

Mental Health and Substance Abuse Services Inventory Contents

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Mental Health Listing

Behavioral Health Safety Net for Adults



Outcomes

Program/Intervention Name	Description/Additional Information	
Behavioral Health Safety Net for	The Behavioral Health Safety N	et for Adults provides core, essential, outpatient mental health services to uninsured
<u>Adults</u>	Tennesseans who meet progra	m eligibility criteria through a network of community mental health centers. This
☑ Program	includes interventions, several of which are evidence-based, like assessment and evaluation, therapeutic	
☐ Intervention within Program:	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	1. Number of individuals served	1. Percentage of number of individuals served
health services for individuals who are uninsured		psychiatrically hospitalized
or underinsured, then more uninsured and	2. Number of units of service delivered	
underinsured Tennesseans will receive essential	3. Percentage of units of services delivered via	
mental health services promoting recovery,	telehealth modalities	
resiliency, and independence.		-



Child Care Consultation



Outcomes

Program/Intervention Name	Description/Additional Information		
Child Care Consultation	Provides early childhood menta	l health training, coaching and consultation (using best practices) to centers and	
☑ Program	systems that serve young childr	en across the state. In addition, capacity development and awareness building will be	
☐ Intervention within Program:	provided around the need for e	arly 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	1. Number of children served directly	1. Improved level of functioning for the child in at
infant & early childhood mental health to early		least one life domain
childhood professionals and families, then we	2. Number of children served indirectly	2. Reduced level of disruption of family routines
will improve children's mental health		due to the child's behavioral or emotional
foundations and support implementation of		challenges
positive parenting and classroom management	3. Number of consultation/coaching	3. Improved classroom best practices by
strategies, and in doing so, increase life-long	observations	educators
resilience in children, reduce suspension &	4. Number of adult training participants	
expulsion in early childhood settings, increase		_
workforce retention for the early childhood		
workforce, and reduce parent-stress.		



Children and Youth Homeless Outreach Program



Outputs

Program/Intervention Name	Description/Additional Information	
Children and Youth Homeless	The Children and Youth Homel	ess Outreach Project provides outreach and case management for homeless families
Outreach Program	or those at risk of homelessnes	ss to identify children and youth with Severe Emotional Disturbances (SED) or at risk of
☑ Program	SED. The program then assists	parents to secure needed mental health services for children and other family
☐ Intervention within Program:	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, O	Outpatient, School Infancy/Early Childhood, Children, Adolescents/Young Adults, Families	

Logic Model	Outputs	Outcome(s)
If we provide outreach and case management	1. Number of individuals (children, youth, and	
services to children and youth with Severe	members of household) referred to mental	
Emotional Disturbances (SED) or at risk of SED	health services	
and their families, then we will increase	2. Number of children and youth identified	
opportunities for children and youth to receive	having SED or at risk of SED	
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.		
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Community Supportive Housing



Strong Evidence

Program/Intervention Name	Description/Additional Info	rmation	
Community Supportive Housing	The Community Supportive Ho	using program provides flexible funding to agencies to provide permanent supportive	
☑ Program	housing for adults who are diag	nosed with mental illness and co-occurring disorders. As part of the support services	
☐ Intervention within Program:	provided, the staff is hired by co	ontract agencies to provide on-site supervision for the residents and as-needed	
	supervision to non-supervised a	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	1. Number of individuals served in the	
to supportive services such as peer recovery, employment,	program	
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.		

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



Community Targeted Transitional Support



Pending Panel Review

Program/Intervention Name	Description/Additional Info	rmation	
Community Targeted Transitional	The Community Targeted Transitional Support program provides specific, limited, temporary financial assistance		
Support	that allows individuals with me	ntal illness and/or substance use disorder to live independently in the community.	
☑ Program	This is achieved by providing fu	nding for rental deposits, rental assistance, utility deposits, utility payments, eye care,	
☐ Intervention within Program:	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.		
Delivery Setting		Target Population	
Home, Residential Facility, Other Community Setting		Adults, Families	

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



Consumer Housing Specialists



Outputs

Program/Intervention Name	Description/Additional Information		
Consumer Housing Specialists	Consumer Housing Specialists	Consumer Housing Specialists work to ensure people with mental illness or co-occurring disorders find affordable	
☑ Program	housing by helping them access the housing listing on the Recovery Within Reach website, access benefits and other		
☐ Intervention within Program:	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	1. Number of trainings provided to service	
stakeholders in creating linkages, resource	recipients by Consumer Housing Specialists	
development, and community education efforts,	2. Number of individuals Consumer Housing	
then there will be an increase in the public's	Specialists assist with accessing housing	
understanding and support for individuals with a	opportunities	
mental illness or co-occurring disorders, and	3. Number of individuals the Consumer Housing	
more of these individuals will secure stable	Specialist assists service recipients in accessing	
housing.	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	



