

Tennessee

UNIFORM APPLICATION FY 2019 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 878890425

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name Tennessee Department of Mental Health and Substance Abuse Services

Organizational Unit Division of Planning, Policy, and Legislation

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City Nashville

Zip Code 37243

II. Contact Person for the Grantee of the Block Grant

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2017

To 6/30/2018

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 11/19/2018 10:50:33 AM

Revision Date

V. Contact Person Responsible for Report Submission

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Maintain and improve services
Priority Type: MHS
Population(s): SMI, SED, ESMI

Goal of the priority area:

Maintain and improve community mental health services.

Strategies to attain the goal:

Program strategies supporting objective: Behavioral Health Safety Net; crisis services continuum network; Creating Homes Initiative, Targeted Transitional Services, Community Supportive Housing, Intensive Long-term Support, Emerging Adults, and Supportive Living programs; early intervention services from System of Care Across Tennessee, Healthy Transitions, School Based Liaisons, Project B.A.S.I.C. (Better Attitudes and Skills In Children), Regional Intervention Program; First Episode Psychosis Initiative; Older Adults care management; Supported Employment initiative; and peer support, including peer wellness coaching.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Numbers of uninsured adults in Tennessee who receive treatment, medication, case management and/or psychosocial rehabilitation services from the Behavioral Health Safety Net of TN.
Baseline Measurement: In state FY2017, there were 29,000 served by the Behavioral Health Safety Net of TN.
First-year target/outcome measurement: Serve as many uninsured individuals as are eligible and apply to the Behavioral Health Safety Net of TN during state FY 2018.
Second-year target/outcome measurement: Serve as many uninsured individuals as are eligible and apply to the Behavioral Health Safety Net of TN during state FY 2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Behavioral Health Safety Net of TN (BHSNTN) data as tracked and reported by Behavioral Health Safety Net of TN database.

New Data Source(if needed):

Description of Data:

Behavioral Health Safety Net provides core, essential, outpatient, mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of 15 participating community mental health centers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 2

Indicator: Number of individuals (adults and children) experiencing a mental health crisis to receive high quality and effective crisis services via the Crisis Services Continuum network of services.

Baseline Measurement: In state FY2017, there were 200,000 served by the Crisis Services Continuum network of services.

First-year target/outcome measurement: Maintain or increase the total number served by the Crisis Services Continuum during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number served by the Crisis Services Continuum during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

The state Crisis Management System will track and report data related to the Crisis Services Continuum network of services.

New Data Source(if needed):

Description of Data:

Aggregate data for this indicator will be compiled from the Crisis Management System from providers statewide to include the following services: phone calls, mobile crisis, walk in center, crisis respite, crisis stabilization units, and East TN Diversionary Services, as reported by the Division of Mental Health, Office of Crisis Services and Suicide Prevention.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 3

Indicator: Number of new or improved safe, affordable housing or supported living opportunities developed or maintained for people with history of mental illness.

Baseline Measurement: In state FY2017, there were 800 new or improved housing or supported living opportunities available statewide through the Creating Homes Initiative (CHI).

First-year target/outcome measurement: Maintain or increase the total number of new or improved housing or supported living opportunities available through CHI during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of new or improved housing or supported living opportunities available through CHI during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of new or improved housing or supported living opportunities will be available through Creating Homes Initiative (CHI) as reported by Regional Housing Facilitators to the Office of Housing & Homeless Services.

New Data Source(if needed):

Description of Data:

Regional Housing Facilitators are located within the 7 mental health planning regions of Tennessee to plan, develop and maintain permanent supportive housing opportunities for people with mental illness or co-occurring disorders through community coalitions and partnerships.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #:

4

Indicator:

Number of individuals (adults) experiencing mental illness that are able to live independently and maintain stable housing through short-term financial support.

Baseline Measurement:

In state FY2017, 2,900 individuals experiencing mental illness received assistance to maintain stable independent housing with short-term financial support.

First-year target/outcome measurement:

Maintain or increase the total number of individuals able to maintain stable housing with short-term financial support during state FY2018.

Second-year target/outcome measurement:

Maintain or increase the total number of individuals able to maintain stable housing with short-term financial support during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of individuals receiving short-term financial housing support is reported by Community Targeted Transitional Services (CTTS) and Inpatient Targeted Transitional Services (ITTS) programs in the SAMHSA Homeless Management Information System and reviewed by the DMHS Office of Housing & Homeless Services.

