Tennessee v. Meta
Case No. 23-1364-IV

DX3554




# Three-Year Plan

2026-2028

Tennessee Department of Mental Health & Substance Abuse Services

Year One FY 2026

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

### Overview

**TDMHSAS Vision:**

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

**TDMHSAS Mission:**

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

**TDMHSAS Goal:**

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

**TDMHSAS Customers:**

Individuals and families living with mental illness and substance use issues, providers, local communities, judicial system, legislators, other state agencies, and consumer/advocacy groups.

**TDMHSAS Services:**

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

**Health and Welfare Operational Goals:**

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

**Customer Focused Government Goals:**

1. Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services.
2. Expand access to low-cost, high-quality, outcomes-oriented community mental health services.
3. Expand access to low-cost, high-quality, outcomes-oriented community substance abuse services.
4. Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention.

**Organization of the Department**

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

**Office of Strategic Initiatives** provides support to the department's executive leadership team and seeks to find and secure opportunities that help further the mission and vision of the department. The Office of Strategic Initiatives is responsible for planning, developing, administering special projects and initiatives to expand the service delivery for Tennesseans living with mental illness and substance use disorders.

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

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

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

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

**Division of Planning, Policy, and Legislation** (DPPL) coordinates departmental legislative, rulemaking, and CPO Policy 2013-007 subrecipient monitoring activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, prepares the Mental Health Block Grant Application, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment.

**Office of Research** supports the Department's mission by collecting, analyzing, and disseminating data in collaboration with customers to maintain dashboards, evaluate programs and services, and to develop an array of quality data products to inform mental health and substance abuse service needs, utilization, outcomes, and impact.

**Division of Mental Health Services** (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including affordable housing programs; homelessness prevention services; a full continuum of 24-hour crisis services; wellness and recovery services; peer recovery services; supported employment services; suicide prevention services; older adults services/PASRR services; and disaster MH services.

**Division of Children and Youth Mental Health Services** (DCYMHS) offers a wide range of support and services for individuals from infancy to young adulthood, including their families, who experience challenging behaviors, mental health issues, co-occurring disorders, or serious emotional disturbances. DCYMHS develops, enhances, and manages community-based initiatives, including Child Care Consultation (CCC), the Regional Intervention Program (RIP), and Juvenile Justice Reform (JJR), as well as various school-based programs like Project BASIC and School-Based Behavioral Health Liaisons. In addition, DCYMHS collaborates on other services and programs such as the Early Intervention and Prevention Program (EIPP), the First-Episode Psychosis Initiative (FEPI), and partnerships with the Department of Children's Services (DCS) and the Administrative Office of the Courts (AOC) for Safe Baby Courts, as well as the Department of Human Services (DHS) for the System of Care Across Tennessee (SOCAT) TANF initiative.

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

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

**Division of General Counsel** (DGC) provides comprehensive legal support to the Department including legal and administrative proceedings; conduct internal investigations and handle compliance activities; draft, administratively process and review contracts for legal sufficiency; and serves as the privacy officer and counsel for the Department. The General Counsel serves as the Department's chief legal advisor and the Assistant Commissioner overseeing the DGC.

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

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

| Goal 1: Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Hospital Services (DHS) | Actively work with RMHI leadership to continue efforts to operate cost effective, efficient, and outcomes-driven hospital services by sustaining critical positions | Increase the percentage of positions in the RN series classification that are filled to support the RMHIs | 80% of positions in the RN series will be filled | Percentage of RN series positions that are filled to support the RMHIs |
| | Collaborate with RMHI leadership to evaluate Medical Officers of the Day (MOD) responsibilities and optimize physician coverage | Reduce the required hours of coverage for the MOD by streamlining processes to maximize operational efficiency | 10% reduction of MOD hours across all four RMHIs | Number of MOD hours worked across all four RMHIs |
| | Provide access to psychiatric inpatient services at all four RMHIs | Increase the number of successful community discharges from all four RMHIs | 6,000 discharges across all four RMHIs | Number of discharges across all four RMHIs |
| Office of Forensics and Juvenile Court Services (OFJCS) | Provide court ordered inpatient forensic evaluations and treatment services for defendants referred by outpatient evaluators | Provide inpatient forensic services in the least restrictive hospital setting | No more than 15% of all inpatient defendants will be admitted to the Forensic Services Program (FSP) for inpatient forensic evaluation and treatment | Percentage of all inpatient defendants admitted to the FSP for inpatient forensic evaluation and treatment |
| Office of Research | Create the State Hospital Readmission (SHR) data file with information about the individuals served by RMHIs using the data warehouse | Use the SHR data file to profile population, diagnostic and readmission trends for individuals receiving services in state psychiatric hospitals | One SHR automated data file will be compiled and contain information for about 7,500 individuals receiving services in psychiatric hospitals operated by the Department | Number of SHR data files submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) by March 1 |
| | Create standardized and ad hoc data products in collaboration with DHS to inform policy and practice | Prepare data products to illustrate trends and variations in services for psychiatric hospitals operated by or under contract with the Department | A minimum of three data products will be generated | Number of data products generated for DHS |

