

Mental Health and Substance Abuse Services Inventory Contents

Mental Health and Substance Abuse Services Inventory Contents	1
Mental Health Listing	4
Behavioral Health Safety Net for Adults.....	4
Child Care Consultation	5
Children and Youth Homeless Outreach Program.....	6
Community Supportive Housing	7
Community Targeted Transitional Support.....	8
Consumer Housing Specialists	9
Creating Homes Initiative/Regional Housing Facilitators.....	10
Crisis Intervention Teams (CIT) in Tennessee.....	11
Crisis Respite Services.....	12
Crisis Stabilization Units (CSUs).....	13
Crisis Walk-in Centers	14
Early Intervention and Prevention Program.....	15
Emerging Adults.....	16
Emotional Fitness Centers.....	17
Erase the Stigma	18
First Episode Psychosis Program.....	19
Healthy Transitions	20
Individual Placement and Support (MHSAS).....	21
Intensive Long-Term Support	22

Juvenile Justice Diversion Program 23

Licensed Supportive Living..... 24

Mental Health 101 25

Mobile Crisis Services..... 26

My Health, My Choice, My Life..... 27

Older Adults Program 28

Peer Intensive Care Specialists 29

Peer Recovery Call Center 30

Peer Support Centers..... 31

Project BASIC..... 32

Project Rural Recovery..... 33

Projects for Assistance in Transition from Homelessness (PATH)..... 34

Regional Intervention Program (RIP) 35

SOAR Liaisons..... 36

Statewide Family Support Network 37

System of Care Across Tennessee (SOCAT) 38

Tennessee Lives Count CONNECT..... 39

TDMHSAS-Homebuilders..... 40

Violence and Bullying Prevention..... 41

Youth Respite 42

Youth Suicide Prevention 43

988 Suicide & Crisis Lifeline..... 44

Substance Abuse Service Listing 45

Addiction Recovery Program 45

Adolescent Substance Use Disorders Services Program 46

Certified Recovery Courts..... 47

Collegiate Recovery Initiative 48

Comprehensive Alcohol, Tobacco, and Other Drugs Program (COMP ATOD)..... 49

Continuum of Care 50

Criminal Justice Liaison Program..... 51

HIV/AIDS Early Intervention Services 52

Lifeline Peer Project..... 53

Oxford House Model..... 54

Problem Gambling Treatment Services Program 55

TDOC Community Treatment Collaborative..... 56

Tennessee Recovery Navigators..... 57

TN Recovery Oriented Compliance Strategy (TN-ROCS) 58

Women’s Recovery Oriented Systems of Care 59

Women’s Residential Recovery Court Program..... 60

Mental Health Listing

Behavioral Health Safety Net for Adults

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Behavioral Health Safety Net for Adults <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Behavioral Health Safety Net for Adults provides core, essential, outpatient mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of community mental health centers. This includes interventions, several of which are evidence-based, like assessment and evaluation, therapeutic interventions, case management, transportation, peer support services, psychosocial rehabilitation services, psychiatric medication management, laboratory tests related to medication management, and pharmacy assistance and coordination.
Delivery Setting	Target Population
Outpatient	Adults

Logic Model	Outputs	Outcome(s)
If we provide a safety net of essential mental health services for individuals who are uninsured or underinsured, then more uninsured and underinsured Tennesseans will receive essential mental health services promoting recovery, resiliency, and independence.	1. Number of individuals served	1. Percentage of number of individuals served psychiatrically hospitalized
	2. Number of units of service delivered	
	3. Percentage of units of services delivered via telehealth modalities	

[Back to Top](#)

Child Care Consultation

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Child Care Consultation <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Provides early childhood mental health training, coaching and consultation (using best practices) to centers and systems that serve young children across the state. In addition, capacity development and awareness building will be provided around the need for early childhood mental health and healthy social emotional development. The training site in Nashville serves the whole state, and also provides training for Project BASIC Child Development Specialist (CDS) staff to develop their capacity to incorporate mental health coaching regarding evidence-based Pyramid Model strategies (related to the social-emotional development of children) as part of their existing practices.
Delivery Setting	Target Population
Home, School	Infancy/Early Childhood, Children, Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide training and coaching around infant & early childhood mental health to early childhood professionals and families, then we will improve children’s mental health foundations and support implementation of positive parenting and classroom management strategies, and in doing so, increase life-long resilience in children, reduce suspension & expulsion in early childhood settings, increase workforce retention for the early childhood workforce, and reduce parent-stress.	1. Number of children served directly	1. Improved level of functioning for the child in at least one life domain
	2. Number of children served indirectly	2. Reduced level of disruption of family routines due to the child’s behavioral or emotional challenges
	3. Number of consultation/coaching observations	3. Improved classroom best practices by educators
	4. Number of adult training participants	

[Back to Top](#)

Children and Youth Homeless Outreach Program

 **Outputs**

Program/Intervention Name	Description/Additional Information
Children and Youth Homeless Outreach Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Children and Youth Homeless Outreach Project provides outreach and case management for homeless families or those at risk of homelessness to identify children and youth with Severe Emotional Disturbances (SED) or at risk of SED. The program then assists parents to secure needed mental health services for children and other family members in need. Assistance to find or restore secure housing is also provided including temporary financial assistance with rent, utilities, and other needs that will assist the child with SED and help keep the family intact. Some strategies used in this program, like motivational interviewing, are evidence-based.
Delivery Setting	Target Population
Court, Home, Mobile, Outdoor Space, Outpatient, School	Infancy/Early Childhood, Children, Adolescents/Young Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide outreach and case management services to children and youth with Severe Emotional Disturbances (SED) or at risk of SED and their families, then we will increase opportunities for children and youth to receive mental health services and enhance their capacity to obtain more durable and/or sustainable housing, which will improve the overall well-being and resiliency of children and youth with SED or at risk for SED and their households.	1. Number of individuals (children, youth, and members of household) referred to mental health services	
	2. Number of children and youth identified having SED or at risk of SED	

[Back to Top](#)

Community Supportive Housing

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Community Supportive Housing <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Community Supportive Housing program provides flexible funding to agencies to provide permanent supportive housing for adults who are diagnosed with mental illness and co-occurring disorders. As part of the support services provided, the staff is hired by contract agencies to provide on-site supervision for the residents and as-needed supervision to non-supervised group homes and apartments. Staff members also coordinate outside activities for the residents and work one-on-one to develop a housing plan that identifies the individual's ideal housing goal and the steps needed to achieve more independent living. This program includes housing developed through the Creating Homes Initiative (CHI), a strategic plan to partner with local communities on a grassroots level to create permanent housing options for Tennesseans with mental illness.
Delivery Setting	Target Population
Home, Residential Facility	Adults

Logic Model	Outputs	Outcome(s)
If we provide quality, affordable, permanent housing with access to supportive services such as peer recovery, employment, wellness, daily living skills training, social skills building, and community engagement opportunities for individuals with a mental illness or co-occurring diagnosis, then we will equip Tennesseans with the necessary tools and resources to sustain quality housing, which will improve the resiliency, enhance the well-being, and increase the independence of these individuals to help achieve sustained community living and engagement.	1. Number of individuals served in the program	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link		Evidence Rating
WSIPP	Supported housing for chronically homeless adults		Several studies, positive impacts

[Back to Top](#)

Community Targeted Transitional Support

 Pending Panel Review

Program/Intervention Name	Description/Additional Information
Community Targeted Transitional Support <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>The Community Targeted Transitional Support program provides specific, limited, temporary financial assistance that allows individuals with mental illness and/or substance use disorder to live independently in the community. This is achieved by providing funding for rental deposits, rental assistance, utility deposits, utility payments, eye care, dental care, and other essential needs that support efforts to obtain or sustain quality community living. Eligible individuals are those receiving treatment for a mental illness or co-occurring substance abuse disorder whose household income is below the Federal Poverty Level. Payments are not made to service recipients, but instead directly to the vendor, such as landlords, utility companies, healthcare providers, and others.</p>
Delivery Setting	Target Population
Home, Residential Facility, Other Community Setting	Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide specific, limited, temporary financial assistance to Tennesseans with mental illness and/or substance use disorder who have an immediate need for assistance in making payments for essential items, such as rental payments, utility payments, dental care, or vision care, then we will reduce barriers to obtaining affordable housing, which will improve the quality of community living of Tennesseans with mental illness and/or substance use disorder.	1. Number of individuals receiving financial assistance	
	2. Total number of units of specific assistance for rent payments/rental deposits	
	3. Total number of units of specific assistance for utility payments	
	4. Total number of units of specific assistance for dental payments	
	5. Total number of units of specific assistance for vision care payments	

[Back to Top](#)

