

**Tennessee Department of Mental Health and Substance Abuse Services
Three-Year Plan Objectives and Strategies
FY 2016-2018**

Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
Goal 1: Tennesseans understand that behavioral health is essential to overall health.				
Objective 1.1: TDMHSAS increases awareness, knowledge and sensitivity of the public, state entities and other relevant parties regarding mental illness, serious emotional disturbances, substance use disorders, and COD, including the service needs of these populations.				
1.1.1	DPRF	In FY 2016 and 2017, DPRF will provide technical assistance to support more effective operation of Regional Councils, to be reported in August of each respective year.	Quarterly conference calls and/or in-person meetings with Regional Council Leadership Teams.	
1.1.2	DPRF	In FY 2016 and 2017, DPRF will identify ways to inform the Councils about System of Care, Juvenile Court Screening and other pertinent projects related to children, to be reported in August of each respective year.	DPRF will provide at least two additional resources and/or trainings on children to the Statewide and Regional Councils each year.	
1.1.3	DPRF	In FY 2016 and 2017, DPRF will assist the Regional and Statewide Councils with building and strengthening the use of specialized committees to make recommendations to the Department, to be reported in August of each respective year.	Children's, Adult, and Planning and Budget Committees will meet at least quarterly or as needed and provide input to the Regional and Statewide Councils following each meeting.	
1.1.4	DPRF	In FY 2016, DPRF will promote increased awareness and understanding of the challenges presented when persons with mental illness and developmental disability (the "dually diagnosed" population) come into contact with the criminal justice system, to be reported in August 2016.	DPRF will participate in committee developing conference on therapeutic approach to reduce criminal justice involvement.	

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1.1.5	OC	In FY 2016, the Office of Communications, in collaboration and partnership with all other Divisions and Offices, will produce and develop educational mental health and substance abuse materials to be shared and distributed with all communities around the state, to be reported in August 2016.	Twelve Department newsletters, twelve media releases, and various type of messaging, educational and collateral materials will be produced and distributed (as needed and/or requested).	
1.1.6	DCL	In FY 2016, DCL will meet with twelve community organizations to increase the awareness of behavioral health issues, to be reported in August of 2016.	DCL will meet with at least six community organizations to increase awareness of behavioral health issues by January 2016 and six by July 2016.	
1.1.7	DCL	In FY 2016, DCL will write articles for the Department's newsletters and pursue other media outlets and make educational awareness presentations in the community to increase the awareness of behavioral health issues, to be reported in August 2016.	DCL will write two articles for the Department's newsletter and pursue other media outlets and make six educational awareness presentations in the community to increase the awareness of behavioral health issues.	
1.1.8	Commissioner's Office	In FY 2016, the Office of Licensure will offer annual training for supportive living, board and care homes, and adult residential facilities to be reported in August 2016.	All facility operators will be offered training.	
1.1.9	DMHS	In FY 2016, DMHS will collaborate with statewide partners on Children's Mental Health Awareness Day and participate in activities one day each year to increase awareness and decrease stigma associated with children's mental health, to be reported in August of each respective year.	Development of one content article for kidcentraltn and one press release related to children's mental health in order to increase awareness and decrease stigma.	

Objective 1.2: TDMHSAS promotes activities and education to decrease death by suicide.

1.2.1	DCL	In FY 2016, DCL will provide mental health and suicide prevention information to veterans during community events, to be reported in August 2016.	DCL will provide mental health and suicide prevention information to 100 veterans during community events by January 2015 and 100 veterans by July 2016.	
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1.2.2	DCL	In FY 2016, DCL and DMHS, in collaboration with the Tennessee Suicide Prevention Network (TSPN) and the Davidson County Metro Public Health Department, will assist new leaders in faith communities to develop and implement suicide statements or suicide prevention plans/activities, to be reported in August 2016.	Assist 10 leaders in the faith communities to develop and implement suicide statements or suicide prevention plans/activities.	
1.2.3	DMHS	In FY 2016 and 2017, DMHS will participate in the three statewide meetings annually of the Governor's Suicide Prevention Advisory Council which delineates the Tennessee Strategy for Suicide Prevention, to be reported in August of each respective year.	Participation in the three statewide meetings annually.	
1.2.4	DMHS	In FY 2016, DMHS will collaborate with TSPN and regional partners on Suicide Prevention Awareness Day activities to increase awareness and decrease stigma associated with suicide and mental health, to be reported in August 2015.	At least 150 mental health professionals will be trained in the rural west Tennessee area by the TSPN coordinator.	

Goal 2: Services are service recipient and family-driven and youth-guided.

Objective 2.1: Service recipients and families participate in the design, implementation and evaluation of the service system.

