

2017-2019 Three-Year Plan

Tennessee Department of
Mental Health and Substance
Abuse Services
(Year Two – FY 2018)

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

Overview

TDMHSAS Vision:

To be one of the nation's most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems.

TDMHSAS Mission:

Provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.

TDMHSAS Goal: To expand access to quality behavioral health services to Tennesseans on the path to recovery from mental health, substance abuse, and co-occurring disorders.

TDMHSAS Customers:

Individuals and families struggling with mental health and substance abuse issues, providers, legislators, other state agencies, and consumer/advocacy groups.

TDMHSAS Services:

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

Public Safety Strategic Goal:

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

Health and Welfare Operational Goals:

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

Customer Focused Government Goals:

1. Efficient and effective management of the Regional Mental Health Institutes (RMHIs)
2. Maintain and improve community mental health and substance abuse services
3. Provide effective education and prevention services
4. Lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee

Organization of the Department

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

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

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

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

Division of Planning, Research, and Forensics (DPRF) provides planning, decision support and evaluation, and forensic and juvenile court services administration.

Division of Mental Health Services (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including adults and children, housing, crisis services, suicide prevention and peer-to-peer recovery services.

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

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

Office of Human Resources (OHR) assists the Department of Mental Health and Substance Abuse Services (TDMHSAS) in obtaining and maintaining a workforce that is capable of fulfilling the Department's mission and objectives.

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

Goal 1: Efficient and effective management of the RMHIs

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|-------------------------------------|--|--|---|--|
| Division of Hospital Services (DHS) | Provide efficient patient care by reducing available suitable accommodations (ASA) wait time occurrences for inpatient evaluation. | Continue to effectively implement ASA processes to accommodate 12,000 presentations at the RMHIs | < 4,000 presentations at the RMHIs | Number of presentations waiting for an available suitable bed at an RMHI will be fewer than the previous fiscal year |
| | Provide quality patient care | Percentage of individuals being readmitted to the RMHIs within 30 days of discharge will decrease | Fewer than 15% of individuals discharged being readmitted within 30 days | Percentage of readmits within 30 days of discharge will be less than 15% |
| | Improve patient satisfaction scores related to resolution of complaints and grievances at four RMHIs | Increase patient satisfaction survey scores related to resolution of patient complaints and grievances | 80% of individuals completing a satisfaction survey will report satisfaction with the resolution of patient complaints and grievances | Percentage of individuals reporting satisfaction with resolution of complaints and grievances will be at least 80% |
| | Identify barriers to discharge | Overcome barriers associated with discharge from subacute units at RMHIs | 360 subacute discharges by end of year | Number of discharges from subacute units across all RMHIs |
| | Statewide implementation of automated medication dispensing cabinets (AMDC) for a total of 23 cabinets | Modernization of medication dispensing for four RMHIs | One AMDC for each unit at each RMHI for a total of 24 | Number of AMDC implemented for each unit at each RMHI |
| | Statewide implementation of an Electronic Clinical Record (ECR) at four RMHI | Modernization of electronic charting and recordkeeping | ECR implemented at four RMHIs | Number of ECR implemented at four RMHIs |
| | Provide access to inpatient services for uninsured individuals in Regions 1&2 | Serve uninsured individuals needing inpatient services within Regions 1&2 | 3,000 uninsured admissions to three contracted private hospitals in Regions 1&2 | Number of uninsured admissions to three contracted private hospitals |

Goal 1: Efficient and effective management of the RMHIs (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|--|--|--|---|--|
| Division of Planning, Research, and Forensics (DPRF) | Create the State Hospital Readmission Report (SHR) with information about the clients served by RMHIs | Use the SHR to profile population, diagnostic and readmission trends for clients receiving services in state psychiatric hospitals | One SHR will be compiled and contain information for about 7,500 individuals receiving services in psychiatric hospitals operated by the Department | Number of State Hospital Readmission (SHR) Reports submitted to the Substance Abuse and Mental Health Services Administration by March 1 |
| | Create standardized and ad hoc data briefs in collaboration with DHS to inform policy and practice | Prepare data briefs to illustrate trends and variations in admissions and discharges for psychiatric hospitals operated by or under contact with TDMHSAS | A minimum of six data briefs will be generated | Number of data briefs generated for DHS |
| | Provide court ordered inpatient forensic evaluations and treatment services for defendants referred by outpatient evaluators | Provide inpatient forensic services in the least restrictive hospital setting | No more than 18% of all inpatient defendants will be admitted to the Forensic Services Program for inpatient forensic evaluation and treatment | Percentage of all inpatient defendants admitted to the Forensic Services Program for inpatient forensic evaluation and treatment |

Goal 2: Maintain and improve community mental health and substance abuse services