Consumer Housing Specialists

 **Outputs**

Program/Intervention Name		Description/Additional Information
Consumer Housing Specialists <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Consumer Housing Specialists work to ensure people with mental illness or co-occurring disorders find affordable housing by helping them access the housing listing on the Recovery Within Reach website, access benefits and other income, and address systemic barriers that prevent access to housing.
Delivery Setting		Target Population
Home, Other Community Setting		Adults

Logic Model	Outputs	Outcome(s)
If we partner with existing community housing stakeholders in creating linkages, resource development, and community education efforts, then there will be an increase in the public's understanding and support for individuals with a mental illness or co-occurring disorders, and more of these individuals will secure stable housing.	1. Number of trainings provided to service recipients by Consumer Housing Specialists	
	2. Number of individuals Consumer Housing Specialists assist with accessing housing opportunities	
	3. Number of individuals the Consumer Housing Specialist assists service recipients in accessing Social Security benefits through SOAR (SSI/SSDI, Outreach, Access, and Recovery)	
	4. Number of times the Consumer Housing Specialist assisted a Regional Housing Facilitator in developing housing opportunities	

[Back to Top](#)

Creating Homes Initiative/Regional Housing Facilitators

 **Outputs**

Program/Intervention Name	Description/Additional Information
Creating Homes Initiative/Regional Housing Facilitators <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Creating Homes Initiative (CHI) seeks to assertively and strategically partner with local communities to educate, inform, and expand quality, safe, affordable, and permanent supportive housing options for people with mental illness and/or substance use disorders. Expansions of CHI include “CHI 2.0”, which added a specific focus on expanding permanent supportive housing opportunities for people in recovery from substance use disorders, and “CHI 3.0”, which added a specific focus on expanding permanent supportive housing opportunities for people with mental illness and/or substance use disorder who reenter the community from prisons and jails or have a history of incarceration. Grassroots-based professionals, known as Regional Housing Facilitators, engage with a vast array of community partners and interested stakeholders to help strategize and pursue opportunities to create new housing options for the targeted population.
Delivery Setting	Target Population
Home, Workplace, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If we work with a variety of stakeholders to leverage partnerships and funding to create new housing opportunities for individuals with mental illness and/or substance use disorders, then Tennesseans in need of supportive housing will have increased resiliency, recovery, and resilience which will improve sustained quality living in the community.	1. Percentage of awarded proposals for TDMHSAS-funded housing grants that Regional Housing Facilitators assisted with 2. Dollar amount leveraged 3. Number of housing opportunities created	

[Back to Top](#)

Crisis Intervention Teams (CIT) in Tennessee

N No Effects

Program/Intervention Name		Description/Additional Information	
Crisis Intervention Teams (CIT) in Tennessee <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		<p>The Crisis Intervention Team (CIT) program is both a community coalition and a specialized, 40-hour community-based course for law enforcement and other first responders. The CIT training is designed to increase knowledge and understanding of mental illness and substance use disorder, decrease stigma, and increase empathy, introduce community resources and partners that can assist in effective responses to individuals in a behavioral health crisis, and build listening, communication, and de-escalation skills that are effective in encounters with individuals in behavioral health crises.</p>	
Delivery Setting		Target Population	
Other Community Setting		Adults	

Logic Model	Outputs	Outcome(s)
<p>If we provide specialized training for law enforcement officers/first responders to utilize alternative diversion options, like mobile crisis and other diversion services, in response to individuals in behavioral health crises, then we will appropriately redirect individuals in a behavioral health crisis away from the criminal justice system to community-based behavioral health services, thereby reducing incarceration and improving officer and community safety.</p>	1. Number of people in behavioral health crises directed to community services instead of incarceration	1. Percentage of people in behavioral health crises directed to community services instead of incarceration
	2. Number of counties in Tennessee with at least one law enforcement officer and/or other first responder trained in Crisis Intervention Team (CIT)	
	3. Number of counties in Tennessee with Crisis Intervention Team (CIT) community coalitions	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
CrimeSolutions	Crisis Intervention Teams (CIT)	No effects, one meta-analysis	

[Back to Top](#)

Crisis Respite Services

 Evidence

Program/Intervention Name		Description/Additional Information
Crisis Respite Services <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		<p>Crisis Respite Services are non-hospital, facility-based services, focused on short-term stabilization, up to 72 hours, offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) in support of behavioral health treatment as determined by the crisis services provider. Services may include individualized engagement, medication management, crisis counseling, peer support, linkage to behavioral health treatment/supports and other community resources necessary for the individual to safely reside in the community.</p>
Delivery Setting		Target Population
Other Community Setting		Adults

Logic Model	Outputs	Outcome(s)
<p>If we provide access to crisis respite services to individuals experiencing a mental health crisis, then they will receive immediate and temporary support in a safe and therapeutic environment, enabling them to stabilize, regain control over their mental health, and reduce the risk of further escalation of hospitalization.</p>	1. Number of people who accessed respite services	
	2. Average length of stay	
	3. Number of persons admitted to respite services	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
NREPP/Results First	Short Term Acute Residential Treatment (START)	Second-highest rated

[Back to Top](#)

Crisis Stabilization Units (CSUs)



Evidence

Program/Intervention Name	Description/Additional Information
Crisis Stabilization Units (CSUs) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Crisis Stabilization Unit (CSU) services are offered 24/7/365 to provide intensive, short-term stabilization for individuals experiencing a mental health crisis, up to 96 hours. Services may include psychiatric, diagnostic, and medical assessments; crisis assessment, support and intervention; education administration, management and monitoring; medically monitored or social detox; psychiatric/behavioral health treatment; nursing assessment and care; brief individual, group and/or family support; and/or psychoeducational services.
Delivery Setting	Target Population
Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If we provide intensive, short-term stabilization for individuals experiencing a mental health crisis via crisis stabilization units in communities, then individuals experiencing a mental health crisis can receive immediate and appropriate care, reducing the need for more intensive interventions and promoting healing and recovery.	1. Number of persons admitted to crisis stabilization unit	
	2. Average length of stay	
	3. Average daily bed utilization	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
NREPP/Results First	Short Term Acute Residential Treatment (START)	Second-highest rated

[Back to Top](#)

Crisis Walk-in Centers

 **Outcomes**

Program/Intervention Name	Description/Additional Information	
Crisis Walk-in Centers <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Crisis Walk-in Centers offer face-to-face, 24/7/365 evaluation for those who are experiencing a mental health emergency. Services can include mental health assessment, referral to services, and follow-up services. Several components of this program, such as the mental health assessment and follow-up services, are evidence-based.	
Delivery Setting		Target Population
Other Community Setting		Adults

Logic Model	Outputs	Outcome(s)
If we provide individuals in a community have access to well-equipped and staffed crisis walk-in centers that provide mental health assessments, referrals to services, and follow-up services, then the overall mental health and well-being of the community will improve, resulting in a reduction in emergency room visits, hospitalizations, and severe psychological outcomes.	1. Number of face-to-face assessments completed in WIC	1. Percentage of face-to-face crisis assessments occurring in WIC that avoid hospitalization
	2. Number of 23-hour observation admissions	

[Back to Top](#)

Early Intervention and Prevention Program

 Evidence

Program/Intervention Name	Description/Additional Information
Early Intervention and Prevention Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Early Intervention and Prevention Program (EIPP), housed in Renewal House, Inc (residential and intensive-outpatient facility for mothers with substance abuse and addiction issues) is a targeted early intervention and mental health program for children, up to age 14 years who are at risk of serious emotional disturbances or substance abuse, and their mothers. EIPP is a unique program that ensures that young children at risk and their mothers, who would otherwise not have a payor source for the services, receive child, family and group counseling; therapeutic services; evaluations/assessments; coparenting classes; school support and general support groups to increase family preservation, decrease the negative effects associated substance abuse/addictions issues and parenting, and overall increase future success for both the children and mothers.
Delivery Setting	Target Population
Inpatient, Outpatient, Residential Facility, School	Infancy/Early Childhood, Children, Adults, Families, Gender-specific

Logic Model	Outputs	Outcome(s)
If we provide on-site child, family, and group counseling to an at-risk population, mothers with addiction and substance abuse issues and their children, then we will build resiliency and will mitigate negative effects and poorer outcomes related to toxic stress occurring in early childhood/childhood and subsequently will increase academic achievement and lifelong success/well-being.	1. Number of participants served	1. Percent of mothers showing success by either maintaining or increasing their score in at least two out of five parenting constructs between pre- and post-test
	2. Number of individual parenting support sessions and parenting classes to mothers who are enrolled in or are alumni of programs at the Renewal House	
	3. Number of unduplicated children and/or their mothers shall receive family and/or individual counseling as deemed appropriate by evaluation	2. Percent of children with both a pre- and post- test showed an increase or maintenance in Total Protective Factors/Total Social-Emotional Composite Scores
	4. Number of children up to age eleven (11) years who are identified with a social-emotional or behavioral need through the DECA or DESSA assessments	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
*Multiple Sources	There are multiple sources of evidence that cover several elements of this program; those evidence sources are available upon request.		

