

# Tennessee

## UNIFORM APPLICATION FY 2016 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services  
Division of State and Community Systems Development

# I: 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

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### 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 7/1/2014

To 6/30/2015

### IV. Date Submitted

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

Submission Date 11/30/2015 5:20:01 PM

Revision Date

### V. Contact Person Responsible for Report Submission

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Footnotes:

## II: Annual Report

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

Priority #: 1  
Priority Area: Covering Uninsured Individuals  
Priority Type: MHP, MHS  
Population(s): SMI, SED

Goal of the priority area:

TDMHSAS provides programming that covers citizens who are uninsured, underinsured, and/or who are indigent. Programming also covers those services not covered by Medicaid and ancillary services that are necessary but may not be available under insurance coverage.

Strategies to attain the goal:

This priority addresses the needs of individuals who are currently neither eligible for Medicaid nor insured by Medicare and/or another third-party payor. This priority also addresses those who may be in between jobs or in the probationary period of a new job during which benefits have not yet been activated. The State of Tennessee has investigated gaps in services and implemented "bridge" services that can assist those who need care in excess of their ability to pay or who are not covered under any third-party payor program.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: The Behavioral Health Safety Net will provide mental health services for uninsured Tennesseans including those services that are essential for maintaining mental health and those services not covered by insurance.  
Baseline Measurement: Number of persons served in 2012 (32,667).  
First-year target/outcome measurement: Number of persons served in 2014 (32,727).  
Second-year target/outcome measurement: Number of persons served in 2015 (32,777).  
New Second-year target/outcome measurement (*if needed*): Number of persons served in FY 2014 (35,501).

Data Source:

Behavioral Health Safety Net database

New Data Source (*if needed*):

Description of Data:

Number of persons served at each community provider, other client-level and demographic data

New Description of Data: (*if needed*)

Unduplicated number of persons served in the BHSN of TN for FY14.

Data issues/caveats that affect outcome measures:

None noted

New Data issues/caveats that affect outcome measures:

None noted.

#### 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):

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

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

In FY 2015, 32,410 persons were served via the Behavioral Health Safety Net of Tennessee (BHSNTN). Because the BHSNTN serves the uninsured, the increase in the number of persons who were able to obtain insurance coverage through the marketplace (exchange) has caused a slight decrease in the number of persons who were in need of benefits. As the result of the slight decrease, more needs are met for those individuals who have a need.

How second year target was achieved (optional):

Indicator #:

2

Indicator:

Older Adult Services will provide services to the older adult SMI populations to assist with developing skills that will allow recipients to live independently in the community as long as possible.

Baseline Measurement:

Number of persons served in 2012 (120).

First-year target/outcome measurement:

Number of persons served in 2014 (120).

Second-year target/outcome measurement:

Number of persons served in 2015 (120).

New Second-year target/outcome measurement (if needed): Number of persons served in FY 2014: 136

Data Source:

Provider records and reports.

New Data Source (if needed):

Provider records and agency reports

Description of Data:

Care management tracking.

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):

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

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

How second year target was achieved (optional):

The second year target was exceeded by four. The program served 140 individuals.

Indicator #:

3

Indicator:

Preadmission Screening and Resident Review (PASRR) will provide screening and evaluation services to older adults applying for admission and residing in Medicaid Certified Nursing Facilities. These screenings will determine if (a) nursing facility is an appropriate placement or if an inpatient psychiatric placement is necessary and (b) if nursing facility placement is appropriate what psychiatric treatment is necessary.

Baseline Measurement: Number of persons served in FY 2012 and percentage of assessments processed according to guidelines of federal government (goal is 100%) numbering in excess of 200 referrals a month.

First-year target/outcome measurement: 100% of the number of referrals per month. 2013 referrals exceeded 500.

Second-year target/outcome measurement: 100% of the number of referrals per month. 2013 referrals exceeded 500.

New Second-year target/outcome measurement (if needed): 100% of the number of referrals per month. 2014 referrals totaled 708 achieved in FY 2014.

Data Source:

Daily monitoring of contracted agencies/individuals.

New Data Source (if needed):

Description of Data:

Number of referrals and assessments.

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):

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

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

There were 11, 471 PASRR assessments completed in 2015.

How second year target was achieved (optional):

Priority #: 2

Priority Area: Children and Youth Services

Priority Type: MHP, MHS

Population(s): SED

Goal of the priority area:

TDMHSAS' Office of Children and Youth Services provides a progressive and ongoing effort toward the development of the System of Care model for the service delivery system in Tennessee.

Strategies to attain the goal:

The Office of Children and Youth Services administers a milieu of services across the state to ensure that all children and their families have access to excellent care including prevention, intervention and recovery-oriented services.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Erase the Stigma and Mental Health 101 will increase awareness regarding mental health

and the importance of screening.