2.1.1	DCL	In FY 2016, DCL will report results for TIES grant project that serves families with children in or at risk of being placed in state custody and at least one parent that abuses substances, to be reported in August 2016.	Percentage of TIES children that have been safely and successfully maintained in their homes with caregivers July 2016.	
2.1.2	DMHS	In FY 2016, DMHS will increase Family and Youth Participation and Engagement in the Council on Children's Mental Health (CCMH) and its workgroups under the leadership and guidance of the coordinator of family and youth engagement, to be reported in August 2016.	CCMH Family and Youth participation will be increased by 12% throughout the year.	

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2.1.3	DPRF	In FY 2016 and 2017, DPRF in collaboration with DMHS, will evaluate the implementation of a statewide system of care for providing services to children with emotional and behavioral problems by the first day of each quarter, to be reported in August of each respective year.	Quarterly grant data reports on July 31, October 31, January 31 and April 30.	
2.1.4	DMHS	In FY 2016, DMHS will provide at least one training on family-driven/youth-guided approaches annually to staff, providers, family members, and other stakeholders under the System of Care Technical Assistance Center, to be reported in August of each respective year.	Annual training will be provided on family-driven/youth-guided approaches.	
2.1.5	DPRF	In FY 2016, DPRF will seek funding opportunities for extending the provision of family service provider services for youth and their families in juvenile courts beyond FY 2016, to be reported in August 2016.	DPRF will submit grant proposal to the Bureau of Justice Assistance to include funding for Family Support Providers in Juvenile Courts.	
2.1.6	DMHS	In FY 2016, DMHS will serve as liaison to ensure that Certified Peer Recovery Specialists will share their personal stories of recovery and provide trauma-informed care training from a peer perspective to staff of the Regional Mental Health Institutes (RMHIs), to be reported in August 2016.	DMHS will serve as liaison between the RMHIs and the Tennessee Mental Health Consumers' Association to implement training for staff in the RMHIs.	
2.1.7	DMHS	In FY 2016, DMHS will serve as liaison to ensure that the Board of Trustees for each Regional Mental Health Institute will include representatives from NAMI Tennessee and the Tennessee Mental Health Consumers' Association (TMHCA), to be reported in August 2016.	Membership roster of Board of Trustees will reflect representatives from NAMI Tennessee and TMHCA.	

Goal 3: Disparities in services are eliminated.

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Objective 3.1: TDMHSAS increases awareness of the importance of a culturally competent service system and improves availability of services and supports that reflect the cultural diversity of Tennessee.				
3.1.1	DMHS	In FY 2016 and 2017, DMHS will participate in and support the Cultural and Linguistic Competency (CLC) Advisory Committee of the Council on Children's Mental Health, to be reported in August of each respective year.	Will promote CLC Advisory Committee and participate in one meeting.	
3.1.2	DGC	In 2016, DGC will respond to and provide legal review of EEOC complaints and discrimination/harassment investigations according to required timelines, to be reported in August of each respective year.	Division will respond to 100% of EEOC complaints and discrimination/harassment investigations according to required timelines.	
Objective 3.2: TDMHSAS increases access to services and supports, especially in rural areas.				
3.2.1	DPRF	In FY 2016, DPRF will expand the availability of family support providers for youth involved with juvenile court and their families and integrate the service with screening of youth in juvenile courts for mental health and substance abuse service needs, to be reported in August 2016.	DPRF will submit grant proposal to Bureau of Justice Assistance to include funding for Family Support Providers in Juvenile Courts.	
3.2.2	DMHS	In FY 2016, DMHS will expand System of Care implementation to Region 3 through contracts for SOC related services, to be reported in August 2016.	Increase SOC contracts by at least one county.	
3.2.3	DHS	In FY 2016, DHS in collaboration with DCL, will implement a measurable outcome system to monitor quality of patient care through patient satisfaction at the RMHIs, to be reported in August 2016.	Measurable outcome system to monitor patient care through patient satisfaction.	

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3.2.4	DHS	In FY 2016, DHS in collaboration with DPRF, will increase the effectiveness of the available suitable accommodations (ASA) procedures and processes by length of stay, collaborating with private hospitals, crisis, and crisis stabilization units, to be reported in August 2016.	Staff monitoring reports submitted monthly.	
3.2.5	DMHS	In FY 2016 and 2017, DMHS will promote policies and practices that ensure children receive effective and appropriate services as early as possible through TDMHSAS's interagency collaboration with other child serving agencies (i.e., Team Tennessee, TN Youth Child Wellness Councils (TNYCWC), Children's Council on Mental Health (CCMH), and participation in at least one early intervention focused committee, to be reported in August of each respective year.	Annual participation on one early intervention committee and collaboration with at least two child serving agencies.	
3.2.6	DCL	In FY 2016, DCL will contract with providers for mental health and substance abuse services in Bedford, Cannon, Coffee, Davidson, Marshall, Rutherford, and Warren counties for 300 families through the Therapeutic Intervention, Education, & Skills (TIES) grant, to be reported in August 2016.	300 families will be enrolled in the TIES program.	

Goal 4: Early screening, assessment, and referral to services are common practice.

Objective 4.1: TDMHSAS provides prevention and early intervention services and education to persons or families with persons at risk of or who have serious emotional disturbance, mental illness, and substance use disorders.

