

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

Category	Multiple Needs by Region Department Update
Mental Health	<p>Need: Workforce Development</p> <p>Department Update: In the summer of 2021, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and TennCare, the State Medicaid Authority, convened and facilitated a Public Behavioral Health Workforce Workgroup to do the following: <i>(1) Clearly identify gaps and needs related to the public behavioral health workforce using relevant national data and data specific to the state of Tennessee; (2) Assess for strategies to address identified gaps, including proven actions to support the effective recruitment and retention of public behavioral health professionals in the state of Tennessee; and (3) Develop a report for key decision makers which will highlight identified gaps, but more importantly, will offer effective short-term and long-term strategies to address public behavioral health workforce challenges in the state of Tennessee.</i> One of the primary strategies identified by this workgroup included provider rate increases.</p> <p>Based on the work of this workgroup, both TDMHSAS and TennCare successfully received new funding in the FY23 state budget to support provider rate increases. Specific to TDMHSAS, approximately \$18 million dollars in recurring funds were appropriated in FY23 for provider rate increases. Both the TDMHSAS Division of Mental Health Services and the Division of Substance Abuse Services are currently working to issue these funds through FY23 budget amendments. TennCare has committed approximately \$12 million in new FY23 funds to increase rates related to Community Mental Health Centers, crisis services, Comprehensive Child and Family Treatment (CCFT), and C&Y residential treatment. Other activities of the state to address behavioral health workforce challenges includes a new partnership with the University of Tennessee College of Social Work to conduct high school outreach related to behavioral health professions, as well as continued prioritization of hiring individuals with lived experience (Certified Peer Recovery Specialists) and providing evidence-based supported employment services for Tennesseans living with SMI.</p> <p>TDMHSAS and TennCare recognizes the valuable insight that Planning and Policy Council members from across the state have on this topic, and we know their voice will be heard through the Statewide Planning and Policy Council leadership. Both departments are committed to continuing to address public behavioral health workforce challenges, including potential and relevant budget requests in future state budgets.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

Category	Multiple Needs by Region Department Update
Mental Health	<p>Need: Enhance the crisis continuum for children and youth and adults</p> <hr/> <p>Department Update: TDMHSAS maintains commitment to ensuring a comprehensive crisis continuum across the state. Currently, through a network of committed community-based providers, the Department in partnership with TennCare provides for a statewide crisis phone line, statewide mobile crisis services (including children, youth, and adults), crisis walk-in centers, crisis stabilization units, as well as crisis respite services.</p> <p>Over the past year, TDMHSAS has been preparing for the launch of 988 on July 16th. TDMHSAS has received several discretionary federal grants to support the state’s six 988/National Suicide Prevention Lifeline (NSPL) Centers. These grants include:</p> <ul style="list-style-type: none"> • NSPL Capacity Building Grant: \$203,894 October 1, 2019- September 30, 2021 (Funded by Vibrant Health) • 988 Planning Grant: \$205,000 February 1, 2021- January 31, 2022 (Funded by Vibrant Health) • NSPL 988 Infrastructure Enhancement Pilot- \$687,000 Started August 2021 (Funded through SAMHSA MHBG 5% crisis set aside) • Tennessee 988 Expansion Project- \$1.688M – started April 30, 2022 (Funded by SAMHSA) <p>Moving forward, TDMHSAS will continue to partner with the Tennessee Association of Mental Health Organizations (TAMHO) on the TN 988 Planning Coalition; Conduct ongoing evaluation of true volume increase and impact on current TN NSPL Crisis Center infrastructure post July 2022; and conduct ongoing evaluation of downstream crisis continuum impact based on noted volume increases post July 2022.</p> <p>In addition to the 988 planning, TDMHSAS also received approximately \$35 million in American Rescue Plan (ARP) funding to develop three (3) new crisis stabilization units (CSUs)/walk in centers in northwest Tennessee, the greater Clarksville area, as well as the area south of Nashville. In addition, TDMHSAS will be monitoring the outcomes of the new children’s CSU, operated by the McNabb Center, located at East Tennessee Children’s Hospital in Knoxville.</p> <p>In FY21, there were over 6k crisis calls to the statewide crisis line (855-CRISIS-1) and over 128k crisis calls to the statewide crisis line as the 13 local crisis provider crisis lines. Mobile crisis providers provide over 75k face-to-face assessments (45,303 adult mobile assessments + 10,823 child/youth mobile assessments + 19,213 walk in center assessments). Among the state’s CSUs, there were 6,348 admissions with an average length of stay of 2.86 days. There were also 3,601 individuals served in crisis respite beds with an average length of stay of 39 hours.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