| Goal 1: Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Planning, Policy, and Legislation (DPPL) | Provide technical assistance to support the effective operation of the Regional Councils | Effective operation of Regional Councils | Four quarterly conference calls or in-person meetings with the seven Regional Council Leadership Teams | Number of quarterly conference calls with the Regional Council Leadership Teams |
| | Identify mental health and substance abuse service needs and supports in the community through the annual needs assessment | Statewide needs assessment will be conducted annually | One statewide needs assessment per year will be completed with the seven Regional Councils, Adult Committee, Children's Committee, and the Consumer Advisory Board (CAB) | Number of statewide needs assessments per year |
| | Provide an update to Statewide and Regional Councils regarding how the Department is responding to various top needs identified by multiple regions (Department update) | Department update will be provided annually | One Department update will be provided annually to share with the Statewide and Regional Councils at the December Statewide Planning and Policy Council meeting | Number of Department updates per year |
| | New members representing a children and youth provider and/or family member will be added to each Regional Council as vacancies occur | Increase the number of children and youth providers and/or family members on each Regional Council | A children and youth provider and/or family member representative will be added to each Regional Council as vacancies occur | Number of children and youth providers and/or family members on each Regional Council |
| | New members representing a consumer and/or family member will be added to each Regional Council as vacancies occur | Increase the number of consumer and/or family member representatives on each Regional Council | One consumer and/or family member representative will be added to each Regional Council as vacancies occur | Number of consumer and/or family member representatives on each Regional Council |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Planning, Policy, and Legislation (DPPL) | Engage in rulemaking activity | Update the rule version of Tennessee's controlled substances schedules I, II, III, IV, and V | 100% of the rules will be filed to update Tennessee's controlled substances schedules I, II, III, IV, and V | Percentage of rules filed to update Tennessee's controlled substances schedules I, II, III, IV, and V |
| | Monitor legislative session and update the Commissioner and staff | Produce an annual summary of legislative activity ("Legislative Summary") from the current year's legislative session regarding subject matter related to TDMHSAS | 100% of the Department's executive leadership team and RMHI chief officers will receive the Legislative Summary | Percentage of the Department's executive leadership team members and RMHI chief officers who receive the Legislative Summary |
| Office of Research | Implementation of an integrated data warehouse to provide cross-division data to inform policy and practice | Operationalize a data governance plan describing how the data warehouse will automate federal reporting, standardize processes for data use and release across divisions, and define roles and decision rules for using the data warehouse | One annual Client Level Data (CLD) file containing basic client information combines information from DHS and DMHS | Number of automated CLD files generated for federal Mental Health Block Grant (MHBG) reporting |
| | Conduct program evaluations with outcome data that are used to inform program quality in the community for behavioral health programs | Complete program evaluations for behavioral health programs | Seven programs are currently evaluated on an on-going basis | Number of programs under evaluation within our office |
| | Complete the Uniform Reporting System (URS) Tables containing information about the characteristics of individuals receiving publicly funded mental health services in Tennessee for SAMHSA | Generate URS reports to comply with federal MHBG reporting requirements | The URS report will be compiled and include information about individuals receiving publicly funded mental health services | Number of URS data reports submitted to SAMHSA |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Office of Research | Create data products to compile information for policy makers, the public, and Department leadership about behavioral health service needs, utilization, and impacts | Publish the data products about Department service needs, utilization, and impacts | Maintain 18 data products that are available to the public | Number of data products accessible on the Department's website |
| | Provide data entry and evaluation trainings to our provider partners with programs under evaluation within our office | Fully trained data entry personnel with provider partners | Trainings should at minimum equal the number of programs under evaluation within our office | Number of data trainings conducted with partner providers |
| Office of Forensic and Juvenile Court Services (OFJCS) | Provide court ordered forensic evaluations on an outpatient basis for courts statewide | Maximize the delivery of forensic services in the community rather than on an inpatient basis | 67% of defendants a year statewide will be forensically evaluated on an outpatient basis without the need for forensic inpatient services | Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services |
| | Provide mental health and substance abuse screening to improve access to services for youth in juvenile courts | Establish systematic screening for mental health and substance abuse needs of youth in juvenile courts | 5,000 screenings will be conducted with the Juvenile Justice version of the Child and Adolescent Needs and Strengths (CANS) survey in Juvenile Courts across the state | Number of screenings conducted in Juvenile Courts statewide |
| Division of Mental Health Services (DMHS) | Provide a twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) telephone call routing system for individuals experiencing a behavioral health crisis | Continue to improve the effectiveness of the Crisis Services Continuum network of services statewide | 53,000 individuals screened for mental health or related interventions by the 988 Call Centers | Number of individuals screened for mental health or related interventions by the 988 Call Centers (only calls included) |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Mental Health Services (DMHS) | Mobile crisis services are non-hospital community-based services offered 24/7/365 for behavioral health situations | Improve the effectiveness of the Crisis Services Continuum network of services statewide | 75,000 individuals will receive a face-to-face crisis assessment | Number of Tennesseans (all ages) accessing emergency psychiatric services and assessment from a mobile crisis responder or at a crisis walk-in center |
| | Crisis Stabilization Units (CSUs) are licensed by the state to offer 24/7/365 intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment | Increase utilization of CSUs statewide (all ages) | 9,600 individuals will be admitted to a state-supported CSU for treatment services | Number of admissions to the CSUs (all ages) |
| | Behavioral Health Safety Net of Tennessee (BHSN of TN) provides core, essential, outpatient, mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of participating community mental health centers | Increase access to behavioral health services for uninsured/indigent adults and uninsured/underinsured children in Tennessee, and in geographic and population areas | 38,500 served by the BHSN of TN | Number of uninsured/indigent adult Tennesseans and number of uninsured/underinsured Tennessee children having a serious mental illness, living at or below 138% of the FPL, able to access outpatient mental health care from BHSN of TN that otherwise would not have the ability to receive core behavioral health services |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Mental Health Services (DMHS) | Provide older adult services including agency and in-home counseling to seniors unable to access services outside of their home; care management, clinical social work, peer support, and geriatric psychiatry assisting seniors and their families to meet their behavioral health needs | Enable older adults to improve their quality of life through care management and to develop skills that will help them to live in the community as independently as possible | 500 served by the Older Adult Program (OAP) | Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services |
| | Provide certification for Peer Recovery Specialists in Tennessee | Enhance peer support and resources across Tennessee through individuals certified as peer specialists | 635 individuals will become peer specialists through the Certified Peer Recovery Specialist (CPRS), Certified Family Support Specialist (CFSS), and /or Certified Young Adults Peer Support Specialist (CYAPSS) programs | Number of eligible individuals who become certified in the peer workforce annually |
| | Provide and expand evidence-based employment and education services through the Individual Placement and Support (IPS) Supported Employment initiative for individuals over age 18 with SMI and/or Co-occurring Disorders (CODs) | Increase the rate of employment for individuals with SMI and/or CODs | 42% of individuals served through the evidence-based IPS Supported Employment initiative will be employed in competitive and integrated work for at least one day. It is estimated that 2,000 will be served by IPS teams in FY 2026 | Percentage rate of employment for the individuals served through the evidence-based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Mental Health Services (DMHS) | Provide support to individuals throughout the state who have lived experience of mental illness or COD at Peer Support Centers (PSCs) and encourage participants share their voice in an annual survey regarding their satisfaction with the peer support services provided and how their participation influences their own recovery journey | Maintain the rate in individuals who report they are less likely to need psychiatric hospitalization | 90% of PSC survey respondents reported less likely to need psychiatric hospitalization | Percentage of PSC survey respondents who report they are less likely to need psychiatric hospitalization |
| | Complete SSI/SSDI Outreach, Access, and Recovery (SOAR) application for patients ready for discharge who are referred by RMHIs. Community-based mental health agencies have SOAR Liaisons supporting the state-operated RMHIs to work with patients who will be discharging to completing SOAR applications | Assist with access to SSI/SSDI benefits to help facilitate discharge and ensure access to permanent housing and services | 98% of completed applications received from the Social Security Administration (SSA) will be approved | Percentage of completed SOAR applications received from SSA that have been approved for RMHI patients discharging back to the community |
| Division of Administrative and Regulatory Services (DARS) | Monitor licensed facilities to ensure compliance with licensing rules | Improved quality care and safer environments in licensed mental health and substance abuse facilities | 2,300 licensing and oversight visits for mental health and substance abuse programs will be conducted | Number of licensing and oversight visits for mental health and substance abuse programs |
| | Work cooperatively with other state health and social service agencies to address allegations of abuse, neglect, and mistreatment of service recipients | Improved and safer environments for service recipients | If appropriate, ten individuals will be referred for placement on the Tennessee Department of Health's (TDH's) Abuse Registry thereby prohibiting their working with vulnerable populations | Number of individuals referred for placement on the TDH Abuse Registry |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Administrative and Regulatory Services (DARS) | Conduct a comprehensive review of licensure rules to identify recommended changes | Follows annual review of all licensure rules, and recommend changes, as needed | Five licensure rules will be proposed for amendment | Number of licensure rules proposed for amendment |
| | Train licensure surveyors across all three regional offices on the use of the licensure database and policies for investigations and inspections | Training of all licensure surveyors across all three regional offices to ensure consistent application of licensure rules and procedures | 100% of licensure surveyors will participate in training | Percentage of licensure surveyors participating in training |
| | Monitor department subrecipient agencies according to the Department's fiscal year monitoring schedule to ensure subrecipient agencies' compliance with fiscal requirements of Department grant contracts | Subrecipient agencies compliance with fiscal, state, and federal requirements of Department grant contracts | 100% of scheduled agencies will be monitored | Percentage of subrecipient agencies on Department plan monitored |
| | Provide training and technical assistance to subrecipient grantees | Training and technical support to grantees regarding compliance with fiscal reporting requirements of subrecipient contracts | Twenty-four trainings or technical assistance events offered to contracted agencies | Number of trainings or technical assistance events offered to contracted agencies |
| Division of General Counsel (DGC) | Draft, administratively process, and conduct legal review for contracts | Timely submission of contracts to the Central Procurement Office on or before deadlines | 85% of agency contracts will be timely processed | Percentage of agency contracts submitted by deadline |
| | Ensure state representation for RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | State representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | 100% state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of General Counsel (DGC) | Ensure state representation at administrative proceedings governed by the Uniform Administrative Procedures Act (UAPA) – Tennessee Code Annotated Title 4, Chapter 5 | State representation at administrative proceedings to resolve disputes between citizens, state employees, and government agencies | 100% state representation at administrative proceedings | Percentage of state representation at administrative proceedings |
| | Investigate allegations of abuse, neglect, mistreatment, and misappropriation of funds of RMHI service recipients. Conduct workplace investigations into employee complaints of discrimination, harassment, abusive conduct, workplace violence, and complex or serious code of conduct investigations not handled by Human Resources. Investigate service recipient Americans with Disabilities Act (ADA) complaints. Render legal opinions on privacy law compliance | All cases are closed in a manner that provides clear, actionable information for departmental leadership to take appropriate action | 100% of investigations will be timely processed | Percentage of investigations and compliance activities processed |
| Office of Forensic and Juvenile Court Services (OFJCS) | Provide training on standards and practices for certification for evaluators conducting court-ordered forensic mental health evaluations of criminal defendants ordered by Tennessee courts | Ensure that mental health professionals receive training for certification to conduct court-ordered forensic mental health evaluations by contracted community mental health agencies and the RMHIs | Six Forensic Evaluator Training sessions will be offered each fiscal year | Number of Forensic Evaluator Training sessions |