4.1.1	DMHS	In FY 2016, DMHS will continue to work with Tennessee Suicide Prevention Network, Tennessee Lives Count and the Jason Foundation to provide annual suicide prevention and early intervention training, to be reported in August 2016.	Annual suicide and early intervention training will be provided to 20,000 individuals.	
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4.1.2	DMHS	In FY 2016, DMHS through the Early Connections Network (ECN) and Childcare Consultation Program, will provide at least three social-emotional development trainings to providers, stakeholders, and parents statewide annually, to be reported in August of each respective year.	Three social-emotional development training events will be provided to the community annually.	
4.1.3	DSAS	In FY 2016, DSAS will develop strategies to reduce the number of babies born with Neonatal Abstinence Syndrome (NAS) by treating pregnant women misusing and abusing prescription drugs, to be reported in August 2016.	Request technical assistance to assist with development of strategies to reduce number of babies born with NAS.	
4.1.4	DSAS	In FY 2016, DSAS will increase the retention for women in treatment and recovery support services, to be reported in August 2016.	Request technical assistance through SAMSHA's Technical Assistance Tracker to assist with development of retention strategies.	
4.1.5	DMHS	In FY 2016, DMHS will contract with providers through the First Episode Psychosis Initiative (FEPI) for mental health services in Lake, Obion, Weakley, Carroll, Benton, Henry, and Gibson counties for youth and young adults experiencing a first psychotic episode, to be reported in August 2016.	At least 10 youth and young adults will be enrolled in FEPI.	
4.1.6	DMHS	In 2016, DMHS will contract with providers through the Healthy Transitions Initiative for treatment and resiliency and recovery support services in Hamilton, Lake, Obion, Weakley, Carroll, Benton, Henry, and Gibson counties for youth and young adults with or at risk of developing serious mental health conditions and/or co-occurring disorders, to be reported in August 2016.	Number of youth and young adults who have been served through the Health Transitions Initiative.	

Objective 4.2: TDMHSAS promotes screening, assessment, and treatment/service options for persons with co-occurring disorders of substance use disorders and mental illness.

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4.2.1	DPRF	In FY 2016, DPRF will promote access to mental health and substance abuse services by expanding the pilot project for screening children in juvenile court alleged to be unruly or delinquent for mental health and substance abuse needs, in partnership with the Administrative Office of the Courts and the Department of Children's Services, to be reported in August 2016.	DPRF will contract for CANS training for juvenile court staff in courts identified by Forensic Services and the Administrative Office of the Courts as willing and able to implement the screening project.	
4.2.2	DPRF	In FY 2016, DPRF in collaboration with the Board of Parole and the Department of Correction, will promote the use of screening, assessment and referral to treatment/service options for service planning for parole-eligible inmates, to be reported in August of each respective year.	Prepare a annual summary report for the Board of Parole, reporting outcomes for sex offender evaluations (i.e. above/below base rate risk) and violent offenders (high, medium and low risk).	
4.2.3	DSAS	In FY 2016, DSAS will expand access to recovery (drug) treatment courts across Tennessee with emphasis on treating serious methamphetamine and/or prescription drug addiction, to be reported in August 2016.	Increase capacity by 8.3% or 2,600 participants.	

Objective 4.3: TDMHSAS promotes screening for mental illness and substance use disorders in primary health care.

4.3.1	DCL	In FY 2016, DCL, in consultation with other TDMHSAS divisions and state agencies, will include screening tools in the best practice guidelines for older adults, to be reported in August 2016.	One screening tool will be included in the behavioral health best practice guidelines.	
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Goal 5: Excellent services are delivered.

Objective 5.1: TDMHSAS promotes the use of research findings and evidence-based practices in service delivery.

5.1.1	DHS	In FY 2016, DHS will monitor and update standardized RMHI medical forms, to be reported in August 2016 in preparation for the medical record.	DHS will monitor standardized medical record forms at each RMHI annually.	
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5.1.2	DHS	In FY 2016, DHS will submit a final draft of the Medical staff by-laws to the Governing Body and obtain approval from all RMHIs, to be reported in August 2016.	Medical staff by-laws will be submitted and approved by the Governing Body in January 2016.	
5.1.3	DHS	In FY 2016, DHS will research and identify barriers to discharge for patients in RMHIs and complete the Barriers to Discharge Survey, to be reported in August 2016.	Completion of quarterly Barriers to Discharge Survey.	
5.1.4	DPRF	In FY 2016, 2017 and 2018, for the purposes of establishing and maintaining Departmental compliance with regulatory and operational issues, DPRF will provide consultation as needed and serve on the Compliance Committee as requested by the Division of General Counsel, to be reported on in August of each year.	Attend all Compliance Committee meetings and respond to all consultation requested.	

Objective 5.2: TDMHSAS increases access to resiliency and recovery oriented services that include peer support, family support, employment and housing.