Category	Multiple Needs by Region Department Update
Mental Health	<p>Need: Increase the number of inpatient treatment beds (Adults and Children)</p> <hr/> <p>Department Update:</p> <p>TDMHSAS continues to provide psychiatric inpatient services for individuals in need of emergency psychiatric inpatient care and/or court ordered forensic services. The four Regional Mental Health Institutes (RMHIs) provide 577 adult beds across the state, 30 of which are designated for a secure forensic services program. The RMHIs serve as a safety net for individuals who are unable to receive inpatient services elsewhere. These beds are complimented by services provided by three state contracted private psychiatric inpatient providers serving uninsured individuals in Regions 1 & 2. These contracted providers also serve children and youth with no third-party payer source, providing a safety net for youth that may not have in-state insurance coverage. Since most youth in TN with no other resources are TennCare covered, the private sector serves the great majority of youth in need of psychiatric inpatient services. Based on the 2020 Tennessee Hospital Association Joint Annual Report, there has been a 70% increase in staffed psychiatric beds for youth in Tennessee (257 in 2011 and 437 in 2020). Based on the 2020 Tennessee Hospital Association Joint Annual Report, there has been a 32% increase in staffed psychiatric beds for adults in Tennessee (2,509 in 2011 and 3,302 in 2020).</p> <p>For the past couple of years (FY20-FY22), there has been a decline in both presentations and admissions to the RMHIs and private inpatient providers. In part, this may be attributable to an increase in inpatient psychiatric beds made available within the private sector. Additionally, despite challenges associated with workforce shortages, it has been several years since an RMHI was unable to accommodate an admission due to lack of bed capacity. TDMHSAS continues to closely monitor the availability of psychiatric inpatient beds across the state and whether the needs of uninsured and/or underinsured individuals are being met. To date, there has not been any data or evidence presented to suggest the needs of this population are not being met but should data support the need for additional beds, TDMHSAS is committed to advocating for additional funding to support this need for the uninsured/underinsured population.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

