

Three-Year Plan 2020-2022

Tennessee Department of Mental Health and Substance Abuse Services

YEAR THREE- FY 2022

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Division of Research, Planning, Policy & Legislation

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

Overview

TDMHSAS Vision:

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

TDMHSAS Mission:

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

TDMHSAS Goal:

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

TDMHSAS Customers:

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

TDMHSAS Services:

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

Public Safety Strategic Goal:

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

Health and Welfare Operational Goals:

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

Customer Focused Government Goals:

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

Organization of the Department

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

Office of Strategic Initiatives provides support to the department's executive leadership team and seeks to find and secure opportunities that help further the mission and vision of the department. The Office of Strategic Initiatives currently oversees the Tennessee Recovery Navigator Program and Project Rural Recovery Program.

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

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

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

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

Division of Research, Planning, Policy, and Legislation (DRPPL) coordinates departmental legislative and rulemaking activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, prepares the Mental Health Block Grant Application, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment, and supports the Department's mission by collaborating with customers to develop an array of quality data products about mental health and substance abuse service needs, utilization and impacts.

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

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

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

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

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

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

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Hospital Services (DHS)	Improve resource connections for the uninsured by increasing the number of completed Behavioral Health Safety Net of TN (BHSN) enrollment applications made at the time of discharge from each RMHI	Increase the number of individuals connected with community resources at the time of discharge from an RMHI	> 900 BHSN applications complete across four RMHIs	Number of BHSN of TN applications completed at the four RMHIs
	Provide quality patient care	Percentage of individuals being readmitted to the same RMHI within 30 days of discharge will decrease	8.60% of individuals discharged being readmitted to the same RMHI within 30 days	Percentage of readmits to the same RMHI within 30 days of discharge
	Improve resource utilization across systems by increasing the use of telehealth to conduct admission evaluations across all four RMHIs	Improve resource efficiency for RMHI admissions staff, law enforcement, and emergency department (ED) staff	> 2,000 telehealth admission evaluations at all four RMHIs	Number of telehealth admission evaluations completed across all four RMHIs
	Identify barriers to discharge	Overcome barriers associated with discharge from subacute units at RMHIs	> 175 subacute discharges across all RMHIs	Number of discharges from subacute units across all RMHIs
	Improve collection rates for those with a contracted payer source that are admitted to the RMHIs	Increase collection of revenue dollars by timely submission of clean claims using the Waystar Clearinghouse platform	Six-month rolling average collection rates on contracted payer claims for those admitted to a RMHI will meet or exceed 90% (calculated using 181-day delay)	Percentage of six-month rolling average collection rates on contracted payer claims for those admitted to a RMHI
	Provide access to inpatient services for uninsured individuals in Regions 1 & 2	Serve uninsured individuals needing inpatient services within Regions 1 & 2	3,300 uninsured discharges from three contracted private hospitals in Regions 1 & 2	Number of uninsured discharges from three contracted private hospitals
Office of Forensics and Juvenile Court Services (OFJCS)	Provide court ordered inpatient forensic evaluations and treatment services for defendants referred by outpatient evaluators	Provide inpatient forensic services in the least restrictive hospital setting	No more than 20% of all inpatient defendants will be admitted to the Forensic Services Program for inpatient forensic evaluation and treatment	Percentage of all inpatient defendants admitted to the Forensic Services Program for inpatient forensic evaluation and treatment

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Research, Planning, Policy, and Legislation (DRPPL)	Create the State Hospital Readmission (SHR) data file with information about the clients served by RMHIs using the data warehouse	Use the SHR data file to profile population, diagnostic and readmission trends for clients receiving services in state psychiatric hospitals	One SHR automated data file will be compiled and contain information for about 7,500 individuals receiving services in psychiatric hospitals operated by the Department	Number of State Hospital Readmission (SHR) data files submitted to the Substance Abuse and Mental Health Services Administration by March 1
	Create standardized and ad hoc data products in collaboration with DHS to inform policy and practice	Prepare data products to illustrate trends and variations in services for psychiatric hospitals operated by or under contact with TDMHSAS	A minimum of 4 data products will be generated	Number of data products generated for DHS

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Faith-Based Initiatives	Certify recovery congregation/community organizations on the Tennessee Faith-Based Community Initiatives.	Expand access to recovery support services through the faith community	1,550 congregations will be contacted for expansion of faith-based program	Number of congregations contacted for expansion of faith-based program
	Certify recovery congregation/community organizations on the Tennessee Faith-Based Community Initiatives.	Expand access to recovery support services through the faith community	Increase the number of certified faith-based recovery congregations by 113 for a total of 893. The goal is to have 2,025 certified by year 2025.	Number of newly certified faith-based congregations/organizations certified
Division of Research, Planning, Policy, and Legislation (DRPPL)	Provide technical assistance to support effective operation of Regional Councils	Effective operation of Regional Councils	Four quarterly conference calls or in-person meetings with the seven Regional Council Leadership Teams	Number of quarterly conference calls with the Regional Council Leadership Teams