Creating Homes Initiative/Regional Housing Facilitators



Outputs

Program/Intervention Name	Description/Additional Info	rmation		
Creating Homes Initiative/	The Creating Homes Initiative (CHI) seeks to assertively and strategically partner with local communities to educate,			
Regional Housing Facilitators	inform, and expand quality, saf	e, affordable, and permanent supportive housing options for people with mental		
⊠ Program	illness and/or substance use dis	sorders. Expansions of CHI include "CHI 2.0", which added a specific focus on		
☐ Intervention within Program:	expanding permanent supporti	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	1. Percentage of awarded proposals for	
leverage partnerships and funding to create new	TDMHSAS-funded housing grants that Regional	
housing opportunities for individuals with	Housing Facilitators assisted with	
mental illness and/or substance use disorders,	2. Dollar amount leveraged	
then Tennesseans in need of supportive housing	3. Number of housing opportunities created	
will have increased resiliency, recovery, and		
resilience which will improve sustained quality		
living in the community.		
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Crisis Intervention Teams (CIT) in Tennessee

N

No Effects

Program/Intervention Name	Description/Additional Info	rmation	
Crisis Intervention Teams (CIT) in	The Crisis Intervention Team (CIT) program is both a community coalition and a specialized, 40-hour community-		
<u>Tennessee</u>	based course for law enforcem	ent and other first responders. The CIT training is designed to increase knowledge	
☑ Program	and understanding of mental il	and understanding of mental illness and substance use disorder, decrease stigma, and increase empathy, introduce	
☐ Intervention within Program:	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.		
Delivery Setting		Target Population	
Other Community Setting		Adults	

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

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



Crisis Respite Services



Evidence

Program/Intervention Name	Description/Additional Information			
<u>Crisis Respite Services</u>	Crisis Respite Services are non-	Crisis Respite Services are non-hospital, facility-based services, focused on short-term stabilization, up to 72 hours,		
☑ Program	offered twenty-four hours per o	offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) in support		
☐ Intervention within Program:	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.			
Delivery Setting		Target Population		
Other Community Setting		Adults		

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

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



Crisis Stabilization Units (CSUs)



Evidence

Program/Intervention Name	Description/Additional Information		
Crisis Stabilization Units (CSUs)	Crisis Stabilization Unit (CSU) services are offered 24/7/365 to provide intensive, short-term stabilization for		
⊠ Program	individuals experiencing a men	individuals experiencing a mental health crisis, up to 96 hours. Services may include psychiatric, diagnostic, and	
☐ Intervention within Program:	medical assessments; crisis ass	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	1. Number of persons admitted to crisis	
for individuals experiencing a mental health	stabilization unit	
crisis via crisis stabilization units in communities,	2. Average length of stay	
then individuals experiencing a mental health	3. Average daily bed utilization	
crisis can receive immediate and appropriate		
care, reducing the need for more intensive		
interventions and promoting healing and		
recovery.		

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



Crisis Walk-in Centers



Outcomes

Program/Intervention Name	Description/Additional Information	
<u>Crisis Walk-in Centers</u>	Crisis Walk-in Centers offer face-to-face, 24/7/365 evaluation for those who are experiencing a mental health	
⊠ Program	emergency. Services can include mental health assessment, referral to services, and follow-up services. Several	
☐ Intervention within Program:	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	1. Number of face-to-face assessments	1. Percentage of face-to-face crisis assessments
access to well-equipped and staffed crisis walk-in	completed in WIC	occurring in WIC that avoid hospitalization
centers that provide mental health assessments,	2. Number of 23-hour observation admissions	
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.		



Early Intervention and Prevention Program



Evidence

Program/Intervention Name	Description/Additional Information		
Early Intervention and Prevention	Early Intervention and Prevention Program (EIPP), housed in Renewal House, Inc (residential and intensive-outpatient facility for		
<u>Program</u>	mothers with substance abuse and	d addiction issues) is a targeted early intervention and mental health program for children, up	
⊠ Program		erious emotional disturbances or substance abuse, and their mothers. EIPP is a unique	
☐ Intervention within Program:	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	1. Number of participants served	1. Percent of mothers showing success by either
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	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	maintaining or increasing their score in at least two out of five parenting constructs between pre- and post-test
and poorer outcomes related to toxic stress occurring in early childhood/childhood and subsequently will increase academic	3. Number of unduplicated children and/or their mothers shall receive family and/or individual counseling as deemed appropriate by evaluation	Percent of children with both a pre- and post- test showed an increase or maintenance in Total Protective Factors/Total Social-Emotional Composite Scores
achievement and lifelong success/wellbeing.	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.		



Emerging Adults



Strong Evidence

Program/Intervention Name	Description/Additional Information		
Emerging Adults	The Emerging Adult Services program is a strengths-based program to support young adults, ages 18-25, who have a Serious		
⊠ Program	Emotional Disturbance (SED), mental illness or a co-occurring disorder, as they transition to adulthood. Available services include		
☐ Intervention within Program:	quality, affordable and safe suppo	rtive housing with individualized support services for young adults who have been either in	
ear remainer meiller i ogramm	foster care or in treatment for mer	ntal 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.		
Delivery Setting		Target Population	
Residential Facility, Other Community Setting		Adolescents/Young Adults, Adults	

Outputs	Outcome(s)
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	
	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

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



Emotional Fitness Centers



Outputs

Program/Intervention Name	Description/Additional Information		
Emotional Fitness Centers	Emotional Fitness Centers of Tennessee is a faith-based program that offers no cost mental health and substance		
⊠ Program	abuse screenings, as well as co	abuse screenings, as well as community events and training regarding mental health and substance abuse issues.	
☐ Intervention within Program:	Their aim is to address emotion	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,		Children, Adolescents/Young Adults, Adults, Families	
Outpatient, Residential Facility, Workplace, Other Community Setting			