Category	Multiple Needs by Region Department Update
Mental Health	<p>Need: Increase transitional and supportive housing</p> <hr/> <p>Department Update:</p> <p>TDMHSAS has a rich history in assisting in creating affordable supporting housing for Tennesseans living with SMI and/or co-occurring disorders (CODs). The most notable effort is the Creating Homes Initiative (CHI) which seeks to assertively and strategically partner with local communities to educate, inform, and expand quality, safe, affordable, and permanent housing options for people with mental illness and co-occurring disorders. The program was created in August of 2000 by Marie Williams, LCSW, current Commissioner of TDMHSAS, in response to the lack of safe, decent, quality, permanent, and affordable housing options for persons with mental illness in Tennessee. Today, along with the Director of Regional Housing Facilitators, there are a total of fourteen (14) Regional Housing Facilitators who work in collaboration with a wide variety of community stakeholders to create and develop safe, affordable, quality, permanent housing options for persons diagnosed with a SMI, substance use disorder (SUD), or COD along a continuum from 24/7 supervised living facilities to home ownership. Through FY 2021, the CHI has leveraged more than \$850 million to create more than 28,000 new housing opportunities across Tennessee.</p> <p>In FY20 an additional \$3 million was budgeted for CHI to expand efforts specific to Recovery Housing and Tennesseans living with SUD. This expansion, known as CHI 2.0, continues its efforts to leverage additional resources to create new, quality, safe, and affordable permanent supportive housing for Tennesseans in substance use recovery by virtue of the collaborate efforts between the seven (7) CHI 2.0 Regional Substance Use Housing Facilitators and an array of community partners and stakeholders.</p> <p>In the FY22 proposed budget, an additional \$3.6 million was budget for CHI to expand efforts yet again. This latest expansion, known as CHI 3.0, adds a focus on the creation of new, quality, safe, and affordable permanent supportive housing for Tennesseans with SMI and/or SUD who are reentering the community from prisons and jails or have been previously incarcerated. Several new CHI 2.0 and CHI 3.0 grantees will receive recurring grant funds toward operational and support services costs to benefit new residents and their path to recovery; these operational and support services programs are known as Supportive Recovery Housing and Supportive Reentry Housing, respectively.</p> <p>During FY22, Announcements of Funding (AOFs) for the Creating Affordable Housing grant, the CHI 2.0 grant, and the CHI 3.0 grant were released and over twenty (20) submitted proposals were selected for funding to create new, quality, and affordable permanent supportive housing for persons diagnosed with SMI, SUD, or COD. As a result of these grant opportunities, more than \$8.6 million have been awarded to support the creation of a total of 359 new beds.</p> <p>In FY21, the Intensive Long-Term Support (ILS) program expanded by dedicating \$1.1 million to support property acquisition and infrastructural rehabilitation of a property in West Tennessee to create 20 new residential beds for Tennesseans discharging from Western Mental Health Institute (WMHI). When completed, this program expansion will provide new, quality, safe, and affordable permanent housing with enhanced supportive</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

services for individuals discharging from WMHI who would otherwise not be able to successfully live in the community due to the lack of available housing with the capacity to meet their specific needs. Located in Madison County, this new ILS facility is projected to open in September 2022.

In FY22, an AOF was released to expand the ILS program yet again, this time to support discharges from Moccasin Bend Mental Health Institute (MBMHI). A proposal was selected to dedicate \$1.2 million to support property acquisition and rehabilitation in East Tennessee to create 21 new residential beds for quality, safe, and affordable permanent housing with enhanced supportive services for individuals discharging from MBMHI who would otherwise not be able to successfully live in the community due to the lack of available housing with the capacity to meet their specific needs.

At the request of the Tennessee Department of Economic and Community Development (TNECD), TDMHSAS provides ad hoc technical support, guidance, and insight regarding substance use recovery services and practices in support of their management of the Recovery Housing Program, which is a HUD-funded Community Development Block Grant opportunity to create transitional housing for individuals in substance use recovery.

In addition to the above updates, TDMHSAS continues to support the Community Supportive Housing program, which supports ongoing operations for permanent supportive housing for Tennesseans with SMI and/or CODs.

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

Category	Multiple Needs by Region Department Update
Substance Abuse	<p>Need: Increase funding/number of and access to residential & detox beds for adults and children</p> <hr/> <p>Department Update: TDMHSAS continues to provide for substance abuse treatment services for Tennesseans with an alcohol or drug dependency, or adults with a co-occurring substance use and a psychiatric diagnosis. Tennesseans are eligible for these services if: they have no financial means of obtaining services, are not enrolled in TennCare (or have depleted TennCare alcohol and drug treatment benefits) or have other third-party health benefits and meet the 133% federal poverty guidelines as set by the U.S. Department of Health and Human Services.</p> <p>Currently, the department provides residential and detox services across the state through partnerships with numerous community providers. Examples include Comprehensive Community Services, Frontier Health, Helen Ross McNabb Center, Council for Alcohol and Drug Abuse Services (CADAS), Volunteer, Buffalo Valley, Cocaine and Alcohol Awareness Program (CAAP), Harbor House, and other local treatment facilities committed to serving the state’s most vulnerable individuals.</p> <p>In addition to residential and detoxification services, TDMHSAS continues to support numerous substance use treatment services including the following:</p> <ul style="list-style-type: none"> • Medication-Assisted Treatment (MAT) • Outpatient and Intensive Outpatient Treatment • Partial Hospitalization • Managed Inpatient Withdrawal Management Care • Targeted Efficacy and Capacity-Building in Opioid Treatment- Tennessee (TECBOT-TN) <p>The State Opioid Response (SOR) Grant II provides residential and detox services for those individuals who choose to receive MAT (i.e., naltrexone).</p> <p>The department continues to explore opportunities to increase the number of and access to residential and detox beds for its targeted population. Recent federal grants received by TDMHSAS do not allow for detox services as the focus has been on MAT and outpatient services.</p> <p>In FY21, 6,124 Tennesseans received TDMHSAS funded residential treatment services and 4,369 received TDMHSAS funded detox services.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