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Research, Planning, Policy, and Legislation (DRPPL)	Identify mental health and substance abuse service needs and supports in the community through annual needs assessment	Statewide needs assessment will be conducted annually	One statewide needs assessment per year will be completed with the seven Regional Councils, Adult Committee, Children's Committee, and the Consumer Advisory Board	Number of statewide needs assessments per year
	Regional Councils will establish and maintain at least one Adult Subcommittee and one Children's Subcommittee	Increase involvement of Regional Council Subcommittees in order to bring recommendations for improvements to the Council, as they relate to services for individuals with mental health and substance abuse needs	Regional Councils will establish and maintain at least one Adult Subcommittee and one Children's Subcommittee that will meet quarterly	Number of Regional Councils that establish and maintain an Adult Subcommittee and a Children's Subcommittee
	New members representing substance abuse will be added to each Regional Council as vacancies occur	Increase the number of substance abuse representatives on each Regional Council	A substance abuse member representative will be added to each Regional Council as vacancies occur	Number of substance abuse member representatives on each Regional Council
	New members representing a children and youth provider and/or family member will be added to each Regional Council as vacancies occur	Increase the number of children and youth providers and family members on each Regional Council	A children and youth provider and/or family member representative will be added to each Regional Council as vacancies occur	Number of children and youth providers and/or family members on each Regional Council
	New members representing a consumer and family member will be added to each Regional Council as vacancies occur	Increase the number of consumer and family member representatives on each Regional Council	One consumer and family member representative will be added to each Regional Council as vacancies occur	Number of consumer and family member representatives on each Regional Council
	Engage in rulemaking activity	Update the rule version of Tennessee's controlled substances schedules I, II, III, IV, and V	100% of the rules will be filed to update Tennessee's controlled substances schedules I, II, III, IV, and V	Percentage of rules filed to update Tennessee's controlled substance schedules I, II, III, IV, and V
	Monitor legislative session and update Commissioner and staff	Produce an annual summary of legislative activity ("Legislative Summary") from the current year's legislative session regarding subject matter related to TDMHSAS	100% of the Department's executive leadership team and RMHI chief officers will receive the Legislative Summary	Percentage of the Department's executive leadership team members and RMHI chief officers who receive the Legislative Summary

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Research, Planning, Policy, and Legislation (DRPPL)	Implementation of an integrated data warehouse to provide cross-division data to inform policy and practice	Operationalize a data governance plan describing how the data warehouse will automate federal reporting, standardize processes for data use and release across divisions, and define roles and decision rules for using the data warehouse	One annual Client Level Data (CLD) file containing basic client information combines information from DHS and DMHS.	Number of automated CLD files generated for federal Mental Health Block Grant reporting
	Conduct program evaluations that can be used to improve program quality in the community for mental health and substance abuse programs	Complete program evaluations for mental health and substance abuse programs in the community	Four program evaluations for TDMHSAS behavioral health programs will be completed	Number of program evaluations completed
	Complete the Uniform Reporting System Tables (URS) containing information about the characteristics of individuals receiving publicly funded mental health services in Tennessee for SAMHSA	Generate URS reports to comply with federal Mental Health Block Grant reporting requirements	The URS report will be compiled and include information about individuals receiving publicly funded mental health services	Number of URS data reports submitted to SAMHSA
	Create data products to compile information for policy makers, the public, and TDMHSAS leadership about behavioral health service needs, utilization, and impacts	Publish the data products about TDMHSAS service needs, utilization, and impacts	Complete 16 data products that will be made available to the public	Number of data products accessible on the Department's website
Office of Forensics and Juvenile Court Services (OFJCS)	Provide court ordered forensic evaluations on an outpatient basis for courts statewide	Maximize the delivery of forensic services in the community rather than on an inpatient basis	75% of defendants a year statewide will be forensically evaluated on an outpatient basis without the need for forensic inpatient services	Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Forensics and Juvenile Court Services (OFJCS)	Provide mental health and substance abuse screening to improve access to services for youth in juvenile courts	Establish systematic screening for mental health and substance abuse needs of youth in juvenile courts	2,300 screenings will be conducted with the Juvenile Justice version of the Child and Adolescent Needs and Strengths (CANS) survey in Juvenile Courts across the state	Number of screenings conducted in Juvenile Courts statewide
Division of Mental Health Services (DMHS)	Provide a twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) telephone call routing system for individuals experiencing a behavioral health crisis	Improve the effectiveness of the Crisis Services Continuum network of services statewide	128,000 of calls to the statewide crisis hotline	Number of calls to the statewide crisis hotline (855-CRISIS-1) (all ages) providing access and referral to crisis services to individuals experiencing a mental health crisis
	Mobile crisis services are non-hospital community-based services offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) for behavioral health situations	Improve the effectiveness of the Crisis Services Continuum network of services statewide	80,000 of individuals will receive a face-to-face crisis assessment	Number of Tennesseans (all ages) accessing emergency psychiatric services and assessment from a mobile crisis responder or at a crisis walk-in center
	Crisis Stabilizations Units (CSUs) are licensed by the state to offer twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the crisis for involuntary commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment	Improve the effectiveness of the Crisis Services Continuum network of services statewide	9,750 of individuals admitted to a state supported CSU for treatment services	Number of admissions to the eight CSUs (adults)

