Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2021 Needs Assessment Summary

Identifying the most relevant behavioral health needs of Tennesseans is essential to the activities of the Department of Mental Health and Substance Abuse Services (TDMHSAS). TDMHSAS ensures that the most relevant needs are prioritized by asking the Statewide and Regional Planning and Policy Councils to complete an annual Needs Assessment. Each Spring, the seven Regional Planning and Policy Councils as well as the Statewide Planning and Policy Council's Committees (Adult, Children's, and Consumer Advisory Board) work independently to identify and prioritize two mental health and two substance abuse needs. Each identified need is supported by data supplied by the council or committee that identified the need and is submitted to the Department. Information from each Statewide Committee and Regional Planning and Policy Council is gathered, and a Needs Assessment summary is compiled. This summary is then shared with TDMHSAS leadership and assists in the development of the Department's Three-Year Plan.

Regional Council	Priority	Category	Regional Council 1 Needs Assessment
Region 1	1	Mental Health	**Need:** Increase the number of licensed behavioral health professionals in Region 1, specifically within the youth and adolescent treatment field. **Data:** According to data presented by the Tennessee Association of Mental Health Organizations (TAMHO), Tennessee is ranked 50th regarding mental care access for adolescents. For youth with severe depression, only 12% received consistent mental health care, and according to the Mental Health Trust Fund, 60% of mental health services in Tennessee are received in schools. Within Region 1, there is mental health support in every school. However, some therapists and case managers cover several schools, leaving gaps in services due to balancing the needs of several schools with hundreds, sometimes thousands, of students. Tennessee has one therapist for every 740 residents or 150 Tennesseans experiencing a mental health disorder (TAMHO). Further, reimbursement rates have not increased and funding to expand services and positions is limited. This creates an economic impact for all Tennesseans with a strain on the economy through increased involvements in the juvenile justice system, homelessness, school failure, and increased emergency room visits for crisis care. According to the Tennessee Suicide Prevention Network (TSPN), suicide is currently the leading cause of death for adolescents. Although the Mental Health Trust Fund is planning to address this issue, there is a need to create sustainability and increase mental health supports inside and outside of schools.
	2	Mental Health	**Need:** Enhance and expand workforce development for mental health professionals that will improve incentives and education/training for individuals seeking employment in mental health. **Data:** There continues to be a growing demand for mental health treatment in Tennessee. Yet, the demand is not met with the equal supply of mental health professionals. According to a 2019 report (countyhealthrankings.org)., there is only one mental health provider for every 660 residents in Tennessee. Further, the Health Resources & Services Administration (HRSA) reports that at least 95% of counties in Tennessee have mental health care provider shortages compared to the national average of 27%. Therefore, only 11% of the need for mental health professionals in Tennessee is currently being met (TAMHO, 2019). In this year's public polls from East Tennessee State University (ETSU), 34.6% of Tennesseans were symptomatic of anxiety and 27.1% were symptomatic of depressive disorder, which is significantly higher than the numbers reported in 2019 (more than four (4) times higher levels of anxiety and more than three (3) times higher levels of depression). Additionally, according to Mental Health America studies, from January to September 2020, 315,220 people took the anxiety screen, a 93% increase over the 2019 total number of anxiety screens and 534,784 people took the depression screen, a 62% increase over the 2019 total number of depression screens. The number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19. In September 2020, the rate of moderate to severe anxiety peaked, with over 8 in 10 people who took an anxiety screen scoring with moderate to severe symptoms. Over 8 in 10 people who took a depression screen have scored with symptoms of moderate to severe depression consistently since the beginning of the pandemic in March 2020.

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Regional Council	Priority	Category	**Regional Council 1 Needs Assessment** (continued)
Region 1	1	Substance Abuse	**Need:** Increase the number of school-based prevention programs including student assistance programs, school-based mental health liaison programs, and primary prevention programs. **Data:** According to data obtained by the TN Together Student Survey, in Region 1, 3.4% of students surveyed had used prescription drugs, 18.8% reported alcohol use, 11.8% reported marijuana use, and 24.3% reported the use of tobacco and electronic cigarettes. The survey also reported that almost half of all Tennessee adolescents experimented with drugs. Though adolescent drug use appears to be trending down, support is still needed to address this issue in order to continue to see less drug use among Tennesseans under the age of 18.
	2	Substance Abuse	**Need**: Increase recovery and transitional housing for individuals with substance use disorder (SUD). **Data**: According to the U.S. Department of Housing and Urban Development's (HUD) 2020 Annual Homeless Assessment Report, 580,466 people experienced homelessness in the United States on a single night in 2020, an increase of 12,751 people, or 2.2%, from 2019. In Tennessee, there are 10.9 homeless people for every 10,000 residents. In total, 34.8% of the homeless Tennessee population is living unsheltered. Among all U.S. states, Tennessee has the 20th highest rate of homelessness. In 2018, only 3% of HUD's Homeless Assistance Grant Program went to transitional housing, down from 35% in 2005.