| **Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services** (continued) | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Mental Health Services (DMHS)<br><br>**Noted in the 2025 Needs Assessment Summary* | Reduce the number of suicides and increase mental health awareness in Tennessee through the provision of mental health and suicide prevention training and/or public awareness activities* | Increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students | 150,000 individuals will receive mental health awareness in Tennessee through the provision of mental health and suicide prevention trainings and/or public awareness activities through Tennessee Suicide Prevention Network (TSPN), Mental Health 101, Project TN, and Youth and Young Adult (Y/YA) Suicide Prevention programs | Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students |
| Office of Communications (OC) | Produce news releases, media advisories, and Departmental promotional materials | Increase the awareness of the Department's actions to execute mission and achieve vision | Distribute 15 news releases, media advisories, and Departmental promotional materials | Number of news releases, media advisories, and Departmental promotional materials |
| | Engage with the public, providers, and staff through social media posts | Provide education, awareness, and prevention information through Facebook and Instagram posts | 600 Facebook and Instagram posts | Total number of Facebook and Instagram postings per year |
| | Promote and publish the Update newsletter, featuring Department and provider news on a monthly basis | Communicate directly with vital stakeholders including but not limited to the state employee workforce, providers, advocacy groups, individuals receiving services, and lawmakers | Produce 12 Update newsletters | Number of Update newsletters produced |
| | Distribute emails with current behavioral health news | Email summaries on current news, research, and trends to Department staff | 150 email summaries will be sent | Number of email summaries |

| Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Office of Communications (OC) | Provide the public with online resources for mental health and substance abuse services, programs, and initiatives via our website | Promote prevention, early intervention, treatment, habilitation, and recovery support services via the website | 1,000,000 unique web page views | Number of unique web page views |
| Division of Clinical Leadership (DCL) | Provide mental health and suicide prevention information to veterans | Increase veteran's awareness of mental health and suicide prevention | 600 veterans will receive mental health and suicide prevention information | Number of veterans who receive mental health and suicide prevention information |
| | Develop and implement suicide prevention plans and activities in the faith communities | Prevent suicide in the faith communities | 55 community faith leaders will develop and implement suicide prevention plans and activities | Number of faith communities who develop and implement suicide prevention plans and activities |
| **Goal 3: Expand access to low-cost, high-quality, outcomes-oriented community substance abuse services** | | | | |
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Substance Abuse Services (DSAS) | All contracted treatment providers will assess for and provide treatment services to individuals who inject drugs | Provide treatment services to those individuals who inject drugs | Based on trend data, 35% of the individuals who assess for treatment services may disclose they inject drugs | Percentage of individuals receiving treatment services who disclose they inject drugs |
| | Provide an array of adult and adolescent recovery services to increase chances of recovery * | Provide recovery services that promote recovery | 6,500 adult and adolescent consumers will receive recovery support services | Number of individuals enrolled in recovery support services |
| | Provide trauma-informed care services to individuals who have disclosed experience with trauma | Treatment agencies will provide assurance that individuals who have experienced trauma are receiving trauma-informed care services | 11,000 individuals who disclose experience with trauma will receive trauma-informed care | Number of individuals who have been screened for trauma |