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Behavioral Health Safety Net of Tennessee (BHSN of TN) provides core, essential, outpatient, mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of participating community mental health centers	Increase access to behavioral health services for uninsured adults in Tennessee, and in geographic and population areas	41,000 served by the BHSN of TN	Number of (unduplicated) uninsured/indigent Tennesseans having a serious mental illness (SMI), living at or below 138% of the Federal Poverty Level (FPL), able to access mental health care from BHSN of TN that otherwise would not have the ability to receive core behavioral health services (adults)
	Provide geriatric services including agency and in-home counseling to seniors unable to access services out of their home; care management, clinical social work, and geriatric psychiatry assisting seniors and their families to meet their behavioral health needs	Enable older adults to improve their quality of life through care management and to develop skills that will help them to live in the community as independently as possible	545 served by the older adults program	Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services
	Provide evidence-based treatment and recovery support services for youth and young adults who have experienced first episode psychosis	Ensure that youth and young adults who have experienced first episode psychosis receive treatment and recovery support services	165 youth and young adults experiencing first episode psychosis will receive evidence-based treatment and recovery support services	Number of youth and young adults who receive treatment and recovery support services through First Episode Psychosis Initiative (FEPI)
	Provide support that allows individuals experiencing mental illness to maintain stable housing through short-term financial support	Individuals experiencing mental illness will maintain stable housing through short-term financial support	5,700 individuals experiencing SMI or co-occurring disorders (CODs) will receive short-term financial support for services aimed at living independently and maintaining stable housing through Community Targeted Transitional Services (CTTS) and Inpatient Targeted Transitional Services (ITTS) programs	Number of individuals (adults) experiencing SMI or CODs who receive short-term financial support for services such as rental assistance, utilities, medical support, and other costs associated with living independently and maintaining stable housing

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Create additional housing opportunities and supports through the Creating Homes Initiative (CHI)*	Facilitate the development and maintenance of safe, affordable housing opportunities for individuals with a history of SMI or CODs	3,200 of housing opportunities available statewide through the CHI	Number of safe, affordable mental health and/or recovery housing opportunities that are created, improved, or preserved for individuals with a history of SMI or CODs as a result of the Regional Housing Facilitators and Consumer Housing Specialists supporting the CHI
	Provide long-term financial support to housing facilities service individuals with mental illness	Housing facilities serving individuals with mental illness will be provided long-term financial support	1,750 individuals residing in community based TDMHSAS provider housing facilities and/or receiving services and supports to maintain long-term supportive housing through Community Support Housing, Intensive Long-Term Support, Emerging Adults, and Supportive Living programs	Number of individuals (adults) experiencing mental illness or co-occurring disorders who reside in community based TDMHSAS provider housing facilities (independent living, group homes, supportive housing) and/or receive services and supports to maintain long-term supportive housing
	To increase the number of individuals certified as peer specialists in Tennessee*	Enhance peer support and resources across Tennessee through individuals certified as peer specialists	230 individuals will become peer specialists through the Certified Peer Recovery Specialist (CPRS), Certified Family Support Specialist (CFSS), and /or Certified Young Adults Peer Support Specialist (CYAPSS) programs	Number of eligible individuals who become certified in the peer workforce annually
*Noted in the 2021 Needs Assessment Summary				