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Regional Council	Priority	Category	Regional Council 2 Needs Assessment
Region 2	1	Mental Health	**Need:** Enhance workforce development within the behavioral health field that addresses discrepancies between behavioral health and other occupations, reviews reimbursement rates that correlates to present and future service delivery, and brings attention to specialized populations such as culturally and linguistically appropriate services (CLAS) for individuals who are deaf and hard of hearing. **Data:** Workforce development is at a critical level in Tennessee with many providers struggling to obtain and retain psychiatric medical providers, licensed therapists, bachelor's level professionals, and peer staff. The U.S. Department of Health and Human Services (DHHS) 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. For example, 72% of social workers in Tennessee hold a graduate degree but get paid less than the median wages for all occupations in Tennessee combined. Not only are individuals leaving the behavioral health field presently to secure higher wages, the demand to provide behavioral health care for our citizens is significantly increasing. Further, the rate of diagnosed personality, mood, and adjustment disorders for Deaf individuals is higher than that of the hearing community. However, CLAS supports do not currently exist in Tennessee for Deaf consumers with intellectual disabilities and/or serious mental illness (SMI). According to the American Psychological Association (APA), in terms of mental health care, Deaf patients have been identified as the most underserved of any disability group.
	2	Mental Health	**Need**: Increase school-based behavioral health supports by establishing mental health support teams to all 21 Region 2 school districts with community behavioral health partnerships on each of these teams. **Data**: TDMHSAS' most current Three-Year Plan reports that in the 2019-2020 school year only 9,918 students received targeted behavioral health services and supports out of 85,749 students, less than 12% of the Tennessee public school population. The Tennessee Comprehensive School-Based Mental Health Resource Guide (2018) reports "mental and emotional health are critical for student success. One out of every five children ages 2–17 in Tennessee has a mental health condition, yet less than half of children with mental health challenges receive treatment, services, or support." Regional data from the 2018 Knox County Middle School Youth Risk Behavior Survey (MSYRBS) reports "almost one out of five middle school students (19.8%) reported they have seriously considered suicide. In addition, 11.5% of middle school students reported they had ever made a suicide plan. Approximately six percent (6.3%) of middle school students reported they had attempted suicide." As of 2018, suicide is the third leading cause of death for young people (ages 10 - 19) in Tennessee, with one person in this age group lost to suicide every week (TSPN). Data provided by McNabb Center's Youth Mobile Crisis team reports that from 8/1/2018 - 5/30/2019, 185 crisis assessments were completed at schools while Youth Villages reported 173 crisis assessments at schools during the same time period. In 2020, TDMHSAS announced funding for one (1) school-based behavioral health liaison (SBBHL) to be placed in all 95 counties in the state. While this is a significant move forward in addressing the behavioral health needs of schools, Tennessee public schools educate students throughout 139 school districts and more than 1,700 public schools across the state. However, members of the Region 2 Children's Subcommittee report that the SBBHLs they work with only cover 1-3 schools. If this is accurate for all SBBHLs across the state, then SBBHLs only serve approximately 15% of Tennessee schools.