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



Erase the Stigma



Outcomes

Program/Intervention Name	Description/Additional Information		
Erase the Stigma	Erase the Stigma is mental hea	Erase the Stigma is mental health awareness curriculum to promote understanding of mental illness and to reduce	
☑ Program	the stigma associated with mer	the stigma associated with mental illness. The program is made interesting to youth by the use of puppets,	
☐ Intervention within Program:	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	1. Number of children and youth participants	1. Percent of audience with an increased
public awareness campaigns particularly by	2. Number of adult participants	awareness and understanding of mental and
utilizing interactive school-based curriculum,	2. Namber of addit participants	emotional health
then we will increase an overall understanding of	3. Number of presentations	
mental health and social-emotional wellness,		•
which will reduce the stigma around mental		
illness.		



First Episode Psychosis Program



Strong Evidence

Program/Intervention Name	Description/Additional Infor	mation
First Episode Psychosis Program	On Track TN is designed to prov	vide early intervention services for youth and young adults ages 15 to 30 who have
☑ Program	experienced first-episode psych	osis. This comprehensive intervention model is a team of mental health
☐ Intervention within Program:	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	1. Total number served	1. Participants experiencing fewer symptoms of
early intervention services for youth and young		Psychosis from intake at to six-month follow-up
adults ages 15-30 years experiencing their first	2. Number of youth/young adults with psychosis-	2. Participants enrolled in IPS services attending
episode of psychosis using Coordinated Specialty	related diagnosis enrolled	and enrolled in educational programs from the
Care (CSC), then we can improve outcomes for		time of intake to the six-month follow-up period
youth and young adults diagnosed with a	3. Number of service areas (counties)	3. Participants enrolled in IPS services attending
psychosis spectrum disorder enabling them to		and engaging in occupational activities from the
function more effectively at home, in school, and		time of intake to the six-month follow-up period
in the community.		

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



Healthy Transitions



Strong Evidence

Program/Intervention Name	Description/Additional Infor	mation
<u>Healthy Transitions</u>	Healthy Transitions: Improving I	Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program
☑ Program	(HT-ILT) helps improve emotion	al and behavioral health functioning of youth and young adults ages 16-25 who have
☐ Intervention within Program:	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	1. Total number youth and young adults served	1. Percent of participants who reported overall
services to youth and young adults with severe		healthiness after six months
mental disorders, then they are more likely to	2. Total number of screenings completed	2. Percent of participants who reported a
participate in the workforce, maintain stable	3. Total number of outreach contacts	reduction in emotional distress after 6 months
housing, and have a higher quality of life.	5. Total number of outreach contacts	from intake
		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 Independer	nce Process (TIP) Model	Promising research evidence



Individual Placement and Support (MHSAS)



Strong Evidence

Program/Intervention Name	Description/Additional Information		
Individual Placement and Support	Individual Placement & Suppor	t (IPS) supported employment program is a community-based program that helps	
(MHSAS)	individuals with a serious ment	al illness and/or co-occurring disorder work in competitive and integrated jobs of	
⊠ Program	their choosing. IPS also promot	their choosing. IPS also promotes supported education goals (e.g., getting a GED, enrolling in postsecondary classes,	
☐ Intervention within Program:	etc.).		
Delivery Setting		Target Population	
Organization/Business/Local Government	nt, Home, Hospital/Treatment Adolescents/Young Adults, Adults		
Center, Mobile, Workplace, Other Comm	nunity Setting		

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

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



Intensive Long-Term Support



Strong Evidence

Program/Intervention Name	Description/Additional Information	
Intensive Long-Term Support	This program designed to provide intensive long-term, wrap-around support services to allow people to be	
☑ Program	discharged from the state's Regi	onal Mental Health Institutes into supportive living facilities in the community. The
☐ Intervention within Program:	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	1. Number of beds dedicated to Intensive Long-	
services that include psychiatric, nursing, case	Term support	
management and treatment services are	2. Number of individuals served within the	
provided to individuals discharging from	program	
Regional Mental Health Institutes, then they will	3. Number of individuals discharged from the ILS	
live successfully in the community, with little to	program due to rehospitalization	
no re-admissions to the hospital.		

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



Juvenile Justice Diversion Program



Strong Evidence

Program/Intervention Name	Description/Additional Information	
Juvenile Justice Diversion Program	Juvenile Justice Diversion Program is a grant program that provides six providers across Tennessee with funding for	
☑ Program	community-based behavioral health services to justice-involved youth. This program utilizes evidence-based	
☐ Intervention within Program:	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,		Children, Adolescents/Young Adults
School, Other Community Setting		

Logic Model	Outputs	Outcome(s)
If we provide community-based services and	1. Number of referrals across all providers	1. Rate of out-of-home placement
training for treatment options for juvenile courts	2. Number of admissions across all providers	
to utilize, particularly in evidence-based	3. Number of discharges across all providers	
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		

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link		Evidence Rating
CrimeSolutions	Juvenile Diversion Progra	a <u>ms</u>	Promising; more than one meta-analysis

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improve the resiliency, well-being, and overall connectedness to the community for juvenile

justice involved youth.