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Provide and expand evidence-based employment and education services through the Individual Placement and Support (IPS) Supported Employment initiative for individuals over age 18 with SMI and/or CODs	Increase the rate of employment for individuals with SMI and/or CODs	45% of individuals served through the evidence based IPS Supported Employment initiative will be employed in competitive and integrated work for at least one day. It is estimated that 1,000 will be served by IPS teams in FY 2021	Percentage rate of employment for the individuals served through the evidence based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day
	Promote good mental health by increasing the number of individuals who self-report an increase in physical health behaviors	Increase physical health behaviors of individuals being served through community mental health services	1,200 individuals will participate in self-management workshops or receive one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches	Number of individuals (adults) with SMI, substance use disorder (SUD), or CODs who receive support from self-management workshops or one-on-one wellness coaching delivered by Peer Wellness Coaches
Division of Administrative and Regulatory Services (DARS)	Monitor licensed facilities to ensure compliance with licensing rules	Improved quality care and safer environments in licensed mental health and substance abuse facilities	1,750 licensing and oversight visits for mental health and substance abuse programs will be conducted	Number of licensing and oversight visits for mental health and substance abuse programs
	Work cooperatively with other state health and social service agencies to address allegations of abuse, neglect, and mistreatment of service recipients	Improved and safer environments for service recipients	If appropriate, 8 individuals will be referred for placement on Department of Health (DOH) Abuse Registry thereby prohibiting their working with vulnerable population	Number of individuals referred for placement on DOH Abuse Registry
	Conduct a comprehensive review of licensure rules to identify recommended changes	Follows annual review of all licensure rules, recommend changes, as needed	Two licensure rules will be proposed for amendment	Number of licensure rules proposed for amendment
	Train licensure surveyors across all three regional offices on the use of the licensure database and policies for investigations and inspections	Training of all licensure surveyors across all three regional offices to ensure consistent application of licensure rules and procedures	100% of licensure surveyors will participate in training	Percentage of licensure surveyors participating in training

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Administrative and Regulatory Services (DARS)	Monitor department subrecipient agencies according to the department's fiscal year monitoring schedule to ensure subrecipient agencies' compliance with fiscal requirements of department grant contracts	Subrecipient agencies compliance with fiscal, state and federal requirements of department grant contracts.	100% of scheduled agencies will be monitored	Percentage of subrecipient agencies on department plan monitored
	Provide training and technical assistance to subrecipient grantees	Training and technical support to grantees regarding compliance with fiscal reporting requirements of subrecipient contracts	15 trainings or technical assistance events offered to contract agencies	Number of trainings or technical assistance events offered to contracted agencies
Division of General Counsel (DGC)	Ensure contracts are submitted to the Central Procurement Office on or before deadlines	Timely submission of contracts	85% of agency contracts will be timely processed	Percentage of agency contracts submitted by deadline
	Ensure state representation for RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	State representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	100% state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department
	Ensure state representation at administrative proceedings governed by the Uniform Administrative Procedures Act (UAPA) – Tennessee Code Annotated Title 4, Chapter 5	State representation at administrative proceedings to resolve disputes between citizens, state employees, and governmental agencies	100% state representation at administrative proceedings	Percentage of state representation at administrative proceedings
Division of Substance Abuse Services (DSAS)	Ensure individuals who inject drugs are receiving treatment services	All contracted treatment providers will provide treatment services to individuals who inject drugs	35% of individuals who disclose they inject drugs will receive treatment services	Percentage of individuals receiving treatment services who disclose they inject drugs

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Substance Abuse Services (DSAS)	Provide an array of adult and adolescent recovery services to increase chances of long-term recovery *	Provide recovery services that promote long-term recovery	11,500 adult and adolescent consumers will receive long-term recovery support services	Number of individuals enrolled in long-term recovery support services
	Provide trauma-informed care services to individuals who have disclosed experience with trauma	Treatment agencies will provide assurance that individuals who have experienced trauma are receiving trauma informed care services	13,000 individuals who disclose experience with trauma will receive trauma-informed care	Number of individuals who have been screened for trauma
	Establish new recovery homes (i.e. Oxford Houses) statewide *	Expand self-supporting and drug free homes through Oxford House International for individuals in recovery	Increase the number of recovery homes by 14 for a total of 136	Number of new recovery homes (i.e. Oxford Houses)
	Provide Medication-Assisted Treatment (MAT) services (methadone, naltrexone, and buprenorphine) for individuals with opioid use disorder (OUD)	Increase the number of OUD diagnosed individuals receiving MAT	4,500 individuals will receive MAT services for OUD	Number of individuals receiving MAT services for OUD
	Provide training and technical assistance to substance use disorder (SUD) treatment providers on opioid and other substance use during pregnancy, access to gender-related responsive services, and other related information	Access to quality SUD treatment for women diagnosed with SUD who are pregnant and/or who have dependent children	The number of women who are pregnant and/or who have dependent children accessing SUD treatment will be 1,200	Number of women who are pregnant and/or who have dependent children accessing SUD treatment
	Ensure that women who are eligible, have the opportunity to participate in the Residential Recovery Court program	Enroll women in the Residential Recovery Court program	Increase the number of women who will access the Residential Recovery Court program	Number of women enrolled in the Residential Recovery Court program
<i>*Noted in the 2021 Needs Assessment Summary</i>				