| **Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services** (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Substance Abuse Services (DSAS) | Establish new recovery homes (i.e., Oxford Houses) statewide * | Expand self-supporting and drug-free homes through Oxford House International for individuals in recovery | Increase the number of recovery homes by 10 for a total of 185 | Number of recovery homes (i.e., Oxford Houses) |
| | Provide medication-assisted treatment (MAT) services (methadone, naltrexone, and buprenorphine) for individuals with opioid use disorder (OUD) | Increase the number of individuals diagnosed with OUD receiving MAT | 4,600 individuals will receive MAT services for OUD | Number of individuals receiving MAT services for OUD |
| | Provide training and technical assistance to SUD treatment providers on opioid and other substance use during pregnancy, access to gender-related responsive services, and other related information | Access to quality SUD treatment for women diagnosed with SUD who are pregnant and/or have dependent children | The number of women who are pregnant and/or have dependent children accessing SUD treatment will be 1,500 | Number of women who are pregnant and/or have dependent children accessing SUD treatment |
| **Noted in the 2025 Needs Assessment Summary* | Ensure that eligible individuals have the opportunity to participate in the Tennessee Mental Health Court Program (TMHCP) | Increase the number of individuals admitted to the TMHCP | 325 individuals will access the TMHCP | Number of individuals admitted into the TMHCP |
| Office of Strategic Initiatives | The Tennessee Recovery Navigator Program seeks to connect individuals entering emergency departments (EDs) to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a SUD | Increase the number of individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals | 4,500 individuals will be served by the Tennessee Recovery Navigator Program | Number of individuals served by the Tennessee Recovery Navigator Program |

| Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services (continued) | | | | |
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| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Office of Strategic Initiatives | The Tennessee Recovery Navigator Program seeks to connect individuals entering EDs to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a SUD | Ensure the individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals are consistently connected to treatment and recovery services | Of the individuals served by the Tennessee Recovery Navigator Program, 70% will be connected to treatment and recovery services | Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigator Program |
| Office of Faith-Based Initiatives (OFBI) | Certify recovery congregations/community organizations on the Tennessee Faith-Based Community Initiatives | Expand access to recovery support services through the faith-based community | Increase the number of newly certified faith-based recovery congregations/community organizations by 100 | Number of newly certified faith-based recovery congregations/community organizations |
| | Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project | Increase the number of Lifeline Peer Project trainings provided | 480 Lifeline Peer Project trainings will be provided within the community | Number of Lifeline Peer Project trainings provided |
| | Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project | Increase the number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project | 4,500 referrals to treatment, recovery support, and other services will be made through the Lifeline Peer Project | Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project |
| | Educate the public and spread awareness surrounding Tennessee Faith-Based Community Initiatives on how it connects the community with recovery and support services | Expand awareness and education to the public on how Tennessee Faith-Based Community Initiatives connect the community with recovery and support services | 165 Tennessee Faith-Based Community Initiatives trainings will be provided | Number of Tennessee Faith-Based Community Initiatives trainings provided |

| Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services (continued) | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Office of Faith-Based Initiatives (OFBI) | Educate the public, promote prevention, reduce stigma, and spread awareness through the Collegiate Recovery Initiative (CRI) | Increase the number of Collegiate Recovery and other trainings related to mental health, substance use, and suicide prevention provided on campuses | 45 trainings will be provided to post-secondary institutions | Number of trainings provided |
| | Educate the public, promote prevention, reduce stigma, and spread awareness through the CRI | Increase the number of newly certified collegiate recovery campuses | Five post-secondary institutions will meet the requirements to become a certified collegiate recovery campus | Number of newly certified collegiate recovery campuses |
| Division of Substance Abuse Services (DSAS) | Provide online and regional face-to-face educational and training opportunities for prevention, treatment, and recovery support professionals | Increase the knowledge of evidence-based programs and strategies for the prevention, treatment, and recovery support workforce | 3,300 substance abuse professionals will receive training on prevention, treatment, and recovery support services | Number of substance abuse professionals receiving training |
| | Substance Abuse Prevention Coalitions will address prescription drug misuse in their communities | Decrease non-medical use of pain relievers for young adults, ages 18-25 | Reduce the percentage of young adults, ages 18-25, who report using pain relievers for non-medical use to 5.2% | Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use |
| | Regional Overdose Prevention Specialists (ROPS) will address the opioid crisis through naloxone distribution | Increase the number of naloxone kits distributed to individuals at high risk of overdose | Increase the number of naloxone kits distributed to individuals at high risk of overdose to 200,000 | Number of naloxone kits distributed to individuals at high risk of overdose |
| Division of Clinical Leadership (DCL) | Monitor opioid treatment programs to improve quality of care | Enhance patient care, safety, and improve patient outcomes in opioid treatment programs | Two monitoring visits per year will be conducted on opioid treatment programs | Number of monitoring visits to opioid treatment programs in compliance with standards |

| Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services (continued) | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Office of Strategic Initiatives | The Project Rural Recovery Program seeks to engage and treat rural populations who are currently underserved to improve their health status | Provide mobile, integrated physical health, mental health, and substance use services to rural Tennesseans in 20 counties. | 5,550 visits will be provided to patients of the Project Rural Recovery Program per year | Number of Project Rural Recovery visits provided per year |
| | The Project Rural Recovery Program seeks to engage and treat rural populations who are currently underserved to improve their health status | Provide mobile, integrated physical health, mental health, and substance use services to rural Tennesseans in 20 counties | 1,700 unduplicated individuals will be served through the Project Rural Recovery Program per year | Number of unduplicated individuals served per year |

| Goal 4: Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Children and Youth Mental Health Services (DCYMHS)<br><br>**Noted in the 2025 Needs Assessment Summary* | Provide evidence-based treatment and recovery support services for youth and young adults (Y/YA) who have experienced first episode psychosis (FEP) | Ensure that Y/YAs who have experienced FEP receive treatment and recovery support services | 245 Y/YAs experiencing FEP will receive evidence-based treatment and recovery support services | Number of Y/YAs who receive treatment and recovery support services through the First Episode Psychosis Initiative (FEPI) |
| | Reduction in the number of days hospitalized after enrollment in OnTrack TN (FEPI) | Ensure that Y/YAs who have experienced FEP are able to remain in the least restrictive setting possible | Y/YAs will spend fewer than 480 days in the hospital | Number of hospitalized days after enrollment in OnTrack TN (FEPI) |
| | Provide behavioral health training to school staff * | Ensure school staff working with students are provided training in behavioral health issues | 17,000 teachers will receive training by school-based behavioral health liaisons (SBBHLs) | Number of Tennessee teachers to receive behavioral health training from SBBHLs (Tier I) |
| | Increase the number of students served by the SBBHLs using the Multi-Tiered System of Support interventions from Tier II and Tier III services | Ensure students with or at-risk of behavioral health challenges receive services and supports | 25,000 students will receive mental health screenings, services, and/or supports in schools from SBBHLs | Number of students served by the SBBHLs using the Multi-Tiered System of Support interventions from Tier II and Tier III services<br><br>(Examples of Public Tier II and Tier III services include Psycho-Educational Groups, Individual Student Consultations, Behavioral Health Screenings, Individual, Group, and Family Therapy) |
| | Provide treatment options for juvenile courts to utilize across the state, specifically services and training that are evidence-based and outcomes oriented | Ensure resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth | 1,400 juvenile justice involved youth will be served in the community through the Juvenile Justice Reform (JJR) Local Diversion Grant | Number of juvenile justice involved youth diverted to evidence-based and community-based services |

| Goal 4: Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention (continued) | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Children and Youth Mental Health Services (DCYMHS) | Provide treatment options for children, youth, and young adults within a primary care or pediatric care setting that are evidence-based and outcomes-oriented | Ensure children and Y/YAs who may not seek traditional mental health services and supports have the opportunity to receive them in a non-traditional setting | 1,950 children and Y/YAs served through a primary care or pediatric care setting | Number of children and Y/YAs receiving evidence-based, outcomes-oriented treatment in a primary care or pediatric care setting |
| | Provide community outreach and engage provider services for DCS involved infants, young children, and their families that are evidence-based and outcomes-oriented | Ensure DCS involved infants, young children, and their families have access to supportive community-based services | 420 DCS involved infants, young children, and their families in the community through the Safe Baby Court (SBC) model | Number of DCS involved infants, young children, and their families involved in evidence-based and community-based services |
| | Provide mental health prevention and early intervention services and supports to children under age six (6) and their families through the Regional Intervention Program (RIP) | Ensure that young children and their families experiencing challenging behaviors receive services and supports from RIP | 330 children under the age of six (6) and their families will receive prevention and early intervention services and supports through RIP | Number of young children experiencing challenging behaviors served by RIP |
| | Increase improvement in the child's reported behavior by parent following RIP enrollment | Ensure that children served by RIP will improve parent/child interactions and relationships | 93% of children served will demonstrate improvement in parent/child interactions and relationships | Percentage of parents reporting improved parent/child interactions and relationships |
| | Increase improvement in the parenting skills reported by parents following RIP enrollment | Ensure that parents receiving parenting supports are demonstrating positive parenting skills | 97% of parents will report increased positive parenting skills | Percentage of parents reporting increased positive parenting skills |
| | Provide direct care services to young children experiencing challenging behaviors through Child Care Consultation (CCC) | Ensure that young children experiencing challenging behaviors receive services and supports from CCC | 860 young children will receive prevention and early intervention services and supports through CCC | Number of young children experiencing challenging behaviors served by CCC |

| Goal 4: Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention (continued) | | | | |
|---|---|---|---|---|
| **Division:** | **Programs and actions:** | **What we expect to accomplish?** | **How many we will serve?** | **How we know we have succeeded?** |
| Division of Children and Youth Mental Health Services (DCYMHS) | Improvement in the level of functioning in at least one life domain for children receiving services through CCC | Ensure that children receiving services through CCC will improve in at least one life domain | 88% of children receiving services through CCC will improve in at least one life domain | Percentage of children receiving services through CCC who improved in at least one life domain |
| Division of Clinical Leadership (DCL) | Implementation of TDMHSAS-HOMEBUILDERS (TDMHSAS-HB) serving children in or at imminent risk of being placed in state custody | Through TDMHSAS-HB, prevent families with at least one caregiver with a substance use issue and with children from being placed in state custody | 70% or more of TDMHSAS-HB focal child participants will not have been removed or re-entered state custody for six (6) months post-case closure | Percentage of TDMHSAS-HB focal child participants that have not been removed or re-entered state custody for six (6) months post-case closure |