Licensed Supportive Living



Strong Evidence

Program/Intervention Name	Description/Additional Information		
Licensed Supportive Living	Licensed Supportive Living Faci	Licensed Supportive Living Facilities located in designated counties receive a reimbursement of \$2.00/day per	
☑ Program	eligible individual for up to 30%	eligible individual for up to 30% of eligible residents at a given residential facility. This reimbursement helps support	
☐ Intervention within Program:	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	1. Number of licensed beds in TN	
supported setting and at an affordable rate, then	2. Number of persons in supportive living	
the quality of life for residents is enhanced,	housing	
further decreasing homelessness, psychiatric		·
hospitalizations, and involvement with the		
criminal justice system.		

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



Mental Health 101



Outcomes

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

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



Mobile Crisis Services



Strong Evidence

Program/Intervention Name	Description/Additional Information		
Mobile Crisis Services	Mobile Crisis Services is a 24/7/365 response team for those who are experiencing a mental health emergency.		
⊠ Program	Services may be accessed by ca	Services may be accessed by calling 988 the suicide and crisis lifeline. Services may include telephone services	
☐ Intervention within Program:	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,		Children, Adolescents/Young Adults, Adults	
Home, Hospital/Treatment Center, Inpatient, Mobile, Outdoor Space,			
Outpatient, Residential Facility, School, Other Community Setting			

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

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



My Health, My Choice, My Life



Strong Evidence

Program/Intervention Name	Description/Additional Information	
My Health, My Choice, My Life	My Health, My Choice, My Life is a peer-led health promot	ion, wellness, and self-management initiative created to
☑ Program	improve the health and well-being of Tennesseans living v	vith mental health, substance use, and/or co-occurring
☐ Intervention within Program:	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.	
Delivery Setting		Target Population
Organization/Business/Local Governme	ent, Home, Hospital/Treatment Center, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If we provide community-based services and	1. Number of people served	1. Percentage of individuals with increase in
training to promote healthier behaviors for		healthy eating behaviors
Tennesseans with mental health and or	2. Number of people who participated in one-on-one	2. Percentage of individuals with increase in
substance use conditions, then we will improve	peer wellness coaching	physical activity
the health and wellness behaviors of	3. Number of health and wellness activities conducted	3. Percentage of individuals with increase
participants, which will reduce instances of	by Peer Wellness Coaches	in self-management behaviors
serious comorbidity and early mortality due to	4. Number of people who participated in a health,	
treatable medical conditions caused by obesity,	wellness, and self-management workshop	
substance use, smoking and inadequate access	5. Number of people who self-reported an increase in	
to medical care.	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	The Older Adults Program (OAP) provides care management that can include several strategies, some of which are		
☑ Program	evidence-based, such as individ	evidence-based, such as individual/group therapy, behavioral health assessment, medication management, referrals	
☐ Intervention within Program:	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 Se	etting	Adults, Aging Adults	

Logic Model	Outputs	Outcome(s)
If we provide person-centered care coordination	1. Number of individuals served	
plans, referral services and behavioral health	2. Number of educational seminars delivered	
education, and other interventions to older	3. Number of contacts with primary care	
Tennesseans, then those individuals can	physicians, family, and caregivers	
maintain their independence aging in place		1
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.		
_		



Peer Intensive Care Specialists



Outputs

Program/Intervention Name	Description/Additional Information		
Peer Intensive Care Specialists	Through a partnership with the Tennessee Mental Health Consumers' Association, Certified Peer Recovery		
☑ Program	Specialists in the Crisis Stabiliza	ition Unit Peer Link and Regional Mental Health Institute Peer Engagement programs,	
☐ Intervention within Program:	collectively known as Peer Inter	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 Com	nunity Setting	Adults	

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



Peer Recovery Call Center



Outcomes

Program/Intervention Name	Description/Additional Information		
Peer Recovery Call Center	The Peer Recovery Call Center	The Peer Recovery Call Center program is a call center staffed by Certified Peer Recovery Specialists who provide	
☑ Program	peer support services and assis	peer support services and assist callers with questions about mental health or addiction treatment or support	
☐ Intervention within Program:	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	1. Number of inbound calls	1. Percentage of Peer Recovery Call Center
Recovery Specialists and the Peer Recovery Call	2. Number of outbound calls	callers who report that they are following
Center to individuals with diagnoses of mental	3. Number of text/email/social media contacts	through on their recovery plan
illness and/or substance use disorder, then they	4. Percentage of Peer Recovery Call Center	
will be more likely to follow through on their	callers who grant permission to have the	
recovery plan.	Certified Peer Recovery Specialist call them back	



Peer Support Centers



Outcomes

Program/Intervention Name	Description/Additional Information	
Peer Support Centers	The Peer Support Centers are peer-run programs led by Certified Peer Recovery Specialists where people who live	
☑ Program	with mental illness or a co-occurring disorder of mental illness and substance use disorder come together to learn	
☐ Intervention within Program:	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

Outputs	Outcome(s)
1. Number of Peer Support Center participants	1. Percentage of Peer Support Center
who report they are less likely to need	participants who report they are less likely to
psychiatric hospitalization	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	
	 Number of Peer Support Center participants who report they are less likely to need psychiatric hospitalization Number of Peer Support Center participants who report that they participate more fully in their treatment and Number of Peer Support Center participants who report that they are able to deal with a crisis



Project BASIC



Pending Panel Review

Program/Intervention Name	Description/Additional Information			
Project BASIC	Project BASIC (Better Attitudes and Skills in Children) is a school-based mental health early intervention and			
☑ Program	prevention program. The progr	prevention program. The program targets students from kindergarten to third grade, providing early identification		
☐ Intervention within Program:	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,	1. Number of individual unduplicated students	
prevention, and evidenced-based teacher	served	
consultation and classroom programming for	2. Number students at risk of a serious	
elementary aged students, then we will increase	emotional disturbance	
students' social emotional competencies, and be	3. Number of classroom presentations	
able to identify, refer, and link families with	4. Number of teachers receiving classroom	
students at high risk of serious emotional	coaching	
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.		