Category	Multiple Needs by Region Department Update
Substance Abuse	<p>Need: Increase recovery housing</p> <hr/> <p>Department Update: In recent years, TDMHSAS has expanded the number of Oxford Houses across the state. Oxford Houses are safe, supportive housing options for adults at least 18 years old who are in recovery from alcohol abuse and/or drug abuse. Individuals must be motivated to live in a disciplined, supportive, alcohol- and drug-free living environment and be able to gain employment or receive some type of legitimate financial assistance. Residents pay a weekly fee that includes rent, utilities, cable, and internet connection. The fee varies between \$80 and \$110 per week, depending on the location.</p> <p>A goal of TDMHSAS continues to be to expand the number of Oxford Houses throughout the state. As of July 2022, there are 135 Oxford Houses in Tennessee with 979 beds.</p> <p>An Oxford House directory can be found here: http://www.oxfordhouse.org/pdf/tn_directory_listing.pdf</p> <p>In the FY20 proposed state budget, additional funds (\$3 million) were budgeted to expand the CHI to expand housing efforts specific to the SUD population. This expansion is known as CHI 2.0. TDMHSAS has utilized a portion of these state funds to support the hiring of an additional seven (7) Regional Housing Facilitators (known as CHI 2.0 Regional Substance Use Housing Facilitators) to focus solely on recovery housing as well as for seed funding to leverage other funding sources (e.g., HUD, Federal Home Loan Bank, USDA, Local Housing Authorities, private foundations, etc.).</p> <p>In FY21, seven proposals that were submitted in response to a CHI 2.0 AOF to create new recovery housing for Tennesseans living with SUD were selected. As a result of this grant opportunity, a total of 107 new beds have been created.</p> <p>In FY22, through a CHI 2.0 AOF, a projected total of 255 new beds are being created to support individuals in recovery from SUD.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