Baseline Measurement: All groups requesting a presentation or educational materials receive those materials.  
First-year target/outcome measurement: 235 events, including schools presentations, civic group presentations and events with advocacy groups.  
Second-year target/outcome measurement: 240 events, including schools presentations, civic group presentations and events with advocacy groups.

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

Data Source:

Contracted agency/provider annual report, satisfaction surveys, pre and post-tests, training sign-in sheets.

New Data Source (if needed):

None noted.

Description of Data:

Contracted data collection including demographic data and records of information and materials provided.

New Description of Data: (if needed)

None noted.

Data issues/caveats that affect outcome measures:

All participants may not be included in the data. The data may be incomplete.

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):

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

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

How second year target was achieved (optional):

In FY 2015, there were 3277 individuals who attended community presentations; and 23,928 students who attended presentations at 157 total high schools, middle schools, and private schools.

Indicator #: 2

Indicator: Child and Family Mental Health Education will increase support groups for parents of children diagnosed with SED.

Baseline Measurement: Number of individuals served by the program.

First-year target/outcome measurement: 4,000 individuals participating in support groups.

Second-year target/outcome measurement: 4,500 individuals participating in support groups.

New Second-year target/outcome measurement (if needed): In FY14, 255 individuals participated in support groups.

Data Source:

Contracted agency/provider annual report, satisfaction surveys, pre and post-tests, training sign-in sheets.

New Data Source (if needed):

In FY14, contracted agency/provider annual report will be used to glean support group data.

Description of Data:

Data includes description of participants in support groups funded through the contract.

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 was not achieved because FY13 data was based on a grand total of several services of this grant, in addition to support groups, including the data for the HelpLine which served 5,114 individuals. Beginning in FY14, services are being separated out and support groups will be reported individually. Ultimately, the number served in support groups in FY13 was 630 with other services having served the remaining 4484 individuals.

How first year target was achieved *(optional)*:

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

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

Not achieved. 818 individuals were served in SFY15. In addition to support groups, the Child and Family Mental Health Education program provides multiple services to the community, including outreach, a toll-free helpline, and six separate and distinct curricula modules that provide education and support.

How second year target was achieved *(optional)*:

Indicator #: 3

Indicator: Violence and Bullying Prevention in Schools will decrease the number of discipline referrals in the classroom for school and youth participants.

Baseline Measurement: Number of discipline referrals in participating schools.

First-year target/outcome measurement: Decreased number of discipline referrals compared to prior year.

Second-year target/outcome measurement: Decreased number of discipline referrals compared to prior year.

New Second-year target/outcome measurement *(if needed)*: Reworded: "Number of children with improved behavior per teacher report compared to prior year". In FY 2014, 297 children had improved behavior.

Data Source:

Contracted agency records of discipline referrals in participating schools.

New Data Source *(if needed)*:

In FY14, contracted agency/provider annual report will be used to glean data.

Description of Data:

Contracted agency collects the data that shows demographic data for the children and schools participating in and affected by the program.

New Description of Data: *(if needed)*

In FY14, contracted agency collects basic data on schools and children served (demographic data is not collected).

Data issues/caveats that affect outcome measures:

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):

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

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

How second year target was achieved (optional):

299 pre- and post-test and teacher surveys indicated a reduction in discipline infractions.

Indicator #: 4

Indicator: Family Support and Advocacy will provide support and advocacy groups for families with a child diagnosed SED.

Baseline Measurement: Number of participants attending support groups.

First-year target/outcome measurement: Eight support groups, indicating an increase in number of participants attending support groups compared to the prior year.

Second-year target/outcome measurement: Nine support groups, indicating that the program maintained the number of participants attending support groups compared to the prior year.

New Second-year target/outcome measurement (if needed): In FY14, 22 support groups were maintained across the state.

Data Source:

Contracted agency/Provider annual report, satisfaction survey, pre- and post-tests, training sign-in sheets.

New Data Source (if needed):

Description of Data:

Number of participants attending the support groups.

New Description of Data (if needed)

In FY14, contracted provider will report number served in support groups.

Data issues/caveats that affect outcome measures:

The Office of Children and Youth Programs is reviewing the data to determine if there is any additional information that would be useful to capture.

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):

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

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

Four support groups were provided during SFY15, serving each geographic region in Tennessee. This program provides services such as trainings/presentations and individualized advocacy, in addition to support groups.

How second year target was achieved (optional):

Indicator #: 5

Indicator: School Based Liaison programming seeks to increase the number of families and/or youth referred to necessary and appropriate mental health services.

Baseline Measurement: The number of discipline referrals in school; the number of referrals for mental health services; the number of children remaining in community-based setting; and school satisfaction ratings.