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

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Strategic Initiatives	The Tennessee Recovery Navigator Program seeks to connect individuals entering emergency departments to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a substance use disorder	Increase the number of individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals	3,000 individuals will be served by the Tennessee Recovery Navigator Program	Number of individuals served by the Tennessee Recovery Navigator Program
	The Tennessee Recovery Navigator Program seeks to connect individuals entering emergency departments to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a substance use disorder	Ensure the individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals are consistently connected to treatment and recovery services	Of the individuals served by the Tennessee Recovery Navigator Program, 78% will be connected to treatment and recovery services	Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigators Program

Goal 3: Provide evidence-based interventions focusing on specialized populations

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

Goal 3: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Behavioral Health Safety Net for Children provides core, essential, out-patient, mental health services to uninsured and underinsured Tennesseans ages 3-17 who meet program eligibility criteria through a network of 14 participating community mental health centers	Increase access to behavioral health services for uninsured and underinsured children in Tennessee, and in geographic and population areas	500 children will be served by the Behavioral Health Safety Net	Number of [unduplicated] uninsured or underinsured Tennessee children having a serious mental illness, able to access outpatient mental health care from Behavioral Health Safety Net that otherwise would not have the ability to receive core behavioral health services
	Reduce the number of suicides and increase mental health awareness in Tennessee through the provision of mental health and suicide prevention training and/or public awareness activities*	Increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students	150,000 individuals will receive mental health awareness in Tennessee through the provision of mental health and suicide prevention trainings and/or public awareness activities through the Be the One Training, Tennessee Suicide Prevention Network (TSPN), Mental Health 101, and Project TN programs	Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students
	Provide school based behavioral health services to students*	Ensure students with or at-risk of behavioral health challenges receive services and supports	15,000 students will receive mental health screenings, services, and/or supports in schools	Number of students who received targeted behavioral health services and supports such as screening, individualized classroom consultation, or therapeutic interventions in schools through school-based programming
*Noted in the 2021 Needs Assessment Summary				

Goal 3: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Mental Health Services (DMHS)	Provide mental health prevention and early intervention services and supports to children under age 6 and their families	Regional Intervention Program (RIP) will ensure that young children and their families experiencing challenging behaviors receive services and supports	375 children under the age of 6 and their families will receive prevention and early intervention services and supports through RIP to ensure that young children and their families experiencing challenging behaviors receive services and supports	Number of young children experiencing challenging behaviors served by RIP
	Provides treatment options for juvenile courts to utilize across the state, specifically services and training that are evidence-based and outcomes oriented	Ensure resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth	850 juvenile justice youth will be served in the community through the Juvenile Justice Reform Local Diversion Grant	Number of juvenile justice involved youth diverted to evidence-based and community-based services
	Provide evidence-based treatment and support services for children, youth, and young adults who have experienced a serious emotional disturbance (SED) at-risk of out of home placement	Ensure that children, youth, and young adults who have experienced SED receive treatment and support services	200 children, youth and young adults will receive evidence based high-fidelity wraparound support	Number of children, youth, and young adults with SED who receive High Fidelity Wraparound
Office of Faith-Based Initiatives	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Increase the number of Lifeline Peer Project trainings provided	750 Lifeline Peer Project trainings will be provided within the community	Number of Lifeline Peer Project trainings provided
	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Increase the number of individuals who receive a Lifeline Peer Project training	60,000 individuals will receive a Lifeline Peer Project training	Number of individuals who receive a Lifeline Peer Project training
	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	2,750 referrals to treatment, recovery support, and other services will be made through the Lifeline Peer Project	Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project

Goal 3: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Faith-Based Initiatives	Educate the public and spread awareness surrounding Tennessee Faith-Based Community Initiatives on how it connects the community with recovery and support services	Expand awareness and education to the public on how Tennessee Faith-Based Community Initiatives connect the community with recovery and support services	500 Tennessee Faith-Based Community Initiatives trainings will be provided	Number of Tennessee Faith-Based Community Initiatives trainings provided
	Educate the public and spread awareness surrounding Tennessee Faith-Based Community Initiatives on how it connects the community with recovery and support services	Expand awareness and education to the public on how Tennessee Faith-Based Community Initiatives connect the community with recovery and support services	10,000 individuals will receive the Tennessee Faith-Based Community Initiatives training	Number of individuals who receive a Tennessee Faith-Based Community Initiatives training
Division of Substance Abuse Services (DSAS)	Provide online and regional face-to-face educational and training opportunities for prevention, treatment and recovery support professionals *	Increase the knowledge of evidence-based programs and strategies for the prevention, treatment, and recovery support workforce	2,500 substance abuse professionals will receive training on prevention, treatment, and recovery support services	Number of substance abuse professionals receiving training
	Substance Abuse Prevention Coalitions will address prescription drug misuse in their communities	Decrease non-medical use of pain reliever for young adults, ages 18-25	Reduce the percentage of young adults, ages 18-25, who report using pain relievers for non-medical use from 7.75% to 5.2%	Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use
	Regional Overdose Prevention Specialists (ROPS) will address the opioid crisis through naloxone distribution	Increase the number of naloxone kits distributed to individuals at high risk of overdose	Increase the number of naloxone kits distributed to individuals at high risk of overdose to 65,000	Number of naloxone kits distributed to individuals at high risk of overdose
*Noted in the 2021 Needs Assessment Summary				