Category	Multiple Needs by Region Department Update
Substance Abuse	<p>Need: Increase prevention programs for at-risk youth</p> <hr/> <p>Department Update: TDMHSAS continues to support and expand mental health awareness programming, suicide and drug prevention programming, intensive care coordination, school-based services, and other key programming targeted towards at-risk youth. Recent examples include the following:</p> <p>During the 2021 legislative session, Governor Bill Lee and the Tennessee General Assembly approved \$6.5 million in new funding to implement the Tennessee Resiliency Project in FY22. TDMHSAS selected a total of ten programs across the state to receive grant funding to expand mental health services for children and youth. Selected initiatives include further expansion of school-based services and responses to the increasing need for emergency psychiatric services for children and youth. Chosen grantees are also focusing on early intervention services for children from birth to 8 years old. Infant and early childhood is a critical period for determining a person’s lifetime mental health, and funding will allow for the expansion of early childhood mental health training, coaching and consultation, as well as capacity development and awareness building. Sites were chosen in each of the department’s seven planning regions.</p> <p>TDMHSAS expanded its School-Based Behavioral Health Liaison (SBBHL) program to all 95 counties in the state. Governor Bill Lee budgeted, and the Tennessee General Assembly appropriated, an increase of \$3 million for FY22 to expand the program statewide. In the past year, the investment in the SBBHL program has seen almost double the number of students served across the State of TN from the previous year. In FY22, over 19,000 students were served and seen for one-on-one individual consultations, psycho-educational groups, and/or clinical services (individual, group, or family therapy sessions).</p> <p>The System of Care Across Tennessee (SOCAT) has been providing Intensive Care Coordination Services using High Fidelity Wraparound since 2017. Since that time, 500+ families have received intensive in-home services that allow families to be in driver seat of their care. As the initial SOCAT grant ended, TDMHSAS was awarded another four-year, \$12 million System of Care grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Additionally in the same year through a partnership with the Tennessee Department of Human Services, TDMHSAS was awarded a three-year, \$9 million grant. Through SOCAT efforts, in addition to intensive in-home services, SOCAT has continued to develop out the Family Support Specialist program, certifying more than 100 parents and caregivers as paraprofessionals; the Community Engagement program; and the Training and Technical Assistance Center.</p> <p>TDMHSAS funds the First Episode Psychosis Initiative (FEPI) program, referred to as OnTrack TN. In FY22, OnTrack TN expanded from five to eight sites across the state. OnTrack TN is designed to provide early intervention services for youth and young adults ages 15 to 30 who have experienced first-episode psychosis with a goal of improving long-term outcomes, enabling youth and young adults with a psychosis spectrum disorder to function more effectively at home, in school, and in the community.</p> <p>In FY19, TDMHSAS was awarded a Clinical High Risk for Psychosis (CHR-P) grant from SAMHSA. This program is in Shelby County and utilizes a stepped-care model of care to assist youth and young adults ages 12 to 25 who are at clinical risk for developing psychosis. The goal of the program is to delay or prevent the onset of psychosis for youth and young adults who are at clinical high risk for psychosis.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2022 Needs Assessment Summary Multiple Needs by Region Department Update**

In May 2021, TDMHSAS launched a certification for young adult peers. The Certified Young Adult Peer Support Specialist (CYAPSS) program is designed for young people ages 18-30 who have lived experience of mental illness, substance use, or CODs, have been in recovery for at least one year, and want to provide peer support to other young people aged 30 or under. In FY22, 18 young people completed CYAPSS training and eight became fully certified.

The Tennessee Prevention Network (TPN) provides prevention services to individuals who are members of a group that has an elevated risk for developing substance use problems and/or individuals with personal risk factors or initiation of behaviors related to substance use. In FY 2020-2021, over 6,000 students were served through TPN.

TDMHSAS provided funding support for the Tennessee Teen Institute (TTI) in FY21. The goal of TTI is to promote the development of a healthy, safe, and drug-free lifestyle by impacting the attitudes and behaviors of Tennessee youth in the areas of alcohol, tobacco, drug abuse, and violence. TTI facilitates this by having young people develop Action Plans to implement prevention projects and programs in their schools and communities. TTI focuses on youth leadership skills and empowerment as key strategies to prevent underage alcohol and drug use.

In FY22, TDMHSAS was awarded grant funding made available by SAMHSA through its Transformation Transfer Initiative. This funding was provided to implement three projects, with two specifically aimed at at-risk youth. Tennessee will expand utilization of the Shield of Care curriculum, a research-informed suicide-prevention curriculum that teaches juvenile detention staff strategies to prevent suicide within youth detention settings. This will provide staff in these centers with suicide prevention skills, self-efficacy in suicide prevention, and knowledge of suicide risk and protective factors to reduce incidents of suicide within their facilities. Secondly, TDMHSAS has created two teams composed of one care coordinator and one family support specialist that will be embedded within the current crisis teams. The goal of these teams is to provide families with in-home services to reduce the amount of time spent in ED holding, while providing parents with skills, referrals/resources, and psychoeducation to better navigate crises in the future without relying solely on emergency departments.