

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2020 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 1 Needs Assessment
Region 1	1	Mental Health	<p>Need: Enhance workforce development among mental health providers that serve children and youth via increased insurance reimbursement rates and recruitment at higher educational levels in order to obtain and retain skilled mental health professionals.</p>
			<p>Data: According to a report by Tennessee Alliance of Mental Health Organizations (TAMHO), Tennessee ranks 50th compared to the other 50 states and the District of Columbia in access to care for youth. Overall, Tennessee ranks 45th regarding youth mental health, according to a 2019 Mental Health America report. For youth with severe depression, only 12% received consistent mental health care. Additionally, youth are not only suffering health consequences due to a lack of access, but they are also at a greater risk of becoming involved in the juvenile justice system or dropping out of school, becoming homeless, and/or increasingly making emergency room (ER) visits for crisis care. The Tennessee Suicide Prevention Network (TSPN) reports that suicide is currently the 2nd leading cause of death for adolescents.</p>
	2	Mental Health	<p>Need: Enhance workforce development for mental health sector professions that will improve incentives for professionals, education/training for people seeking employment in mental health, and increase reimbursement rates for all providers in order to ensure that the growing demand for mental health treatment in Tennessee can be met with an equal supply of willing and capable workers.</p>
			<p>Data: There is a severe shortage of almost all types of mental health professionals, with rural areas hit the hardest. According to a 2019 TAMHO report, Tennessee ranks 44th in mental health workforce availability, with only 1 mental health provider for every 740 residents (or approximately 1 for every 150 Tennesseans with mental illness). Further, the Health Resources & Services Administration (HRSA) reports that at least 95% of counties in Tennessee have Health Professional Shortage Area designations for mental health, and compared to the national average of 27%, only 11% of the need for mental health professionals in Tennessee is currently being met (TAMHO, 2019).</p>
	1	Substance Abuse	<p>Need: Increase school-based prevention programs including student assistance programs, school-based mental health liaison programs, and primary prevention programs.</p>
			<p>Data: According to Region 1 data obtained by the TN Together Student Survey, 3.4% of students surveyed reported prescription drug use, 18.8% reported alcohol use, 11.8% reported marijuana use, and 24.3% reported tobacco and electronic cigarette use.</p>
2	Substance Abuse	<p>Need: Increase recovery and independent housing.</p>	
		<p>Data: Recovery housing refers to family-like living environments that are free from alcohol and illicit drug use and are centered on peer support and connections that promote sustained recovery from substance use disorders (SUDs). Nationally, recovery residences are largely unregulated, which has led to inconsistencies in the quality of recovery housing, including substandard housing, insurance schemes and exploitative operators (Substance Abuse and Mental Health Services Administration (SAMHSA)). Further, 1% of all Tennesseans are homeless. Although there has been an increase in both recovery and independent housing through the Creating Homes Initiative (CHI), more housing opportunities are needed to meet the need in Region 1.</p>	

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Regional Council	Priority	Category	Regional Council 2 Needs Assessment
Region 2	1	Mental Health	<p>Need: Enhance the children and youth crisis continuum by embedding social workers and psychiatrists within emergency departments (EDs) who can provide assessments, complete referrals, and prescribe medications as needed in order to decrease wait times for inpatient admissions.</p>
			<p>Data: Children and youth who need specialized psychiatric treatment often wait in the ED for extended periods until they can be placed in the appropriate level of care and treatment. In Region 2, patients who came to Children’s Hospital of East Tennessee between 2018 and 2019 waited an average of 24.62 hours from the time of admission into the ED to the time of admission into a higher level of care. An average of 41 individuals waited in the ED for 13-36 hours, and an average of 69 individuals presented to the ED monthly for a behavioral health visit with approximately 22 patients being transferred to a behavioral health facility per month.</p>
	2	Mental Health	<p>Need: Increase funding of TDMHSAS grant-funded services to allow for salary increases in order to mitigate the loss of trained professionals to higher paying industries.</p>
			<p>Data: The increase in scope of services has created a deficit in the number of staff available to provide needed services. Additionally, there have not been any funding increases from TDMHSAS for established grant-funded services in over ten years, and the current funding has not kept pace with cost of living increases.</p>
1	Substance Abuse	<p>Need: Increase funding to establish residential and detox treatment beds for both the insured and uninsured in order to align services with the demands of the community.</p>	
		<p>Data: In Region 2, there is a shortage of residential and detox beds for the uninsured. Additionally, the agencies who report they currently provide these services are also reporting that they are exhausting their funds well before the end of each fiscal year. According to the Tennessee Department of Health (TDH), in 2018, East Tennessee experienced 263 drug overdose- related deaths. In 2019, the Knox County Sheriff’s Office responded to 810 overdoses.</p>	
2	Substance Abuse	<p>Need: Provide data on drug-exposed babies and children outside of the Neonatal Abstinence Syndrome (NAS) guidelines in order to develop a full spectrum of treatment and intervention for this population.</p>	
		<p>Data: Currently, no consistent data has been gathered in this area. However, professionals are finding that this population has specific behavioral needs. Data is needed in order to provide the appropriate treatment and intervention for these children.</p>	