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|--|---|--|--|---|
| Division of Planning, Research, and Forensics (DPRF) | Provide technical assistance to support effective operation of Regional Councils | Effective operation of Regional Councils | Four quarterly conference calls or in-person meetings with the seven Regional Council Leadership Teams | Number of quarterly conference calls with the Regional Council Leadership Teams |
| | Identify mental health and substance abuse service needs and supports in the community through annual needs assessment | Statewide needs assessment will be conducted annually | One statewide needs assessment per year will be completed with the seven Regional Councils, Adult Committee, Children’s Committee, and the Consumer Advisory Board | Number of statewide needs assessments per year |
| | Regional Councils will participate in at least one mental health and substance abuse awareness activity per year | Increase Regional Councils mental health and substance abuse awareness activities | Regional Councils will participate in at least one activity per year | Number of Regional Council mental health and substance awareness activities per year |
| | Provide technical assistance to department staff to help meet the outcomes identified in the Three-Year Plan | Increase the number of outcomes met for each division/office in the Three-Year Plan | Planning staff will meet with divisions/offices at least once before the February and August reports are due | Number of meetings held with divisions/offices per year prior to the Three-Year Plan Report due dates |
| | New members representing a senior and child will be added to each Regional Council as vacancies occur | Increase the number of senior and child member representatives on each Regional Council | One senior and child member representative will be added to each Regional Council as vacancies occur | Number of senior and child member representatives on each Regional Council |
| | Create data books and data briefs to compile information for policy makers, program directors and the public about key indicators of behavioral healthcare and services | Publish the data books and data briefs compiling information about indicators of community mental health and substance use as well as data trends and services | Complete two data books and two data briefs that will be made available to the public | Number of data books and number of data briefs accessible on the Department’s website |

Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|--|--|---|--|---|
| Division of Planning, Research, and Forensics (DPRF) | Implementation of an integrated data warehouse to provide cross-division data to inform policy and practice | Develop a data governance plan describing how the data warehouse will automate federal reporting, standardize processes for data use and release across divisions, and define roles and decision rules for using the data warehouse | Three department divisions: DHS, DMHS, and DSAS | Number of automated reports for federal Mental Health Block Grant reporting |
| | Conduct program evaluations that can be used to improve program quality in the community for mental health and substance abuse programs | Complete program evaluations for mental health and substance abuse programs in the community | Six program evaluations for TDMHSAS behavioral health programs will be completed | Number of program evaluations completed |
| | Complete two data reports called the Uniform Reporting System Tables (URS) and Basic Client Information (BCI) containing information about the characteristics of individuals receiving publically funded mental health services in Tennessee for SAMHSA | Generate URS and BCI data reports to comply with federal Mental Health Block Grant reporting requirements | Three data reports (URS and BCI) will be compiled and include information about individuals receiving publicly funded mental health services | Number of data reports submitted to SAMHSA |

Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|--|--|--|---|---|
| Division of Planning, Research, and Forensics (DPRF) | Provide court ordered forensic evaluations on an outpatient basis for courts statewide | Maximize the delivery of forensic services in the community rather than on an inpatient basis | 77% of defendants a year statewide will be forensically evaluated on an outpatient basis without the need for forensic inpatient services | Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services |
| | Provide mental health and substance abuse screening to improve access to services for youth in juvenile courts | Establish systematic screening for mental health and substance abuse needs of youth in juvenile courts | 1,200 screenings will be conducted with the Juvenile Justice version of the Child and Adolescent Needs and Strengths (CANS) survey in Juvenile Courts across the state | Number of screenings conducted in Juvenile Courts statewide |
| Division of Mental Health Services (DMHS) | Provide recovery-focused, intensive, and customized care coordination services which support individuals transitioning from mental health institutes to the least restrictive, most integrated community setting appropriate to individual needs | Tennessee Move Initiative will ensure individuals leaving mental health institutes transition to the least restrictive, most integrated community setting to maintain their living situation | 60 individuals will receive recovery-focused, intensive, and customized care coordination services through the Tennessee Move Initiative | Number of individuals served by the Tennessee Move Initiative |
| | Provide and expand a continuum of community-based mental health services to individuals with Severe Mental Illness (SMI) and/or Co-Occurring Disorders (CODs) | Access to a continuum of high quality and effective community-based mental health services | 360,000 individuals with SMI and/or CODs will be served in the public mental health system | Number of individuals with SMI and/or CODs served in the public mental health system |
| | Create additional housing opportunities and supports through Creating Homes Initiative (CHI) | Facilitate development and maintenance of safe, affordable housing opportunities for people with history of mental illness | 800 new or improved housing or supported living opportunities will be available through CHI | Number of new or improved housing or supported living opportunities available through CHI |
| | End homelessness for veterans, chronic homeless, homeless families, and other homeless individuals with mental illness and provide support that allows people experiencing mental illness to maintain stable housing | Homeless veterans, chronically homeless, homeless families, and other people experiencing homelessness, or at risk, will be linked to permanent housing | 400 homeless veterans, chronically homeless, and/or homeless families will be moved into permanent housing through Cooperative Agreement to Benefit Homeless Individuals (CABHI) and Projects for Assistance in the Transition from homelessness (PATH) | Number of homeless veterans, chronically homeless, and/or homeless families moved into permanent housing through CABHI and PATH |

Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|---|---|--|--|
| Division of Mental Health Services (DMHS) | Provide support that allows people experiencing mental illness to maintain stable housing through short-term financial support. Short term is Community Targeted Transitional Services (CTTS) and Inpatient Targeted Transitional Services (ITTS) | People experiencing mental illness will maintain stable housing through short-term financial support | 2,900 individuals will receive short-term financial housing support through CTTS and ITTS | Number of individuals will receiving short-term financial housing support (CTTS and ITTS) as reported in the SAMHSA Homeless Management Information System |
| | Provide long-term financial support to housing facilities serving people with mental illness. Facility support is Community Supportive Housing (CSH), Intensive Long-term Support (ILS), Emerging Adults (EA), and Supportive Living (SL) | Housing facilities serving people with mental illness will be provided long-term financial support | 1,300 people will be served in housing facilities receiving long-term support (CSH, ILS, EA, and SL) | Number of individuals being served in housing facilities receiving long-term financial support programs (CSH, ILS, EA, and SL) |
| | Improve the effectiveness of the Crisis Services Continuum network of services statewide | A statewide continuum of high quality and effective crisis services will be accessible by all individuals experiencing a mental health crisis | 200,000 will receive services within the Crisis Services Continuum network statewide | Number of contacts linked to the following services: phone calls, mobile crisis, walk-in center, crisis respite, crisis stabilization units, and East TN Diversionary Services |
| | Reduce the number of suicides in Tennessee through the provision of enhanced follow-up services following a suicide crisis | Improve service linkage and continuity of care for individuals at risk of suicide | 300 individuals will be enrolled in enhanced follow-up services following a suicidal crisis | Number of individuals enrolled in enhanced follow-up services following a suicidal crisis |
| | Eliminate disparities in services for uninsured adults in Tennessee, and in geographic and population areas (i.e. rural and ethnic populations) | Assist uninsured Tennesseans with serious mental illness so they can receive key services including assessment, evaluation, diagnostic, therapeutic intervention, case management, peer support services, psychosocial rehabilitation services, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination. | 30,000 uninsured adults will be served in the Behavioral Health Safety Net of TN (BHSNTN) | Number of uninsured adults served by the BHSNTN |
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Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|--|--|---|--|
| Division of Mental Health Services (DMHS) | Provide peer support services to patients in all state RMHIs by expanding the Peer Engagement Project from Middle Tennessee Mental Health Institute (MTMHI) to include Moccasin Bend Mental Health Institute (MBMHI), Western Mental Health Institute (WMHI), Memphis Mental Health Institute (MMHI), and four Crisis Stabilization Units (CSUs) | Increase access to high quality and effective peer support services in four CSUs and RMHIs and reduce use of crisis services and hospitalization | 5,000 people at CSUs or RMHIs will have received peer support services | Number of individuals receiving peer support services at CSUs and RMHIs |
| | Promote health and wellness self-management programming for individuals over 18 with serious mental illness, substance abuse diagnoses, and co-occurring disorders | Serve individuals through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches | 900 individuals will be served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches | Number of individuals served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches |
| | Provide and expand evidence-based employment services through the Individual Placement and Support (IPS) Supported Employment initiative for individuals over age 18 with SMI and/or CODs | The rate of employment for individuals with SMI and/or COD to increase through IPS Supported Employment | 40% of the estimated 500 individuals will be served through the IPS Supported Employment initiative | Number of individuals served through Individual Placement and Support Supported Employment initiative who are employed in competitive and integrated work for at least one day |
| | Provide early screening, assessment and referral for youth and young adults diagnosed with, or at risk of developing, Severe Mental Illness (SMI), Seriously Emotionally Disturbed (SED), or Co-Occurring Disorder (COD) | Healthy Transitions (HT) will provide youth and young adults with, or at risk of developing SMI, SED, or COD with age- and acuity-appropriate treatment and support services | 20 youth and young adults with, or at risk of developing SMI, SED, or COD that will receive services through HT | Number of youth and young adults with, or at risk of developing SMI, SED, or COD served by HT program |

Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|---|--|--|--|
| Division of Mental Health Services (DMHS) | Provide evidence-based treatment and recovery support services for youth and young adults who have experienced first episode psychosis | First Episode Psychosis Initiative (FEPI) will ensure that youth and young adults who have experienced first episode psychosis receive treatment and recovery support services | 25 youth and young adults will receive treatment and recovery support services through FEPI | Number of youth and young adults who have experienced first episode psychosis served by FEPI program |
| | Promote good mental health by increasing the number of individuals who self-report an increase in physical health behaviors | Increase physical health behaviors of individuals being served through community mental health services | 450 individuals who self-report an increase in their physical health behaviors | Number of individuals who self-report an increase in their physical behaviors including healthy eating and physical activity |
| Division of Administrative and Regulatory Services (DARS) | Monitor licensed facilities to ensure compliance with licensing rules | Improved quality care and safer environments in licensed mental health and substance abuse facilities | 1,950 licensing and oversight visits for mental health and substance abuse programs will be conducted | Number of licensing and oversight visits for mental health and substance abuse programs |
| | Work cooperatively with other state health and social service agencies to address allegations of abuse, neglect and mistreatment of service recipients | Improved and safer environments for service recipients | Two individuals will be referred for placement on Department of Health (DOH) Abuse Registry thereby prohibiting their working with vulnerable population | Number of individuals referred for placement on DOH Abuse Registry. |
| | Conduct a comprehensive review of licensure rules to identify recommended changes | Follows annual review of all licensure rules, recommend changes, as needed | Two licensure rules will be proposed for amendment | Number of licensure rules proposed for amendment |
| | Train licensure surveyors across all three regional offices on the use of the licensure database and policies for investigations and inspections | Training of all licensure surveyors across all three regional offices to ensure consistent application of licensure rules and procedures | 100% of licensure surveyors will participate in training | Percentage of licensure surveyors participating in training |
| | Monitor department subrecipient agencies according to department's fiscal year monitoring schedule to ensure subrecipient agencies' compliance with fiscal requirements of department grant contracts | Subrecipient agencies compliance with fiscal, state and federal requirements of department grant contracts. | 100% of scheduled agencies will be monitored | Percentage of subrecipient agencies on department plan monitored |
| | Provide training and technical assistance to subrecipient grantees | Training and technical support to grantees regarding compliance with fiscal reporting requirements of subrecipient contracts | 72 trainings or technical assistance events offered to contract agencies | Number of trainings or technical assistance events offered to contracted agencies |
| | | | | |

Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|--|---|---|--|
| Division of General Counsel (DGC) | Ensure contracts are submitted to the Central Procurement Office on or before deadlines | Timely submission of contracts | 85% of agency contracts will be timely processed | Percentage of agency contracts submitted by deadline |
| | Ensure state representation for RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | State representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | 100% state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department |
| | Ensure state representation at administrative proceedings governed by the Uniform Administrative Procedures Act (UAPA) – Tennessee Code Annotated Title 4, Chapter 5 | State representation at administrative proceedings to resolve disputes between citizens, state employees, and governmental agencies | 100% state representation at administrative proceedings | Percentage of state representation at administrative proceedings |
| | Engage in rulemaking and legislative activity | Update the rule version of Tennessee’s controlled substances schedules I, II, III, IV, and V | 100% of the rules will be filed to update Tennessee’s controlled substances schedules I, II, III, IV, and V | Percentage of rules filed to update Tennessee’s controlled substance schedules I, II, III, IV, and V |
| Division of Substance Abuse Services (DSAS) | Contracted agencies will provide treatment services to intravenous drug users and will be monitored for compliance through DSAS’ contract monitoring process | All contracted providers will provide treatment services to intravenous drug users | Increase the percentage of individuals who will disclose they are intravenous drug users from 30% to 34% | Percentage of individuals who disclosed that they were an intravenous drug user |

Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|--|--|---|--|
| Division of Substance Abuse Services (DSAS) | Use a standardized pre and post test to determine if Human Immunodeficiency Virus (HIV)/Early Intervention Services (EIS) services are effective | Evaluate the DSAS funded HIV/EIS services in Tennessee to determine the effectiveness of the program | Increase the success rate of the HIV/EIS program from 84% to 88% | Percentage of consumers enrolled in treatment and completed the pre- and post-test for HIV/EIS |
| | Use a standardized pre and post test to determine if Tuberculosis (TB) training is effective | Increase block grant treatment client's knowledge about the risk factors, symptoms and testing methods for TB | Increase client's knowledge from 67% to 71% about TB | Percentage of consumers enrolled in treatment and completed the pre- and post-test for TB |
| | Make available programs that serve individuals who have been convicted of a non-violent crime and have a substance use or co-occurring disorder | Provide diversion opportunities for individuals in the criminal justice system with a substance use or co-occurring disorder | Increase the number of offenders receiving diversion services from 8,713 to 8,887 | Number of individuals receiving diversion services |
| | Certify new and recertify existing recovery courts utilizing the National Drug Court Ten Key Components | Ensure quality services are delivered through the recovery court system | Increase the number of recovery court certifications from 10 to 15 | Number of drug courts certified and recertified |
| | Provide an array of recovery support services for adult and adolescent consumers to supplement their treatment and to increase their chances of long-term sobriety | Supplement treatment service with recovery support services | Increase the number of consumers who receive recovery support services by 5% for a total of 2,763 consumers | Number of consumers currently enrolled in both treatment and recovery services |
| | Certify recovery congregation/community organizations on the Tennessee Faith-Based Community Initiatives | Expand access to recovery support services through the faith community | Increase the number of faith-based recovery congregations by 30 for a total of 250 | Number of faith-based congregations/organizations certified |