New Data Source(if needed):

Description of Data:

CTTS program provides specific, temporary financial assistance allowing consumers to live independently in the community by providing funding for rental deposits, rental assistance, utility deposits, utility payments, eye care, and dental care. ITTS program assists persons awaiting discharge from RMHIs by providing them temporary financial assistance until their regular SSI or other benefits can be restored, thereby enabling them to move into community settings when clinically ready.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 5

Indicator: Number of individuals (adults) experiencing mental illness that are able to live in the community and maintain long-term supportive housing.

Baseline Measurement: In state FY2017, 1,300 individuals experiencing mental illness were able to maintain stable long-term supportive housing.

First-year target/outcome measurement: Maintain or increase the total number of individuals receiving long-term supportive housing during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of individuals receiving long-term supportive housing during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of individuals served in housing facilities receiving long-term supportive housing as reported from the Community Supportive Housing, Intensive Long-term Support, Emerging Adults, and Supportive Living programs by the DMHS Office of Housing & Homeless Services.

New Data Source(if needed):

Description of Data:

Community Supportive Housing supports agencies to provide supported housing for adults diagnosed with mental illness and co-occurring disorders. 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. Intensive Long-term Support provides intensive long-term, wrap-around support services to allow people to be discharged from the Regional Mental Health Institutes and into supportive living facilities in the community. Emerging Adults program provides a comprehensive array of supportive housing and habilitation services for youth ages 18 to 25 living with serious emotional disturbances (SED) who have recently graduated out of the State's foster care system and/or adolescent residential recovery for mental illness or co-occurring disorder. As the youth demonstrate their ability to live more independently, they move to a neighboring housing with decreased supervision before transitioning to fully independent living. Supportive Living group home facilities across the state.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 6

Indicator: Number of children, youth, young adults and their families who receive early screening, assessment, referral, and services for children, youth and young adults diagnosed with, or at risk of developing Severe Mental Illness (SMI), Serious Emotional Disturbance (SED), or Co-Occurring Disorder (COD).

Baseline Measurement: In state FY2017, 7,900 children, youth, young adults, and their families were served by programs offering access to early screening, assessment, referral, and intervention services.

First-year target/outcome measurement: Maintain or increase the total number of individuals served through C&Y early intervention and prevention programs during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of individuals served through C&Y early intervention and prevention

New Second-year target/outcome measurement(if needed):

Data Source:

Number of individuals served as reported from B.A.S.I.C., School Based Behavioral Health Liaisons, Early Intervention and Prevention Program, Regional Intervention Program, System of Care Across Tennessee and Healthy Transitions programs by the DMHS Office of Children & Youth Mental Health.

New Data Source(if needed):

Description of Data:

System of Care Across Tennessee (SOCAT) provides wraparound services to children ages 0-21 with a diagnosis of a serious emotional disturbance (SED) who are at-risk of placement in a residential treatment facility, psychiatric residential treatment facility, or in state's custody. Data includes the number of children served.

Healthy Transitions provides support services to youth and young adults ages 16-25 who have or are at risk of having or developing a serious mental health condition or co-occurring disorder, and who reside in one of the following Tennessee counties: Benton, Carroll, Gibson, Hamilton, Henry, Lake, Obion, or Weakley. Data includes number of youth and young adults served.

B.A.S.I.C. provides school-based early intervention and prevention services to children in grades K-3 utilizing the Pyramid Model framework. Data for this indicator will include number of individual students served.

School Based Behavioral Health Liaisons provides school-based mental health services, including the provision of brief therapy, assessment, and psycho-educational groups for children and youth who have or at-risk of developing a SED. Data includes number of youth that participated in psycho-education groups and number of youth seen for assistance including one to one sessions for purpose of assessing and/or referring.

The Early Intervention and Prevention Program provides services to children at-risk of SED or substance abuse and their mothers who are enrolled in the grantee's residential treatment facility and have a substance use disorder and/or history of trauma. Services include child and/or family counseling sessions, parenting classes, and family preservation services. Data includes total number of children and mothers served.