First-year target/outcome measurement: Decrease the number of discipline referrals in school. Increase the number of referrals for mental health services. Increase the number of children remaining in community-based setting. Increase school satisfaction ratings compared to the baseline year.

Second-year target/outcome measurement: Decrease the number of discipline referrals in school. Increase the number of referrals for mental health services. Increase the number of children remaining in community-based setting. Increase school satisfaction ratings compared to the baseline year.

New Second-year target/outcome measurement (*if needed*): In FY2014, the percentage of discipline incidents reduced = 60%. Percentage of youth served that remained in a community based setting = 93%. Percentage of teachers that increased their knowledge from pre to post-tests = 94%.

Data Source:

Contracted agencies.

New Data Source (*if needed*):

Description of Data:

Contracted agencies collect detailed information regarding child ethnicity, age, gender, referral, and other information.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

The Office of Children and Youth Programs seeks to collect as much useful data as possible to ensure that the efficacy of the program is well described.

New Data issues/caveats that affect outcome measures:

Data was inconsistent across agencies and incomplete for some school-based liaison programs.

## 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*):

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

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

How second year target was achieved (*optional*):

Indicator #: 6

Indicator: Renewal House Early Intervention program will serve the children of addicted mothers.

Baseline Measurement: Number of children served during the year.

First-year target/outcome measurement: Maintain service to 40-60 children.

Second-year target/outcome measurement: Maintain service to 40-60 children.

New Second-year target/outcome measurement (*if needed*): In FY 2014, 60 children were served.

Data Source:

Contracted agency will collect demographic and treatment information for children served.



Name and location of school/center, number of staff trained or provided with technical assistance coaching, number of children impacted.

New Description of Data: *(if needed)*

Name and location of school/center, number of staff trained or provided with technical assistance coaching, number of children impacted.

Data issues/caveats that affect outcome measures:

This is not routinely gathered data. It could be retrieved through the DOE or LEA.

New Data issues/caveats that affect outcome measures:

Child Care Consultation staff gather the data outlined in "Description of Data". It is not available through the DOE or LEA.

## 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)*:

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

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

How second year target was achieved *(optional)*:

In FY 2015, in a revised measure, 12,780 children were served indirectly through Pyramid Model coaching to Project B.A.S.I.C. staff members. In FY 2015, targeted elementary school Pyramid Model technical assistance coaching was provided to 22 selected elementary schools by Child Care Consultation. Continuing training and coaching on Pyramid Model strategies was provided throughout the year to all thirty-seven (37) Project B.A.S.I.C. staff at 43 elementary schools in 35 counties across the state.

Indicator #: 8

Indicator: Systems of Care Expansion (SOC-EXP) will increase the number of SOC sites statewide to build and sustain Systems of Care for children and youth diagnosed with SED and their families. SOC services are family driven, youth-guided, community-based, and culturally and linguistically competent.

Baseline Measurement: SOC sites will expand from the three present to an undetermined number statewide

First-year target/outcome measurement: Four or more increase in SOC sites as compared with the prior year.

Second-year target/outcome measurement: Increase the number of SOC sites as compared to the year before.

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

Data Source:

Contracted agencies will gather data and provide the data to Office of System of Care Initiatives during monthly check-in meetings and annual monitoring.

New Data Source *(if needed)*:

Description of Data:

Data will include number of agencies that adopt SOC values and principles statewide.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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)*:

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

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

How second year target was achieved *(optional)*:

Indicator #: 9

Indicator: Systems of Care (SOC) contracted agencies will build and sustain Systems of Care for children and youth diagnosed with SED and their families. SOC services are family driven, youth-guided, community-based, and culturally and linguistically competent.

Baseline Measurement: Number out of home placements, number of school disciplinary actions, number of ages 0-5 children diagnosed with SED who receive appropriate mental health services, awareness of SED and SOC through statewide outreach activities.

First-year target/outcome measurement: Number out of home placements, decrease number of school disciplinary actions, increase number of ages 0-5 children diagnosed with SED who receive appropriate mental health services, increase awareness of SED and SOC through statewide outreach activities as compared to the year before.

Second-year target/outcome measurement: Number out of home placements, decrease number of school disciplinary actions, increase number of ages 0-5 children diagnosed with SED who receive appropriate mental health services, increase awareness of SED and SOC through statewide outreach activities as compared to the year before.

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

Data Source:

Contracted agency tracking and data gathering.

New Data Source *(if needed)*:

Description of Data:

Number out of home placements, number of school disciplinary actions, number of ages 0-5 children diagnosed with SED who receive appropriate mental health services, awareness of SED and SOC through statewide outreach activities.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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)*:

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

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

How second year target was achieved *(optional)*:

Indicator #: 10

Indicator: Respite and Planned Respite programming will provide respite for parents or caregivers for their child with an SED diagnosis.