Goal 2: Maintain and improve community mental health and substance abuse services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|---|--|---|---|
| Division of Substance Abuse Services (DSAS) | Provide informed care services to individuals who have disclosed experience with trauma | Treatment agencies will provide assurance that individuals who have experienced trauma are receiving trauma informed care services | Increase the number of individuals who receive trauma informed care services by 5% for a total of 4,200 individuals | Number of individuals who have been screened for trauma |
| | Establish new recovery homes statewide | Expand self-supporting and drug free homes through Oxford House International for individuals in recovery | Increase the number of recovery homes by 9 for a total of 45 | Number of new recovery homes |

Goal 3: Provide effective education and prevention services

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|--|---|---|---|--|
| Division of Planning, Research, and Forensics (DPRF) | Provide training on standards and practices for certification for evaluators conducting court-ordered forensic mental health evaluations of criminal defendants ordered by Tennessee courts | Ensure that mental health professionals receive training for certification to conduct court-ordered forensic mental health evaluations by contracted community mental health agencies and the Regional Mental Health Institutes | Three Forensic Evaluator Training sessions will be offered each fiscal year | Number of Forensic Evaluator Training sessions |

Goal 3: Provide effective education and prevention services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|--|---|--|---|
| Division of Mental Health Services (DMHS) | Collaborate with statewide partners on Children’s Mental Health Awareness Day to increase public awareness on children’s mental health | Provide education to the public about children’s mental health topics | Three articles will be published and spotlighted on kidcentraltn.com website annually | Number of articles published and spotlighted on kidcentraltn.com website annually |
| | Provide educational presentations to children and youth at risk of social, emotional, or behavioral disorders | Erase the Stigma (ETS) will promote an understanding of mental illness and reduce stigma of mental illness using educational presentations and public awareness campaigns | 15,000 children and youth at risk of social, emotional, or behavioral disorders will be served through ETS | Number of children and youth at risk of social, emotional, or behavioral disorders served through ETS program |
| | Suicide prevention and post-vention training will be provided to individuals through Tennessee Suicide Prevention Network (TSPN) | Increase individuals awareness of suicide warning signs and risk factors | 9,300 individuals will receive suicide prevention and post-vention training through TSPN | Number of individuals receiving suicide prevention and post-vention training through TSPN |
| | Mental Health 101 training will be provided to middle and high school students | Decrease stigma associated with mental health and substance abuse issues for middle and high school students | 10,000 middle and high school students will receive Mental Health 101 training | Number of middle and high school students receiving Mental Health 101 training |
| | Implement the zero suicide framework within Tennessee’s health and behavioral healthcare organizations | Reduce suicide deaths, improve service linkage and compliance with the recommended plan of care | 25 agencies will embed the zero suicide framework within their organization | Number of agencies who embed the zero suicide framework within their organization |

Goal 3: Provide effective education and prevention services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|--|--|--|--|
| Division of Mental Health Services (DMHS) | Provide suicide prevention education for school employees and students through the Jason Foundation | Increase awareness and knowledge of suicide prevention for school employees and students | 20,000 teachers will be trained and 280,000 students, parents and other interested adults will be impacted/reached by Project Tennessee through the Jason Foundation | Number of teachers trained and number of students, parents and other interested adults impacted/reached by Project Tennessee |
| | Provide early intervention and prevention screening to middle and high school students with consenting parents through Tennessee Voices for Children (TVC) | Identify potential mental health and/or alcohol and drug use concerns through screening of middle and high school students | 750 of middle and high school students will receive early intervention and prevention screenings through Youth Screen through TVC | Number of middle and high school students provided with general and consent information on the School & Communities Youth Screen Program |
| | Increase the number of certified individuals for the Certified Family Support Specialist program | Ensure a pool of qualified persons who can provide Certified Family Support Specialist services | 10 individuals will become Certified Family Support Specialists | Number of individuals that become Certified Family Support Specialists |
| | Expand training opportunities for Certified Peer Recovery Specialists | Access to additional training opportunities in specialized subjects for Certified Peer Recovery Specialists | 40 Certified Peer Recovery Specialists will receive enhanced training in a specialized subject matter | Number of Certified Peer Recovery Specialists who receive enhanced training in a specialized subject |
| | Expand training opportunities for supervisors of Certified Peer Recovery Specialists | Access to training opportunities for supervisors of Certified Peer Recovery Specialists | 20 supervisors of Certified Peer Recovery Specialists will receive specialized supervision training | Number of supervisors for Certified Peer Recovery Specialists who receive supervision training |

