	Number	1	1			
Number of Department updates per year	Number	0	1			
Number of prevention/anti-drug coalition member representatives on each Regional Council	Number	1	1			
Number of substance abuse member representatives on each Regional Council	Number	1	1			
Number of children and youth providers and/or family members on each Regional Council	Number	1	1			

Reporting: Division of Planning, Policy, and Legislation (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of consumer and family member representatives on each Regional Council	Number	1	1			
Number of housing representatives on each Regional Council	Number	1	1			
Percentage of rules filed to update Tennessee’s controlled substance schedules I, II, III, IV, and V	Percentage	100%	100%			
Percentage of the Department’s executive leadership team members, division leaders, and RMHI chief officers who receive the Legislative Summary	Percentage	100%	100%			

Reporting: Office of Research

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of SHR data files submitted to SAMHSA by March 1	Number	1	1			
Number of data products generated for DHS	Number	3	3			
Number of automated CLD files generated for federal MHBG reporting	Number	1	1			
Number of programs under evaluation within our office	Number	7	7			
Number of URS data reports submitted to SAMHSA	Number	1	1			

Reporting: Office of Research (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY23: July 2022 – June 2023)	KPI Target (FY24: July 2023 – June 2024)	February Report (July 2023 – Dec. 2023)	August Report (Jan. 2024 – June 2024)	Explanation (if applicable)
Number of data products accessible on the Department’s website	Number	18	18			
Number of data trainings conducted with provider partners	Number	7	7			

Reporting: Office of Faith-Based Initiatives

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY23: July 2022 – June 2023)	KPI Target (FY24: July 2023 – June 2024)	February Report (July 2023 – Dec. 2023)	August Report (Jan. 2024 – June 2024)	Explanation (if applicable)
Number of congregations contacted for expansion of faith-based program	Number	1,766	1,500			
Number of newly certified faith-based congregations/organizations	Number	134	150			
Number of Lifeline Peer Project trainings provided	Number	2,929	3,000			
Number of individuals who receive a Lifeline Peer Project training	Number	133,116	100,000			
Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project	Number	6,830	6,000			
Number of Tennessee Faith-Based Community Initiatives trainings provided	Number	829	845			

Reporting: Office of Faith-Based Initiatives (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY23: July 2022 – June 2023)	KPI Target (FY24: July 2023 – June 2024)	February Report (July 2023 – Dec. 2023)	August Report (Jan. 2024 – June 2024)	Explanation (if applicable)
Number of individuals who receive a Tennessee Faith-Based Community Initiatives training	Number	55,660	58,000			
Number of Collegiate Recovery trainings provided on campuses	Number	86	90			
Number of new individuals who receive a Collegiate Recovery training on campuses	Number	2,974	3,000			
Number of new post-secondary institutions contacted for expansion of collegiate recovery program	Number	68	45			KPI Target number is lower than KPI Baseline number due to attrition rate with schools.
Number of new recovery allies recruited on collegiate campuses	Number	1,094	600			
Number of newly Certified Collegiate Recovery campuses	Number	N/A	10			New metric. Baseline data not available.

Reporting: Division of Mental Health Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of calls to the statewide crisis hotline (855-CRISIS-1) (all ages) and local crisis lines funded by TDMHSAS providing access and referral to crisis services to individuals experiencing a mental health crisis	Number	125,558	126,000			
Number of individuals screened for mental health or related interventions by the 988 Call Centers (only calls included)	Number	35,038	40,000			
Number of Tennesseans (all ages) accessing emergency psychiatric crisis services and assessment from a mobile crisis responder or at a crisis walk-in center	Number	73,052	75,000			

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY23: July 2022 – June 2023)	KPI Target (FY24: July 2023 – June 2024)	February Report (July 2023 – Dec. 2023)	August Report (Jan. 2024 – June 2024)	Explanation (if applicable)
Percentage of Tennesseans who received face-to-face psychiatric crisis assessments who were diverted from hospitalization and referred to less restrictive community care (CSU, Respite, 23 hour observation services, or Community Outpatient Services)	Percentage	66%	67%			
Number of admissions to the adult CSUs	Number	6,602	9,000			
Number of uninsured/indigent adult Tennesseans and number of uninsured/underinsured Tennessee children having a serious mental illness, living at or below 138% of the FPL, able to access outpatient mental health care from BHSN of TN that otherwise would not have the ability to receive core behavioral health services	Number	33,707	40,000			

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services	Number	609	600			
Number of youth and young adults who receive treatment and recovery support services through the FEPI	Number	232	240			
Number of individuals (adults) experiencing SMI or CODs who receive short-term financial support for services such as rental assistance, utilities, medical support, and other costs associated with living independently and maintaining stable housing	Number	2,765	3,200			

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY23: July 2022 – June 2023)	KPI Target (FY24: July 2023 – June 2024)	February Report (July 2023 – Dec. 2023)	August Report (Jan. 2024 – June 2024)	Explanation (if applicable)
Number of safe, affordable mental health and/or recovery housing opportunities that are created, improved, or preserved for individuals with a history of SMI or CODs as a result of the Regional Housing Facilitators and Consumer Housing Specialists supporting the CHI *	Number	2,765	3,200			
Number of individuals (adults) experiencing mental illness or CODs who reside in community based TDMHSAS provider housing facilities (independent living, group homes, supportive housing) and/or receive services and supports to maintain long-term supportive housing	Number	2,172	2,200			
Number of eligible individuals who become certified within the peer workforce annually	Number	446	450			