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Regional Council	Priority	Category	**Regional Council 2 Needs Assessment** (continued)
Region 2	1	Substance Abuse	**Need:** Increase funding to establish residential and detox treatment beds to align services with the community demands in Region 2. **Data:** The need to establish residential and detox beds was identified by Regions 2, 3, 4, 5, 6 and 7 in 2019, and again by Regions 2, 3, and 7 in 2020. In Region 2, agencies that currently provide these services are reporting that they are exhausting their funds well before the end of each fiscal year. In 2019, 293 individuals died from a drug overdose in Knox County and the Knox County Regional Forensic Drug Center reports that the top five drugs found in autopsies were synthetic opioids, methamphetamine, alcohol, heroin, and cocaine. More recently, between March and May 2020, 100 individuals died due to a suspected overdose which is a 40% increase from the same time frame in 2019. In Region 2, detox and residential treatment beds for the indigent population are sparse (Stepping Stones in Blount County has only 46 adult detox beds) with many of the indigent beds located outside of the region. Additionally, with the pandemic affecting employment, the number of insured individuals within the region is decreasing. The March 2019 U.S. Census Bureau's Current Population Survey found that "the uninsurance rate among unemployed persons who had lost or left a job was 26.3% versus 10.7% among those with jobs." Using that as an estimate with the 15.6% difference to the 9.955 million Americans who filed for unemployment at the start of the COVID-19 pandemic, the estimate is that 1.553 million newly unemployed persons will lose health coverage as a result of the pandemic.
	2	Substance Abuse	**Need:** Create more accurate and timely data on fatal and non-fatal overdoses in Region 2. **Data:** More accurate and timely data as it pertains to fatal and non-fatal overdoses could be made available by broader use and adaptation of the Overdose Detection Mapping Application Program (ODMAP) which is already being used by Shelby County and Davidson County. ODMAP provides near real-time data on fatal and non-fatal overdoses which can help public health and public safety agencies mobilize prevention and intervention responses. The data also allows agencies to target response efforts to specific geographic areas or high-risk individuals. Although the use of ODMAP is free, most first responders prefer the ease of use provided by application programming interfaces (API) between their current technology workflow and ODMAP. This interface allows a portion of the data collected to be transferred directly into ODMAP without extra work on the part of the first responder. However, there is a small cost to create these API interfaces.

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Regional Council	Priority	Category	Regional Council 3 Needs Assessment
Region 3	1	Mental Health	**Need:** To conduct a long-range study which addresses access to behavioral health treatment and recovery services, and the current and future needs for a sufficient, well trained, and culturally diverse behavioral health workforce. **Data:** A growing need for behavioral health services compounded by limited access to care has created a health crisis in the United States (Blue Ridge Academic Health Group, 2020). A 2019 TAMHO publication reports: • Compared to other states, Tennessee sits among the worst – 45th – in Mental Health America's overall ranking for 2019. This signals a higher prevalence of mental illness and low access to care, a category in which Tennessee again ranks 45th. • One in five adults with mental illness in TN are unable to get necessary mental health services, and more than half (57%) receive no treatment, and the youngest Tennesseans fare no better as the state is ranked 50th in access to care for youth. • Consumers flood crowded emergency departments (EDs) at startling rates, with TN experiencing a 41% increase in behavioral health related ED utilization from 2011 to 2016 (the 2016 jump of a 14% increase beat out the 2015 increase of 8% - the largest and second largest reported increases in at least 10 years. • Over 60% of psychiatrists in the US are older than 55, and more than half are expected to retire by 2025. Meanwhile, the number of physicians willing to do psychiatry is shrinking, as only 3% to 5% of medical graduates enter the field. TN ranks 44th in mental health workforce availability, with only one (1) mental health provider for every 740 residents or approximately one (1) for every 150 Tennesseans with mental illness. • HRSA reports that at least 95% of counties in TN have Health Professional Shortage Area designations for mental health, and only 11% of the need for mental health professionals in TN is currently being met, compared to 27% nationally. We recommend the TDMHSAS study be comprehensive to both mental health and substance abuse issues related to access to treatment/care and workforce issues.
	2	Mental Health	**Need:** Increase the number of behavioral health respite resources to serve children with severe emotional disturbance (SED) in Region 3. **Data:** According to the Idea Data Center (IDC), for Tennessee, 0.37% of students ages 6 to 21 enrolled in school in the state have a disability categorized as an emotional disturbance. This means that of the 881,993 students enrolled in Tennessee schools, approximately 3,263 have been diagnosed with a debilitating emotional disturbance. This is in comparison to the total number of individuals served in a behavioral health respite service. In 2020, the Respite Voucher Program served 143 families statewide, and the TDMHSAS Planned Respite Program served 103 families and 128 children statewide. However, Volunteer Behavioral Health Project Affirm and the Planned Respite Program do not have providers in Region 3.