Regional Intervention Program provides parent-implemented and professionally supported positive behavioral support services to families whose children have moderate to severe behavior problems and who are under 6 years of age. Data includes number of target children served.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

System of Care Across Tennessee initiative is in its first year of providing services and, therefore, no baseline data was included for FY17.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The target/outcome measurement was not met for FY18, because multiple agencies changed their reporting process. Based on the TDMHSAS continued efforts to ensure data integrity, we have redefined our data collection processes to more accurately reflect the total number of individuals served. The target/outcome measurement should remain the same for FY19, because TDMHSAS is expanding their School Based Behavioral Health Liaisons program, which will increase numbers served.

How first year target was achieved (optional):

Indicator #: 7

Indicator: Number of youth and young adults who have experienced first episode psychosis that receive evidence-based treatment and recovery support services.

Baseline Measurement: In state FY2017, 70 youth and young adults experiencing first episode psychosis received evidence-based treatment and recovery support services.

First-year target/outcome measurement: Maintain or increase the total number of youth and young adults receiving treatment and recovery support services during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of youth and young adults receiving treatment and recovery support services during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of youth and young adults who have experienced first episode psychosis and received treatment and recovery support services by the First Episode Psychosis Initiative (FEPI) program as reported by the Office of Children and Youth Mental Health.

New Data Source(if needed):

Description of Data:

First Episode Psychosis Initiative (FEPI) program provides early intervention services for selected youth and young adults fifteen through thirty (15-30) years of age physically present in the Tennessee Counties of Benton, Carroll, Gibson, Henry, Lake, Obion, and Weakley who have experienced first-episode psychosis. This is a comprehensive intervention model for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and to get their life back on track. The program includes the following components: individual and group psychotherapy, supported employment and education, family education and support, psychopharmacology, and care coordination and management.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 8

Indicator: Number of older adults (age 50+) with mental health needs that receive a variety of care management services to support living as independently as possible in the community.

Baseline Measurement: In state FY2017, 200 older adult individuals experiencing mental illness received care management services.

First-year target/outcome measurement: Maintain or increase the total number of older adult individuals receiving care management services during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of older adult individuals receiving care management services during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of older adults who have received care management services and support by the Older Adults program as reported by the

Office of Older Adults.

New Data Source(if needed):

Description of Data:

Older Adults program provides counseling to seniors in-home or otherwise unable to access services ; care management, clinical social work, and geriatric psychiatry assisting seniors and their families to meet their behavioral health needs; and in-home depression screenings as part of the service array.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #:

9

Indicator:

Percentage rate of employment for individuals (adults) with SMI and/or COD is increased through participation in Individual Placement and Support Supported Employment initiative.

Baseline Measurement:

In state FY2017, 800 individuals were served through the evidence-based Individual Placement and Support Supported Employment initiative.

First-year target/outcome measurement:

Approximately 40% of the individuals served through the evidence-based Individual Placement and Support Supported Employment initiative will be employed in competitive and integrated work for at least one day during state FY2018.

Second-year target/outcome measurement:

Maintain or increase the percentage of the individuals served through the Individual Placement and Support Supported Employment initiative employed in competitive and integrated work for at least one day during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Percentage of total individuals served through Individual Placement and Support Supported Employment initiative who are employed in competitive and integrated work for at least one day as reported by the DMHS Office of Wellness and Employment

New Data Source(if needed):

Description of Data:

Supported Employment initiative assists individuals with a serious mental illness and/or co-occurring disorders work at competitive and integrated jobs of their choosing, following the Individual and Placement Support (IPS) Supported Employment evidence-based model of supported employment.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 10

Indicator: Number of individuals (adults) with serious mental illness, substance abuse diagnoses, and co-occurring disorders who receive support from self-management workshops or one-on-one peer wellness coaching delivered by Peer Wellness Coaches.

Baseline Measurement: In state FY2017, 800 individuals participated in self-management workshops or received one-on-one peer wellness coaching

First-year target/outcome measurement: Maintain or increase the total number of individuals participating in self-management workshops or receiving one-on-one peer wellness coaching during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of individuals participating in self-management workshops or receiving one-on-one peer wellness coaching during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of individuals served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches as reported by the Office of Wellness and Employment.