5.2.1	DPRF	In FY 2016, 2017, and 2018, DPRF, will in collaboration with all Departmental Divisions, ensure the capture of person-centered, community-based, resiliency-based, recovery-based goals and language in 100% of plans and documents produced by the Office of Planning to be reported in August of each respective year.	All Plans will reflect resiliency and recovery-based language.	
5.2.2	DMHS	In FY 2016, DMHS through the CHI, will assist local communities to create new or improved units of affordable, appropriate and integrated permanent housing options along a continuum from 24/7 supportive living facilities through home ownership, to be reported in August 2016.	500 new or improved units will be created or improved.	

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5.2.3	DMHS	In FY 2016, DMHS will work with homeless services providers and stakeholders including other state agencies to coordinate efforts to end chronic homelessness, to be reported in August 2016.	Chronic homelessness will be reduced by 5%.	
5.2.4	DMHS	In FY 2016, DMHS will help facilitate assistance to 200 homeless individuals enrolled through SSI/SSDI Outreach, Access, and Recovery (SOAR), to be reported in August 2016.	200 additional homeless individuals living with mental illness will receive assistance through a SOAR project.	
5.2.5	DMHS	In FY 2016, DMHS will utilize the PATH program to assist homeless individuals find housing and mental health services, to be reported in August 2016.	2,085 homeless individuals will be assisted in finding housing and/or mental health services by PATH contractors.	
5.2.6	DMHS	In FY 2016, DMHS will provide housing supports as needed for people living with very low income and a history of mental illness or co-occurring substance abuse through contracts with community providers in Community Supportive Housing, Emerging Adults, and Intensive Long-term Support programs, to be reported in August 2016.	Supportive housing will be provided to 780 individuals through 24 contracts with community providers.	
5.2.7	DMHS	In FY 2016, DMHS will provide short-term financial assistance to adults living with serious mental illness and very low income or recently discharged from psychiatric inpatient care to facilitate attaining and/or maintaining stable housing and support services, to be reported in August 2016.	Short-term financial assistance will be provided to 2,550 adults.	
5.2.8	DMHS	In FY 2016, through the BHSN of TN, DMHS will increase the number of peer support services to enrollees in the program to assist them in their recovery process, to be reported in August 2016.	Peer services to enrollees will increase by 10%.	

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5.2.9	DMHS	In FY 2016, DMHS will provide training to peer leaders, CMHA staff, and alcohol and substance abuse treatment agency staff in Middle, East, and West Tennessee to co-facilitate the Chronic Disease Self-Management Program, the Diabetes Self-Management Program, Tobacco Free, Well Body, Motivational Interviewing and Peer Wellness Coaching, to be reported in August 2016.	Number of individuals who have been trained in the Chronic Disease Self-Management Program, the Diabetes Self-Management Program, and Wellness Coaching.	
5.2.10	DMHS	In FY 2016, DMHS will work with peer support centers and other cmha and alcohol and substance abuse treatment agency staff in Middle, East, and West Tennessee to recruit individuals for the My Health, My Choice, My Life peer-led health promotion, wellness and self-management program, to be reported in August 2016.	My Health, My Choice, My Life will serve 1200 individuals through health and wellness programs.	
5.2.11	DMHS	In FY 2016, DMHS will provide evidence-based supported employment services as needed for people living with mental illness or co-occurring substance abuse with community providers in the Supported Employment Initiative, to be reported in August 2016.	Supported Employment services will be provided to 183 individuals through contracts with community providers.	
5.2.12	DMHS	In FY 2016, DMHS will work with homeless service providers and stakeholders in Shelby and Davidson Counties to end homelessness for 220 homeless veterans and other chronically homeless people by ensuring the provision of housing and support services, to be reported in August 2016.	At least 220 veterans and other chronically homeless people will receive services through local providers of CABHI. □	
5.2.13	DMHS	In FY 2016, DMHS will work with the Peer Recovery Call Center to ensure that the center will be staffed by four full-time Certified Peer Recovery Specialists, who will answer calls, provide assistance, referrals, and peer support as needed, and provide follow-up calls to 250 people per month, to be reported in August 2016.	The Peer Recovery Call Center will serve 250 people per month.	

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5.2.14	DMHS	In FY 2016, DMHS will implement a pilot peer bridger program in the Davidson and Knox County Crisis Stabilization Units.	DMHS will contract with the Tennessee Mental Health Consumers' Association for Certified Peer Recovery Specialists in Davidson and Knox County CSUs. 75% of program participants will keep their first appointment at the community mental health center following discharge.	
5.2.15	DMHS	In FY 2016, DMHS will serve as liaison to ensure that peer recovery services will be provided in the Regional Mental Health Institutes (RMHIs) by Certified Peer Recovery Specialists, to be reported in August 2016.	DMHS will serve as liaison between the Regional Mental Health Institutes and the Tennessee Mental Health Consumers' Association to implement peer recovery services in the RMHIs.	

Objective 5.3: TDMHSAS improves and expands the workforce that provides services and supports.