* Noted in the 2023 Needs Assessment Summary

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY23: July 2022 – June 2023)	KPI Target (FY24: July 2023 – June 2024)	February Report (July 2023 – Dec. 2023)	August Report (Jan. 2024 – June 2024)	Explanation (if applicable)
Percentage rate of employment for the individuals served through the evidence based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day	Percentage	50%	50%			
Number of individuals who receive support from COVID MHBG supplemental grant funded projects	Number	69,265	65,000			
Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students*	Number	124,424	150,000			

* Noted in the 2023 Needs Assessment Summary

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY23: July 2022 – June 2023)	KPI Target (FY24: July 2023 – June 2024)	February Report (July 2023 – Dec. 2023)	August Report (Jan. 2024 – June 2024)	Explanation (if applicable)
Number of students served by the school based behavioral health liaisons using the Multi-Tiered System of Support interventions from Tier II and Tier III services *	Number	23,490	37,500			
Number of young children experiencing challenging behaviors served by the RIP	Number	369	375			
Number of juvenile justice involved youth diverted to evidence-based and community-based services	Number	1,305	1,400			

* *Noted in the 2023 Needs Assessment Summary*

Reporting: Division of Administrative and Regulatory Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of licensing oversight visits for mental health and substance abuse programs	Number	2,164	2,200			
Number of individuals referred for placement on TDH Abuse Registry	Number	4	6			
Number of licensure rules proposed for amendment	Number	4	4			

Reporting: Division of Administrative and Regulatory Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Percentage of licensure surveyors participating in training	Percentage	100%	100%			
Percentage of subrecipient agencies on Department plan monitored	Percentage	100%	100%			
Number of trainings or technical assistance events offered to contracted agencies	Number	24	24			

Reporting: Division of General Counsel

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Percentage of agency contracts submitted by deadline	Percentage	85%	85%			
Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage	100%	100%			
Percentage of state representation at administrative proceedings	Percentage	100%	100%			

Reporting: Division of Substance Abuse Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Percentage of individuals receiving treatment services who disclose they inject drugs	Percentage	41%	40%			
Number of individuals enrolled in recovery support services*	Number	15,049	14,000			
Number of individuals who have been screened for trauma	Number	11,320	11,300			
Number of recovery homes (i.e., Oxford Houses) *	Number	143	150			
Number of individuals receiving MAT services	Number	4,508	4,200			
Number of women who are pregnant and/or have dependent child who access SUD treatment	Number	1,927	1,400			

* Noted in the 2023 Needs Assessment Summary

Reporting: Division of Substance Abuse Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of women admitted into the Residential Recovery Court program	Number	21	12			
Number of substance abuse professionals receiving training	Number	4,014	3,300			
Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use	Percentage	N/A	5.2%			
Number of naloxone kits distributed to individuals at high risk of overdose	Number	177,017	150,000			

Office of Strategic Initiatives

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of Individuals served by the Tennessee Recovery Navigator Program	Number	3,730	3,500			
Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigators Program	Percentage	66%	70%			
Number of patients with opioid use disorder provided buprenorphine initiation in the ED	Number	155	240			
Number of medical based settings who have received education and/or technical assistance from the Hospital-Based MOUD Clinical Specialist	Number	N/A	5			
Percentage of adults, who completed a reassessment, who show an improvement in at least one of the following: blood pressure, body mass index, breath CO, A1c, or lipid provide over the course of treatment	Percentage	50%	40%			

Office of Strategic Initiatives (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of unduplicated individuals served by the Project Rural Recovery program per year	Number	1,594	2,000			

Reporting: Office of Communications

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of news releases and media advisories distributed	Number	19	20			
Total number of Facebook and Instagram postings per year	Number	339	300			
Number of <i>Update</i> newsletters produced	Number	11	12			
Number of email summaries	Number	250	225			
Number of website page views	Number	1,296,266	800,000			

Reporting: Division of Clinical Leadership

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline <small>(FY23: July 2022 – June 2023)</small>	KPI Target <small>(FY24: July 2023 – June 2024)</small>	February Report <small>(July 2023 – Dec. 2023)</small>	August Report <small>(Jan. 2024 – June 2024)</small>	Explanation <small>(if applicable)</small>
Number of veterans who receive mental health and suicide prevention information	Number	50	55			
Number of faith communities who develop and implement suicide statements for suicide prevention plans and activities	Number	550	550			
Percentage of TIES children that have been safely and successfully maintained in their homes	Percentage	80%	N/A			The TIES program will be transitioned to the TDMHSAS-HB program during FY 2024.
Percentage of TDMHSAS-HB focal child participants that have not been removed or re-entered state custody for six (6) months post-case closure	Percentage	70%	N/A			The TDMHSAS-HB program will replace the TIES program in FY 2024. The exact implementation date has not yet been determined.
Number of monitoring visits to opioid treatment programs in compliance with standards	Number	2	2			