Baseline Measurement: Number of families receiving respite services in a year.

First-year target/outcome measurement: 160 families will receive Respite services, 200 families will receive Planned Respite services.

Second-year target/outcome measurement: Increase of number of families from the prior year by 5%: 168 families will receive Respite services, 210 families will receive Planned Respite services.

New Second-year target/outcome measurement (if needed): For FY 2014, second year target was exceeded by both programs. For the Respite Voucher program, 189 Families received respite services in FY 2014, up from 168 in previous year. For the Planned Respite program, 262 families received respite services in FY 2014, up from 210 families in previous year.

Data Source:

Contracted provider will collect data.

New Data Source (if needed):

Description of Data:

Number of families who receive Respite services and the number of families who receive Planned Respite services. Contracted agency may also collect demographic information.

New Description of Data: (if needed)

Number of families who receive Respite Voucher services. Contracted agency collects demographic information.  
 Number of families who receive Planned Respite services. Contracted agencies collect demographic information.

Data issues/caveats that affect outcome measures:

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):

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

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

How second year target was achieved (optional):

219 families utilized respite and planned respite services.

Indicator #: 11

Indicator: Homeless Outreach Project which identifies children and youth under 18 with serious emotional disturbances (SED) who are homeless or at risk of homelessness and links them to needed mental health and housing services

Baseline Measurement: Number of eligible children and youth under 18 with identified/risk of SED who are homeless or at risk of homelessness and family members who receive support services, specific assistance and linkage and referral to avoid homelessness or maintain stable housing

First-year target/outcome measurement: At least 150 enrolled families served and discharged during the year. 80% of youth and children identified with an SED will receive initial mental health service by time of discharge. 80% of adult family members identified with mental illness will receive an appointment for mental health services by time of discharge. 80% or more of families enrolled will have maintained stable housing, secured more stable housing or completed

an application for more permanent housing by time of discharge.

Second-year target/outcome measurement: 150 families served and discharged.

New Second-year target/outcome measurement(*if needed*): 193 families served in FY 2014

Data Source:

Semi-annual reports from contract agencies.

New Data Source(*if needed*):

Description of Data:

Composite number of service recipients, number of family members, services received, housing status change from enrollment to discharge from each contract agency.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

Data collected in aggregate.

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*):

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

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

How second year target was achieved (*optional*):

171 families served, included in that number is 723 individuals.

Priority #: 3  
Priority Area: Prevention  
Priority Type: MHP  
Population(s): SMI, SED

Goal of the priority area:

Prevention programming is designed to stop the progression of negative trends either before they begin or in beginning phases.

Strategies to attain the goal:

TDMHSAS provides a statewide sweep of services targeting suicide prevention, general health education and prevention, bullying prevention and awareness programming.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Emotional Fitness Centers increase mental health screenings in the African American community in Memphisto ensure that individuals in need are appropriately referred for services.  
Baseline Measurement: Number of individuals screened in a year.  
First-year target/outcome measurement: 500 individuals screened, demonstrating an increased number of individuals screened

compared to the prior year.

Second-year target/outcome measurement: 525 individuals screened, demonstrating an increased number of individuals screened compared to the prior year.

New Second-year target/outcome measurement (if needed): In FY2014, 722 individuals were screened

Data Source:

Contracted agency/Provider annual report, satisfaction surveys, pre and post-tests, and training sign-in sheets.

New Data Source (if needed):

In FY2014, contracted agency/Provider annual report, satisfaction surveys, pre and post-tests, and training sign-in sheets.

Description of Data:

Contractor agency records demographic data for those who visit the Counseling Center.

New Description of Data: (if needed)

In FY2014, contractor agency records basic demographic data for those who are screened in local churches.

Data issues/caveats that affect outcome measures:

Office of Children and Youth Programs seeks to increase the accuracy and usefulness of data gathered.

New Data issues/caveats that affect outcome measures:

Office of Children and Youth Programs seeks to increase the accuracy and usefulness of data gathered.

## 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):

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

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

How second year target was achieved (optional):

718 individuals were screened.

Indicator #: 2

Indicator: Suicide prevention programming activities will reduce the incidents of suicide in Tennessee by increasing the ability of individuals to recognize the warning signs of suicide and then to intervene, providing enhanced follow-up services for at risk youth and by decreasing stigma.

Baseline Measurement: The rate of suicides in Tennessee; the ability of crucial persons to recognize the warning signs.

First-year target/outcome measurement: Reduction in the rate of suicide by .5% from the prior year, 200 teachers will receive suicide awareness training, 1000 youth will receive peer suicide awareness training, and 50 Tennesseans will be trained as gatekeepers for suicide prevention.