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Regional Council	Priority	Category	Regional Council 3 Needs Assessment (continued)
Region 3	1	Substance Abuse	**Need:** Continuation of telehealth (audio and/or video) services to meet the needs of clients**.** **Data:** Data compiled from several organizations within the region show that telehealth has increased connection to care up to 48%. Cherokee Health saw a 10-15% increase in first time appointment attendance; the Council for Alcohol and Drug Abuse Services (CADAS) saw a 6% increase in attendance rate overall with 80-90% of outpatient program clients using telehealth; Spero Health utilizes telehealth for 90% of program clients; Volunteer Behavioral Health (across service locations) saw a 36% increase in therapy appointment attendance, a 40% increase in medication management appointments, a 25% increase in Behavioral Health Safety Net (BHSN) individuals served, and a 7% increase in TennCare individuals served; and lastly, Mental Health Cooperative (Cleveland and Chattanooga locations) saw an 11% increase in medication management appointment attendance, a 14% increase in therapy appointment attendance, and a 56% increase in BHSN individuals served. Some of the reported barriers that can be overcome with telehealth services include transportation, financial (gas/bus money), childcare, health concerns, and being awake to attend early morning appointments.
	2	Substance Abuse	**Need:** Increase the number of adolescent-specific substance abuse recovery support groups in Region 3. **Data:** According to the 2019 Tennessee Youth Risk Behavior Survey, 21.6% of high school youth surveyed drink regularly; 8.8% binge drink; 17.5% use marijuana, and 13.7% took a pain medication they weren't prescribed. As adolescents step down from substance abuse treatment services, there are not many adolescent-specific substance abuse recovery support groups to continue treatment. In fact, in Region 3, there are only two known adolescent-specific recovery support groups.

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Regional Council	Priority	Category	Regional Council 4 Needs Assessment
Region 4	1	Mental Health	**Need:** Expand Peer Intensive Support (PIS) to include services after discharge from a Regional Mental Health Institute (RMHI). **Data:** According to Mental Health Cooperative, one of the largest service providers following discharge from an RMHI, 50% of consumers do not participate in follow-up care. PIS services are only provided to individuals while admitted to an RMHI and are not provided to consumers after discharge. Though case management and other services are provided to these individuals after discharge, PIS could provide that extra support needed for success in the recovery process following hospitalization. The desired outcome is continuity of care for success in the recovery process following hospitalization. PIS after discharge could not only help decrease future hospitalization but could also assist with successful reintegration into the community.
	2	Mental Health	**Need:** Increase capacity for same-day or next-day outpatient appointments. **Data:** Individuals in urgent need are having to wait 3 to 8 weeks for first available appointments. Quite often these individuals need to establish services with a provider and may need medication. They may also be uninsured due to job loss or may have moved to TN from out of state. For the mental health of the client and for cost utilization, it could be more effective to start outpatient treatment within 48 hours of contact whenever possible.
	1	Substance Abuse	**Need:** Survey treatment centers to determine what additional funding is needed to ensure treatment providers have enough funding to last the entire year. **Data:** According to the Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS), funds for residential SUD treatment are often depleted within treatment facilities by May and June each year leading to extensive wait lists. While some facilities have access to other funding, many do not. A survey could determine what additional funding is needed at each facility to ensure funds last the entire year.
	2	Substance Abuse	**Need:** Increase the number of behavioral health clinicians by conducting a statewide assessment and strategic behavioral health workforce development plan, inclusive of mental health and SUD services, providing behavioral health professional incentive programs available in any county with designated HRSA workforce shortage areas, and providing higher reimbursement rates for behavioral health providers across all payors and service types. **Data:** There is an urgent need for more behavioral health clinicians in Region 4 and throughout the state. As a result of behavioral health workforce shortages, Region 4 is unable to adequately meet demand for treatment of mental health, SUD, and co-occurring disorder. According to the 2020 TAMHO report "All Hands on Deck: Tennessee's Mental Health Workforce Shortage", along with virtually every county in the state, Davidson County (Region IV) is designated by HRSA as a Health Provider Shortage Area for behavioral health. Additionally, Tennessee is facing a combined shortage of approximately 4,000 to 6,500 psychiatrists, psychologists, clinical social workers, mental health counselors, addiction counselors, and marriage and family therapists. More than half of all psychiatrists, for example, are expected to retire by 2025 (HRSA, 2018). At the same time, a shrinking number of medical graduates enter the field of psychiatry (3-5%). Tennessee ranks 46th in mental health workforce availability for 2021, with one (1) provider for every 660 residents. Further, an estimated 10,000 Tennesseans died from drug overdoses from 2013 to 2018, and overdose deaths continue to rise annually in TN. As of 2019, Davidson County has the highest share of fatal opioid overdoses (18%) in the state.