Goal 3: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Office of Communications (OC)	Produce news releases, media advisories, and Departmental promotional materials	Increase the awareness of the department's actions to execute mission and achieve vision	Distribute 20 news releases, media advisories, and Departmental promotional materials	Number of news releases, media advisories, and Departmental promotional materials
	Engage with the public, providers, and staff through social media posts	Provide education, awareness, and prevention information through Facebook and Instagram posts	300 Facebook and Instagram posts	Total number of Facebook and Instagram postings per year
	Promote and publish the Update, featuring department and provider news on a monthly basis	Communicate directly with vital stakeholders including but not limited to the state employee workforce, providers, advocacy groups, individuals receiving services, and lawmakers	Produce 12 Update Newsletters	Number of Update newsletters produced
	Distribute emails with current behavioral health news	Email summaries on current news, research, and trends to department staff and providers	225 email summaries will be sent	Number of email summaries
	Provide the public online resources for mental health and substance abuse services, programs, and initiatives via our website	Promote prevention, early intervention, treatment, habilitation, and recovery support services via the web	280,000 unique web page visitors	Number of unique web page visitors
Division of Clinical Leadership (DCL)	Provide mental health and suicide prevention information to veterans	Increase veteran's awareness of mental health and suicide prevention	400 veterans will receive mental health suicide prevention information	Number of veterans who receive mental health and suicide prevention information
	Develop and implement suicide prevention plans and activities in the faith communities	Prevent suicide in the faith communities	45 community faith leaders will develop and implement suicide prevention plans and activities	Number of faith communities who develop and implement suicide prevention plans and activities

Goal 3: Provide evidence-based interventions focusing on specialized populations (continued)

Division:	Programs and actions:	What we expect to accomplish?	How many we will serve?	How we know we have succeeded?
Division of Clinical Leadership (DCL)	Ongoing implementation of Therapeutic Intervention, Education, and Skills (TIES) serving children at-risk of being placed in state custody	Through TIES, serve families with at least one caregiver with a substance use issue and with children at-risk of being placed in state custody	80% or more children have successfully remained in their homes with at least one caregiver with a substance abuse issue	Percentage of TIES children that have been safely and successfully maintained in their homes
	Monitor opioid treatment programs to improve quality of care	Enhance patient care, safety and improve patient outcomes in opioid treatment programs	Two monitoring visits per year will be conducted on opioid treatment programs	Number of monitoring visits to opioid treatment programs in compliance with standards
Office of Strategic Initiatives	The Tennessee Recovery Navigator Expansion Pilot seeks to increase the number of Tennessee emergency departments offering evidence-based options for buprenorphine induction*	Support hospitals in implementing emergency department buprenorphine induction guidelines in their facilities and provide buprenorphine services to appropriate individuals	65 individuals will be dispensed buprenorphine in the emergency departments	Number of individuals dispensed buprenorphine in the emergency department
	The Tennessee Recovery Navigator Expansion Pilot seeks to increase the number of Tennessee emergency departments offering evidence-based options for buprenorphine induction	Support physicians in becoming X-waivered in order to create bridge prescription opportunities and connect individuals to recovery pathways consistent with their preferences for treatment	At least 20% of the physicians at the pilot emergency departments will become X-Waivered	Percentage of physicians at pilot emergency departments who have the X-Waiver
	The Project Rural Recovery Program seeks to engage and treat rural populations who are currently underserved in order to improve their health status	By implementing two mobile integrated clinics, we will be able to serve at least 1,165 individuals in the first year	1,165 individuals will be served through the Project Rural Recovery Program	Number of individuals served by the Project Rural Recovery Program

Reporting: Division of Hospital Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of BHSN of TN applications completed across all four RMHIs	Number	1,036	>900			
Percentage of readmits to the same RMHI within 30 days of discharge	Percentage	8.75%	8.60%			
Number of telehealth admission evaluations completed across all four RMHIs	Number	2,840	>2,000			
Number of discharges from subacute units across all RMHIs	Number	252	>175			
Percentage of six-month rolling average collection rates on contracted payer claims for those admitted to a RMHI	Percentage	87%	90%			
Number of uninsured discharges from three contracted private hospitals in Regions 1 & 2	Number	3,364	3,300			