**Reporting: Division of Hospital Services**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Percentage of RN series positions that are filled to support the RMHIs | Percentage | 76% | 80% | | | |
| Number of MOD hours worked across all four RMHIs | Number | 24,004 | 21,603 | | | |
| Number of discharges across all four RMHIs | Number | 5,581 | 6,000 | | | |

**Reporting: Office of Forensic and Juvenile Court Services**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Percentage of all inpatient defendants admitted to the FSP for inpatient forensic evaluation and treatment | Percentage | 7% | 15% | | | |
| Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services | Percentage | 62% | 67% | | | |
| Number of screenings conducted in Juvenile Courts statewide | Number | 4,605 | 5,000 | | | |
| Number of Forensic Evaluator Training sessions | Number | 6 | 6 | | | |

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

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of quarterly conference calls with the Regional Council Leadership Teams | Number | 4 | 4 | | | |
| Number of statewide needs assessments per year | Number | 1 | 1 | | | |
| Number of Department updates per year | Number | 1 | 1 | | | |
| Number of children and youth providers and/or family members on each Regional Council | Number | 1 | 1 | | | |
| Number of consumer and family member representatives on each Regional Council | Number | 1 | 1 | | | |

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

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Percentage of rules filed to update Tennessee's controlled substance schedules I, II, III, IV, and V | Percentage | 100% | 100% | | | |
| Percentage of the Department's executive leadership team members, division leaders, and RMHI chief officers who receive the Legislative Summary | Percentage | 100% | 100% | | | |

**Reporting: Office of Research**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of SHR data files submitted to SAMHSA by March 1 | Number | 1 | 1 | | | |
| Number of data products generated for DHS | Number | 3 | 3 | | | |
| Number of automated CLD files generated for federal MHBG reporting | Number | 1 | 1 | | | |
| Number of programs under evaluation within our office | Number | 7 | 7 | | | |
| Number of URS data reports submitted to SAMHSA | Number | 1 | 1 | | | |
| Number of data products accessible on the Department's website | Number | 18 | 18 | | | |
| Number of data trainings conducted with provider partners | Number | 10 | 10 | | | |

**Reporting: Office of Faith-Based Initiatives**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of newly certified faith-based congregations/organizations | Number | 115 | 100 | | | |
| Number of Lifeline Peer Project trainings provided | Number | 432 | 480 | | | |
| Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project | Number | 3,564 | 4,500 | | | |
| Number of Tennessee Faith-Based Community Initiatives trainings provided | Number | 484 | 165 | | | |
| Number of Collegiate Recovery trainings provided on campuses | Number | 53 | 45 | | | |
| Number of newly Certified Collegiate Recovery campuses | Number | 6 | 5 | | | |

**Reporting: Division of Mental Health Services**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of individuals screened for mental health or related interventions by the 988 Call Centers (only calls included) | Number | 52,948 | 53,000 | | | |
| Number of Tennesseans (all ages) accessing emergency psychiatric crisis services and assessment from a mobile crisis responder or at a crisis WIC | Number | 72,784 | 75,000 | | | |
| Number of admissions to the CSUs (all ages) | Number | 7,854 | 9,600 | | | |
| Number of uninsured/indigent adult Tennesseans and number of uninsured/underinsured Tennessee children having a serious mental illness, living at or below 138% of the FPL, able to access outpatient mental health care from BHSN of TN that otherwise would not have the ability to receive core behavioral health services | Number | 36,582 | 38,500 | | | |

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services | Number | 413 | 500 | | | |
| Number of eligible individuals who become certified within the peer workforce annually | Number | 629 | 635 | | | |
| Percentage rate of employment for the individuals served through the evidence-based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day | Percentage | 42% | 42% | | | |

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Percentage of Peer Support Center survey respondents who report they are less likely to need psychiatric hospitalization | Percentage | 90% | 90% | | | |
| Percentage of completed SOAR applications received from SSA that have been approved for RMHI patients discharging back to the community | Percentage | 97% | 98% | | | |
| Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students | Number | 125,893 | 150,000 | | | |

**Reporting: Division of Children and Youth Mental Health Services**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of Y/YAs who receive treatment and recovery support services through the FEPI | Number | 243 | 245 | | | |
| Number of hospitalized days after enrollment in OnTrack (FEPI) | Number | 974 | 480 | | | The KPI target reduction is the result of a change in federal funding reducing the number of sites by 3 in FY 2026. |
| Number of Tennessee teachers to receive behavioral health training from SBBHLs (Tier I) | Number | 15,935 | 17,000 | | | |
| Number of students served by the SBBHLs using the Multi-Tiered System of Support interventions from Tier II and Tier III services | Number | 23,053 | 25,000 | | | |
| Number of juvenile justice involved youth diverted to evidence-based and community-based services | Number | 1,386 | 1,400 | | | |