[Back to Top](#)

Emerging Adults

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Emerging Adults <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>The Emerging Adult Services program is a strengths-based program to support young adults, ages 18-25, who have a Serious Emotional Disturbance (SED), mental illness or a co-occurring disorder, as they transition to adulthood. Available services include quality, affordable and safe supportive housing with individualized support services for young adults who have been either in foster care or in treatment for mental illness or a co-occurring substance use disorder and have very low income. As young adults demonstrate their ability to live more independently, the program assists in their transition to more independent community living. Available services also include daily adult living development opportunities for the targeted population, such as education on mental health, substance use disorders, and life skills. Group topics include coping skills, medication education, financial management, nutrition, personal grooming and hygiene, relationship building, and more. Service recipients also actively work toward employment and education goals.</p>
Delivery Setting	Target Population
Residential Facility, Other Community Setting	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
<p>If we provide quality supportive housing and life skills training in areas such as education, vocation, community integration, and social engagement to young adults aged 18-25 with mental illness or serious emotional disturbance (SED), then they will be prepared to transition to greater independence and sustained community living while advancing further into adulthood.</p>	1. Number of individuals who received services in the “Emerging Adults Housing” component of the Emerging Adults program	
	2. Number of individuals who received services through the “Emerge” life skills component of the Emerging Adults program	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CEBC	Transition to Independence (TIP) Model	Promising research evidence

[Back to Top](#)

Emotional Fitness Centers

 **Outputs**

Program/Intervention Name	Description/Additional Information
Emotional Fitness Centers <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Emotional Fitness Centers of Tennessee is a faith-based program that offers no cost mental health and substance abuse screenings, as well as community events and training regarding mental health and substance abuse issues. Their aim is to address emotional issues that lead to mental health concerns and ensure those needing emotional healing receive it, reduce the number of people not receiving emotional help needed, lower stress on families associated with family members not getting needed care. The Emotional Fitness Center follows evidence based and evidence informed practices that focus on spirituality as the starting point to other support services.
Delivery Setting	Target Population
Organization/Business/Local Government, Home, Mobile, Outdoor Space, Outpatient, Residential Facility, Workplace, Other Community Setting	Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide education and resources surrounding mental health and substance use and increase the number of behavioral health screenings provided, then individuals served will have increased access to mental health and substance abuse resources for their community.	1. Number of referrals to services for individuals in need of substance abuse support	
	2. Number of individuals receiving care for mental/emotional health concerns in community, including depression and grief	
	3. Number of referrals to community-based resources for individuals with no insurance	

[Back to Top](#)

Erase the Stigma

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Erase the Stigma <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Erase the Stigma is mental health awareness curriculum to promote understanding of mental illness and to reduce the stigma associated with mental illness. The program is made interesting to youth by the use of puppets, storytelling and other interactive exercises. The signature method for providing mental health information to youth is the IC HOPE duck.
Delivery Setting	Target Population
School, Other Community Setting	Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide educational presentations and public awareness campaigns particularly by utilizing interactive school-based curriculum, then we will increase an overall understanding of mental health and social-emotional wellness, which will reduce the stigma around mental illness.	1. Number of children and youth participants	1. Percent of audience with an increased awareness and understanding of mental and emotional health
	2. Number of adult participants	
	3. Number of presentations	

[Back to Top](#)

First Episode Psychosis Program

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
First Episode Psychosis Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	On Track TN is designed to provide early intervention services for youth and young adults ages 15 to 30 who have experienced first-episode psychosis. This comprehensive intervention model is a team of mental health professionals and support services, focusing on helping people work toward recovery and meeting personal goals. The program includes the following components: individual and group psychotherapy, supported employment and education, family education and support, peer support, psychopharmacology, and care coordination and management.
Delivery Setting	Target Population
Home, Outpatient, Workplace	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide community-based services and early intervention services for youth and young adults ages 15-30 years experiencing their first episode of psychosis using Coordinated Specialty Care (CSC), then we can improve outcomes for youth and young adults diagnosed with a psychosis spectrum disorder enabling them to function more effectively at home, in school, and in the community.	1. Total number served	1. Participants experiencing fewer symptoms of Psychosis from intake at to six-month follow-up
	2. Number of youth/young adults with psychosis-related diagnosis enrolled	2. Participants enrolled in IPS services attending and enrolled in educational programs from the time of intake to the six-month follow-up period
	3. Number of service areas (counties)	3. Participants enrolled in IPS services attending and engaging in occupational activities from the time of intake to the six-month follow-up period

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CEBC	Transition to Independence Process (TIP) Model	Promising research evidence

[Back to Top](#)

Healthy Transitions

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Healthy Transitions <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (HT-ILT) helps improve emotional and behavioral health functioning of youth and young adults ages 16-25 who have a serious emotional disturbance (SED) or a serious mental illness (SMI). This is accomplished through increasing awareness, screening and detection, outreach and engagement, referrals to treatment, peer stabilization services, coordination of care, and evidence-based services and supports such as care coordination and supported education and employment services.
Delivery Setting	Target Population
Home, Outpatient, School	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide screening, referrals, and other services to youth and young adults with severe mental disorders, then they are more likely to participate in the workforce, maintain stable housing, and have a higher quality of life.	1. Total number youth and young adults served	1. Percent of participants who reported overall healthiness after six months
	2. Total number of screenings completed	2. Percent of participants who reported a reduction in emotional distress after 6 months from intake
	3. Total number of outreach contacts	3. Percent of participants who reported an increase in daily functioning from intake to the six-month follow-up

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CEBC	Transition to Independence Process (TIP) Model	Promising research evidence

[Back to Top](#)

Individual Placement and Support (MHSAS)

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Individual Placement and Support (MHSAS) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Individual Placement & Support (IPS) supported employment program is a community-based program that helps individuals with a serious mental illness and/or co-occurring disorder work in competitive and integrated jobs of their choosing. IPS also promotes supported education goals (e.g., getting a GED, enrolling in postsecondary classes, etc.).
Delivery Setting	Target Population
Organization/Business/Local Government, Home, Hospital/Treatment Center, Mobile, Workplace, Other Community Setting	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide community-based supported employment services to adults and youth with behavioral health conditions who are seeking employment and have education goals, then we will reduce use of mental health services and foster opportunity for increased income, improved self-esteem, improved social networks, reduced substance use, increased quality of life and overall better control of symptoms.	1. Number of people served	1. Percentage of program participants who gained employment
	2. Number of people who became employed	2. Percentage of program participants who worked 90 days or more, calculated from those who began working
	3. Number of people who maintained employment for 90 days or more	3. Percentage of program participants who worked 90 days or more, calculated from the total supported

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
WSIPP	Individual placement and support (IPS) for individuals with serious mental illness	Multiple studies; positive impacts

[Back to Top](#)

Intensive Long-Term Support

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Intensive Long-Term Support <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	This program designed to provide intensive long-term, wrap-around support services to allow people to be discharged from the state’s Regional Mental Health Institutes into supportive living facilities in the community. The goal of the Intensive Long-term Support (ILS) program is to provide quality, safe, and affordable permanent supportive housing for individuals discharging from the State’s Regional Mental Health Institutes who would otherwise not be able to successfully live in the community due to the lack of available housing with the capacity to meet their specific needs.
Delivery Setting	Target Population
Residential Facility	Adults

Logic Model	Outputs	Outcome(s)
If enhanced long-term, wrap-around support services that include psychiatric, nursing, case management and treatment services are provided to individuals discharging from Regional Mental Health Institutes, then they will live successfully in the community, with little to no re-admissions to the hospital.	1. Number of beds dedicated to Intensive Long-Term support	
	2. Number of individuals served within the program	
	3. Number of individuals discharged from the ILS program due to rehospitalization	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Service-enriched housing	Some evidence, promising

[Back to Top](#)

Juvenile Justice Diversion Program

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information	
Juvenile Justice Diversion Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Juvenile Justice Diversion Program is a grant program that provides six providers across Tennessee with funding for community-based behavioral health services to justice-involved youth. This program utilizes evidence-based strategies such as motivational interviewing, aggression replacement training, and trauma-focused cognitive behavioral therapy.	
Delivery Setting		Target Population	
Court, Home, Hospital/Treatment Center, Outpatient, Residential Facility, School, Other Community Setting		Children, Adolescents/Young Adults	