Goal 3: Provide effective education and prevention services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|--|--|---|---|
| Division of Substance Abuse Services (DSAS) | Provide online and regional face-to-face educational and training opportunities for prevention, treatment and recovery support professionals | Increase the knowledge of evidence-based programs and strategies for the prevention, treatment, and recovery support workforce | 1,600 substance abuse professionals will receive training on prevention, treatment, and recovery support services | Number of substance abuse professionals receiving training |
| Office of Communications (OC) | Produce news releases, media advisories, and Departmental promotional materials | Increase the number of news releases, media advisories, and Departmental promotional materials distributed | Distribute 40 news releases, media advisories, and Departmental promotional materials | Number of news releases, media advisories, and Departmental promotional materials |
| | Produce and publish the <i>Update</i> , featuring Department and provider news | Produce four <i>Update</i> Department Newsletters and distribute through email and via the web | Produce four <i>Update</i> Department Newsletters | Number of newsletters produced |
| | Engage with the public, providers, and staff through social media posts | Provide education, awareness, and prevention information through Facebook postings | 250 Facebook postings | Number of Facebook postings per year |
| | Distribute emails with current behavioral health news | Email summaries on current news, research, and trends to Department staff and providers | 225 email summaries will be sent | Number of email summaries |
| | Provide the public online resources for mental health and substance abuse services, programs, and initiatives via our website | Promote prevention, early intervention, treatment, habilitation, and recovery support services via the web | 175,000 unique web page visitors | Number of unique web page visitors |

Goal 3: Provide effective education and prevention services (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---------------------------------------|--|--|---|--|
| Division of Clinical Leadership (DCL) | Provide mental health and suicide prevention information to veterans | Increase veterans awareness of mental health and suicide prevention | 125 veterans will receive mental health suicide prevention information | Number of veterans who receive mental health and suicide prevention information |
| | Develop and implement suicide prevention plans and activities in the faith communities | Prevent suicide in the faith communities | 12 community faith leaders will develop and implement suicide prevention plans and activities | Number of faith communities who develop and implement suicide statements for suicide prevention plans/activities |
| | Ongoing implementation of Therapeutic Intervention, Education, and Skills (TIES) | Through TIES, serve families with at least one caregiver with a substance abuse issue and with children at-risk of being placed in state custody | 80% or more children have successfully remained in their homes with at least one caregiver with a substance abuse issue | Percentage of TIES children that have been safely and successfully maintained in their homes |
| | Monitor opioid treatment programs to improve quality of care | Enhance patient care, safety and improve patient outcomes in opioid treatment programs | Two monitoring visits per year will be conducted on opioid treatment programs | Number of monitoring visits to opioid treatment programs in compliance with standards |

Goal 4: Lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|--|--|---|--|--|
| Division of Planning, Research, and Forensics (DPRF) | Provide information about prescription drug use, abuse, and dependence to interdepartmental groups including the Public Safety Subcabinet, the State Epidemiological Outcomes Workgroup (SEOW), and the Heroin Working Group | Analyze and share data among state agencies to identify current and emerging prescription drug use, abuse, and dependence trends in Tennessee | Four agencies will participate in the substance use, abuse, and dependence data sharing and review | Number of interagency data briefs on substance use, abuse, and dependence disseminated to other agencies |

Goal 4: Lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee (continued)

| Division: | Programs and actions: | What we expect to accomplish? | How many we will serve? | How we know we have succeeded? |
|---|--|--|---|--|
| Division of Substance Abuse Services (DSAS) | Community anti-drug coalitions will address prescription drug abuse in their community and develop comprehensive community plans to address these issues | Increase awareness to the dangers of the prescription drug abuse through public education, decreased access, and media campaigns | Increase the number of community-based coalitions from 42 to 45 | Community anti-drug coalitions will address prescription drug abuse in their community and develop comprehensive community plans to address these issues |
| | Increase the number of adult recovery courts | Expand access to adult recovery courts across Tennessee with emphasis on treating prescription drug addiction | Establish 54 new adult recovery courts | Number of adult recovery courts |
| | Establish evidence-based addiction and recovery programs; i.e. Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) | Increase the number of recovery group meetings in the community | Increase the number of recovery meetings by 67 for a total of 300 | Number of recovery meetings |