New Data Source(if needed):

Description of Data:

Peer Wellness Initiative program is a component of the statewide, peer-led health and wellness initiative, which promotes chronic disease prevention and self-management programming for individuals with mental illness, substance use disorders, and co-occurring disorders. Statewide Peer Wellness Coaches and Trainer 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.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

In FY18, 723 individuals participated in self-management workshops or received one-on-one peer wellness coaching, reflecting a 10% reduction in the number of participants. At the beginning of the fiscal year there were five, trained Peer Wellness Coaches (PWC) and by mid-year, half of the annual targeted goal of 900 had been exceeded. The semi-annual FY18 report indicates that, 581 individuals had participated in self-management workshops or experienced one-on-one coaching. After the semi-annual FY 18 reporting period, one of the PWC positions became vacant and a new person had to be hired. The new PWC did not begin until April 2018, which significantly impacted the number of workshops and one-on-one coaching events.

How first year target was achieved (optional):

Indicator #: 11

Indicator: Number of Certified Peer Recovery Specialist supervisors who receive enhanced training in specialized subject matter to support peer-led recovery efforts across the state.

Baseline Measurement: In FY2017, 40 Certified Peer Recovery Specialists receive enhanced supervisor training.

First-year target/outcome measurement: Increase or maintain the total number trained in FY2018.

Second-year target/outcome measurement: Increase or maintain the total number trained in FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of Certified Peer Recovery Specialists who receive enhanced training in a specialized subject as reported by the DMHS Office of Consumer Affairs and Peer Recovery Services (new program from FY16).

New Data Source(if needed):

Description of Data:

Certified Peer Recovery Specialist program provides State certification for individuals who provide direct peer-to-peer support services to others who have mental illness, substance abuse, or co-occurring disorders.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 2

Priority Area: Promote early intervention

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

Educating Tennesseans and working to improve their understanding of mental health and substance abuse issues and getting people to early intervention services.

Strategies to attain the goal:

Program strategies supporting objective: suicide training and screening from Mental Health 101, Tennessee Lives Count, School & Communities Youth Screen and Project Tennessee programs; integration of zero suicide framework from TN Suicide Prevention Network; and trainings provided featuring child, youth and young adult mental health topics including Erase the Stigma, System of Care Across Tennessee, Healthy Transitions, First Episode Psychosis Initiative, Project B.A.S.I.C., Family Support & Advocacy, Violence & Bullying Prevention, and Child Care Consultation programs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of children and youth receiving suicide prevention and post-vention training and/or screenings to support awareness of suicide warning signs and risk factors.

Baseline Measurement: In state FY2017, 439,400 individuals (children and youth) participating in suicide prevention

and post-vention training and/or screenings.

First-year target/outcome measurement: Maintain or increase the total number of individuals participating in suicide prevention and post-vention training and/or screenings during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of individuals participating in suicide prevention and post-vention training and/or screenings during state FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Number of children and youth receiving suicide prevention and post-vention training and/or screening as reported by the Mental Health 101, Tennessee Lives Count (CONNECT), School & Communities Youth Screen Program and Project Tennessee programs to the Office of Crisis Services and Suicide Prevention.

New Data Source(if needed):

Description of Data:

Mental Health 101 program provides mental health information with a focus on youth suicide prevention and resources to middle and senior high school students statewide.

Tennessee Lives Count (CONNECT) program is a statewide youth early prevention and intervention program to reduce suicides and suicide attempts for youth and young adults ages 10 to 24.

School & Communities Youth Screen Program uses scientifically-based screening tool designed to identify at-risk youth; provide effective interventions to assist with their treatment. TeenScreen is a national mental health and suicide risk-screening program for youth.

Project Tennessee program provides 2-hour educational curriculum for teachers, students and parents about the signs of suicide; provides tools and resources needed to identify at-risk youth.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The target/outcome measurement was not met for FY18, because the reporting process changed. Based on the TDMHSAS continued efforts to ensure data integrity, we have redefined our data collection processes to more accurately reflect the total number of individuals served. In FY18, the total number reached with training is 283,847.

How first year target was achieved (optional):

Indicator #: 2

Indicator: Number of agencies across Tennessee to embed the zero suicide framework aimed at reducing suicide attempts and deaths within their organization and improving service linkage.

Baseline Measurement: In state FY2017, 21 organizations adopted the zero suicide framework within their organization (ex: behavioral health agencies, substance abuse agencies, primary care agencies, emergency services).