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Regional Council	Priority	Category	Regional Council 3 Needs Assessment
Region 3	1	Mental Health	Need: Increase the number of paid SSI/SSDI Outreach, Access and Recovery (SOAR) positions in order to expedite receipt of benefits and assist people who are homeless or at risk of homelessness and who also have a disability including a mental health diagnosis.
			Data: According to Psychiatry Online, one SOAR specialist can complete 50 applications in one year. In Region 3, there is one full-time position and two part-time positions, but currently, they are only able to serve veterans. There are other agencies and individuals who are trained in SOAR, but since it is not a full-time paid position, this is not something that is a part of their daily job expectations. Lack of trained staff and lack of paid positions are a barrier to this program being utilized efficiently.
	2	Mental Health	Need: To survey data that identifies if the need exists for more behavioral health respite for adolescents in Region 3 in order to make appropriate recommendations to the department for actionable next steps and funding needs.
			Data: No current data; the need is to survey data. Many report that this is a need, but there is not any data that proves whether this is true or not.
	1	Substance Abuse	Need: Increase the number of detox beds/services for the uninsured or underinsured.
			Data: Region 3 has a shortage of funding for crisis detox beds as exhibited by providers exhausting their funds for the uninsured and underinsured prior to the end of the fiscal year. Per the Sycamore Institute, the percentage of uninsured adults in Tennessee increased from 9.5% in 2017 to 10.1% in 2018 while the national average increased from 8.7% in 2017 to 8.9% in 2018. This disparity is likely to continue to grow based on the unemployment rates that have skyrocketed due to the COVID-19 crisis. The need for more detox beds has been identified on need assessments for several years. However, despite the need, there are currently only nine TDMHSAS-funded medically monitored withdrawal management (MMWM) treatment facilities within the state.
2	Substance Abuse	Need: To survey data that identifies whether the need exists for more alcohol and drug treatment aftercare providers and/or support groups (such as Alcoholics Anonymous [AA], Narcotics Anonymous [NA], Celebrate Recovery [CR], etc.) that specifically and distinctly serves the unique needs of the adolescent population within Region 3.	
		Data: No current data; the need is to survey data	

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Regional Council	Priority	Category	Regional Council 4 Needs Assessment
Region 4	1	Mental Health	Need: Decrease the amount of time to 24 hours between the first signed certificate of need (CON) to placement into acute inpatient care.
			Data: No official data has been collected in one document concerning this need. Current information is anecdotal based on reports by families, clinical staff, and administrative staff of ERs, advocacy agency helplines, and private regional psychiatric providers who have tried to get patients referred into private inpatient facilities and the Regional Mental Health Institutes (RMHIs) for treatment.
	2	Mental Health	Need: Increase access to outpatient counseling and psychiatric appointments in order to provide mental health maintenance and prevent the development of a mental health crisis.
			Data: A Parity Compliance Coalition has been formed that is requesting the Department of Commerce and Insurance to speak to consistent issues raised by consumers. Current requests include analyzation of trends of out of network behavioral health claims between plans (addresses network adequacy - less providers means less access) and analyzation surrounding the use of utilization management criteria by each health plan in order to compare authorization rates.
	1	Substance Abuse	Need: Increase the number of medication-assisted treatment (MAT) providers throughout the state.
			Data: Disease progression in opioid addiction is not the same as other substance use disorders. It requires specialized understanding and treatment sometimes involving MAT. MAT has proven successful, but with a 93% utilization increase as shown in 2019 Quarter 3 data from the Metro Nashville Health Department, additional resources are required.
2	Substance Abuse	Need: Increase the number of recovery housing and independent living beds.	
		Data: According to data obtained by the Nashville Metro Public Health Department, there was a 93% increase in ED visits due to drug overdoses between Quarter 1 and Quarter 3 in 2018. The number of available recovery housing beds does not meet the need. Oftentimes individuals either return home or to the street due to lack of treatment access and/or safe housing availability.	