Logic Model	Outputs	Outcome(s)
If we provide community-based services and training for treatment options for juvenile courts to utilize, particularly in evidence-based strategies like motivational interviewing, aggression replacement training, and trauma-focused cognitive behavioral therapy, then we will reduce instances of youth placement in state custody and additional offenses, which will improve the resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth.	1. Number of referrals across all providers	1. Rate of out-of-home placement
	2. Number of admissions across all providers	
	3. Number of discharges across all providers	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
CrimeSolutions	Juvenile Diversion Programs	Promising; more than one meta-analysis	

[Back to Top](#)

Licensed Supportive Living

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information
Licensed Supportive Living <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Licensed Supportive Living Facilities located in designated counties receive a reimbursement of \$2.00/day per eligible individual for up to 30% of eligible residents at a given residential facility. This reimbursement helps support the financial viability and, therefore, availability of these housing opportunities for people with a history of mental illness or co-occurring disorders.
Delivery Setting		Target Population
Home, Residential Facility		Adults

Logic Model	Outputs	Outcome(s)
If we support the provision of housing in a supported setting and at an affordable rate, then the quality of life for residents is enhanced, further decreasing homelessness, psychiatric hospitalizations, and involvement with the criminal justice system.	1. Number of licensed beds in TN	
	2. Number of persons in supportive living housing	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Service enriched housing	Some evidence; multiple studies

[Back to Top](#)

Mental Health 101

 **Outcomes**

Program/Intervention Name		Description/Additional Information
Mental Health 101 <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Mental Health 101 provides mental health information with a focus on youth suicide prevention and resources to middle school and high school students statewide. This program includes evidence-based practices like gatekeeper training.
Delivery Setting		Target Population
School		Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide mental health training and resources to middle schools and high schools, then students and staff within those schools are equipped with the tools and knowledge to reduce the risk factors associated with suicide and promote mental well-being among the student population.	1. Number of middle school and high school students served	1. Percentage of individuals trained who can identify suicide warning signs post-training
	2. Number of middle schools and high schools served	
	3. Satisfaction survey results	

[Back to Top](#)

Mobile Crisis Services

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information	
Mobile Crisis Services <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Mobile Crisis Services is a 24/7/365 response team for those who are experiencing a mental health emergency. Services may be accessed by calling 988 the suicide and crisis lifeline. Services may include telephone services provided by trained crisis specialists, face-to-face or telehealth crisis assessment, referral for additional services & treatment, stabilization of symptoms, and follow-up services.	
Delivery Setting		Target Population	
Organization/Business/Local Government, Correctional Facility, Court, Home, Hospital/Treatment Center, Inpatient, Mobile, Outdoor Space, Outpatient, Residential Facility, School, Other Community Setting		Children, Adolescents/Young Adults, Adults	

Logic Model	Outputs	Outcome(s)
If we provide access to mobile crisis services, such as telephone services from trained crisis specialists, crisis assessment, and referrals to treatment and stabilization services, to individuals experiencing a mental health crisis, then trained professionals will respond promptly and provide immediate support and assistance.	1. Number of face-to-face crisis assessments completed	1. Percentage of face-to-face crisis assessments not resulting in hospitalization
	2. Number of clinicians designated as Mandatory Prescreening Agents	2. Percentage of face-to-face crisis assessments that occurred within two (2) hours from receipt of the call whenever a face-to-face response is indicated
	3. Number of calls answered by a crisis call center	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
WSIPP	Mobile crisis response	Multiple studies; positive effects	

[Back to Top](#)

My Health, My Choice, My Life

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
My Health, My Choice, My Life <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>My Health, My Choice, My Life is a peer-led health promotion, wellness, and self-management initiative created to improve the health and well-being of Tennesseans living with mental health, substance use, and/or co-occurring disorders through one-on-one peer wellness coaching, health and wellness activities, and self-management workshops (such as the evidence-based Self-Management Resource Center curriculum). The Peer Wellness Initiative funds the Statewide Peer Wellness Coach and Trainer to provide mental health and co-occurring treatment and recovery services providers with health and wellness training, technical assistance, and ongoing support in implementing health and wellness programming.</p>
Delivery Setting	Target Population
Organization/Business/Local Government, Home, Hospital/Treatment Center, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
<p>If we provide community-based services and training to promote healthier behaviors for Tennesseans with mental health and or substance use conditions, then we will improve the health and wellness behaviors of participants, which will reduce instances of serious comorbidity and early mortality due to treatable medical conditions caused by obesity, substance use, smoking and inadequate access to medical care.</p>	1. Number of people served	1. Percentage of individuals with increase in healthy eating behaviors
	2. Number of people who participated in one-on-one peer wellness coaching	2. Percentage of individuals with increase in physical activity
	3. Number of health and wellness activities conducted by Peer Wellness Coaches	3. Percentage of individuals with increase in self-management behaviors
	4. Number of people who participated in a health, wellness, and self-management workshop	
	5. Number of people who self-reported an increase in physical health/wellness behaviors	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Chronic disease self-management (CDSM) programs	Scientifically supported

Older Adults Program

 **Outputs**

Program/Intervention Name	Description/Additional Information
Older Adults Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Older Adults Program (OAP) provides care management that can include several strategies, some of which are evidence-based, such as individual/group therapy, behavioral health assessment, medication management, referrals to mental health services and supports, and aging-related health education. The OAP is offered to individuals aged 50+ with behavioral health conditions (and their families/caregivers), needing person-centered care coordination, but who are not eligible for TennCare or the Behavioral Health Safety Net.
Delivery Setting	Target Population
Home, Outpatient, Other Community Setting	Adults, Aging Adults

Logic Model	Outputs	Outcome(s)
If we provide person-centered care coordination plans, referral services and behavioral health education, and other interventions to older Tennesseans, then those individuals can maintain their independence aging in place within their communities, achieve better overall health outcomes, reduce isolation, loneliness, depression, anxiety and other symptoms of their mental health diagnoses and related conditions, and improve their quality of life.	1. Number of individuals served	
	2. Number of educational seminars delivered	
	3. Number of contacts with primary care physicians, family, and caregivers	

[Back to Top](#)

Peer Intensive Care Specialists

 **Outputs**

Program/Intervention Name	Description/Additional Information
Peer Intensive Care Specialists <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Through a partnership with the Tennessee Mental Health Consumers' Association, Certified Peer Recovery Specialists in the Crisis Stabilization Unit Peer Link and Regional Mental Health Institute Peer Engagement programs, collectively known as Peer Intensive Care Specialists, use the power of peer support to improve outcomes for Tennesseans admitted to either a Regional Mental Health Institute or a Crisis Stabilization Unit, to include an introduction to the evidence-based Wellness Recovery Action Plan (WRAP®).
Delivery Setting	Target Population
Hospital/Treatment Center, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If we provide peer support services to individuals with diagnoses of mental illness or co-occurring disorders of mental illness and substance use disorder, then they will report that they are less likely to need psychiatric hospitalization, feel better prepared to return to their home community, and gained knowledge about the Wellness Recovery Action Plan (WRAP®).	1. Number of participants from Crisis Stabilization Units	
	2. Number of participants from Regional Mental Health Institute recovery education	
	3. Number of participants served through Peer Intensive Care	
	4. Number of participants served through WRAP	
	5. Number of participants in BRIDGES	

[Back to Top](#)

Peer Recovery Call Center

 **Outcomes**

Program/Intervention Name		Description/Additional Information
Peer Recovery Call Center <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The Peer Recovery Call Center program is a call center staffed by Certified Peer Recovery Specialists who provide peer support services and assist callers with questions about mental health or addiction treatment or support services and refer callers to appropriate treatment resources. The Certified Peer Recovery Specialists also talk with callers about their recovery plan and gain permission to call back and assess their progress.
Delivery Setting		Target Population
Other Community Setting		Adults

Logic Model	Outputs	Outcome(s)
If we provide peer support via Certified Peer Recovery Specialists and the Peer Recovery Call Center to individuals with diagnoses of mental illness and/or substance use disorder, then they will be more likely to follow through on their recovery plan.	1. Number of inbound calls	1. Percentage of Peer Recovery Call Center callers who report that they are following through on their recovery plan
	2. Number of outbound calls	
	3. Number of text/email/social media contacts	
	4. Percentage of Peer Recovery Call Center callers who grant permission to have the Certified Peer Recovery Specialist call them back	

[Back to Top](#)

Peer Support Centers

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Peer Support Centers <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Peer Support Centers are peer-run programs led by Certified Peer Recovery Specialists where people who live with mental illness or a co-occurring disorder of mental illness and substance use disorder come together to learn about recovery, find support from their peers, make friends, and socialize. The Wellness Recovery Action Plan (WRAP [®]) is one evidence-based program that is provided at all 45 Peer Support Centers in Tennessee.
Delivery Setting	Target Population
Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If we provide individuals with diagnoses of mental illness or co-occurring disorders of mental illness and substance use disorder the opportunity to participate with certified peer support for their recovery, then they will be less likely to require psychiatric hospitalization, and they will participate more fully in their treatment and recovery and feel better able to deal with a crisis.	1. Number of Peer Support Center participants who report they are less likely to need psychiatric hospitalization	1. Percentage of Peer Support Center participants who report they are less likely to need psychiatric hospitalization
	2. Number of Peer Support Center participants who report that they participate more fully in their treatment and	
	3. Number of Peer Support Center participants who report that they are able to deal with a crisis	
	4. Number of attendees	

[Back to Top](#)

Project BASIC



Pending Panel Review

Program/Intervention Name	Description/Additional Information
Project BASIC <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Project BASIC (Better Attitudes and Skills in Children) is a school-based mental health early intervention and prevention program. The program targets students from kindergarten to third grade, providing early identification and intervention, teacher consultation and classroom programming to promote positive attitudes and mental health wellness concepts. Families with students at high risk of emotional disturbances are linked to community services and treatment services.
Delivery Setting	Target Population
School	Children, Adults

Logic Model	Outputs	Outcome(s)
If we provide school-based early intervention, prevention, and evidenced-based teacher consultation and classroom programming for elementary aged students, then we will increase students' social emotional competencies, and be able to identify, refer, and link families with students at high risk of serious emotional disturbances to community mental health service providers, which will improve the well-being of the student, overall classroom culture, and establish effective coping skills throughout the student's life.	1. Number of individual unduplicated students served	
	2. Number students at risk of a serious emotional disturbance	
	3. Number of classroom presentations	
	4. Number of teachers receiving classroom coaching	

[Back to Top](#)

Project Rural Recovery

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Project Rural Recovery <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Project Rural Recovery provides mobile, integrated primary, mental health, and substance abuse services to rural Tennesseans of all ages regardless of ability to pay. This program uses several evidence-based strategies including, Behavioral Health Integration (BHI), Screening, Brief Intervention, and Referral to Treatment (SBIRT), Medication Assisted Treatment (MAT), Columbia-Suicide Severity Rating Scale (C-SSRS), Individual Placement and Support (IPS), and Trauma Informed Care (TIC).
Delivery Setting	Target Population
Mobile	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide mobile, integrated primary, mental health, and substance use services in 20 rural counties, then up to 4,000 individuals per year will experience improved overall health outcomes.	1. Number of clients served annually per mobile health unit	
	2. Number of clients with completed baseline and 6-month reassessments	
	3. Percent of clients assessed for mental health and substance use disorders	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Behavioral health primary care integration	Scientifically supported

[Back to Top](#)

Projects for Assistance in Transition from Homelessness (PATH)

 **Outputs**

Program/Intervention Name		Description/Additional Information
Projects for Assistance in Transition from Homelessness (PATH) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Projects for Assistance in Transition from Homelessness (PATH) assists individuals experiencing homelessness who have mental illness or co-occurring disorders. The program provides community-based outreach services to connect individuals to mental health, substance abuse, case management, and other support services as well as limited housing services. Many of the services, strategies, and partners utilized in PATH, including motivational interviewing and federally qualified health centers (FQHCs), are evidence-based.
Delivery Setting		Target Population
Court, Outdoor Space, Other Community Setting		Adults

Logic Model	Outputs	Outcome(s)
If we provide community-based outreach to homeless individuals with a mental illness and/or co-occurring disorder, then they will be connected with mental health, substance abuse, case management, and housing services.	1. Total number of contacts in the fiscal year	
	2. Total number of persons enrolled	

[Back to Top](#)

Regional Intervention Program (RIP)

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information	
Regional Intervention Program (RIP) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The Regional Intervention Program (RIP) is a parent-implemented, professionally supported program for young children (2-6 years old) and their families experiencing challenging behaviors. This unique, internationally recognized program guides parents in learning the skills necessary to work with their own children, while they receive training and support from other RIP families.	
Delivery Setting		Target Population	
Outpatient, Other Community Setting		Infancy/Early Childhood, Children, Families	

Logic Model	Outputs	Outcome(s)
If we provide guidance to young children and their families experiencing challenging behaviors, then we will improve child behavior and increase positive parenting practices, and in doing so, increase successful long-term outcomes for children and families including early school success, and generational change regarding positive parenting practices.	1. Number of children & families served	1. Reported improvement in child's behavior
	2. Number of treatment visits	2. Reported improvement in parenting skills
	3. Number of siblings served	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
CEBC	Parent-child interaction therapy (PCIT)	Well-supported	

[Back to Top](#)

SOAR Liaisons



Evidence

Program/Intervention Name	Description/Additional Information
SOAR Liaisons <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The SOAR (SSI/SSDI, Outreach, Access, and Recovery) Liaison program plays a vital role in identifying patients ready for discharge, particularly those facing homelessness or at risk of homeless, and who are eligible for SSI/SSDI benefits. Stationed at the four Regional Mental Health Institutes, SOAR Liaisons facilitate successful SSI/SSDI applications and provide support to individuals in accessing these benefits. Their aim is to streamline the discharge process, ensuring smooth transitions into permanent housing and access to essential services.
Delivery Setting	Target Population
Hospital/Treatment Center, Inpatient	Adults

Logic Model	Outputs	Outcome(s)
If eligible patients are offered SOAR services, then they will not experience prolonged hospital stays due to lack of income needed for quality housing, have faster access to supportive services in the community, and reduce their risk of homelessness.	1. Number of applications completed	1. Percentage of completed applications received from SSA that have been approved
	2. Number of completed applications that have received a decision from Social Security Administration (SSA)	
	3. Number of approvals (approved for SSI/SSDI benefits)	
	4. Number of denials (not approved for SSI/SSDI benefits)	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
SAMHSA	An evaluation of SOAR	Positive impacts	

[Back to Top](#)

Statewide Family Support Network

 **Outputs**

Program/Intervention Name	Description/Additional Information
Statewide Family Support Network <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Family Support and Advocacy program provides comprehensive family advocacy, outreach, support, and referral service for families of children with Serious Emotional Disturbances and professionals who work with these children. The program promotes the provision of services to youth with emotional disturbance and their families based on system of care principals, including evidence-based strategies such as Common-Sense Parenting. The program also provides information and training to lay and professional groups; a webpage that provides mental health resources; an online interactive library of mental health books and pamphlets; and provides a quarterly, informative, and educational newsletter.
Delivery Setting	Target Population
Organization/Business/Local Government, Home, School, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide trainings and advocacy within the child serving systems that impact children with a mental health diagnosis, and community outreach/education on children’s mental health, then more children with a mental health diagnosis will have the necessary supports and services to be able to remain in their homes and communities.	1. Number of parent/caregiver contacts	
	2. Number of youth contacts	
	3. Number of attendees at presentations/ trainings	

[Back to Top](#)

System of Care Across Tennessee (SOCAT)

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information
System of Care Across Tennessee (SOCAT) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		System of Care Across Tennessee (SOCAT) aims is to ensure Tennessee families have access to community-based services for children, youth, and young adults with mental, emotional, and behavioral health needs that are coordinated across systems, individualized to a family's unique needs, strengths, and culture, where the families are the primary decision makers in the care of their children. SOCAT aims to put in place policies, organizational structures, training and technical assistance, and funding mechanisms that support the implementation and expansion of a children's mental health system in Tennessee grounded in system of care values and principles. Through partnerships with local behavioral health providers, SOCAT serves families through a high-fidelity wraparound approach with Family Support Services and access to youth and young adult resources.
Delivery Setting		Target Population
Organization/Business/Local Government, Court, Home, Outdoor Space, Outpatient, School, Other Community Setting		Infants/Early Childhood, Children, Adolescents/Young Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide families with access to community-based services for children, youth and young adults with mental, emotional, and behavioral health needs that is coordinated across systems, individualized to a family's unique needs, strengths, and culture, and where the families are the primary decision makers in the care of their children, then we will have healthier, self-sufficient families who meet their family goals, keep their child, youth, or young adult in home, and have greater family functioning.	1. Percent of children, youth, young adult participants kept in-home and out of emergency departments for behavioral health concerns	
	2. Percent of children, youth, young adult participants kept in-home and out of state custody	
	3. Percent of children, youth, young adult participants kept in-home and not in a detention center	
	4. Percent of children, youth, young adult participants kept in-home and out of inpatient hospitalization for a behavioral health concern	
	5. Number served	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CEBC	Wraparound	Promising evidence

[Back to Top](#)

Tennessee Lives Count CONNECT

 **Outputs**

Program/Intervention Name	Description/Additional Information
Tennessee Lives Count CONNECT <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Tennessee Lives Count CONNECT is a youth suicide prevention/intervention program that works to reduce suicidal ideation, suicide attempts, and deaths among youth and young adults ages 10-24 by developing and implementing statewide suicide prevention and early intervention strategies, including evidence-based training such as Gatekeeper Training, risk screening/assessment, and enhanced follow-up services.
Delivery Setting	Target Population
Home	Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide youth and young adults with suicide prevention gatekeeper trainings and adequate follow-up services, then suicide rates among vulnerable youth can be reduced by equipping young people with the necessary knowledge and skills needed to seek help when experiencing a mental health or suicidal crisis.	1. Number of participants served	
	2. Number of individuals trained in suicide prevention	
	3. Number of individuals served by follow-up services	

[Back to Top](#)

TDMHSAS-Homebuilders

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
TDMHSAS-Homebuilders <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	TDMHSAS-Homebuilders is an intensive family preservation services (IFPS) model designed to increase well-being, improve permanency, enhance safety, and increase family stability of children (ages 0-18) who are in or at imminent risk of out-of-home placement (OOHP) as a result of parent/caregiver substance misuse (PSM). The program utilizes the Homebuilders model, the nation’s oldest and best-documented IFPS program, to achieve those goals for eligible children and families. Therapists are in the home (and/or community) a minimum of 8-10 hours per week, on average, for 4-6 weeks in direct contact with the family. Services are currently offered in 9 rural Middle Tennessee counties: Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lincoln, Maury, and Marshall.
Delivery Setting	Target Population
Home, Other Community Setting	Infancy/Early Childhood, Children, Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide families trauma-informed services (e.g., motivational interviewing, cognitive/behavioral treatments, education, counseling, recovery supports) for children and adults for 4 to 6 weeks, then we can increase well-being, improve permanency, enhance safety, and increase family stability of children who are in or at imminent risk of out-of-home placement (OOHP) as a result of parent/caregiver substance misuse.		

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Homebuilders - Intensive Family Preservation and Reunification Services	Well-supported

Violence and Bullying Prevention

N No Effects

Program/Intervention Name	Description/Additional Information
Violence and Bullying Prevention <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Violence and Bullying Prevention is a violence prevention and resiliency enhancement program designed for youth in grades four through eight. The program uses the Second Step curriculum. The lessons taught improve empathy, impulse control, decision-making skills and anger management. A series of twelve weekly sessions is provided.
Delivery Setting	Target Population
School	Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we provide school-based and community-based learning experiences for youth, particularly using evidenced-based curricula and lessons on empathy, impulse control, decision-making skills, and anger management, then we will reduce school discipline referrals due to bullying and/or other violent behaviors, which will improve the resiliency of youth and ensure future productive citizens.	1. Number of classrooms receiving programming	1. Improvement in behavior by program participants
	2. Number of youth receiving programming	
	3. Number of people served through outreach activities	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CrimeSolutions	Second Step: Student Success Through Prevention Middle School Program	No effects, one study

[Back to Top](#)

Youth Respite



Program/Intervention Name	Description/Additional Information
Youth Respite <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Youth Respite provides services to families of children identified as seriously emotionally disturbed (SED) or dually diagnosed as SED and Autism Spectrum Disorder who are two through fifteen (2-15) years of age. Respite consultants provide short-term respite, and work with the family to identify long-range respite resources. An Individualized Family Respite Plan (IFRP) is developed with the family. The IFRP may include short-term direct respite care by staff, identification of possible respite resources, and determination of child learning characteristics and behavior patterns that interfere with the family's ability to secure respite. The respite consultant assists and enables the family to identify and develop community-based respite resources and works with families to help them utilize these resources effectively.
Delivery Setting	Target Population
Organization/Business/Local Government, Home, Mobile, Outdoor Space, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide families, whose children have a serious emotional disturbance and/or autism, access to appropriate short-term respite in accordance with behavioral needs, then we will decrease the stress of caring for these children, which allows time for the caregivers to have a break from care-giving, which is necessary for their own health and functioning, and allows them to give attention to developing the skills necessary for finding and training their own respite provider.	1. Number of families who received respite	1. Percentage of families who identified long-term respite before completing the program
	2. Number of children who received respite	
	3. Average number of hours respite services are provided per family	
	4. Average number of weeks respite services are provided per family	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
CEBC	Support Groups for Grandparent Caregivers of Children with Developmental Disabilities and Delays	Promising evidence	

Youth Suicide Prevention

 **Outputs**

Program/Intervention Name	Description/Additional Information
Youth Suicide Prevention <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Youth and Young Adult Suicide Prevention and Mental Health Awareness program helps prevent suicide and promote better mental health among Tennesseans up to 25 years of age. The program expands outcomes-based suicide prevention activities, including conducting outreach, providing mental health awareness, and evidence-based suicide prevention training (such as Gatekeeper Training) to institutions of Higher Education, and assisting Middle Tennessee pediatric offices in establishing processes for providing suicide risk screening and referrals to treatment and services.
Delivery Setting	Target Population
School, Other Community Setting	Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we work with higher education institutions and pediatric offices to conduct outreach and awareness through suicide prevention trainings and help establish processes for suicide risk screening and referrals, then those institutions and offices will help increase mental health awareness, reduce stigma surrounding mental health, enhance help-seeking behaviors, and identify young people at risk for suicide and connect them to appropriate support services.	1. Number of people served	
	2. Number of individuals trained	
	3. Percentage of practitioners who reported high understanding about suicide and suicide prevention after training and education	
	4. Percentage of students who reported high understanding about suicide and suicide prevention after training and education	

[Back to Top](#)

988 Suicide & Crisis Lifeline

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information
988 Suicide & Crisis Lifeline <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The 988 Suicide & Crisis Lifeline offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress such as: thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can call or text 988 or chat 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support.
Delivery Setting		Target Population
Other Community Setting		Children, Adolescents/Young Adults, Adults, Aging Adults

Logic Model	Outputs	Outcome(s)
If we provide a 24/7 crisis hotline (988) to individuals experiencing a mental health crisis, then trained crisis professionals will respond promptly and provide immediate support and assistance, resulting in a connection to appropriate community supports.	1. Number of calls answered	
	2. Average speed of calls answered	
	3. Percentage of presented calls that were answered by TN center	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
What Works for Health	Crisis lines	Some evidence, several studies	

[Back to Top](#)

Substance Abuse Service Listing

Addiction Recovery Program

 **Outputs**

Program/Intervention Name	Description/Additional Information
Addiction Recovery Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Addiction Recovery Program (ARP) provides recovery support services to service recipients that are recovering from life impairments because of substance use disorder(s) only or co-occurring disorders. Recovery support services include case management, drug testing, employment skills, health and wellness, recovery activities, recovery skills, relapse prevention, spiritual/pastoral support, transitional housing, and transportation.
Delivery Setting	Target Population
Outdoor Space, Outpatient, Residential Facility, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If we provide recovery support services for the intensity, duration, and frequency necessary, then individuals will receive the tools, support, and strategies to overcome substance abuse and achieve long-term recovery.	1. Number of individuals in treatment and recovery support services	
	2. Number of individuals who received relapse prevention	
	3. Percentage of individuals in treatment who received recovery support services	
	4. Percentage of individuals who were in recovery services and received relapse prevention	

[Back to Top](#)

Adolescent Substance Use Disorders Services Program

 Evidence

Program/Intervention Name		Description/Additional Information
Adolescent Substance Use Disorders Services Program (ASUDSP) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The Adolescent Substance Use Disorders Services Program (ASUDSP) provides for the treatment of adolescents, 13-17 years old, with a primary alcohol or other drug abuse or dependency diagnosis or co-occurring substance use and psychiatric diagnosis. Services are provided on an as-needed basis and as applicable for each individual who meets the eligibility and income requirements for the program.
Delivery Setting		Target Population
Outpatient, Residential Facility, School		Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we provide clinical treatment and recovery services to the adolescent population for the intensity, duration, and frequency necessary, then they will receive the tools, support, and strategies to overcome substance use and achieve long-term recovery.	1. Total number of adolescents that received treatment statewide	1. Percentage of successful program completions
	2. Total number of adolescents that received recovery services statewide	
	3. Total number of assessments completed	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CrimeSolutions	Practice Profile: Adolescent Substance Use Treatment	Effective, one study

[Back to Top](#)

Certified Recovery Courts



Strong Evidence

Program/Intervention Name		Description/Additional Information	
Certified Recovery Courts <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The Tennessee Certified Recovery Court Program (TCRCP) requires that substance use and co-occurring disorder treatment services are provided under the national standards of the Ten (10) Key Components of Drug Courts and Adult Drug Court Best Practice Standards to non-violent offenders who volunteer to participate in a recovery court program.	
Delivery Setting		Target Population	
Court		Adults, Justice-involved	

Logic Model	Outputs	Outcome(s)
If we provide treatment services to eligible non-violent offenders under the national standards of the Ten Key Components of Drug Court and Adult Drug Court Best Practice Standards, then studies indicate a reduction in the utilization of jail and prison beds and other correctional services, the incidences of drug use and drug dependence among participants with substance use disorders and/or co-occurring disorders, and crimes committed as a result of drug use and abuse, which promotes public safety.	1. Number of living situation status assessments of participants at admission and discharge	1. Percent of recovery court participants who exhibit improved living situations
	2. Number of education and/or employment status assessments at admission and discharge	2. Percent of recovery court participants who gain education and/or employment
	3. Number of participants who complete all phases of the program	
	4. Percentage of participants who successfully complete a recovery court program	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
What Works for Health	Drug Courts	Scientifically supported, several studies	

[Back to Top](#)

Collegiate Recovery Initiative

 **Outputs**

Program/Intervention Name	Description/Additional Information
Collegiate Recovery Initiative <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Tennessee Collegiate Recovery Initiative works to connect allies with evidence-based and evidence-informed trainings, resources, and contacts to support the behavioral health recovery needs of students. The goals are to inform and equip campus leaders to take proactive roles in: (1) Creating a safe environment for individuals who may be living with substance misuse and/or mental health challenges to seek help, (2) Encouraging campuses and students to leverage available behavioral health resources, (3) Assisting campus leaders in assessing for a Collegiate Recovery Community or Collegiate Recovery Program and getting their programs off the ground, (4) Reducing stigma through peer sharing and roundtable discussions, and (5) Understanding the continuum of care and collaborating with it.
Delivery Setting	Target Population
School, Other Community Setting	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we can provide education surrounding mental health, substance use, and the continuum of care on a college or university campus, then we will build the infrastructure for college and university campuses to become recovery friendly and open the door for their students to have access to evidence-based and lifesaving behavioral health resources.	1. Number of evidence-based/evidence-informed, stigma reducing presentations provided	
	2. Number of newly trained collegiate recovery allies	
	3. Number of evidence-based/evidence-informed trainings at partnering campuses across the state this fiscal year	

[Back to Top](#)

Comprehensive Alcohol, Tobacco, and Other Drugs Program (COMP ATOD)

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Comprehensive Alcohol, Tobacco, and Other Drugs Program (COMP ATOD) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Comprehensive Alcohol, Tobacco, and Other Drugs (COMP ATOD) Program utilizes the SMART Moves evidence-based practice. SMART Moves uses a strengths-based health promotion approach to help youth develop skills such as effective communication, healthy decision-making, self-regulation, impulse control, and refusal skills that build resiliency and protective factors in youth while reducing factors that contribute to risky behavior. Participants attend grade-divided groups where these skills are taught & practiced through games, art projects, and other hands-on activities that engage youth in an age-appropriate manner.
Delivery Setting	Target Population
Other Community Setting	Children

Logic Model	Outputs	Outcome(s)
If we deliver comprehensive programming that equips youth with essential coping strategies, fosters informed and healthy decision-making, and cultivates supportive relationships with trusted adults, then youth will be more likely to avoid engaging in risky behaviors, leading to improved mental and physical health, better academic performance, and stronger interpersonal relationships.	1. Percent of participants who meet attendance requirements	1. Percent of participants who report improved or maintained positive relationships with trusted adult
	2. Percent of participants who complete both a pre- and a post-test	2. Percent of participants who report improved coping skills
	3. Percent of participants who attend all 12 of the program sessions	3. Percent of participants who report improved self-confidence
	4. Number of youth participating in the program	

[Back to Top](#)

Continuum of Care

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Continuum of Care <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>The Continuum of Care provides clinical treatment services for adults with a primary alcohol or other drug abuse, or dependency diagnosis or co-occurring substance use and psychiatric diagnosis, who meet certain eligibility requirements. Treatment levels of care are based on the American Society of Addiction Medicine (ASAM) Criteria. Service recipients can transfer between levels of care to meet individual treatment needs; however, a service recipient can only be admitted to and receive services in one level of care at a time. Services include outpatient, intensive outpatient, partial hospitalization, halfway house, residential, social detoxification, and medically monitored detoxification.</p>
Delivery Setting	Target Population
Hospital/Treatment Center, Inpatient, Outpatient, Residential Facility	Adults

Logic Model	Outputs	Outcome(s)
<p>If we provide access to clinical treatment services to adults with a primary alcohol or other drug abuse, or dependency diagnosis or co-occurring substance use and psychiatric diagnosis, for the intensity, duration, and frequency necessary, then those individuals will receive the tools, support, and strategies to overcome substance abuse and achieve long-term recovery.</p>	1. Number of clients who successfully completed treatment services, duplicated	
	2. Number of clients served, unduplicated	
	3. Percent of clients screened and assessed for treatment services	
	4. Number of providers that offer co-occurring capable services	
	5. Percent of the treatment provider network that offer therapeutic modalities and interventions used for addressing substance use and mental health disorders	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
WSIPP	Evidence-based treatment of alcohol, drug, and mental health disorders	Positive impact, several studies

Criminal Justice Liaison Program

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Criminal Justice Liaison Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Criminal Justice Liaison Program (CJLP) is a community program to facilitate communication and coordination between the community, criminal justice, and behavioral health systems to achieve common goals of decriminalizing substance use disorders (SUD), co-occurring disorders (COD), and mental illness (MI). The CJLP supports services that promote diversion activities for persons with SUD, COD, and/or MI who come in contact with the criminal justice system due to an arrest; and provide liaison and case management services to persons with SUD, COD, and/or MI who are incarcerated or at risk of incarceration.
Delivery Setting	Target Population
Organization/Business/Local Government, Correctional Facility, Court, Other Community Setting	Adults, Justice-involved

Logic Model	Outputs	Outcome(s)
If we facilitate coordination between the community, criminal justice, and behavioral health systems and provide appropriate substance abuse/behavioral health treatment and other community and recovery supports to justice-involved individuals, then the common goal of decriminalizing individuals with mental health, substance abuse, or co-occurring disorders can be achieved and participants in the program are more likely to decrease their chances of future involvement with the criminal justice system.	1. Number of individuals in the criminal justice system who are referred for services	1. Percentage of the clients who received services facilitated through a CJL who participated in the completion of a release plan to assist with successful re-entry into the community
	2. Number of clients who are justice-involved and are receiving services	
	3. Number of individuals in the criminal justice system who are referred for services	
	4. Number of clients who are justice involved and are receiving services	

[Back to Top](#)

HIV/AIDS Early Intervention Services

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information	
HIV/AIDS Early Intervention Services <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The Community Outreach, Engagement, and Prevention Program, (HIV-COEPP) provides training and education around the risks of substance misuse, education on HIV/AIDS, and needed linkages to service provisions for individuals with HIV, including mental health services.	
Delivery Setting		Target Population	
Outpatient, Other Community Setting		Adults	

Logic Model	Outputs	Outcome(s)
If we provide training and education about the risks of substance misuse, HIV/AIDS, and linkages to service provisions for individuals with HIV, then there will be an increase in the number of individuals who are aware of their infection and at greatest risk of transmitting the infection to others, which may decrease the rate of HIV infections throughout the state.	1. Number of educational trainings	1. Percent of individuals followed up with to ensure linkage to care
	2. Number of individuals screened for HIV	
	3. Number of individuals who received an oral rapid test	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
What Works for Health	Mass media and social marketing campaigns to prevent HIV and other STIs	Some evidence, several studies	

[Back to Top](#)

Lifeline Peer Project

 **Outputs**

Program/Intervention Name	Description/Additional Information
Lifeline Peer Project <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Lifeline Peer Project was established to reduce stigma related to the disease of addiction, provide recovery and mental health support, and help start Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, Double Trouble, and other self-help addiction and mental health support groups. There are 10 Lifeline coordinators serving regions statewide. This project was developed using an established evidence-based peer support model.
Delivery Setting	Target Population
Organization/Business/Local Government, Correctional Facility, Court, Home, Hospital/Treatment Center, Mobile, Outpatient, Residential Facility, School, Workplace, Other Community Setting	Adults, Families

Logic Model	Outputs	Outcome(s)
If we can reduce stigma related to the disease of addiction, provide recovery and mental health support, and help start Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, Double Trouble, and other self-help addiction and mental health support groups, then we can continue to build and develop recovery friendly communities, creating opportunities for support.	1. Number of community-based trainings that are evidence-based/evidence-informed that are facilitated by the Lifeline Coordinators	
	2. Number of peer-to-peer/support services provided by a Lifeline Coordinator	
	3. Number of recovery meetings started in collaboration with the Lifeline Coordinator	

[Back to Top](#)