5.3.1	DCL	In FY 2016, DCL will review mental health shortage area data, survey psychiatric physicians in undesignated areas and/or areas scheduled for re-designation as appropriate, and submit updated results as necessary to the Department of Health (DOH), to be reported in August 2016.	Annual survey/updates results will be reported to DOH by April 2016 and July 2016.	
5.3.2	OHR	In 2016, OHR will coordinate efforts to ensure all job vacancies within TDMHSAS are posted on the Departmental website, to be reported in August 2016.	100% of DMHSAS jobs will be posted on the Department website.	
5.3.3	DMHS	In FY 2016, DMHS will continue to provide a statewide System of Care Technical Assistance Center which provides guidance and targets technical assistance to providers and others involved in the SOC Expansion efforts, to be reported in August 2016.	Technical assistance and three trainings will be provided annually.	
5.3.4	DMHS	In FY 2016, DMHS and DSAS will collaborate to create a document to guide behavioral health providers on best practices for adding Peer Recovery Specialists to their workforce, to be reported in August 2016.	Guidance document will be developed and distributed to behavioral health providers.	

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5.3.5	DSAS	In FY 2016, DSAS will maintain the knowledge of evidence-based programs and strategies through educational and training opportunities for the prevention, treatment, and recovery support workforce, to be reported in August 2016.	1,500 persons will receive educational and training opportunities.	
5.4.1	DCL	In FY 2016, DCL will review the TennCare preferred drug list (PDL) throughout the year to make recommendations to add or delete medication as evidence-based practices and research indicate, to be reported in August 2016.	Review quarterly minutes from the TennCare Pharmacy Advisory and TennCare Drug Utilization Review Committee meetings and identify areas of concern.	
5.4.2	DCL	In FY 2016, DCL in collaboration with the RMHIs' medical staff, will conduct quarterly reviews of the RMHI formularies reported in August 2016.	All classes of medication will be reviewed quarterly.	
5.4.3	DCL	In FY 2016, DCL will monitor biannually the opioid treatment programs across the state to enhance patient care, safety and improve patient outcomes, to be reported in August 2016.	Two monitoring site visits will be made to all opioid treatment programs by July 2016.	
5.4.4	Commissioner's Office	In FY 2016, the Office of Licensure will conduct a comprehensive review of all licensure rules to identify and recommend changes, to be reported in August 2016.	All licensure rules will be reviewed annually for recommended changes.	
5.4.5	Commissioner's Office	In FY 2016, Office of Licensure will review, recommend, and implement any changes to administrative rules pertaining to adults and children and youth (C&Y), to be reported in August 2016.	Rule change recommendations will be submitted annually to the Governor's Office.	

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5.4.6	DMHS	In FY 2016, DMHS will work in collaboration with community providers to develop standards of care for the delivery of crisis services, to be reported in August 2016.	Standards of care for crisis services delivery will be developed.	
5.4.7	DAS	In FY 2016, DAS will provide technical support solutions for implementation of paperless office and LEAN initiatives for contracts processing, to be reported in August 2016.	Technical support will be provided to assist with implementation of a paperless office for contract processing.	
5.4.8	DMHS	In FY 2016, DMHS in close collaboration with community partners, will work with DOE, to increase access to mental health services for children and youth with SED or at risk of SED, to be reported in August 2016.	Number of children with increased access to mental health services.	
5.4.9	DPRF	In FY 2016, DPRF will use innovative methods to identify mental health and substance abuse service needs and gaps statewide and regionally, to be reported in August 2016.	DPRF will conduct the needs assessment process with at least one innovation to be completed annually.	
5.4.10	DMHS	In FY 2016, DMHS will collaborate with other stakeholders, to improve access to humane transportation for hospitalization, to be reported in August 2016.	A proposal to improve access to humane transportation will be developed.	
5.4.11	DMHS	In FY 2016 DMHS, Crisis Services will collaborate with the Bureau of TennCare, to create a plan to implement a Children and Youth Crisis Stabilization Unit, to be reported in August 2016.	A plan for implementation of Crisis Stabilization Unit for children and youth will be developed.	

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5.4.12	OHR	In FY 2016, OHR will promote a culture of continuous performance improvement by ensuring each employee has a Job Performance Plan with specific, measurable, attainable, and timely goals completed annually, to be reported in August 2016.	100% of employees will have a Job Performance Plan with measurable goals.	
5.4.13	DCL	In FY 2016, DCL, in collaboration with the University of Memphis, will establish accreditation of the Pharmacy Residency Program in the Department, to be reported in August 2016.	A plan of correction will be submitted for any identified areas of correction from the accrediting body by January 2016.	
5.4.14	DSAS	In FY 2016, DSAS will increase substance abuse block grant treatment consumer's knowledge about the risk factors, symptoms, and testing methods for tuberculosis (TB), to be reported in August 2016.	Increase consumer's knowledge by 5% using pre and post test evaluations.	
5.4.15	DSAS	In FY 2016, DSAS Block Grant funded agencies will provide trauma-informed care services to individuals who indicated a traumatic event through screening and assessment, to be reported in August 2016.	All Block Grant funded agencies will provide screening and referrals to individuals who have experienced trauma.	
5.4.16	DSAS	In FY 2016, DSAS will require all contracted providers to provide treatment services to intravenous drug users and pregnant women substance users, to be reported in August 2016.	25% of intravenous drugs users and 3% of pregnant women will be served with block grant funds.	
5.4.17	DSAS	In FY 2016, DSAS utilizing community Coalitions, will work to decrease the young adult nonmedical use of pain relievers (age 18-25) in Tennessee, to be reported in August 2016.	Coalitions will develop and implement plans to address prescription drug abuse in their communities in order to reduce the rate to 4.5%.	