Project Rural Recovery



Strong Evidence

Program/Intervention Name	Description/Additional Information		
<u>Project Rural Recovery</u>	Project Rural Recovery provides mobile, integrated primary, mental health, and substance abuse services to rural		
☑ Program	Tennesseans of all ages regardle	ess of ability to pay. This program uses several evidence-based strategies including,	
☐ Intervention within Program:	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	1. Number of clients served annually per mobile	
health, and substance use services in 20 rural	health unit	
counties, then up to 4,000 individuals per year	2. Number of clients with completed baseline	
will experience improved overall health	and 6-month reassessments	
outcomes.	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 primar	y care integration	Scientifically supported



Projects for Assistance in Transition from Homelessness (PATH)



Outputs

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

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



Regional Intervention Program (RIP)



Strong Evidence

Program/Intervention Name	Description/Additional Information			
Regional Intervention Program	The Regional Intervention Prog	The Regional Intervention Program (RIP) is a parent-implemented, professionally supported program for young		
(RIP)	children (2-6 years old) and the	ir families experiencing challenging behaviors. This unique, internationally recognized		
☑ Program	program guides parents in learning the skills necessary to work with their own children, while they receive training			
☐ Intervention within Program:	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	1. Number of children & families served	1. Reported improvement in child's behavior
their families experiencing challenging	2. Number of treatment visits	2. Reported improvement in parenting skills
behaviors, then we will improve child behavior	3. Number of siblings served	
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.		

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



SOAR Liaisons



Evidence

Program/Intervention Name	Description/Additional Information		
SOAR Liaisons	The SOAR (SSI/SSDI, Outreach, Access, and Recovery) Liaison program plays a vital role in identifying patients ready		
☑ Program	for discharge, particularly those	for discharge, particularly those facing homelessness or at risk of homeless, and who are eligible for SSI/SSDI	
☐ Intervention within Program:	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	g Target Population		
Hospital/Treatment Center, Inpatient		Adults	

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



Statewide Family Support Network



Outputs

Program/Intervention Name	Description/Additional Info	rmation
Statewide Family Support Network	Family Support and Advocacy p	program provides comprehensive family advocacy, outreach, support, and referral
☑ Program	service for families of children	with Serious Emotional Disturbances and professionals who work with these children.
☐ Intervention within Program:	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		Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families
Community Setting		

Logic Model	Outputs	Outcome(s)
If we provide trainings and advocacy within the	1. Number of parent/caregiver contacts	
child serving systems that impact children with a	2. Number of youth contacts	
mental health diagnosis, and community	3. Number of attendees at presentations/	
outreach/education on children's mental health,	trainings	
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.		
	•	Pack to Ton



System of Care Across Tennessee (SOCAT)



Strong Evidence

Program/Intervention Name	Description/Additional Information	
System of Care Across Tennessee	System of Care Across Tennessee ((SOCAT) aims is to ensure Tennessee families have access to community-based services for
(SOCAT)	children, youth, and young adults v	with mental, emotional, and behavioral health needs that are coordinated across systems,
☑ Program☐ Intervention within Program:	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,		Infants/Early Childhood, Children, Adolescents/Young Adults, Families
Outpatient, School, Other Community Setting		

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

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



Tennessee Lives Count CONNECT



Outputs

Program/Intervention Name	Description/Additional Information		
Tennessee Lives Count CONNECT	Tennessee Lives Count CONNE	Tennessee Lives Count CONNECT is a youth suicide prevention/intervention program that works to reduce suicidal	
⊠ Program	ideation, suicide attempts, and	ideation, suicide attempts, and deaths among youth and young adults ages 10-24 by developing and implementing	
☐ Intervention within Program:	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	1. Number of participants served	
suicide prevention gatekeeper trainings and	2. Number of individuals trained in suicide	
adequate follow-up services, then suicide rates	prevention	
among vulnerable youth can be reduced by	3. Number of individuals served by follow-up	
equipping young people with the necessary	services	
knowledge and skills needed to seek help when		•
experiencing a mental health or suicidal crisis.		



TDMHSAS-Homebuilders



Strong Evidence

Program/Intervention Name	Description/Additional Infor	mation
TDMHSAS-Homebuilders	TDMHSAS-Homebuilders is an in	ntensive family preservation services (IFPS) model designed to increase well-being,
☑ Program	improve permanency, enhance	safety, and increase family stability of children (ages 0-18) who are in or at imminent
☐ Intervention within Program:	risk of out-of-home placement (OOHP) as a result of parent/caregiver substance misuse (PSM). The program utilizes
	the Homebuilders model, the na	ation'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		Well-supported
	and Reunification Service	<u>2S</u>	



Violence and Bullying Prevention

N N

No Effects

Program/Intervention Name	Description/Additional Information		
Violence and Bullying Prevention	Violence and Bullying Preventio	Violence and Bullying Prevention is a violence prevention and resiliency enhancement program designed for youth in	
☑ Program	grades four through eight. The program uses the Second Step curriculum. The lessons taught improve empathy,		
☐ Intervention within Program:	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-	1. Number of classrooms receiving programming	1. Improvement in behavior by program
based learning experiences for youth,		participants
particularly using evidenced-based curricula and	2. Number of youth receiving programming	
lessons on empathy, impulse control, decision-	3. Number of people served through outreach	
making skills, and anger management, then we	activities	
will reduce school discipline referrals due to		1
bullying and/or other violent behaviors, which		
will improve the resiliency of youth and ensure		
future productive citizens.		

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



Youth Respite



Evidence

Program/Intervention Name	Description/Additional Info	rmation	
Youth Respite	Youth Respite provides services to families of children identified as seriously emotionally disturbed (SED) or dually		
☑ Program	diagnosed as SED and Autism S	Spectrum Disorder who are two through fifteen (2-15) years of age. Respite	
☐ Intervention within Program:	consultants provide short-term	respite, and work with the family to identify long-range respite resources. An	
	Individualized Family Respite P	an (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,		Infancy/Early Childhood, Children, Adolescents/Young Adults, Families	
Other Community Setting			

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

Evidence		Strong Evide	nce
Clearinghouse	ouse 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	The Youth and Young Adult Sui	The Youth and Young Adult Suicide Prevention and Mental Health Awareness program helps prevent suicide and	
☑ Program	promote better mental health a	among Tennesseans up to 25 years of age. The program expands outcomes-based	
☐ Intervention within Program:	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	1. Number of people served	
pediatric offices to conduct outreach and	2. Number of individuals trained	
awareness through suicide prevention trainings	3. Percentage of practitioners who reported high	
and help establish processes for suicide risk	understanding about suicide and suicide	
screening and referrals, then those institutions	prevention after training and education	
and offices will help increase mental health	4. Percentage of students who reported high	
awareness, reduce stigma surrounding mental	understanding about suicide and suicide	
health, enhance help-seeking behaviors, and	prevention after training and education	
identify young people at risk for suicide and		1
connect them to appropriate support services.		



988 Suicide & Crisis Lifeline



Strong Evidence

Program/Intervention Name	Description/Additional Information		
988 Suicide & Crisis Lifeline	The 988 Suicide & Crisis Lifeline	The 988 Suicide & Crisis Lifeline offers 24/7 access to trained crisis counselors who can help people experiencing	
⊠ Program	mental health-related distress	such as: thoughts of suicide, mental health or substance use crisis, or any other kind	
☐ Intervention within Program:	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	1. Number of calls answered	
individuals experiencing a mental health crisis,	2. Average speed of calls answered	
then trained crisis professionals will respond	3. Percentage of presented calls that were	
promptly and provide immediate support and	answered by TN center	
assistance, resulting in a connection to		•
appropriate community supports.		

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



Substance Abuse Service Listing

Addiction Recovery Program



Outputs

Program/Intervention Name	Description/Additional Information		
Addiction Recovery Program	The Addiction Recovery Progra	The Addiction Recovery Program (ARP) provides recovery support services to service recipients that are recovering	
☑ Program	from life impairments because	of substance use disorder(s) only or co-occurring disorders. Recovery support	
☐ Intervention within Program:	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	1. Number of individuals in treatment and	
intensity, duration, and frequency necessary,	recovery support services	
then individuals will receive the tools, support,	2. Number of individuals who received relapse	
and strategies to overcome substance abuse and	prevention	
achieve long-term recovery.	3. Percentage of individuals in treatment who	
	received recovery support services	
	4. Percentage of individuals who were in	
	recovery services and received relapse	
	prevention	



Adolescent Substance Use Disorders Services Program



Evidence

Program/Intervention Name	Description/Additional Information	
Adolescent Substance Use	The Adolescent Substance Use	Disorders Services Program (ASUDSP) provides for the treatment of adolescents, 13–
<u>Disorders Services Program</u>	17 years old, with a primary alc	ohol or other drug abuse or dependency diagnosis or co-occurring substance use and
(ASUDSP)	psychiatric diagnosis. Services a	are provided on an as-needed basis and as applicable for each individual who meets
☑ Program	the eligibility and income requirements for the program.	
\square Intervention within 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	1. Total number of adolescents that received	1. Percentage of successful program completions
services to the adolescent population for the	treatment statewide	
intensity, duration, and frequency necessary,	2. Total number of adolescents that received	
then they will receive the tools, support, and	recovery services statewide	
strategies to overcome substance use and	3. Total number of assessments completed	
achieve long-term recovery.		•

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



Certified Recovery Courts



Strong Evidence

Program/Intervention Name	Description/Additional Information			
<u>Certified Recovery Courts</u>	The Tennessee Certified Recove	The Tennessee Certified Recovery Court Program (TCRCP) requires that substance use and co-occurring disorder		
☑ Program	treatment services are provided under the national standards of the Ten (10) Key Components of Drug Courts and			
☐ Intervention within Program:	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-	1. Number of living situation status	1. Percent of recovery court participants who
violent offenders under the national standards of	assessments of participants at admission and	exhibit improved living situations
the Ten Key Components of Drug Court and Adult	discharge	
Drug Court Best Practice Standards, then studies	2. Number of education and/or employment	2. Percent of recovery court participants who
indicate a reduction in the utilization of jail and	status assessments at admission and discharge	gain education and/or employment
prison beds and other correctional services, the	3. Number of participants who complete all	
incidences of drug use and drug dependence among	phases of the program	
participants with substance use disorders and/or co-	4. Percentage of participants who successfully	
occurring disorders, and crimes committed as a	complete a recovery court program	
result of drug use and abuse, which promotes public		1
safety.		

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



Collegiate Recovery Initiative



Outputs

Program/Intervention Name	Description/Additional Information			
Collegiate Recovery Initiative	The Tennessee Collegiate Reco	The Tennessee Collegiate Recovery Initiative works to connect allies with evidence-based and evidence-informed		
☑ Program	trainings, resources, and conta	cts to support the behavioral health recovery needs of students. The goals are to		
☐ Intervention within Program:	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	1. Number of evidence-based/evidence-	
health, substance use, and the continuum of	informed, stigma reducing presentations	
care on a college or university campus, then we	provided	
will build the infrastructure for college and	2. Number of newly trained collegiate recovery	
university campuses to become recovery friendly	allies	
and open the door for their students to have	3. Number of evidence-based/evidence-informed	
access to evidence-based and lifesaving	trainings at partnering campuses across the	
behavioral health resources.	state this fiscal year	



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



Outcomes

Program/Intervention Name	Description/Additional Info	rmation	
Comprehensive Alcohol, Tobacco,	The Comprehensive Alcohol, To	bacco, and Other Drugs (COMP ATOD) Program utilizes the SMART Moves evidence-	
and Other Drugs Program (COMP	based practice. SMART Moves ເ	uses a strengths-based health promotion approach to help youth develop skills such	
ATOD)	as effective communication, he	althy decision-making, self-regulation, impulse control, and refusal skills that build	
☑ Program	resiliency and protective factors in youth while reducing factors that contribute to risky behavior. Participants attend		
☐ Intervention within Program:	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	1. Percent of participants who meet attendance	1. Percent of participants who report improved
equips youth with essential coping strategies,	requirements	or maintained positive relationships with trusted
fosters informed and healthy decision-making,		adult
and cultivates supportive relationships with	2. Percent of participants who complete both a	2. Percent of participants who report improved
trusted adults, then youth will be more likely to	pre- and a post-test	coping skills
avoid engaging in risky behaviors, leading to	3. Percent of participants who attend all 12 of	3. Percent of participants who report improved
improved mental and physical health, better	the program sessions	self-confidence
academic performance, and stronger	4. Number of youth participating in the program	
interpersonal relationships.		•



Continuum of Care



Strong Evidence

Program/Intervention Name	Description/Additional Info	rmation
Continuum of Care	The Continuum of Care provide	es clinical treatment services for adults with a primary alcohol or other drug abuse, or
☑ Program	dependency diagnosis or co-oc	curring substance use and psychiatric diagnosis, who meet certain eligibility
☐ Intervention within Program:	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.	
Delivery Setting	Target Population	
Hospital/Treatment Center, Inpatient, C	Outpatient, Residential Facility Adults	

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

Evidence		Strong Evidence	
Clearinghouse	inghouse 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 Info	rmation	
Criminal Justice Liaison Program	The Criminal Justice Liaison Pro	gram (CJLP) is a community program to facilitate communication and coordination	
☑ Program	between the community, crimin	nal justice, and behavioral health systems to achieve common goals of decriminalizing	
☐ Intervention within Program:	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,		Adults, Justice-involved	
Other Community Setting			

Logic Model	Outroute	Outcomo(s)
Logic Model	Outputs	Outcome(s)
If we facilitate coordination between the	1. Number of individuals in the criminal justice	1. Percentage of the clients who received
community, criminal justice, and behavioral	system who are referred for services	services facilitated through a CJL who
health systems and provide appropriate	2. Nearly and allowers the area leading land	participated in the completion of a release plan
substance abuse/behavioral health treatment	2. Number of clients who are justice-involved	to assist with successful re-entry into the
and other community and recovery supports to	and are receiving services	community
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		

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chances of future involvement with the criminal

justice system.



HIV/AIDS Early Intervention Services



Strong Evidence

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

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

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link		Evidence Rating
What Works for Health	Mass media and social marketing campaigns to		Some evidence, several studies
	prevent HIV and other ST	<u>ls</u>	



Lifeline Peer Project



Outputs

Program/Intervention Name	Description/Additional Information		
<u>Lifeline Peer Project</u>	The Lifeline Peer Project was established to reduce stigma related to the disease of addiction, provide recovery and		
☑ Program	mental health support, and hel	mental health support, and help start Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, Double	
☐ Intervention within Program:	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 Governme	nt, Correctional Facility, Court,	Adults, Families	
Home, Hospital/Treatment Center, Mobile, Outpatient, Residential Facility,			
School, Workplace, Other Community Setting			

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



Oxford House Model

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Mixed Effects

Program/Intervention Name	Description/Additional Information		
Oxford House Model	The Oxford House Housing Pro	The Oxford House Housing Program (OHHP) offers supportive self-help housing for individuals recovering from	
☑ Program	substance use disorder. Oxford	Houses are safe, supportive housing options for adults at least 18 years old who are	
☐ Intervention within Program:	in recovery from alcohol abuse	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.		
Delivery Setting		Target Population	
Home		Adults	

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

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



Problem Gambling Treatment Services Program



Outputs

Program/Intervention Name	Description/Additional Information		
Problem Gambling Treatment	The Problem Gambling Treatme	The Problem Gambling Treatment Services Program is a multi-purpose program designed to increase knowledge	
Services Program	about problem and/or patholog	about problem and/or pathological gambling for those persons at risk, their families, and the general community; to	
☑ Program	identify and assess those with problem and/or pathological gambling conditions and provide outpatient treatment		
☐ Intervention within Program:	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	1. Number of unique visitors to the gambling	
outpatient treatment for problem and/or	clinic website	
pathological gambling for those persons at risk,	2. Count of press releases, professional and	
their families, and the general community, and if	community talks, views of website information	
prevention and treatment resources are offered	3. Number of people who enter treatment	
online and in-person, then gambling harms can	4. Number of people who are screened but do	
effectively be reduced or eliminated.	not enter treatment	
	5. Number of consultation sessions	



TDOC Community Treatment Collaborative



Strong Evidence

Program/Intervention Name	Description/Additional Information		
TDOC Community Treatment	The Tennessee Department of Correction Community Treatment Collaborative (TDOC CTC) is a collaborative effort		
<u>Collaborative</u>	between TDOC and Tennessee	Department of Mental Health and Substance Abuse Services (TDMHSAS) to divert at-	
☑ Program	risk state probation and parole	technical violators with substance use or co-occurring disorders from returning to jail	
☐ Intervention within Program:	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	1. Number of state probation and parole	1. At discharge, percent of service
for state probation and parole technical violators with a	individuals who receive treatment	recipients who successfully completed
substance use or co-occurring disorder, through Forensic Social		treatment
Worker referrals, comprehensive assessment, and appropriate	2. Number of state probation and parole	
treatment services for intensity, duration, and frequency, then	individuals who complete treatment	
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.		

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



Tennessee Recovery Navigators



Evidence

Program/Intervention Name	Description/Additional Information		
Tennessee Recovery Navigators	Tennessee Recovery Navigators	Tennessee Recovery Navigators are people in long-term recovery who meet patients who have recently overdosed in	
☑ Program	the Emergency Department and	d connect them with the substance abuse treatment and recovery services they need.	
☐ Intervention within Program:	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).		
Delivery Setting		Target Population	
Hospital/Treatment Center	Adults		

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

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link		Evidence Rating
WSIPP	Peer support for individu	als with substance use	One study; positive impacts
	<u>disorder</u>		



TN Recovery Oriented Compliance Strategy (TN-ROCS)



Strong Evidence

Program/Intervention Name	Description/Additional Information		
TN Recovery Oriented Compliance	The Tennessee Recovery Oriented Compliance Strategy (TN-ROCS) Program is a specialized court docket that serves		
Strategy (TN-ROCS)	the criminal justice population	that have medium risk factors for re-offending and medium to high needs for	
☑ Program	substance abuse and/or co-occ	urring disorders, and that do not meet criteria for recovery court. The judge provides	
☐ Intervention within Program:	frequent accountability and sup	pervision 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.		
Delivery Setting		Target Population	
Correctional Facility, Court, Other Community Setting		Adults, Justice-involved	

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

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



Women's Recovery Oriented Systems of Care



Outputs

Program/Intervention Name	Description/Additional Information		
Women's Recovery Oriented	The Women's Recovery Oriented Systems of Care (WROSC) program provides services to women and pregnant		
Systems of Care	women with substance use disc	women with substance use disorder or co-occurring substance use psychiatric disorder. This program provides	
☑ Program	services such as residential treatment for pregnant women, intensive outpatient, case management, trauma specific		
☐ Intervention within Program:	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	1. Number of women served	
parenting and/or pregnant women for the	2. Number of women who successfully	
intensity, duration, and frequency necessary,	completed treatment at discharge	
then women will receive the tools, support, and	3. Number of women receiving recovery support	
strategies to overcome substance use and	services	
achieve long-term recovery.		
	4. Percent of women who successfully completed	
	treatment at discharge	
	5. Percent of women who received recovery	
	support services	



Women's Residential Recovery Court Program



Outcomes

Program/Intervention Name	Description/Additional Information		
Women's Residential Recovery	The Women's Residential Recove	The Women's Residential Recovery Court (WRRC) serves female non-violent felony offenders who are actively	
<u>Court Program</u>	participating in a local recovery	court, have a greater need for intensive substance abuse and/or co-occurring	
☑ Program	treatment services and supervis	treatment services and supervision, and have not been successful in recovery court programming in their	
☐ Intervention within Program:	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	1. Number of participants who complete all	1. Percentage of participants who successfully
supervision to female non-violent felony	phases of the program	complete the residential recovery court program
offenders, under the national standards of the		2. Termination rate of participants in a
Ten Key Components of Drug Court and Adult		residential recovery court program
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.		