Reporting: Division of Hospital Services

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of presentations at the RMHIs | Number | 3,478 | < 4,000 | | | |
| Number of individuals admitted to the RMHIs | Percentage | 9.48% | < 15% | | | |
| Percentage of patient satisfaction surveys with positive responses | Percentage | 78.6% | 80% | | | |
| Percentage of readmits within 30 days of discharge | Number | 291 | 360 | | | |
| Number of AMDC implemented for each unit at each RMHI | Number | zero | 24 | | | |
| Number of ECR implemented at one RMHI | Number | zero | 4 | | | |

Reporting: Division of Planning, Research, and Forensics

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of State Hospital Readmission (SHR) Reports submitted to the Substance Abuse and Mental Health Services Administration by March 1 | Number | 1 | 1 | | | |
| Number of data briefs generated for DHS | Number | 6 | 6 | | | |
| Percentage of all inpatient defendants admitted to the Forensic Services Program for inpatient forensic evaluation and treatment | Percentage | 15% | 12% | | | |
| Number of quarterly conference calls with the Regional Council Leadership Teams | Number | 4 | 4 | | | |
| Number of statewide needs assessments per year | Number | 1 | 1 | | | |
| Number of Regional Councils mental health and substance awareness activities per year | Number | 1 | 1 | | | |

Reporting: Division of Planning, Research, and Forensics (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY17: July 2016 – June 2017) | KPI Target (FY18: July 2017 – June 2018) | February Report (July 2017 – Dec. 2017) | August Report (Jan. 2018 – June 2018) | Explanation (if applicable) |
|---|-----------------|--|--|---|---|---------------------------------------|
| Number of meetings held with divisions/offices per year prior to the Three-Year Plan Report due dates | Number | 2 | 2 | | | |
| Number of senior and child member representatives on each Regional Council | Number | 1 | 1 | | | |
| Number of data books and data briefs accessible on the Department's website | Number | 4 | 4 | | | |
| Number of program evaluations completed | Number | 6 | 6 | | | |
| Number of data reports submitted to SAMHSA | Number | 2 | 3 | | | |
| Number of automated reports for federal Mental Health Block Grant reporting | Number | 2 | 2 | | | |
| Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services | Percentage | 25% | 22% | | | |

Reporting: Division of Planning, Research, and Forensics (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|---|-----------------|---|---|--|--|--|
| Number of screenings conducted in Juvenile Courts statewide | Number | 1,500 | 1,700 | | | |
| Number of Forensic Evaluator Training sessions | Number | 3 | 3 | | | |
| Number of interagency data briefs | Number | 4 | 4 | | | |

Reporting: Division of Mental Health Services

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of individuals served by the Tennessee Move Initiative | Number | 67 | 60 | | | |
| Number of individuals with SMI and/or CODs served in the public mental health system | Number | 352,043 | 360,000 | | | |
| Number of new or improved housing or supported living opportunities available through Creating Homes Initiative (CHI) | Number | 2,287 | 800 | | | |
| Number of homeless veterans, chronically homeless, and/or homeless families moved into permanent housing | Number | 775 | 400 | | | |
| Number of individuals will receiving short-term financial housing support (CTTS and ITTS) as reported in the SAMHSA Homeless Management Information System | Number | 4,665 | 1,300 | | | |

Reporting: Division of Mental Health Services (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of individuals being served in housing facilities receiving long-term financial support programs (CSH, ILS, EA, and SL) | Number | 1,598 | 1,300 | | | |
| Number of contacts linked to the following services: phone calls, mobile crisis, walk-in center, crisis respite, crisis stabilization until, East TN Diversionary Services | Number | 220,746 | 200,000 | | | |
| Number of individuals enhanced follow-up services following a suicidal crisis | Number | 878 | 300 | | | |
| Number of uninsured adults served by the Behavioral Health Safety Net of TN (BHSNTN) | Number | 29,898 | 30,000 | | | |
| Number of individuals receiving peer support services at Crisis Stabilization Units (CSU) and Regional Mental Health Institutes (RMHIs) | Number | 6,548 | 5,000 | | | |
| Number of individuals served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches | Number | 801 | 900 | | | |

Reporting: Division of Mental Health Services (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Percentage of individuals served through Individual Placement and Support Supported Employment initiative who are employed in competitive and integrated work for at least one day | Percentage | 41% | 40% | | | |
| Number of youth and young adults with, or at risk of developing Severe Mental Illness (SMI), Seriously Emotionally Disturbed (SED), or Co-Occurring Disorder (COD) served by Healthy Transitions program | Number | 38 | 20 | | | |
| Number of youth and young adults who have experienced first episode psychosis served by the First Episode Psychosis Initiative (FEPI) program | Number | 72 | 25 | | | |
| Number of individuals who self-report an increase in their physical behaviors including healthy eating and physical activity | Number | 408 | 450 | | | |