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Regional Council	Priority	Category	Regional Council 5 Needs Assessment
Region 5	1	Mental Health	**Need:** Establish a Crisis Stabilization Unit (CSU) in Region 5. **Data:** Currently, Region 5 is the only region in Tennessee without a CSU. The closest CSU is in Region 4, where 6% of referrals were from out of county between August 2019 and February 2020. Since the onset of the pandemic, the Region 4 CSU has not seen a decrease in the number of Davidson County clients in crisis and in need of assessments. As the number of Davidson County assessments and walk-ins increases, the number of out-of-county referrals they can accept decreases. Additionally, as a result of the pandemic, the Region 4 CSU had to limit their beds from 15 to 8 and paused all out-of-county referrals leaving the 1,733,652 individuals in Region 5 without access to a CSU. In 2020, there were 13,830 total crisis assessments conducted within the counties of Region 5. During that same time, Davidson County had 8,229 crisis assessments conducted. When compared to other southern states, TN is falling behind with seven CSUs for a population of 6,944,260. Currently, Georgia has 18 CSUs for a population of 10,830,000; Mississippi has 13 CSUs for a population of 2,966,410; Kentucky has 12 CSUs for a population of 4,480,710; Florida has 40 CSUs for a population of 21,944,660; and West Virginia has 16 CSUs for a population of 1,767,860.
	2	Mental Health	**Need:** Provide youth mental health first aid (YMHFA) to all school staff throughout the state. **Data:** School and life outcomes are greatly improved with the early detection and treatment of mental health concerns (Mental Health America, 2021). Relationships with family members, teachers, or peers have been shown to be a protective factor against substance use in adolescents. Teachers interact with students daily and provide mental health and behavioral interventions regularly. Teachers also have the potential to provide early intervention because they have relationships with their students and see them five days a week (Glasper, 2017). If properly trained to identify mental health or substance abuse struggles, teachers can provide critical early intervention (Phillippo & Kelly, 2013). According to a study in 2018 (Gryglowicz, Childs, & Sodertrom), YMHFA was effective, specifically for staff with no prior mental health training or experience with vulnerable populations. Research on the efficacy of YMHFA found "(1) the majority of respondents had had some direct experience of a situation where mental health issues were salient, and the course enabled them to take steps that led to better effects than otherwise might have been the case; (2) positive effects were experienced in terms of increased empathy and confidence, as well as being better able to handle crises; (3) the positive effects were experienced by a wide range of people with varied expectations and needs; (4) there was no evidence of people over-reaching themselves because of over-confidence and (5) those who attended were able to identify quite specific benefits and many thought the course was not only very useful, but were keen to see it repeated and extended (Jorm, Kitchener, & Mugford, 2005)." These findings have been corroborated by additional studies on the efficacy of YMHFA (National Council on Behavioral Health, 2021). In 2016, 113,351 children received publicly funded behavioral health services in Tennessee, and almost 10% of adolescents aged 12 to 17 had a major depressive episode. The second leading cause of death for individuals 10-14 years old in Tennessee is suicide, and one out of every ten high schoolers in the state reported they attempted suicide at least once in the past year (BetterTennessee). According to the Tennessee Department of Education (DOE), 2.9% of youths in Tennessee reported they required medical interventions for an injury, overdose, or poisoning as a direct result of attempting suicide, 13% reported they made a plan to attempt suicide in the past year, and 16.5% reported they seriously considered suicide.