Second-year target/outcome measurement: Maintain or increase the numbers from the year prior.

New Second-year target/outcome measurement (if needed): The total number of suicides has increased from 2012 to 2013 by 5%. 113,892 teachers received suicide awareness training during FY 2014, 16,559 students received peer suicide awareness training and 3,003 Tennesseans were trained as gatekeepers.

Data Source:

Contracted and partnered agencies will submit data and evaluation information on a quarterly basis.

New Data Source (if needed):



varies each year – not necessarily always increasing the number of children in the school or in those Grades. The number of children can and has decreased in some years.

## 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)*:

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

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

How second year target was achieved *(optional)*:

12,780 children served. Note that this number is dependent on the number of children enrolled in the target schools. This number increases and decreases each year, and is not in the control of program staff. This program serves all the children in the target grades of their school.

Indicator #: 4

Indicator: Regional Intervention Program (RIP) will serve families with a child diagnosed with SED at all sites.

Baseline Measurement: Number of families served, number of parents/guardians/caregivers providing supports

First-year target/outcome measurement: Number of families served, number of parents/guardians/caregivers providing supports

Second-year target/outcome measurement: Maintain or increase numbers from the year before.

New Second-year target/outcome measurement *(if needed)*: In FY 2014, 341 families were served in RIP. This was an increase over the previous year number served (330 in FY2013).

Data Source:

RIP centers and staff will collect data.

New Data Source *(if needed)*:

Description of Data:

Number of families served, number of parents/guardians/caregivers providing supports, demographic information, evaluation information

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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)*:

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

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

314 families were served in FY2015.  
Reason second year target was not achieved, and changes proposed to meet target: The majority of the discrepancy is due to significant staff turnover in several RIP-Expansion programs. When new staff are hired, there is a significant training time needed before the new staff can operate program. During this hiring and training time, new families are not enrolled in the program. This decreases the number of families who can be served in the fiscal year.

How second year target was achieved (optional):

Indicator #: 5

Indicator: Disaster Mental Health Response is presently unfunded since there are no federal disaster areas declared in Tennessee at the time of this application. The workgroup will develop infrastructure to respond to mental health needs in the event of a disaster.

Baseline Measurement: Development of infrastructure.

First-year target/outcome measurement: Development of a provider network, development of satisfaction surveys, development of monitoring strategy.

Second-year target/outcome measurement: After development of infrastructure, the number of Tennesseans served, and numbers of referral of survivors of a disaster needing additional services

New Second-year target/outcome measurement(if needed): The provider network has been developed, and the state is ready for disaster response.

Data Source:

Contracted agencies will submit data and demographic information.

New Data Source(if needed):

Description of Data:

Under development.

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):

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

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

How second year target was achieved (optional):

Indicator #: 6

Indicator: Crisis continuum programming will provide crisis intervention services to the citizens of Tennessee. Through 13 contracted agencies, crisis programming will provide assessment, referral, crisis intervention and follow-up services in the least restrictive environment available regardless of ability to pay 24 hours a day, 7 days a week.

Baseline Measurement: Number of individuals who request assistance receive it within two hours of the request, number of individuals served, number hospitalized after receiving services, number of individuals reporting services were helpful, number of successful follow-up attempts.

First-year target/outcome measurement: 90% of individuals requesting service receive it within two hours of the request, and the total number of individuals making a request, number hospitalized after receiving services will reduce from 7.84% of those who contacted Crisis Services to 7%, 75% of individuals receiving crisis services will participate in a follow-up contact.

Second-year target/outcome measurement: 90% of individuals requesting service receive it within two hours of the request, and the total number of individuals making a request as compared to the prior year.

New Second-year target/outcome measurement(*if needed*): In FY 2014, 91% of requests for mobile crisis services were provided a face to face assessment within two hours of the request. There is presently no standard way of measuring the amount of time it takes to respond to a walk-in assessment. During FY 2014, 102,775 calls were received for mobile crisis services and 65,604 face-to-face assessments conducted either via mobile or walk-in crisis services. (Does not include CSU and respite admissions)

Data Source:

Contracted agency will collect and report data on a quarterly basis.

New Data Source(*if needed*):

Statewide web based crisis tracking system, data manually entered or uploaded from provider EHR.

Description of Data:

: Number of individuals served, percentage that are served within two hours of making a request, decrease in the number of hospitalizations, increased percentage reporting services were helpful.

New Description of Data: (*if needed*)

FY14 was implementation year of a new crisis tracking system that has resulted in data reliability and validity issues.

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*):

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

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

How second year target was achieved (*optional*):

90% of individuals requesting service receive it within two hours of the request. During FY15, there were 110, 808 calls received and 72,573 face to face assessments conducted statewide. Of those receiving face to face services, 42% (30,500) were referred for hospitalization. Of those who were successfully contacted following a face to face assessment (29,371), 96% (28,329) reported that the services were helpful.