Reporting: Office of Forensics and Juvenile Court Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Percentage of all inpatient defendants admitted to the Forensic Services Program for inpatient forensic evaluation and treatment	Percentage	10%	20%			
Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services	Percentage	72%	75%			+ or – three percentage points is considered within the standard error of measurement
Number of screenings conducted in Juvenile Courts statewide	Number	2,313	2,300			A statutory requirement for evidence-based screenings in the Juvenile Justice Reform Act of 2018 has resulted in a significant increase in screenings, so the target has been increased.
Number of Forensic Evaluator Training sessions	Number	4	3			

Reporting: Division of Research, Planning, Policy, and Legislation

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY20: July 2019 – June 2020)	KPI Target (FY21: July 2020 – June 2021)	February Report (July 2020 – Dec. 2020)	August Report (Jan. 2021– June 2021)	Explanation (if applicable)
Number of State Hospital Readmission (SHR) data files submitted to the Substance Abuse and Mental Health Services Administration by March 1	Number	1	1			
Number of data products generated for DHS	Number	4	4			
Number of quarterly conference calls with the Regional Council Leadership Teams	Number	4	4			
Number of statewide needs assessments per year	Number	1	1			
Number of Regional Councils that establish and maintain an Adult Subcommittee and a Children's Subcommittee	Number	5	7			

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

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of substance abuse member representatives on each Regional Council	Number	1	1			
Number of children and youth providers and/or family members on each Regional Council	Number	1	1			
Number of consumer and family member representatives on each Regional Council	Number	1	1			
Percentage of rules filed to update Tennessee's controlled substance schedules I, II, III, IV, and V	Percentage	100%	100%			
Percentage of the Department's executive leadership team members, division leaders, and RMHI chief officers who receive the Legislative Summary	Percentage	100%	100%			

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

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of automated Client Level Data (CLD) files generated for federal Mental Health Block Grant reporting	Number	1	1			
Number of program evaluations completed	Number	4	4			
Number of Uniform Report System (URS) data reports submitted to SAMHSA	Number	1	1			
Number of data products accessible on the Department's website	Number	17	16			

Reporting: Office of Faith-Based Initiatives

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of congregations contacted for expansion of faith-based program	Number	1,460	1,550			
Number of newly certified faith-based congregations/organizations	Number	780	893			
Number of Lifeline Peer Project trainings provided	Number	906	750			
Number of individuals who receive a Lifeline Peer Project training	Number	88,682	60,000			
Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project	Number	4,773	2,750			
Number of Tennessee Faith-Based Community Initiatives trainings provided	Number	537	500			

Reporting: Office of Faith-Based Initiatives (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of individuals who receive a Tennessee Faith-Based Community Initiatives training	Number	15,952	10,000			

Reporting: Division of Mental Health Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of calls to the statewide crisis hotline (855-CRISIS-1) (all ages) providing access and referral to crisis services to individuals experiencing a mental health crisis	Number	128,136	128,000			
Number of Tennesseans (all ages) accessing emergency psychiatric crisis services and assessment from a mobile crisis responder or at a crisis walk-in center	Number	72,039	80,000			
Number of admissions to the eight adult Crisis Stabilization Units (CSUs)	Number	6,348	9,750			
Number of (unduplicated) uninsured/indigent Tennesseans having a serious mental illness (SMI), living at or below 138% of the Federal Poverty Level (FPL), able to access mental health care from BHSN of TN that otherwise would not have the ability to receive core behavioral health services (adults)	Number	39,840	41,000			

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2021 – June 2022)	Explanation (if applicable)
Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services	Number	545	545			
Number of youth and young adults who receive treatment and recovery support services through First Episode Psychosis Initiative (FEPI)	Number	154	165			
Number of individuals (adults) experiencing SMI or CODs who receive short-term financial support for services such as rental assistance, utilities, medical support, and other costs associated with living independently and maintaining stable housing	Number	5,666	5,700			

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020– June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of safe, affordable mental health and/or recovery housing opportunities that are created, improved, or preserved for individuals with a history of SMI or CODs as a result of the Regional Housing Facilitators and Consumer Housing Specialists supporting the Creating Homes Initiative (CHI) *	Number	3,012	3,200			
Number of individuals (adults) experiencing mental illness or co-occurring disorders who reside in community based TDMHSAS provider housing facilities (independent living, group homes, supportive housing) and/or receive services and supports to maintain long-term supportive housing	Number	1,667	1,750			

* Noted in the 2021 Needs Assessment Summary

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of eligible individuals who become certified within the peer workforce annually *	Number	213	230			
Percentage rate of employment for the individuals served through the evidence based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day	Percentage	46%	45%			
Number of individuals (adults) with SMI, substance use disorder (SUD), or CODs who receive support from self-management workshops or one-on-one wellness coaching delivered by Peer Wellness Coaches	Number	1,254	1,200			

**Noted in the 2021 Needs Assessment Summary*

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of [unduplicated] uninsured or underinsured Tennessee children having a serious mental illness, able to access outpatient mental health care from Behavioral Health Safety Net that otherwise would not have the ability to receive core behavioral health services	Number	475	500			
Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students*	Number	113,880	150,000			

**Noted in the 2021 Needs Assessment Summary*

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of students who received targeted behavioral health services and supports such as screening, individualized classroom consultation, or therapeutic interventions in schools through school-based programming*	Number	14,439	15,000			
Number of young children experiencing challenging behaviors served by RIP	Number	292	375			
Number of juvenile justice involved youth diverted to evidence-based and community-based services	Number	839	850			
Number of children, youth, and young adults with SED who receive High Fidelity Wraparound	Number	82	200			

* Noted in the 2021 Needs Assessment Summary

Reporting: Division of Administrative and Regulatory Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of licensing oversight visits for mental health and substance abuse programs	Number	1,735	1,750			
Number of individuals referred for placement on Department of Health (DOH) Abuse Registry	Number	4	8			
Number of licensure rules proposed for amendment	Number	2	2			
Percentage of licensure surveyors participating in training	Percentage	100%	100%			
Percentage of subrecipient agencies on department plan monitored	Percentage	100%	100%			
Number of trainings or technical assistance events offered to contracted agencies	Number	2	3			Trainings or technical assistance events offered to contracted agencies: group – 2 for FY21, 3 for FY22 and individual 6 per month.

Reporting: Division of General Counsel

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Percentage of agency contracts submitted by deadline	Percentage	85%	85%			
Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage	100%	100%			
Percentage of state representation at administrative proceedings	Percentage	100%	100%			

Reporting: Division of Substance Abuse Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Percentage of individuals receiving treatment services who disclose they inject drugs	Percentage	45.3%	35%			
Number of individuals enrolled in long-term recovery support services*	Number	12,515	11,500			
Number of individuals who have been screened for trauma	Number	13,103	13,000			
Number of new recovery homes (i.e. Oxford Houses) *	Number	122	136			
Number of individuals receiving MAT services	Number	5,318	4,500			
Number of women who are pregnant and/or have dependent child who access SUD treatment	Number	1,702	1,200			

* Noted in the 2021 Needs Assessment Summary

Reporting: Division of Substance Abuse Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of women enrolled in the Residential Recovery Court program	Number	N/A	N/A			Baseline and target information not available as this is a new initiative. A more accurate KPI will be established in FY23.
Number of substance abuse professionals receiving training *	Number	3,196	2,500			
Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use	Percentage	5.2%	5.2%			
Number of naloxone kits distributed to individuals at high risk of overdose	Number	71,448	65,000			

* Noted in the 2021 Needs Assessment Summary

Office of Strategic Initiatives

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of Individuals served by the Tennessee Recovery Navigator Program	Number	2,967	3,000			
Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigators Program	Percentage	76%	78%			Referral to treatment and/or recovery services are dependent on individuals volunteering to engage in those services.
Number of individuals dispensed buprenorphine in the emergency department	Number	53	65			
Percentage of physicians at pilot emergency departments who have the X-Waiver	Percentage	15%	20%			
Number of individuals served by Project Rural Recovery Program	Number	635	1,165			

Reporting: Office of Communications

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of news releases and media advisories distributed	Number	18	20			
Total number of Facebook and Instagram postings per year	Number	N/A	300			There is not a FY21 baseline as this is a new strategy added for FY22.
Number of <i>Update</i> newsletters produced	Number	12	12			
Number of email summaries	Number	225	225			
Number of website page views	Number	791,141	280,000			

Reporting: Division of Clinical Leadership

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY21: July 2020 – June 2021)	KPI Target (FY22: July 2021 – June 2022)	February Report (July 2021 – Dec. 2021)	August Report (Jan. 2022 – June 2022)	Explanation (if applicable)
Number of veterans who receive mental health and suicide prevention information	Number	370	400			
Number of faith communities who develop and implement suicide statements for suicide prevention plans and activities	Number	35	45			
Percentage of TIES children that have been safely and successfully maintained in their homes	Percentage	80%	80%			Baseline is percentage included in contract.
Number of monitoring visits to opioid treatment programs in compliance with standards	Number	2	2			