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5.4.18	DPRF	In FY 2016, DPRF will provide to or secure training for RMHI staff on the latest version of an evidence-based risk assessment instrument, to be reported in August 2016.	DPRF will conduct three training sessions in FY 16 for qualified users of the HCR-20V3.	
5.4.19	Commissioner's Office	In FY 2016, Office of Licensure will ensure that all licensure surveyors have been re-trained on use of the licensure database, conducting investigations, and application of licensure policies and guidelines across all three regional licensure offices, to be reported in August, 2016.	100% of licensure surveyors will participate in training.	
5.4.20	DGC	In FY 2016, DGC in collaboration with DCL, will engage in rulemaking and legislative activity for the purpose of updating Tennessee's controlled substances schedules, to be reported in August 2016.	Legislative proposals or regulations are filed and approved annually.	
5.4.21	DGC	In FY 2016 and 2017, DGC will work with others in the Department as needed to ensure that the FY 2016 contracts are submitted to the Central Procurement Office on or before the deadlines set by the Chief Procurement Officer, to be report in August of each respective year.	Number of contracts submitted by deadlines.	
5.4.22	DGC	In FY 2016, DGC will ensure state is represented at commitment and conservatorship hearings and other hearings/court matters arising out of the regional mental health institutes (RMHIs) to which the State is a party, to be reported in August of each respective year.	DGC will report any such hearings at which they fail to appear on behalf of the state.	
5.4.23	DGC	In FY 2016 and 2017, DGC Director of Compliance, will complete and submit an Annual Compliance Report, to be reported in August of each respective year.	Annual submission of compliance report.	

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5.4.24	DCL	In FY 2016, DCL will monitor the inpatient utilization and authorization of contracted private psychiatric hospitals in East Tennessee, to be reported in August 2016.	Weekly review of requests for extended length of stay to determine the severity of behavioral and medical conditions and length of stay.	
5.4.25	DCL	In FY 2016, DCL in collaboration with Aegis Laboratories will conduct a study at targeted locations regarding synthetic drug use in patients receiving treatment at opioid treatment programs, to be reported in August 2016.	Completion of study.	
5.4.26	DSAS	In FY 2016, DSAS will expand self-supporting and drug free homes through Oxford House International for individuals in recovery, to be reported in 2016.	A total of twelve new recovery homes will be opened by June 30.	
5.4.27	DSAS	In FY 2016, DSAS will evaluate the HIV/EIS services in Tennessee to determine the effectiveness of the program, to be reported in August 2016.	Increase program success rate by 5% using the pre and post test feedback.	
5.4.28	DPRF	In FY's 2016, 2017, and 2018, DPRF will collaborate with the Statewide Planning and Policy Council leadership and members to plan (2015 and 2016) and then implement (2017) an associate member type to be filled by interns who are working in and with providers and consumers from all seven regions as a part of their (the interns) educational program.	Initial plan will be developed on or before 12/31/2015. Associate members in the first year of implementation will total at least five.	
5.4.29	DSAS	In FY 2016, DSAS will certify recovery churches/community organizations on the Tennessee Faith-Based Community Initiatives, to be reported in August 2016.	Certify 35 recovery churches/community organizations statewide.	

Objective 5.5: TDMHSAS increases access to mental health and substance abuse program outcome data to support program and funding decisions.