First-year target/outcome measurement: Maintain or increase the total number of organizations to adopt the zero suicide framework within their organization during state FY2018.

Second-year target/outcome measurement: Maintain or increase the total number of organizations to adopt the zero suicide

New Second-year target/outcome measurement(if needed):

Data Source:

Number of agencies to embed the zero suicide framework within their organization in collaboration with Tennessee Suicide Prevention Network (TSPN) and Office of Crisis Services and Suicide Prevention.

New Data Source(if needed):

Description of Data:

Tennessee Suicide Prevention Network is a statewide coalition of agencies, advocates and consumers that oversee continuing implementation of suicide prevention strategies in Tennessee to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma of seeking help associated with suicide, and to educate communities throughout Tennessee about suicide prevention and intervention strategies.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #:

3

Indicator:

Number of families, children, youth/young adults, and professionals who receive training and education on topics related to social-emotional and behavioral health concerns for young children, children, youth, and young adults

Baseline Measurement:

In FY2017, 9,000 trainings were provided statewide with focus on children and youth mental health.

First-year target/outcome measurement:

Maintain or increase the number of trainings provided statewide with focus on children and youth mental health during FY2018.

Second-year target/outcome measurement:

Maintain or increase the number of trainings provided statewide with focus on children and youth mental health during FY2019.

New Second-year target/outcome measurement(if needed):

Data Source:

Total presentations and trainings (all ages) delivered by child, youth and young adult focused prevention and awareness promotion programs including Erase the Stigma, System of Care Across TN, Healthy Transitions, First Episode Psychosis Initiative, Project B.A.S.I.C., Family Support & Advocacy, Violence & Bullying Prevention, and Child Care Consultation programs as reported by the Office of Children and Youth.

New Data Source(if needed):

Description of Data:

Erase the Stigma is a mental health awareness curriculum, delivered primarily in schools, that promotes understanding of mental illness and reduces stigma through puppets, storytelling and interactive exercises, including the I.C. HOPE duck. Data includes total school presentations and community presentations.

Project B.A.S.I.C. (Better Attitudes and Skills In Children) is a school-based, mental health prevention and early intervention service that focuses on the promotion of mental health in children in the earliest school grades (K – 3rd grade). Data includes total number of

student classroom presentations conducted by grade.

Family Support & Advocacy program is a comprehensive family advocacy, outreach, support, and referral service for families of children with SED and professionals who work with these children. Also provides information and training to lay and professional groups; maintains a resource library of books and publications; a webpage that provides mental health resources; provides a quarterly, informative and educational newsletter. Data will include presentations and trainings.

Violence & Bullying Prevention program is a violence prevention and resiliency for youth in grades 4-8; uses the Second Step curriculum, an evidence-based practice that teaches empathy, impulse control, decision-making skills and anger management. Data includes number of group sessions.

Child Care Consultation program provides early childhood mental health training, coaching and consultation (using best practices) to centers and systems that serve young children across the state. In addition, capacity development and awareness building will be provided around the need for early childhood mental health and healthy social emotional development. Data includes total number of trainings provided.

System of Care Across Tennessee (SOCAT) is in the development phase of a statewide Technical Assistance (TA) Center that will provide presentations and trainings throughout the state related to young children, children, youth, and young adults, social emotional, and/or behavioral concerns.

Healthy Transitions programs includes outreach and public awareness as key activities of the grant with the goal of increased community education on the specific needs of youth/young adults, stigma reduction, and increased access to services. Data includes presentations to other mental health and youth-serving system professionals, trainings for youth and young adults, and Mental Health First Aid trainings.

First Episode Psychosis Initiative provides outreach and engagement as key activities with the goal of increased community education on psychosis, stigma reduction, and increased access to services. Data includes presentations to other mental health and youth-serving professionals and trainings for youth and young adults.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services		
Actual SFY 1994	Actual SFY 2017	Estimated/Actual SFY 2018
\$4,802,031	\$85,575,268	\$83,952,301

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2016) + B2(2017)</u> 2 (C)
SFY 2016 (1)	\$350,447,115	
SFY 2017 (2)	\$382,422,461	\$366,434,788
SFY 2018 (3)	\$400,396,482	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2016 Yes X No _____
 SFY 2017 Yes X No _____
 SFY 2018 Yes X No _____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes: