

This inventory provides information about services and programs offered by the Department of Mental Health & Substance Abuse Services for individuals with mental illness. Rigorous research informs the spectrum of ratings from the lowest level, proven harmful, to the highest level, proven effective. Key outcomes including Hospitalization, Access to Behavioral Health Services, Employment and Psychiatric Symptoms are only a few of the many outcomes that are measured by this research and the cells underneath indicate the impact the program has on the stated outcome (either increase / decrease). An ** Indicates that the research has not measured that stated outcome. More information is available at the bottom of the inventory.

| Program Name | Description | Rating | Source of Evidence | Key Outcomes | | | | | Program Frequency/Intensity | Delivery Setting | Target Population | Other Sources of Research |
|--|--|------------------|---------------------------------|-----------------|--------------------------------------|------------|----------------------|---|---|--|--|---|
| | | | | Hospitalization | Access to Behavioral Health Services | Employment | Psychiatric Symptoms | Average Program Duration | | | | |
| Behavioral Health Safety Net | The 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. This includes: assessment and evaluation, individual and group therapeutic intervention, case management, transportation, peer support services, psychosocial rehabilitation services, psychiatric medication management, laboratory tests related to medication management, pharmacy assistance and coordination. | Promising | WSIPP | Decreased | Increased | Increased | Decreased | Individualized | Individualized | Outpatient | Key eligibility criteria include: Tennessee resident Behavioral health primary diagnosis Adults, 18 and older Income 138% Federal Poverty Line | While the Behavioral Health Safety Net has not been evaluated, many of the services offered within the Behavioral Health Safety Net are evidence-based practices. Some of those services include: Case Management: https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/case-management Certified Peer Recovery Specialists: https://www.wsipp.wa.gov/BenefitCost/Program/336 Cognitive Behavioral Therapy: http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/240/Collaborative-primary-care-for-anxiety-general-adult-population Dialectical Behavioral Therapy: https://web.archive.org/web/20180625174409/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=36 Illness Management and Recovery: http://www.wsipp.wa.gov/BenefitCost/Program/288 Medication Management: http://store.samhsa.gov/product/MedTEAM-Medication-Treatment-Evaluation-and-Management-Evidence-Based-Practices-EBP-KIT/SMA10-4549 Motivational Interviewing for Individuals with SMI: https://www.wsipp.wa.gov/BenefitCost/Program/670 Wellness Recovery Action Plan (WRAP): http://www.wsipp.wa.gov/BenefitCost/Program/495 |
| Crisis Intervention Teams (CITs) | Crisis Intervention Teams (CITs) supports the establishment of new local community collaborations of CIT teams and provides funds to train law enforcement and other first responders in CIT. | Theory-Based | Crime Solutions | * | * | * | * | CIT is typically a 40 hour training for law enforcement and also includes ongoing meetings with community teams | Pre-booking model of diversion focused on diverting individuals to therapeutic treatment services as an alternative to jail | Local communities | Training law enforcement to best support individuals experiencing a behavioral health crisis | http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.562.4881&rep=rep1&type=pdf |
| Individual Placement and Support (IPS) | Individual Placement & Support (IPS) is a community-based program that helps individuals with a serious mental illness and/or co-occurring disorder work in competitive and integrated jobs of their choosing. IPS also promotes supported education goals (ex: getting GED, enrolling in post secondary classes, etc.). | Proven Effective | WSIPP | Decreased | * | Increased | Decreased | One year | Prior to employment: 2-3 times per week After job obtained: no more than one week prior to the job starting, and then no more than 3 days after the first day of work, and then at least once weekly during their first month of employment. After that first month, at least once a month for the | Community site and potential employers | Adults 18 and older with a diagnosable mental, behavioral, substance use or emotional disorder | https://ipsworks.org/wp-content/uploads/2019/07/evidence-for-IPS-reference-list-6-18-19.pdf |
| Mobile Crisis Services | Mobile Crisis Services include non-hospital, community-based services offered 24 hours per day, 7 days per week, 365 per year for behavioral health illness, a crisis situation, or a perception of a crisis situation. Services may be accessed by calling the 24/7/365 statewide crisis line 855-Crisis-1 (855-274-7471). | Proven Effective | WSIPP | Decreased | * | * | * | Individualized | One-time interaction Phone call or face-to-face follow up with the individuals within 12-24 hours | In Home Hospital Outpatient Other Community Setting School | Any Tennessean (all ages) experiencing a behavioral health crisis situation or a perception of a crisis situation | https://store.samhsa.gov/system/files/sma14-4848.pdf |

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| | | | | Hospitalization | Access to Behavioral Health Services | Employment | Psychiatric Symptoms | | | | | |
| Projects for Assistance in Transition from Homelessness (PATH) | Projects for Assistance in Transition from Homelessness (PATH) assists the homeless who have mental illness or co-occurring disorders; funds community-based outreach, mental health, substance abuse, case management, and other support services as well as limited housing services. | Theory-Based | | * | * | * | * | Individualized - One time interaction for outreach and referral | Weekday outreach Intensity is individualized | Other Community Setting | Adults or emancipated youth with a diagnosis of serious mental illness or co-occurring disorder who are homeless or at imminent risk of homelessness | https://www.hsri.org/project/evaluating-samhsas-path-program |

| Rating | Definition |
|------------------|--|
| Proven Effective | A program or service that is proven effective has a high level of research on effectiveness for at least one outcome of interest, determined through multiple qualifying evaluations—high-quality experimental or quasi-experimental studies—outside of Tennessee or one or more qualifying Tennessee-based evaluations. |
| Promising | A program or service that is promising has some research demonstrating effectiveness for at least one outcome of interest, such as a single |
| Theory-Based | A program or service that is theory-based has no qualifying evaluations on effectiveness. These programs typically have a well-constructed theory of change and may have other evidence but do not meet the above criteria. |
| Mixed Effects | A program or service that has mixed effects has a high level of research on the effectiveness of multiple outcomes; however, the outcomes have contradictory effects, determined through multiple qualifying evaluations outside of Tennessee or one or more qualifying Tennessee-based evaluation. |
| No Effect | A program or service that has no evidence of effect has no impact on the measured outcome. |
| Proven Harmful | A program or service that is proven harmful has a high level of research that shows participation negatively impacts outcomes of interest, |

| Impact on Outcomes | Definition |
|--------------------|--|
| Increase | Research indicates that the impact of the stated program on this outcome is an increase. |
| Decrease | Research indicates that the impact of the stated program on this outcome is a |
| Neutral | Research indicates that the impact of the stated program on this outcome is neither an increase nor a decrease. |
| * | Research is either not available, or the research that has been conducted does not measure the effect of the program on this particular outcome. |