Reporting: Division of Mental Health Services (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of articles published and spotlighted on kidcentraltn.com website annually | Number | 6 | 3 | | | |
| Number of children and youth at risk of social, emotional, or behavioral disorders served through the Erase the Stigma program | Number | 18,158 | 15,000 | | | |
| Number of individuals receiving suicide prevention and post-vention training by Tennessee Suicide Prevention Network (TSPN) | Number | 18,556 | 9,300 | | | |
| Number of middle and high school students receiving Mental Health 101 training | Number | 26,940 | 10,000 | | | |
| Number of agencies who embed the zero suicide framework within their organization | Number | 21 | 25 | | | |

Reporting: Division of Mental Health Services (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of teachers trained and number of students, parents and other interested adults impacted/reached by Project Tennessee | Number | 392,915 | 300,000 | | | |
| Number of middle and high school students provided with general and consent information on the School & Communities Youth Screen Program | Number | 5,595 provided consent information; 220 screened | 750 | | | |
| Number of individuals that become Certified Family Support Specialists | Number | 6 | 10 | | | |
| Number of Certified Peer Recovery Specialists who receive enhanced training in a specialized subject | Number | 90 | 40 | | | |
| Number of supervisors for Certified Peer Recovery Specialists who receive supervision training | Number | 77 | 20 | | | |

Reporting: Division of Administrative and Regulatory Services

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|---|-----------------|---|---|--|--|--|
| Number of licensing oversight visits for mental health and substance abuse programs | Number | 1,540 | 1,950 | | | |
| Number of individuals referred for placement on Department of Health (DOH) Abuse Registry | Number | 1 | 2 | | | |
| Number of licensure rules proposed for amendment | Number | 2 | 2 | | | |
| Percentage of licensure surveyors participating in training | Percentage | 100% | 100% | | | |
| Percentage of subrecipient agencies on department plan monitored | Percentage | 100% | 100% | | | |
| Number of trainings or technical assistance events offered to contracted agencies | Number | 44 | 72 | | | |

Reporting: Division of General Counsel

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Percentage of agency contracts submitted by deadline | Percentage | 80% | 85% | | | |
| Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | Percentage | 100% | 100% | | | |
| Percentage of state representation at administrative proceedings | Percentage | 100% | 100% | | | |
| Percentage of rules filed to update Tennessee’s controlled substance schedules I, II, III, IV, and V | Percentage | 100% | 100% | | | |

Reporting: Division of Substance Abuse Services

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Percentage of individuals who disclosed that they were an intravenous drug user | Percentage | 41% | 43% | | | |
| Percentage of consumers enrolled in treatment and completed the pre- and post-test for HIV/EIS | Percentage | 88% | 88% | | | |
| Percentage of consumers enrolled in treatment and completed the pre- and post-test for TB | Percentage | 71% | 75% | | | |
| Number of individuals receiving diversion services | Number | 8,900 | 9,500 | | | |
| Number of drug courts certified and recertified | Number | 11 | 16 | | | |
| Number of consumers currently enrolled in both treatment and recovery services | Number | 5,772 | 6,272 | | | |
| Number of faith-based congregations and organizations certified | Number | 220 | 250 | | | |

Reporting: Division of Substance Abuse Services (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of individuals who have been screened for trauma | Number | 8,620 | 9,051 | | | |
| Number of new recovery homes | Number | 56 | 65 | | | |
| Number of substance abuse professionals receiving training | Number | 1,600 | 1,600 | | | |
| Number of community-based coalitions | Number | 42 | 45 | | | |
| Number of adult recovery courts | Number | 52 | 54 | | | |
| Number of recovery meetings | Number | 334 | 20 | | | |

Reporting: Office of Communications

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of news releases and media advisories distributed | Number | 36 | 40 | | | |
| Number of newsletters produced | Number | 3 | 4 | | | |
| Number of Facebook postings per year | Number | 250 | 250 | | | |
| Number of email summaries | Number | 225 | 225 | | | |
| Number of website page views | Number | 175,000 | 175,000 | | | |

Reporting: Division of Clinical Leadership

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline <small>(FY17: July 2016 – June 2017)</small> | KPI Target <small>(FY18: July 2017 – June 2018)</small> | February Report <small>(July 2017 – Dec. 2017)</small> | August Report <small>(Jan. 2018 – June 2018)</small> | Explanation <small>(if applicable)</small> |
|--|-----------------|---|---|--|--|--|
| Number of veterans who receive mental health and suicide prevention information | Number | 100 | 125 | | | |
| Number of faith communities who develop and implement suicide statements for suicide prevention plans/activities | Number | 10 | 12 | | | |
| Percentage of TIES children that have been safely and successfully maintained in their homes | Percentage | 75% | 80% | | | |
| Number of monitoring visits to opioid treatment programs in compliance with standards | Number | 2 | 2 | | | |