

**Tennessee Department of Mental Health Planning and Policy Council  
2016 Needs Assessment Summary**

Region	Regional Needs Assessments	Priority	Category
Region 1	<p><u>Need:</u> Crisis Stabilization Unit for Youth</p> <p><u>Data:</u> Children are waiting in the ER for days to access care at a psychiatric facility. The average wait time in Region I for children and youth is 73.3 hours as compared to average wait time for adults at 10 hours.</p>	1	MH
Region 1	<p><u>Need:</u> Increase awareness of Chronic Disease Management.</p> <p><u>Data:</u> A significant percent of individuals with SPMI have health related issues such as diabetes, obesity and tobacco use.</p>	2	MH
Region 1	<p><u>Need:</u> Recovery focused housing, specifically, halfway houses.</p> <p><u>Data:</u> The rate of Tennessee adults who have alcohol or illicit drug dependence in the past year is 7.6%. The NAS birth rate is high in our area. Opportunities for recovery housing is very limited in Region I and citizens have to leave this community for recovery housing.</p>	1	SA
Region 1	<p><u>Need:</u> Increase school based prevention programs.</p> <p><u>Data:</u> While data does demonstrate a decrease in substance abuse over the past year in the state, Region I continue to have an 8.2% rate of abuse of illicit drugs and 10.1% use of cigarettes (one of the highest in the state for children). Additionally, Region I had the highest percent of incidence of at least one depressive episode at 9.1% thus contributing to increased risk.</p>	2	SA
Region 2	<p><u>Need:</u> Appropriate and affordable mental health supportive living housing, independent livings, and recovery housing.</p> <p><u>Data:</u> Region II currently has 172 licensed beds. 18 beds were lost due to closure; 8 beds are in the process of being closed; approximately 24 beds do not meet SSI income</p>	1	MH

	requirements; 17 are veterans only beds; 34 are adult residential supportive beds; and 19 beds do not take TennCare and are over 25k monthly. There are no beds in Morgan, Scott, Roane, Campbell, Grainger, Union, and Sevier.		
Region 2	<p><u>Need:</u> The need is for a children and youth Crisis Stabilization Unit (CSU) to serve individuals in crisis that need intervention, but don't meet inpatient criteria.</p> <p><u>Data:</u> In one year time period, one Mobile Crisis has kept data in regard to how many children and youth have been hospitalized and how many of those could have been diverted to CSU LOC. There were 581 children hospitalized during this year and it is believed 315 of those could have been served in a CSU.</p>	2	MH
Region 2	<p><u>Need:</u> Additional A&amp;D treatment options for Children and Youth.</p> <p><u>Data:</u> In Region II, over 1,024 children and youth that needed treatment for alcohol could not access treatment in past year (County and Region Behavioral Health Prevalence Estimates). For youth under the age of 18, drug possession was the third most common reason for referral to juvenile court.</p>	1	SA
Region 2	<p><u>Need:</u> To increase residential bed and detox availability in alignment with local growing need for services to address the excessively lengthy waiting lists (around 10+months for residential and over 3 months for detox) for consumers without insurance and the underinsured.</p>	2	SA
Region 3	<p><u>Need:</u> Mental health training, collaboration, and support for school system personnel.</p> <p><u>Data:</u> Information shows that Tennessee ranked 43rd in the nation for children between the ages of 2-17 that have a mental health diagnosis. Tennessee youth in high school ranked 31 of 42 for depression every day for two or more weeks, 24 of 28 for fasting as an eating disorder, 26 of 32 for purging as an eating disorder, and 31 of 34 for attempted suicides that needed to be treated by a doctor or nurse due to injury. Tennessee fell in the bottom 10-20% for all these categories. Nationally, 1 in 5 young people are affected by mental health issues and suicide is the second leading cause of death in teens. In Tennessee, 9% of youth in grades 9-12 reported attempting suicide in the last 12 months.</p>	1	MH

Region 3	<p><u>Need:</u> Reliable transportation is needed for TennCare members. Today the transportation system is broken. Service recipients are not picked up timely for their medical appointments. They often have to wait hours after an appointment has ended. Frequently, they are not picked up at all, to or from. Behavioral Health Safety Net service recipients often have no transportation means either. BHSN was set up to meet the needs of this population. They need the ability to get to their appointments also. Providers and consumers for the most part have quit wasting their time reporting incidents with no resolution in return.</p>	2	MH
Region 3	<p><u>Need:</u> Treatment of pregnant addicted women is a service priority in Tennessee but there is no treatment protocol or policy to address the safest and most effective modality for addicted women who may have a variety of health issues while pregnant. As a result, there is confusion as to whether abstinence or medication assisted treatment is indicated and under what circumstances. Programs face poor outcomes and potential litigation issues for failure to use best practices.</p> <p><u>Data:</u> From FY 2011 to FY2014, Tennessee has had a 41% decline in women that are pregnant receiving treatment. **See attached data from the TDMHSAS 2016 Needs Assessment Data Report.</p>	1	SA
Region 3	<p><u>Need:</u> Training for physicians, community agencies, and licensed behavioral health providers with Region 3 for screening and early intervention of substance misuse within their practices using the SBIRT model.</p> <p><u>Data:</u> SBIRT Champion list 2015-2016 is attached.</p>	2	SA
Region 4	<p><u>Need:</u> More beds for patients with SED or SPMI at the RMHIs.</p> <p><u>Data:</u> Throughout FY2016, the Region 4 and Region 5 Provider Partnership Meeting constantly brought up (1) bed shortages across the state at state institutes, (2) RMHI diversion protocols, and (3) staff shortages. While others are advocating for more CSUs, HCBS services, and alternatives to hospital beds, the state seems to need more beds in order to stop individuals from ending up in jails.</p>	1	MH
Region 4	<p><u>Need:</u> More prevention and early identification through accessible, evidence-based screenings.</p> <p><u>Data:</u> In a Kaiser Permanente study people who received screenings had fewer hospital</p>	2	MH

	visits and were less likely to treat their depression with alcohol or drugs than those who were not screened (A.Kaplan, 2011). In 2009 the US Preventive Services Task Force found that screenings led to better treatment decisions by primary care physicians. Just screening 1% of Tennesseans would be 66,000 citizens.		
Region 4	<u>Need:</u> Full continuum of care including appropriate recovery housing and transitional housing for individuals with addiction and or co-occurring diagnosis leaving treatment.  <u>Data:</u> See attachment (Costs of Substance Abuse in Tennessee).	1	SA
Region 4	<u>Need:</u> Addiction is an unmet need for the senior population. Addiction is hidden and untreated for prescription medication with an increased number taking this medication daily.  <u>Data:</u> Older patients are prescribed benzodiazepines more than any other age group, and North American studies demonstrate that 17 to 23 percent of drugs prescribed to older adults are benzodiazepines. Source: Substance Abuse among Older Adults	2	SA
Region 5	<u>Need:</u> Insufficient services for intensive outpatient programming for children and families who are uninsured or privately insured. Region V has insufficient services for inpatient diversion for children and families in Region V.  <u>Data:</u> From data book 2015, increase in suicide and attempts: 21 in 2007 and 43 in 2013 for children with mental health needs.	1	MH
Region 5	<u>Need:</u> Access to CSU beds for adults and C&Y. There are situations where there are expressions of suicidal thoughts where a CSU would serve more appropriately as a level of care.	2	MH
Region 5	<u>Need:</u> Full continuum of care including detox, residential treatment, MMCD, MAT, IOP, appropriate recovery housing and transitional housing for individuals with addiction diagnosis leaving treatment.	1	SA
Region 6	<u>Need:</u> A need for children and youth crisis stabilization units.	1	MH
Region 6	<u>Need:</u> Transportation to and from treatment and recovery/support services. Data retrieved on wait times for TennCare transportation as well as no show rates to appointments.	2	MH
Region 6	<u>Need:</u> Intensive in-home case management services for individuals and families suffering from opioid and other addictions.	1	SA
Region 6	<u>Need:</u> Additional treatment beds for alcohol and drug addictions.	2	SA

	<u>Data</u> : The need is evident through the agencies' waiting list in rural West Tennessee.		
Region 7	<p><u>Need</u>: The creation of a centralized or regionalized "clearinghouse" of mental health services by various categories.</p> <p><u>Data</u>: Tennessee has several indicators that could be improved through better coordination and information on services including: high rates of suicide attempts by youth, high rates of cigarette smoking, methamphetamine use, and prescription drug abuse by youth and young adults, and high prevalence of mental health diagnoses in youth and adults (2015 data book).</p>	1	MH
Region 7	<p><u>Need</u>: Decrease stigma within the community, specifically by increasing community awareness and inclusion in existing programs and activities to adequately address the needs of Tennesseans.</p> <p><u>Data</u>: Tennessee has some of the highest prevalence rates in the nation of diagnosed mental illness in children and adults. (2015 Data book, pages 38 and 44).</p>	2	MH
Region 7	<p><u>Need</u>: To increase in medically monitored detox beds for uninsured patients. Only 4 of this type of bed exist in Region 7, which supports a population of almost 1 million.</p> <p><u>Data</u>: Although Tennessee indicators show prevalence rates among the lowest in the country for alcohol use among adults, the number of beds is not adequate (2015 Data Book, page 14). It should be noted that crisis medical detox has gradually decreased in Tennessee since 2011 (2015 Needs Assessment Data Report, Page 16).</p>	1	SA
Region 7	<p><u>Need</u>: Establishment of post-discharge independent-supported living for adolescents (16-17) and/or young adults (18-24) when they come out of inpatient, residential or medical detox. This would include a specific education curriculum, training, job assistance, appointment assistance, case management, etc. There is a lack of this type of bridge level of care currently.</p> <p><u>Data</u>: Tennessee ranks in the bottom ten states for the prevalence of methamphetamine and prescription drug use by high school children (2015 Data book, page 10).</p>	2	SA

<b>Committee</b>	<b>TDMHSAS P&amp;PC Committee Needs Assessments</b>	<b>Priority</b>	<b>Category</b>
Adult	Appropriate and affordable mental health supportive living housing, independent living, and recovery housing for all ages.	1	MH
Adult	Lower the Behavioral Health Safety Net income requirements for those with Medicare only so more can qualify for case management services which are not covered under Medicare.	2	MH
Adult	Treatment funding for substance abuse to promote recovery.	1	SA
Adult	Full continuum of care including appropriate recovery housing and transitional housing for individuals with co-occurring diagnosis leaving treatment.	2	SA
Children	More focus on infant and early childhood mental health	1	MH
Children	CSUs for adolescents	2	MH
Children	Continue TDMHSAS funding for Adolescent Residential programs—\$2,362,500: 100% of these funds are used to provide services for children without financial resources. Accessing these services often prevents state custody and keeps families together—preventing higher cost court and DCS services. Estimated costs associated with addiction treatment and family issues for children entering the child welfare system has nearly doubled from \$29 Million to \$52 million from 2008—2011.	1	SA
<b>Committee</b>	<b>Consumer Advisory Board Needs Assessments</b>	<b>Priority</b>	<b>Category</b>
CAB	Advanced training for Certified Peer Recovery Specialists in specialty areas such as veterans, criminal justice, wellness, etc.	1	MH
CAB	More CPRS involvement with case management teams.	2	MH
CAB	Increasing the number of Certified Peer Recovery Specialists providing peer support services in substance abuse treatment centers.	1	SA
CAB	Peer support in pain management.	2	SA