Regional Council	Priority	Category	**Regional Council 5 Needs Assessment** (continued)
Region 5	1	Substance Abuse	**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. **Data:** This was also identified last year in Region 5's needs assessment. When MMWM was originally funded, the only referral sources that could refer to this program were the RMHIs, TDMHSAS-funded mobile crisis teams, ERs, and law enforcement. Those referral sources kept the MMWM beds occupied. 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, have been referring so many individuals for MMWM that the funding no longer supports the demand. Although Tennessee has been fortunate to receive new treatment funding, it has been focused on the opioid crisis. As a result, those addicted to other substances that require MMWM, finding an available bed can be challenging. 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. For example, as treatment beds are booked for residential and/or intensive outpatient program (IOP), approximately 30% of those initially determined not to require MMWM still have to be sent to a MMWM bed before regular treatment services can be started. Further, with the increased DEA regulations, the cost to deliver MMWM has doubled when prescribing buprenorphine as MMWM providers are required to either have a X-waiver prescriber on site 24/7 or a nurse practitioner must be at the facility 24/7 so that telehealth services can be used with the X-waiver prescriber (it is important to note that the allowance of telehealth services has only been available during the pandemic and is likely not a permanent solution). In FY11, at Buffalo Valley, Inc., 75 individuals were served. In FY20, 1,482 were served. For the past 8 months, 932 have already been served.
	2	Substance Abuse	**Need:** Increase funding for medication-assisted treatment (MAT) programs in Region 5 to offset the cost of complying with Drug Enforcement Administration (DEA) regulations associated with telehealth services as well as breaking the barriers to care associated with housing. **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. While this requirement has been relaxed temporarily 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 detox and two per week for MAT services. Additionally, funding is needed to address the housing issue associated with MAT. As clients remain in MAT longer, the availability of housing is restricted because of the limited number of housing providers willing to accept clients/residents on buprenorphine. While more housing providers are agreeable to take those on buprenorphine, the entry and weekly cost are more than they can afford to pay. Upon interviewing clients who "dropped out" of MAT, the majority (greater than 50%) do not have adequate, safe, supportive housing in which to live while they actively participate in MAT. Additionally, in Region 5, twelve MAT support groups recently closed.

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Regional Council	Priority	Category	Regional Council 6 Needs Assessment
Region 6	1	Mental Health	**Need:** Develop a certified peer recovery network for parent to parent and youth to youth support. **Data:** While Tennessee has a successful adult peer recovery network, there is a need to develop a similar peer recovery network for parent to parent support and youth to youth support. An ideal youth peer recovery network would allow for young adults who have recovered or managed their mental illness to mentor youth in a supervised setting such as a support group or planned social event. Region 6 proposes that this network fall under the umbrella of Healthy Transitions expanding the age of Healthy Transitions participation to 12 to 21 years old as the Center for Disease Control (CDC) indicates that there is a current spike in the numbers of youth with anxiety and depression ages 12 to 17. Region 6 also asks that TDMHSAS identify permanent funding for Healthy Transitions in the next fiscal budget and implement the program statewide. Per the CDC, the prevalence of mental health disorders in children is on the rise with 20-30% of adolescents experiencing episodes of major depressive disorder before they reach adulthood. Additionally, 50-75% of adolescents with anxiety disorders or impulse control disorders develop these during adolescence (versus earlier childhood onset). While 8 out of 10 children with depression get treatment, for various reasons including stigma, there is a large percentage of children who struggle with depression and do not seek treatment beyond pharmacological support. A peer to peer recovery model might assist in de-stigmatizing mental health treatment, and if included in Healthy Transitions which focuses on other needs besides mental health, could also assist with parental "buy in". For example, a parent might be more willing to sign permission for an after school or other program that would also help their child with financial management, housing stability, and career and educational attainment.
	2	Mental Health	**Need:** In partnership with the Tennessee Department of Education (DOE), establish, evaluate, and consistently update an online comprehensive mental health curriculum for school counselors, residential treatment centers, and partial hospitalization programs to use with youth. **Data:** While schools can use the "Tennessee Comprehensive School-Based Mental Health Resource Guide", a standard statewide curriculum is not yet in place. Recently, the Governor has renewed his proposal for the Mental Health Trust Fund which will help provide services to students with emerging mental health concerns. This identified need could pair with this initiative to develop a standard awareness curriculum to help children establish patterns of healthy mental health starting in Pre-K through high school graduation. Currently, 1 in 6 children ages 2-8 have a diagnosed mental health condition, and per the CDC, the prevalence of mental health disorders in children is on the rise with 20-30% of adolescents experiencing episodes of major depressive disorder before they reach adulthood. Additionally, 50-75% of adolescents with anxiety disorders or impulse control disorders develop these during adolescence (versus earlier childhood onset) and there is a current spike in the numbers of youth with anxiety and depression ages 12 to 17. Students are also transitory and are often from low income families or involved in the child welfare system. If one school is using IC Hope and another is using YMHFA, the student may not get the same message about mental health or miss parts that they need for success. However, with a statewide set curriculum, this would allow students to easily change schools while still following the curriculum.