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Three-Year Plan Objectives and Strategies
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Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
5.5.1	DPRF	In FY 2016, 2017, and 2018, DPRF, in collaboration with DMHS, will annually compile Tennessee data on national outcome measures (NOMS), to be reported in August of each respective year.	DPRF will present a NOMs summary report to executive staff by February 1 of each year.	
5.5.2	DPRF	In FY 2016, 2017, and 2018, DPRF will annually analyze TennCare behavioral health data, to be reported in August of each respective year.	DPRF will report the results of the TennCare behavioral health data analysis to executive staff by July 1 of each year.	
5.5.3	DPRF	In FY 2016, 2017, and 2018, DPRF in collaboration with TAMHO and DMHS, will annually analyze mental health consumer satisfaction data (Mental Health Statistical Improvement Program Survey or MHSIP) to be reported in August of each respective year.	DPRF will report results of the MHSIP survey to executive staff by December 1 of each year.	
5.5.4	DPRF	In FY 2016, 2017, and 2018, DPRF in collaboration with DMHS, DHS, and IT, will annually submit client-level data required by the Mental Health Block Grant, to be reported in August of each respective year.	DPRF will submit to SAMHSA client-level data on individuals receiving community mental health services by December 1 of each year, and hospital readmission data by March 1 of each year.	
5.5.5	DPRF	In FY 2016, 2017, and 2018, DPRF in collaboration with DSAS, will annually analyze substance abuse treatment outcome data, to be reported in August of each respective year.	DPRF will report the results of an analysis of substance abuse outcome data to DSAS by June 1 of each year.	
5.5.6	DPRF	In FY 2016, 2017, and 2018, DPRF will annually analyze DMHS consumer satisfaction data within 90 days of receiving all surveys from DMHS, to be reported in August of each respective year.	DPRF will report the results of the customer satisfaction survey within 90 days of receiving completed surveys from DMHS	
5.5.7	DPRF	In FY 2016, 2017, and 2018, DPRF will annually analyze information reported in SAMHSA Uniform Reporting System (URS) Tables, to be reported in August of each respective year.	DPRF will report the results of an analysis of URS Tables to executive staff by July 1.	

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Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
5.5.8	DCL	In FY 2016, DCL in collaboration with DHS, will expand its focus on quality improvement by standardizing measurement tools for patient outcomes used at the RMHIs, to be reported in August 2016.	Develop measurement tools and monitor the use of them by March 2016.	
5.5.9	DCL	In FY 2016, DCL in collaboration with DHS, will facilitate the measurement of treatment outcomes at the RMHIs, to be reported in August 2016.	A measure of treatment outcomes will be developed by January 2016.	
5.5.10	DCL	In FY 2016, DCL will report on the operation of the department's Institutional Review Board (IRB), to be reported in August 2016.	A summary report of activities completed by and/or for the department's IRB will be completed.	
5.5.11	DMHS	In FY 2016, DMHS staff will provide leadership for the Improving Diversion Policies and Programs for Justice-Involved Youth with Behavioral Health Disorders: An Integrated Policy Academy-Action Network Initiative in collaboration with the Department of Children's Services and other state and local stakeholders, to be reported in August.	A summary of activities will be reported to executive staff by July 1, 2016 and July 1, 2017.	
5.5.12	DHS	In FY 2016, DHS will collaborate with the DGC to implement the department's Corporate Compliance Plan at each RMHI, to be reported in August 2016.	RMHIs under the direction of DHS, will report twice a year the findings related to Corporate Compliance to DGC.	
5.5.13	DPRF	In FY 2016, DPRF, in collaboration with the Administrative Office of the Courts and the Vanderbilt Center of Excellence, will provide data to juvenile courts on the Tennessee Integrated Court Screening and Referral Project on the screening and referrals of youth in those courts, to be reported in August 2016.	DPRF will develop a quarterly report of screening and referral frequencies with the Administrative Office of the Courts for all courts in the juvenile court screening project.	

Goal 6: Technology is used to access services and information.

Objective: 6.1: TDMHSAS will use technology to improve access and coordination of services, especially in remote areas or in underserved populations.

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Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.1.1	OHR	In FY 2016, OHR will analyze ways to decrease time spent on administrative processing of time and labor. This will include transitioning all Central Office employees to self-entry of time worked and examining alternate methods of time entry at the RMHIs, to be reported in August 2016.	100% of all Central Office and RMHI employees will transition to self-entry of time.	
6.1.2	DPRF	In FY 2016, DPRF will use spreadsheets and e-mail communication to coordinate provision of Mandatory Outpatient Treatment services with community agencies, to be reported in August 2016.	DPRF Mandatory Outpatient Treatment Coordinator will provide monthly notification of MOT cases requiring court notifications for the coming month.	
6.1.3	DHS	In FY 2016, DHS will collaborate with an F&A Business Analyst to coordinate efforts toward identification of an electronic record system, to be reported in August 2016.	Identification of a business process to improve requirements and funding projections.	
6.1.4	DHS	In FY 2016, DHS will collaborate with the RMHIs to develop a system that networks documentation of hospital management activities, to be reported in August 2016.	90% of identified functions at each RMHI that have been incorporated into the network report system will be reported annually.	
6.1.5	DMHS	In FY 2016, DMHS will implement ongoing monitoring of the new assessment and development of protocols that inform need for hospitalization based on assessment results, to be reported in August 2016.	Ongoing monitoring will be provided and development of protocols.	
6.1.6	DHS	In FY 2016, DHS in collaboration with DAS, and DCL will implement an automated medication dispensing systems installed in the four RMHIs, to be reported in August 2016.	All needed steps to procure the system will be completed by FY 2016.	