**Reporting: Division of Children and Youth Mental Health Services** (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of children and Y/YAs receiving evidence-based, outcomes-oriented treatment in a primary care or pediatric care setting | Number | 1,898 | 1,950 | | | |
| Number of DCS involved infants, young children, and their families involved in evidence-based and community-based services | Number | 216 | 420 | | | |
| Number of young children experiencing challenging behaviors served by RIP | Number | 329 | 330 | | | |
| Percentage of parents reporting improved parent/child interactions and relationships | Percentage | 93% | 93% | | | |
| Percentage of parents reporting increased positive parenting skills | Percentage | 97% | 97% | | | |

**Reporting: Division of Children and Youth Mental Health Services** (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of young children experiencing challenging behaviors receiving services through CCC | Number | 850 | 860 | | | |
| Percentage of children receiving services through CCC who improve in at least one life domain | Percentage | 88% | 88% | | | |

**Reporting: Division of Administrative and Regulatory Services**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of licensing oversight visits for mental health and substance abuse programs | Number | 2,451 | 2,300 | | | |
| Number of individuals referred for placement on TDH Abuse Registry | Number | 10 | 10 | | | |
| Number of licensure rules proposed for amendment | Number | 5 | 5 | | | |
| Percentage of licensure surveyors participating in training | Percentage | 100% | 100% | | | |
| Percentage of subrecipient agencies on Department plan monitored | Percentage | 100% | 100% | | | |
| Number of trainings or technical assistance events offered to contracted agencies | Number | 36 | 24 | | | |

**Reporting: Division of General Counsel**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Percentage of agency contracts submitted by deadline | Percentage | 100% | 85% | | | |
| Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department | Percentage | 100% | 100% | | | |
| Percentage of state representation at administrative proceedings | Percentage | 100% | 100% | | | |
| Percentage of investigations and compliance activities processed | Percentage | 100% | 100% | | | |

**Reporting: Division of Substance Abuse Services**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Percentage of individuals receiving treatment services who disclose they inject drugs | Percentage | 31.3% | 35% | | | |
| Number of individuals enrolled in recovery support services | Number | 10,854 | 6,500 | | | |
| Number of individuals who have been screened for trauma | Number | 10,824 | 11,000 | | | |
| Number of recovery homes (i.e., Oxford Houses)* | Number | 175 | 185 | | | |
| Number of individuals receiving MAT services | Number | 5,210 | 4,600 | | | |
| Number of women who are pregnant and/or have dependent child who access SUD treatment | Number | 2,198 | 1,500 | | | |

**Noted in the 2025 Needs Assessment Summary*

**Reporting: Division of Substance Abuse Services** (continued)

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of individuals admitted into the TMHCP | Number | 373 | 325 | | | |
| Number of substance abuse professionals receiving training | Number | 3,570 | 3,300 | | | |
| Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use | Percentage | N/A | 5.2% | | | |
| Number of naloxone kits distributed to individuals at high risk of overdose | Number | 232,058 | 200,000 | | | |

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of Individuals served by the Tennessee Recovery Navigator Program | Number | 5,740 | 4,500 | | | |
| Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigator Program | Percentage | 70% | 70% | | | |
| Number of Project Rural Recovery visits provided per year | Number | 5,645 | 5,500 | | | |
| Number of unduplicated individuals served by the Project Rural Recovery program per year | Number | 1,752 | 1,700 | | | |

**Reporting: Office of Communications**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of news releases and media advisories distributed | Number | 12 | 15 | | | |
| Total number of Facebook and Instagram postings per year | Number | 783 | 600 | | | |
| Number of *Update* newsletters produced | Number | 11 | 12 | | | |
| Number of email summaries | Number | 129 | 150 | | | |
| Number of website page views | Number | 1,282,666 | 1,000,000 | | | |

**Reporting: Division of Clinical Leadership**

| Key Performance Indicator (KPI) | KPI Unit | KPI Baseline (FY25: July 2024 – June 2025) | KPI Target (FY26: July 2025 – June 2026) | February Report (July 2025 – Dec. 2025) | August Report (Jan. 2026 – June 2026) | Explanation (if applicable) |
|---|---|---|---|---|---|---|
| Number of veterans who receive mental health and suicide prevention information | Number | 715 | 60 | | | |
| Number of faith communities who develop and implement suicide statements for suicide prevention plans and activities | Number | 76 | 55 | | | |
| Number of monitoring visits to opioid treatment programs in compliance with standards | Number | 2 | 2 | | | |
| Percentage of TDMHSAS-HB focal child participants that have not been removed or re-entered state custody for six (6) months post-case closure | Percentage | 97.2% | 70% | | | |