Priority #: 4  
Priority Area: Recovery  
Priority Type: MHP, MHS  
Population(s): SMI, SED

Goal of the priority area:

The Tennessee Department of Mental Health and Substance Abuse Services subscribes to a progressive view of recovery as a way of life for those living with mental illness or substance abuse disorders.

Strategies to attain the goal:

TDMHSAS administers programming and services that help individuals living with mental illness or substance use disorders to embrace recovery as a way of life.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Supportive Housing, Emerging Adults and Intensive Long-term Support will provide supportive housing to reduce hospitalization needs.

Baseline Measurement: Number of adults (18+) who meet eligibility requirements served by receiving safe, affordable, quality housing and supports as needed to prevent psychiatric hospitalization and optimize resident's recovery potential.

First-year target/outcome measurement: Provide housing and supports for 780 people and reduce hospitalization needs by at least 85%.

Second-year target/outcome measurement: Provide housing and supports for 780 people and reduce hospitalization needs by at least 85%.

New Second-year target/outcome measurement (if needed): Housing and supports provided to 1,088 people; reduced hospitalization needs by 85% achieved in FY 2014.

Data Source:

Annual contracts with vendors include requirements for reporting the number of hospitalization days, number of supported housing days and positive effects of programming of life domains of recipients.

New Data Source (if needed):

Description of Data:

Annual contracts with vendors include requirements for reporting the number of hospitalization days, number of supported housing days and positive effects of programming of life domains of recipients.

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):

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

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

How second year target was achieved (optional):

Indicator #: 2

Indicator: Consumer Family Support will increase recovery by serving adults diagnosed with serious mental illness and co-occurring disorders.

Baseline Measurement: Number of individuals who participate in programming provided.

First-year target/outcome measurement: Maintain the outcomes achieved the year prior pertaining to number of individuals completing the BRIDGES Teacher and Facilitator Training, number of individuals completing the Peer Counseling training, and the number of individuals who complete the Mental Health First Aid training, results of evaluations for the With Hope in Mind program, and the results of evaluations for selected trainings.

Second-year target/outcome measurement: Maintain the outcomes achieved the year prior pertaining to number of individuals completing the BRIDGES Teacher and Facilitator Training, number of individuals completing the Peer Counseling training, and the number of individuals who complete the Mental Health First Aid training, results of evaluations for the With Hope in Mind program, and the results of evaluations for selected trainings.

New Second-year target/outcome measurement(*if needed*): In FY14, 16,417 Tennesseans received consumer family support services through trainings, conferences, helplines, and internet resources.

Data Source:

Contracted vendors will provide outcome data and other information as prescribed by contract.

New Data Source(*if needed*):

Description of Data:

Contracted vendors will provide outcome data and other information as prescribed by contract.

New Description of Data:(*if needed*)

Data issues/caveats that affect outcome measures:

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*):

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

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

How second year target was achieved (*optional*):

In FY15, 77,386 Tennesseans received consumer family support services through trainings, conferences, helplines, radio podcasts, and internet resources.

Indicator #: 3

Indicator: My Health, My Choice, My Life programming will improve the well-being and recovery of individuals living with mental illness and substance abuse disorders by increasing physical health behaviors and decreasing symptoms.

Baseline Measurement: In the first year of implementation, proper staff will be hired and training provided statewide.

First-year target/outcome measurement: 20 staff hired, 10 workshops held, 151 consumers attended workshops

Second-year target/outcome measurement: 20 staff hired, 15 workshops held, 200 consumers attended workshops

New Second-year target/outcome measurement(*if needed*): 94 staff trained, 33 workshops held, 301 consumers attended workshops achieved in FY 2014.

Data Source:

Staff will complete evaluation and enter data via IPad interface.

New Data Source(*if needed*):

Peer Wellness Coaches will complete evaluation/data collection and enter via tablet interface or SurveyMonkey.

Description of Data:

Number of workshops held, participants at each workshop, and evaluation of each participant, demographic data for each participant.

New Description of Data: *(if needed)*

Data collected on demographics, health measurements, health behaviors, recovery assessment, and symptom management, along with staff trained, number of workshops, and number of consumers participating in workshops.

Data issues/caveats that affect outcome measures:

My Health, My Choice, My Life Peer Wellness Coaches collect data on demographics, health behaviors, and symptom management that is analyzed through Centerstone Research Institute. My Health, My Choice, My Life TDMHSAS staff collects data on agency staff trained, workshops health, and consumers who attended workshops.

New Data issues/caveats that affect outcome measures:

My Health, My Choice, My Life Peer Wellness Coaches collect data on demographics, health measurements, health behaviors, recovery assessment, and symptom management that is analyzed through Centerstone Research Institute and TDMHSAS. My Health, My Choice, My Life TDMHSAS staff collects data on agency staff trained, workshops held, and number of consumers attending workshops.

## 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)*:

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

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

How second year target was achieved *(optional)*:

Indicator #:

4

Indicator:

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) will train certified peer recovery specialist in Tennessee

Baseline Measurement:

Number of peer recovery specialists trained

First-year target/outcome measurement:

13 peer recovery specialists trained in year one

Second-year target/outcome measurement:

13 peer recovery specialists trained in year two

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

A total of 194 peers graduated from Certified Peer Recovery Specialists trainings in FY 2014.

Data Source:

Contracted providers for the training modules will report number of participants in training sessions and the number who complete the training program.

New Data Source *(if needed)*:

Description of Data:

Number of peer recovery specialists trained by BRSS TACS in Tennessee.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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:



Priority Area: Performance and Outcome Data

Priority Type: MHP, MHS

Population(s): SMI, SED

Goal of the priority area:

Improve the accuracy and availability of data in order to support decision making and inform delivery system planning. Increase client level data available for the purpose of improving the representation of actual clients receiving services statewide.

Strategies to attain the goal:

Complete implementation of the Behavioral Statistics System for Tennessee and complete and implement the plan for best practices statewide.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The Behavioral Statistics System for Tennessee (BeSST) including the necessary logistics, training and hardware needed for implementation with state-contracted agencies.

Baseline Measurement: Those pieces of the BeSST already in place effective August 31, 2013.

First-year target/outcome measurement: Development of the final plan for implementation of the BeSST and statewide implementation of the plan.

Second-year target/outcome measurement: Implementation of the completed plan including any needed contracts, logistics, training and hardware.

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

Data Source:

Office of Research records, Division of Mental Health Services records, and data entry by contracted agencies.

New Data Source (if needed):

Description of Data:

System in place, software developed and operational, number of providers trained.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None noted.

New Data issues/caveats that affect outcome measures:

The goal of the Behavioral Statistics System for Tennessee (BeSST) is to create a data warehouse with both analysis and reporting capability to fulfill SAMHSA client-level data reporting requirements for state mental health authorities. Currently data about mental health programs and services comes from multiple sources including data systems for the state psychiatric hospitals (AVATAR), private psychiatric hospitals (spreadsheets), the Behavioral Health Safety Net Data System and the Crisis Data System. Data from these data systems must be cleaned individually and combined to create a unitary data set for SAMHSA reporting. Due to the increasing number of and complexity of MH data systems, the Office of Research contracted with an information technology (IT) consultant to design a strategy using the Statistical Package for the Social Sciences (SPSS) to catalogue and combine data necessary for reporting. This consultant has the responsibility of writing and compiling SPPSS code necessary to clean data annually from each data system and combine the data into a single file for analysis and reporting. In addition to hiring an IT consultant, the Office of Research worked with program directors in the Offices of Housing and Homeless Services, Consumer Affairs and Peer Recovery Services, and Health and Wellness to integrate the collection of client-level information into surveys designed to collect consumer satisfaction and program evaluation information.

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:

No funds were made available for the BeSST system in FY 2014. Without additional ongoing funding, TDMHSAS will be unable to develop the BeSST. Currently, the BeSST is scheduled to be developed in FY 2016. In FY 2015, the Office of Research will work with contract

agencies to develop a set of common data elements that will be reported to the department. In FY 2016, the specifications for the BeSST data system will be developed.

How first year target was achieved *(optional)*:

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

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

The BeSST has been included in discussions for the FY2016 Budget. The Commissioner has approved the hiring of an individual who will be responsible for the final development and implementation of the system.

How second year target was achieved *(optional)*:

Indicator #: 2

Indicator: TDMHSAS Office of Research and Division of Mental Health Services will collaborate to identify best practice approaches for contracted providers, funded through Mental Health Block Grant and state dollars, and develop logistics and training for implementation of best practice approaches statewide.

Baseline Measurement: Number of contracted providers utilizing best practices on August 31, 2013.

First-year target/outcome measurement: Development of the plan for implementation including logistics, training and tracking information.

Second-year target/outcome measurement: Implementation of the plan in full including logistics, training and tracking information.

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

Data Source:

Office of Research records, Division of Mental Health Services records, and data entry by contracted agencies.

New Data Source *(if needed)*:

The provider will electronically track all services provided under the set-aside program and report it quarterly to TDMHSAS.

Description of Data:

Number trained per best practice area.

New Description of Data: *(if needed)*

Data will include demographic data, number served, age, race, gender, and diagnostic information.

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 goal provided as a change in the 2013 Annual Report was anticipatory for the enrollment set-aside proposed by the President as part of SAMHSA's budget and part and parcel of the Mental Health Services Block Grant. That goal has been dropped. In its place TDMHSAS has pursued the 5% set-aside provided by the Congress in the FFY 2014 budget including program model development, provider selection, contracting, logistics, training and tracking arrangements. For purposes of this report, the First Episode Psychosis program proposed for the FY 2014 set-aside is fully on schedule for provision of services beginning on October 1, 2014.

How first year target was achieved *(optional)*:

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

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

The First Episode Psychosis Initiative (FEPI) is implemented and operational in Tennessee. The program had served 10 individuals by the end of the fiscal year and far ahead of the one-year anniversary date of implementation. In addition, the TDMHSAS planned and funded a First Episode Psychosis educational conference for a national audience with nationally renowned presenters and continuing

education opportunities. There are plans in the works to expand the FEPI in Tennessee through partnership-building, training, mentoring, and collaboration among agencies.

How second year target was achieved (optional):

Indicator #:

3

Indicator:

TDMHSAS Division of Mental Health Services will collaborate to identify efficient and effective approaches to assist recipients and providers will ensuring enrollment of recipients for eligible benefits, awareness of effective business practices, and increased ability of providers to bill for services provided.

Baseline Measurement:

Development of a plan to begin August 31, 2013.

First-year target/outcome measurement:

Implementation including contracting, logistics, training and tracking information.

Second-year target/outcome measurement:

Implementation of the plan in full including logistics, training and tracking information.

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

Data Source:

Office of Research records, Division of Mental Health Services records, and data entry by contracted agencies.

New Data Source (if needed):

The provider will electronically track all services provided under the set-aside program and report it quarterly to TDMHSAS.

Description of Data:

Number of contracted providers, and information about implementation received from those providers.

New Description of Data: (if needed)

Data will include demographic data, number served, age, race, gender, and diagnostic information.

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 goal provided as a change in the 2013 Annual Report was anticipatory for the enrollment set-aside proposed by the President as part of SAMHSA's budget and part and parcel of the Mental Health Services Block Grant. That goal has been dropped. In its place TDMHSAS has pursued the 5% set-aside provided by the Congress in the FFY 2014 budget including program model development, provider selection, contracting, logistics, training and tracking arrangements. For purposes of this report, the First Episode Psychosis program proposed for the FY 2014 set-aside is fully on schedule for provision of services beginning on October 1, 2014.

How first year target was achieved (optional):

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

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

How second year target was achieved (optional):

### Footnotes:

There are several items which the first year Report of Progress does not reflect the answer given on last year's report (of being achieved or not achieved) and for which the reason or information from last year is not reflected. Last year's report does reflect the checked and reported items. It is important to call to SAMHSA's attention that the transfer of information from one year to the next did not take place in total. It is not possible to change the missing items (for the purpose of correcting them) on the State's end.

### III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014      Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$0

Footnotes:

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$16,632,669	\$63,007,576	\$71,061,048

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$256,609,948	
SFY 2014 (2)	\$322,574,471	\$289,592,210
SFY 2015 (3)	\$332,296,743	

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

SFY 2013	Yes	<u>X</u>	No	_____
SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____

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

Footnotes:

# First Episode Psychosis Initiative



## First Year Program Evaluation FY2015

### The Program

- Early intervention
- Young people (15-30)
- Unusual thoughts or behaviors
- Hearing or seeing things that others do not



Rural  
7 Counties  
199,136 population  
3,565 Sq Miles

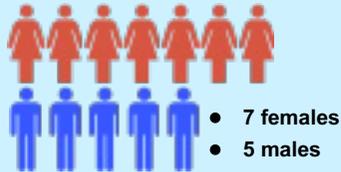
### Services



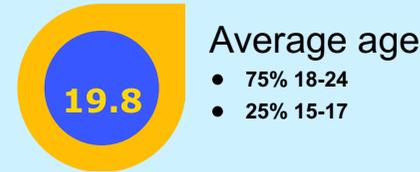
- FEP-illness management coping strategies
- Medication treatment
- Education/Employment support
- Substance abuse treatment
- Suicide prevention
- Social skills training
- Trauma
- Housing support
- Peer support

### The People

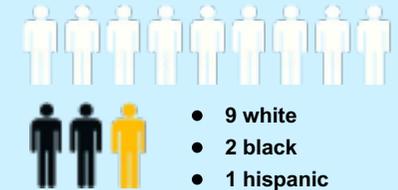
#### Gender



#### Age



#### Race/Ethnicity



#### Diagnoses



### The Product

#### Process



#### Outcomes



The analysis for this report was based on reports, document review, a focus group with the OnTrack TN team, and a chart audit.