Oxford House Model

M Mixed Effects

Program/Intervention Name	Description/Additional Information
Oxford House Model <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>The Oxford House Housing Program (OHHP) offers supportive self-help housing for individuals recovering from substance use disorder. Oxford Houses are safe, supportive housing options for adults at least 18 years old who are in recovery from alcohol abuse and/or drug abuse. Individuals must be motivated to live in a disciplined, supportive, alcohol- and drug-free living environment and able to gain employment or receive some type of legitimate financial assistance. Residents pay a weekly fee that includes rent, utilities, cable, and internet connection.</p>
Delivery Setting	Target Population
Home	Adults

Logic Model	Outputs	Outcome(s)
<p>If we locate and stand up safe, supportive housing for those in recovery from substance use through the evidence-based Oxford House model, then we will see a decrease in the number of individuals in recovery living in an unsafe environment and an increase in substance use abstinence rates.</p>	1. Number of community presentations	
	2. Number of new houses established	
	3. Number of outreach workers	
	4. Number of Oxford House residents	
	5. Occupancy rate at existing Oxford Houses	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Military Family Readiness	Oxford House Model	Mixed impact

[Back to Top](#)

Problem Gambling Treatment Services Program

 **Outputs**

Program/Intervention Name		Description/Additional Information
Problem Gambling Treatment Services Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The Problem Gambling Treatment Services Program is a multi-purpose program designed to increase knowledge about problem and/or pathological gambling for those persons at risk, their families, and the general community; to identify and assess those with problem and/or pathological gambling conditions and provide outpatient treatment services if needed; and to continually assess regional needs and coordinate outreach activities for potential service recipients.
Delivery Setting		Target Population
Home, Other Community Setting		Adults, Families

Logic Model	Outputs	Outcome(s)
If we increase knowledge about and provide outpatient treatment for problem and/or pathological gambling for those persons at risk, their families, and the general community, and if prevention and treatment resources are offered online and in-person, then gambling harms can effectively be reduced or eliminated.	1. Number of unique visitors to the gambling clinic website	
	2. Count of press releases, professional and community talks, views of website information	
	3. Number of people who enter treatment	
	4. Number of people who are screened but do not enter treatment	
	5. Number of consultation sessions	

[Back to Top](#)

TDOC Community Treatment Collaborative

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information	
TDOC Community Treatment Collaborative <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		The Tennessee Department of Correction Community Treatment Collaborative (TDOC CTC) is a collaborative effort between TDOC and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) to divert at-risk state probation and parole technical violators with substance use or co-occurring disorders from returning to jail or state prison. The TDOC CTC program provides substance use treatment services including Detoxification, Residential Rehab, Halfway House, and Outpatient Services. TDOC CTC utilizes evidence-based interventions such as Assessments and Screenings, Matrix Model, Thinking for Change, Seeking Safety, Motivational Interviewing, Motivational Enhancement Therapy, Cognitive Behavioral Therapy, Contingency Management Interventions, and Relapse Prevention Therapy.	
Delivery Setting		Target Population	
Inpatient, Outpatient		Adults, Justice-involved	

Logic Model	Outputs	Outcome(s)
If we provide contracted community substance use treatment for state probation and parole technical violators with a substance use or co-occurring disorder, through Forensic Social Worker referrals, comprehensive assessment, and appropriate treatment services for intensity, duration, and frequency, then technical violators will successfully complete treatment, avoid returning to jail or prison, be more successful at completing their probation and parole, and decrease their chances of future involvement with the criminal justice system.	1. Number of state probation and parole individuals who receive treatment	1. At discharge, percent of service recipients who successfully completed treatment
	2. Number of state probation and parole individuals who complete treatment	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
WSIPP	Outpatient or non-intensive drug treatment in the community	Positive impact, several studies	

[Back to Top](#)

Tennessee Recovery Navigators

 Evidence


Program/Intervention Name	Description/Additional Information
Tennessee Recovery Navigators <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>Tennessee Recovery Navigators are people in long-term recovery who meet patients who have recently overdosed in the Emergency Department and connect them with the substance abuse treatment and recovery services they need. Navigators maintain a Certified Peer Recovery Specialist (CPRS) Certification to use their lived experience to help others find recovery. Navigators 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 substance use disorder (SUD).</p>
Delivery Setting	Target Population
Hospital/Treatment Center	Adults

Logic Model	Outputs	Outcome(s)
<p>If we utilize the evidence-based practice of peer support by serving individuals with substance use disorder in the emergency department and build community relationships with local treatment and recovery providers, then more individuals will begin or continue their path of recovery by being connected to treatment and recovery services.</p>	1. Number of patients served by TN Recovery Navigators	1. Percent of individuals connected to treatment or recovery services after the first interaction with a TN Recovery Navigator
	2. Number of hospitals that have partnered with the TN Recovery Navigator Program	2. Percentage of patients that were not self-referred to their first place of treatment
	3. Number of treatment providers accepting patients referred by the TN Recovery Navigator program	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
WSIPP	Peer support for individuals with substance use disorder	One study; positive impacts

[Back to Top](#)

TN Recovery Oriented Compliance Strategy (TN-ROCS)

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
TN Recovery Oriented Compliance Strategy (TN-ROCS) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>The Tennessee Recovery Oriented Compliance Strategy (TN-ROCS) Program is a specialized court docket that serves the criminal justice population that have medium risk factors for re-offending and medium to high needs for substance abuse and/or co-occurring disorders, and that do not meet criteria for recovery court. The judge provides frequent accountability and supervision through participant court appearances and can leverage the court to offer incentives and sanctions to participants. A program administrator works directly with the court system to provide screenings and assessments to determine appropriate linkage to substance abuse/behavioral health treatment and other community and recovery supports. The TN-ROCS Program utilizes evidence-based interventions such as Case Management, Assessments and Screenings, Motivational Interviewing, and Cognitive Behavioral Therapy.</p>
Delivery Setting	Target Population
Correctional Facility, Court, Other Community Setting	Adults, Justice-involved

Logic Model	Outputs	Outcome(s)
<p>If we provide a pathway for the criminal justice involved population who are medium risk for re-offending and medium to high needs for substance use or co-occurring disorders to participate in appropriate substance use/behavioral health treatment and other community and recovery supports through a court order, then participants are more likely to maintain compliance with their release plan, which will decrease their chances of future involvement with the criminal justice system.</p>	1. Number of criminal justice individuals involved linked to services	
	2. Number of screenings	
	3. Number of Addiction Severity Index (ASI) Lite assessments	
	4. Number of trauma screenings if trauma was indicated on the ASI Lite	
	5. Number of release plans	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
WSIPP	Intensive supervision (surveillance and treatment)	Several studies, positive impact

[Back to Top](#)

Women’s Recovery Oriented Systems of Care

 **Outputs**

Program/Intervention Name	Description/Additional Information
Women’s Recovery Oriented Systems of Care <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Women’s Recovery Oriented Systems of Care (WROSC) program provides services to women and pregnant women with substance use disorder or co-occurring substance use psychiatric disorder. This program provides services such as residential treatment for pregnant women, intensive outpatient, case management, trauma specific interventions and recovery support, and parenting skills, including childcare and transportation services.
Delivery Setting	Target Population
Inpatient, Outpatient, Residential Facility, Other Community Setting	Adults, Gender-specific

Logic Model	Outputs	Outcome(s)
If we provide clinical treatment services to parenting and/or pregnant women for the intensity, duration, and frequency necessary, then women will receive the tools, support, and strategies to overcome substance use and achieve long-term recovery.	1. Number of women served	
	2. Number of women who successfully completed treatment at discharge	
	3. Number of women receiving recovery support services	
	4. Percent of women who successfully completed treatment at discharge	
	5. Percent of women who received recovery support services	

[Back to Top](#)

Women’s Residential Recovery Court Program

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Women’s Residential Recovery Court Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Women’s Residential Recovery Court (WRRC) serves female non-violent felony offenders who are actively participating in a local recovery court, have a greater need for intensive substance abuse and/or co-occurring treatment services and supervision, and have not been successful in recovery court programming in their community. Participants receive treatment services for no more than twelve (12) months. Upon completion of the program, the participant transitions back to the referring community certified recovery court program to complete their sentence. This program is modeled after the evidence-based drug court model.
Delivery Setting	Target Population
Residential Facility	Adults, Gender-specific, Justice-involved

Logic Model	Outputs	Outcome(s)
If we provide intensive treatment services and supervision to female non-violent felony offenders, under the national standards of the Ten Key Components of Drug Court and Adult Drug Court Best Practice Standards, then we expect to see a reduction in the utilization of jail and prison beds and other correctional services, the incidences of drug use and drug dependence among participants with substance use disorders and/or co-occurring disorders, and crimes committed as a result of drug use and abuse, all of which promote public safety.	1. Number of participants who complete all phases of the program	1. Percentage of participants who successfully complete the residential recovery court program
		2. Termination rate of participants in a residential recovery court program

[Back to Top](#)