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Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.1.7	DHS	In FY 2016, DHS will develop and implement a standardized infection control computer system at all RMHIs, to be reported in August 2016.	A standardized infection control computer system will be developed and implemented at all RMHIs.	
6.1.8	DHS	In FY 2016, DHS will implement a delivery of care system that includes Advanced Practice Nurse with psychiatric experience to work with psychiatrist and treatment teams to alleviate limited availability of board certified psychiatrists, to be reported in August 2016.	Semi annual reports will be provided to the Governing Body.	
6.1.9	DHS	In FY 2016, DHS will monitor the RMHIs to evaluate the readiness to meet Joint Commission Standards to be reported in August of 2016.	Four quarterly reports will be provided to the Assistant Commissioner of Hospital Services.	

Objective: 6.2: TDMHSAS will develop and implement an integrated electronic health record and personal health information system.

6.2.1	DAS	In FY 2016, DAS in collaboration with F&A's Business Solutions Delivery Division, DHS and DCL, will develop an electronic medical records system cost-benefit analysis and implementation plan, to be reported in August 2016.	Electronic medical record cost benefit analysis system will be developed and implemented.	
6.2.2	DAS	In FY 2016, DAS will continue evaluating the implementation of a new IP Telephone system in the RMHIs as requested by OIR, to be reported in August 2016.	Evaluation of implementation of new IP telephone system.	
6.2.3	DAS	In FY 2016, DAS will work with DCL, DHS and other Divisions on technical systems preparation for the ICD-10 implementation as well as the implementation of the new DSM-V, to be reported in August 2016.	Technical assistance will be provided to Department staff for ICD-10 and DSM-V implementation.	

Objective: 6.3 TDMHSAS will use technology to increase access to data and information about mental health and substance abuse services.

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Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.3.1	DPRF	In FY 2016, 2017, and 2018, DPRF in collaboration with DAS, DSAS, and DMHS, will build the capacity of TDMHSAS to collect and report electronic data to SAMHSA, to be reported in August of each respective year.	DPRF will work with DAS, DSAS, and DMHS to identify and collect common data elements in FY 2016, and report integrated behavioral health data to SAMHSA on December 1 of 2017 and 2018.	
6.3.2	DPRF	In FY 2016 and 2017, DPRF will facilitate the identification of regional needs by annually updating behavioral health data books for each TDMHSAS region, to be reported in August of each respective year.	DPRF will update and post regional data books on the TDMHSAS website by October 1 of each respective year.	
6.3.3	DPRF	In FY 2016, 2017, and 2018, DPRF in collaboration with the DMHS and DSAS, will gather, analyze, and report children and youth expenditure data to TCCY annually, to be reported in August of each respective year.	DPRF will report data on children and youth expenditures to TCCY by January 15 and will report a summary to executive staff by March 31.	
6.3.4	DPRF	In FY 2016, 2017, and 2018, DPRF will provide support to other divisions to evaluate the effectiveness and efficiency of programs serving individuals with mental illness and substance use disorders, to be reported in August of each respective year.	DPRF will initiate contact with program staff within 15 days of a request to create an action plan for program evaluation.	
6.3.5	DPRF	In FY 2016, 2017, and 2018, DPRF will increase access to state behavioral health data by annually updating a multi-year data book comparing TN to the U.S., to be reported in August of each respective year.	DPRF will update and post state data books on the TDMHSAS website by May 1.	
6.3.6	DPRF	In FY 2016, 2017, and 2018, DPRF in collaboration with DAS, will track short and long-term outcomes and indicators for the Department's plan to address prescription drug abuse, to be reported in August of each respective year.	DPRF will collect, analyze and report data on the short and long-term indicators of prescription drug abuse quarterly.	

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Objective Strategy	Division Owner	Strategy Outlined	Outcome Measures/ Metrics	Completion Date
6.3.7	DPRF	In FY 2016, 2017 and 2018, DPRF will identify options for Divisions to include the collection of data applications, grants and contracts, to be reported in August of each respective year.	The number of options identified in plans, applications and grants that allow data to be collected consistent with the Department's need to gather proper outcome data for needs assessment and reporting.	
6.3.8	DAS	In FY 2016, DAS will work with OIR and OHR to implement the Desktop Consolidation and NextGen IT projects, to be reported in August 2016.	Completion and implementation of the Desk Consolidation and Next IT project.	
6.3.9	DPRF	In FY 2016, 2017, and 2018, DPRF Office of Research in collaboration with DSAS and other state agencies will convene at least quarterly meetings of the State Epidemiological Outcomes Workgroup (SEOW) to identify and monitor substance abuse trends across the state.	DPRF will convene quarterly meetings of the SEOW and produce an annual epidemiological profile by October 1 of each year.	
6.3.10	DMHS	In FY 2016, DMHS in collaboration with the Tennessee Suicide Prevention Network and Tennessee Department of Health, will develop a plan for addressing cross-system data sharing issues related to suicide attempts and deaths to support continuous quality improvement efforts, to be reported in August 2016.	A data sharing agreement will be developed by February 2016.	