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Regional Council	Priority	Category	Regional Council 5 Needs Assessment
Region 5	1	Mental Health	<p>Need: Establish a crisis stabilization unit (CSU) in Region 5.</p>
			<p>Data: Currently, Region 5 is the only region within the state without a crisis walk-in center or CSU. Rutherford County is of particular interest as it continues to have the highest number of face-to-face crisis assessments for the region, was one of the top five counties for face-to-face assessments in 2018, and is close in proximity to numerous other counties that do not have a CSU but have a high number of per capita face-to-face assessments. According to recent data by TDMHSAS, walk-in assessments/services have been steadily increasing each year. However, only 70% of individuals visiting the current CSUs are being serviced. This indicates that more individuals are seeking services than there is capacity for, and additional support is needed.</p>
	2	Mental Health	<p>Need: Expand school-based services for families and youth that encompass prevention, education, and support regardless of ability to pay or insurance status.</p>
<p>Data: The Project AWARE (Advancing Wellness and Resiliency in Education) grant operated within three school districts and received 3,463 referrals for school-based therapy. According to a 2019 Project AWARE report, in one Middle Tennessee county alone, 473 requests for services were made while only 278 youth received services. This illustrates the need for help and the best efforts to meet the need. Further, data shows an increase in youth crisis assessments while attempting to access services in a crisis. There was a 16% increase in youth needing a face-to-face crisis response from January 2019 to January 2020.</p>			
1	Substance Abuse	<p>Need: Increase funding for medically monitored withdrawal management (MMWM) services to allow for increasing number of beds, offsetting the cost of treating clients with exponentially greater treatment needs, and offsetting the cost of running a 24/7 clinic that employs a prescriber and nurse practitioner.</p>	
		<p>Data: When MMWM was originally funded, the only referral sources that could refer to this program was the RMHIs, TDMHSAS-funded mobile crisis teams, ERs, and law enforcement. However, within recent years, new referral sources (most of which have increased throughout the state) such as the Regional Overdose Prevention Specialists (ROPs), Lifeline Coordinators, Faith-Based Recovery Congregations, Recovery Courts, and TN Recovery Navigators, just to name a few, have been referring so many individuals for MMWM that the funding no longer supports the demand. While establishing and funding new potential referral sources is a positive action, the lack of increase funding to support their referrals has created this need in Region 5. While there is a need for more beds, there is also a critical need to increase funding to assist with transitioning individuals into treatment services and providing care for individuals with exponentially greater medical needs as many of the clients are much sicker than they were a few years ago. Approximately 30% of those initially determined not to require MMWM, but are struggling with alcohol and benzodiazepine use, now must be sent to an MMWM bed before regular treatment services can begin. At Buffalo Valley, Inc., the MMWM program served 75 individuals in FY11; in FY19, 596 were served; and, in the first eight months of FY20, 427 were served.</p>	

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Regional Council	Priority	Category	Regional Council 5 Needs Assessment (continued)
Region 5	2	Substance Abuse	<p>Need: Increase funding for MAT programs in Region 5 to offset the cost of complying with Drug Enforcement Administration (DEA) regulations associated with telehealth services.</p> <p>Data: The cost associated with initiating MAT in rural areas have more than doubled as a result of the federal requirement that a nurse practitioner must be present during the initial telehealth session with the X-waiver physician. There is not only an increase in medical cost, but it also restricts the availability of admissions due to having to coordinate two schedules. While this requirement has been waived during the COVID-19 pandemic, additional support and funding is needed in addressing this requirement. Additionally, for detox services, the cost associated with adding a nurse practitioner increased from \$2,000 a month (seeing clients 7 days a week) to \$5,000 a month. This increase in cost has also led to a barrier to access of treatment as the number of admissions is limited to two per day for both detox and MAT services, respectively.</p>

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Regional Council	Priority	Category	Regional Council 6 Needs Assessment
Region 6	1	Mental Health	<p>Need: Establish an ER boarding and assessing location between 1-3 ERs in Region 6 that is child and parent friendly that could be used for assessing and providing a comfortable play/living space for children who board in an ER while awaiting availability of an appropriate inpatient bed.</p> <p>Data: In the last fiscal year, Jackson General Hospital had 33 cases that required more than 24 hours to be placed. Of the 33 cases, two children were boarded for more than three days and three children were boarded for two days. Transportation is another barrier that increases wait times for children. In the last fiscal year, more than 44 children had to wait more than the allotted 3-hour TennCare Transport time for mental health emergencies. Of those 44 children, 20 waited more than 10 hours to be transported. A child-friendly room would help decrease traumatic stress from the inpatient process.</p> <p>Further, this room could also serve as a crisis assessment area. In the last fiscal year, the following number of child and adolescent crisis assessments were completed at the locations listed below: Jackson General Hospital: 91 Hardin County Medical Center: 18 West Tennessee Healthcare (WTH) Dyersburg Regional: 37 WTH Volunteer Marin: 23 Baptist Memorial Hospital Union City: 19 Henry County Medical Center: 17</p>
	2	Mental Health	<p>Need: To establish a “Handle with Care” program that will create a three-way partnership between first responders, mental health providers, and schools in order to help use trauma informed care practices for children returning to school after a contact in the community with first responders.</p> <p>Data: Children are exposed to Adverse Childhood Experiences (ACEs) at alarming rates. Sixty percent of American children have been exposed to violence, crime, or abuse, and 40% were direct victims of two or more violent acts. Prolonged exposure to violence and trauma can lead to focus, behavioral and learning issues. This can include academic failure, truancy, suspension, and expulsion, up to involvement in the juvenile justice system. In Tennessee, between 2017 and 2018, 37,695 children lived in unsafe communities, and 332,713 children (23%) experienced two or more ACEs (TN Kids Count). During the same time period, 173, 016 children (12%) had a parent who had been incarcerated during any point of their life. According to the Jackson Police Department (TOPS data), in 2018, Jackson had 10 murders, 62 sexual-related offenses, and 541 aggravated assaults. The city of Milan (Gibson County) had 2 murders, 16 sexual-related offenses, and 41 aggravated assaults. Children who experience trauma/violence often go to school the next day without educational staff being aware of the trauma exposure.</p>

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Regional Council	Priority	Category	Regional Council 6 Needs Assessment (continued)
Region 6	1	Substance Abuse	<p>Need: Create substance abuse case manager positions to assist individuals upon their discharge from a residential treatment facility.</p>
			<p>Data: National research suggest that up to 80% of individuals discharged from residential treatment programs are at high risk relapse. Factors leading to relapse include but are not limited to lack of driver’s license, child support debts, limited workforce skills, and difficulty navigating the criminal justice systems. A substance abuse case manager specifically trained in these areas as well as in the area of addiction could have a positive impact on reducing this risk of relapse.</p>
	2	Mental Health	<p>Need: Expand capacity for treatment of methamphetamine use.</p>
			<p>Data: Since 2011, there has been an increasing trend of individuals reporting methamphetamine use. In Region 6 specifically, treatment providers report that methamphetamine use is the number one drug of choice upon admission. However, despite this trend, most funding is aimed at opioid use disorder (OUD) treatment.</p>

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Regional Council	Priority	Category	Regional Council 7 Needs Assessment
Region 7	1	Mental Health	Need: Increase the number of transitional housing beds for families in order to decrease the wait time in emergency shelters and keep families from being separated.
			Data: Per the Community Alliance for the Homeless, in Shelby County, approximately 23 families (85 people) are in emergency shelters waiting on a transitional living bed. Of the 564 homeless individuals of a family unit in Shelby County, 479 (139 families) are currently in transitional living, but 85 (15%) are in emergency shelters waiting for a bed.
	2	Mental Health	Need: Increase supports for lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth to include services with a focus on housing and wrap-around supports with a focus on suicide prevention, harm reduction, and peer support.
			Data: According to the Memphis and Shelby County Consortium of Care Point-in-Time (PIT) Count, there were 365 homeless youth identified in the 2019 PIT count. The National LGBTQ+ Youth Homelessness Research Agenda (2020) shows that LGBTQ+ youth are 2.2 times more likely to experience homelessness with an increase of 16% in Black LGBTQ+ youth. Additionally, according to the CDC (2010), LGBTQ+ youth are 2-7 times more likely to die by suicide than their heterosexual peers.
	1	Substance Abuse	Need: Establish substance abuse prevention programs within Shelby County schools.
			Data: Existing substance abuse prevention programming in the county is provided outside of schools and is largely inaccessible by students. In addition, Shelby County ranks 300% higher in school expulsions than the rest of the state, many of which are due to alcohol and drug related offenses. Due to lengthy suspensions, Shelby County is also seeing a rise in the student drop-out rate which could potentially lead youth to continue down the path of using drugs and alcohol.
2	Substance Abuse	Need: To increase the number of medical detox beds not associated with private insurance-based or MAT programs.	
		Data: The need for a safety net solution in Shelby County for both addiction and mental health treatment is tremendous. The lack of medical detox services available, outside of MAT programs and private insurance-based programs, creates a backlog at area hospitals that are not equipped to detox and treat substance use disorder long term. According to the US Census, in 2018, nearly 12% of people living in Shelby County were uninsured and more than 20% were living under the poverty level. Additionally, out of the 950+ calls received by the Region 7 Lifeline Peer Coordinator, approximately 87% of these calls were individuals who needed emergency stopgap services. While there are many resources for individuals with insurance, those without are facing barriers to treatment which includes long waitlists to access services. This could lead an individual to fall deeper into their addiction, possibly dying from the disease.	

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Committee	Priority	Category	Consumer Advisory Board (CAB) Needs Assessment
CAB	1	Mental Health	Need: Increase education for supervisors of Tennessee Certified Peer Recovery Specialists (CPRSs) to include key tools and information on how to obtain and sustain a prosperous and productive work environment.
			Data: Peer Support has quickly become an important part of behavioral health and integrated care services. Supervisor training with a focus on how to supervise a CPRS will not only increase understanding of how to effectively work with a peer support workforce, but it will also guide them to continue to develop skills with a recovery focus. This will ultimately lead to achieving better outcomes.
	2	Mental Health	Need: Increase funding for respite providers throughout the state in order to provide temporary or emergency care for children and adults.
			Data: Respite is a break from the constant care of a family member with an illness or disability. Stress from constant care can affect caregivers' health and functioning and potentially harm the family unit. Getting respite allows time for caregivers to attend to their personal health and needs. When caregivers take care of themselves, they are better equipped to continue care for their loved one at home (TN.gov). The Tennessee Respite Coalition (TRC) offers assistance for individuals caring for adults, but respite funding for both TRC and TDMHSAS-related respite vouchers are limited leaving individuals who need respite, but cannot afford it, without assistance.
	1	Substance Abuse	Need: Increase the number of TN Recovery Navigators throughout the state in order to decrease the number of opioid overdoses among individuals in rural communities.
			Data: Over the past six years, drug overdose deaths in Tennessee have consistently increased. According to the Tennessee Department of Health (TDH), 1,818 Tennesseans died in drug overdoses in 2018, up from 1,776 the prior year. Currently, there are 11 TN Recovery Navigators serving 15 hospitals throughout the state. Prescription opioid addiction is greatest in rural areas and small towns. Focusing on placing TN Recovery Navigators in more rural areas of the state might prove beneficial.
2	Substance Abuse	Need: Increase the number of CPRSs working in the community in cooperation with TN Recovery Navigators, Lifeline, and Peer Support Centers to increase support services specifically for individuals returning to the community after drug-related imprisonment or completion of residential addiction treatment.	
		Data: Individuals recently released from prison are at risk from overdose due to poor social support, medical issues, limited financial support, non-integration in their communities, and exposure to drugs in their neighborhoods (US National Library of Medicine National Institutes of Health). Between 40-60% of individuals are treated for drug abuse relapse within the first year of being released from prison, and successful strategies to prevent relapse include learning coping skills and developing a positive support system (U.S. News).	

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Committee	Priority	Category	Adult Committee Needs Assessment
Adult	1	Mental Health	<p>Need: Establish transitional housing/respite services to aid homeless or potentially homeless individuals with mental health disorders being discharged from inpatient hospitalization, the ED or jail to prevent re-admission or recidivism and allow these individuals time to complete tasks and obtain permanent housing before being discharged.</p>
			<p>Data: According to a January 2019 report by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD), Tennessee had an estimated 7,467 experiencing homelessness on any given day. Of the 7,467 individuals, 558 were family households, 679 were veterans, 366 were unaccompanied young adults (aged 18-24), and 1,133 were individuals experiencing chronic homelessness. Additionally, according to the National Alliance on Mental Illness (NAMI), 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition with some reports indicating that nearly 46% of the homeless population staying in shelters have a mental illness.</p>
	2	Mental Health	<p>Need: Enhance workforce development that will allow providers to obtain and retain psychiatric providers and licensed therapists (particularly clinicians to serve individuals insured by Medicare) in order to provide effective services and meet the needs of the community.</p> <p>Data: Workforce development is at a critical level in Tennessee with many providers struggling to obtain and retain psychiatric medical providers and licensed therapists. The U.S. Department of Health and Human Services reports that nearly all of Tennessee is classified as a mental health professional shortage area with Tennessee ranking 44th in mental health workforce availability. Additionally, according to TAMHO, median wages of mental health occupations in Tennessee are lower than the national level, and “using Tennessee social workers as an example, 72% hold a graduate degree but get paid less than the median wages for all occupations in Tennessee combined.”</p>
1	Substance Abuse	<p>Need: Increase recovery housing to include peer run recovery residences, halfway houses, and three-quarter housing options to support treatment adherence and recovery skills, and increased education regarding recovery housing for treatment professionals, community members, and recipients.</p> <p>Data: While the Oxford House model has grown across the state, the need for more recovery housing remains. Currently, there are 107 Oxford Houses across the state with each home serving between 6-12 people. However, there continues to be housing “deserts” for individuals needing the support of recovery housing. Of the 95 counties in Tennessee, only nine have an Oxford House in their communities.</p>	

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Committee	Priority	Category	Adult Committee Needs Assessment (continued)
Adult	2	Substance Abuse	<p>Need: Increase educational opportunities for clinicians, health councils, educators, communities, faith-based organizations, and business partners surrounding the prevalence, impact, and resources regarding harm reduction, recovery, and reducing the stigma.</p> <p>Data: According to the National Center for Health Statistics, 1,837 individuals in Tennessee died from a drug overdose in 2018. Tennessee’s overall rate of drug-related deaths, at 24.3 per 100,000 residents, is much higher than the national rate of 19.2 per 100,000 (FilterMag, 2019). Additionally, a 2017 study conducted at the University of Tennessee Health Science Center, indicated substance abuse annually costs Tennessee more than \$2 billion — more than half of which is attributed to lost income from individuals who have fallen out of the labor market. While Tennessee has taken steps to increase harm reduction methods to include the Syringe Trade and Exchange Program (STEP TN), prescription drug takeback programs, and naltrexone distribution opportunities, stigma related to those programs as well to MAT programs has impacted an individual’s willingness to initiate treatment.</p>

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Committee	Priority	Category	Children’s Committee Needs Assessment
Children	1	Mental Health	<p>Need: Expand upon child and adolescent crisis response and stabilization to include the creation of walk-in centers, increasing the number of mobile crisis response staff, and establishing an ED triage system that includes mental health providers and peers in order to address the unmet needs of children, youth, and their families.</p>
			<p>Data: Suicide is the second leading cause of death among youth and young adults, and youth with a mental health need are at an increased risk. According to the TDMHSAS Behavioral Health Indicators TN and US: 2018 Data Book, in 2015, 12% of Tennessee youth had at least one episode of Major Depression, 28% reported feeling sad or hopeless, and nearly 10% attempted suicide. These percentages have continued to rise. A stronger system of crisis response is needed to decrease the level of severity especially in symptoms of depression.</p>
	2	Mental Health	<p>Need: Increase and establish preschool and school-age mental health screenings and services (including school-based services and pediatric partnerships) to ensure prevention and early intervention for young children.</p>
			<p>Data: The current TDMHSAS Databook does not include indicators for young children ages 0-8. However, providers indicate that early intervention services would reduce the need for treatment of more serious emotional disturbances (SED) if Tennessee had a stronger system of preventing, recognizing, and intervening early. Similarly, behavioral and emotional challenges that could lead to more serious needs may decrease while school-based liaisons and counselors would simultaneously benefit from long-term student success.</p>
1	Substance Abuse	<p>Need: Increase access to home-based substance abuse services for mothers with young children.</p>	
		<p>Data: Due to Medicaid transportation restrictions related to the number of passengers that can accompany a person receiving transportation, access to substance abuse services for mothers with young children who cannot get childcare are limited. In home or telehealth services would be best for women caring for young children.</p>	
2	Substance Abuse	<p>Need: Expand upon and provide more access to intensive outpatient (IOP) substance abuse treatment programs for youth to include telehealth services for youth in rural Tennessee.</p>	
		<p>Data: According to the TDMHSAS Behavioral Health Indicators TN and US: 2018 Data Book, 21% of youth indicate they have used illicit drugs and 50% admit they have used alcohol. Current services are centered in or near more urban areas of the state. It is imperative that more treatment services are made available to allow rural areas access to substance abuse treatment.</p>	