Regional Council	Priority	Category	Regional Council 6 Needs Assessment (continued)
Region 6	1	Substance Abuse	**Need:** Expand workforce development initiatives to create employment opportunities for individuals without bachelor's degrees. **Data:** In Madison County, 77.2% of residents have less than a bachelor's degree (or an equivalent trade degree). This percentage is lower statewide for citizens over the age of 25 at 65%. Those with less than a bachelor's degree often work for hourly wages, and in Madison County, that equates to roughly 58% of the population. Additionally, when including retired individuals, approximately 75% of Madison County residents are less likely to have benefits and more likely to experience fluctuations in income. It is noteworthy, this data is from 2018, well before the COVID-19 pandemic, and indeed can be predicted to reveal a bleaker situation today. Workforce Development Solutions of the U.S. Department of Labor suggests implementing a regional plan that addresses several challenges facing the workforce such as recruitment and screening, training and education, and retention and upskilling by providing incentives to employers to assist with childcare to retain employees.
	2	Substance Abuse	**Need:** Establish case management funding that is provided throughout the entire substance abuse treatment continuum**.** **Data:** Different funding streams focus on single modalities such as residential treatment or intensive outpatient programs. While case management is an essential component of these modalities, it is also essential in other areas of treatment. Funding is critical to breaking down this need by ensuring that case management is not only provided throughout the continuum, but also provided by clinicians that are flexible, community-oriented, and accessible at various times to assist a person in early recovery. According to TNWITS data, at Aspell Recovery alone, 417 residential substance abuse clients were served and received case management. Funding, however, pays per day and not per service, and only two state funding streams pay for case management services specifically. There is a need for funding across all state grants to cover case management, specifically for clients in early recovery post-residential treatment.

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Regional Council	Priority	Category	Regional Council 7 Needs Assessment
Region 7	1	Mental Health	**Need:** Increase funding to continue and expand the CARE (Crisis Assessment and Response to Emergencies) Team Model in Memphis as well as to conduct research into its suitability for expansion throughout the State of Tennessee. **Data:** CARE is the multi-disciplinary counterpart to law enforcement's Crisis Intervention Team (CIT) concept which was founded in Memphis over three decades ago and has been replicated throughout the state, country, and internationally. CARE builds upon CIT innovation and operates as a three-member response team, partnering a specially trained community paramedic from the Memphis Fire Department with a master's level mental health assessor from Alliance Healthcare Services (AHS) and a Memphis Police Department CIT officer. The CARE Team Model has definitively proven that a multi-disciplinary approach to behavioral health response in the prehospital setting can provide a more holistic and person-centered approach while also leading to significant downstream in cost savings. In its first two years of operation, the CARE Team provided 1,067 assessments to 858 individuals. Sixty-three percent of these assessments led to persons being diverted from inpatient hospital care, resulting in an estimated cost savings of more than $5,000,000. As an established co-responder model, the CARE Team is an effective solution for placing behavioral health specialists in contact with patients experiencing crises while minimizing law enforcement intervention, avoiding jail time and unnecessary ambulance transport to hospital emergency departments, and—most importantly—linking behavioral health patients in crisis with definitive care in a much timelier manner. Simply put, the CARE Team provides the right care, in the right place, at the right time, and at a lower cost. (Amerigroup/Alliance Healthcare Services (AHS) CARE Team Joint Report, 2020/2021)
	2	Mental Health	**Need:** Establish a community walk-in center for youth and families to gain access to mental health services and receive an assessment without having to go to an ED or psychiatric hospital. **Data:** According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, 21% of TN youth ages 2-17 have a behavioral health diagnosis from a doctor. Of these children, only 60% receive services to address the diagnosis. In fact, 28% of youth report that they feel sad or hopeless almost every day and meet criteria for depression, and 10% have attempted suicide in the past 12 months. There is a disconnect with the children who have a mental health need and those who can readily access services. In TN, several areas have crisis walk-in centers for adults to access mental health treatment and get referrals for treatment. However, this does not exist in Shelby County for children and youth. Many children in Shelby County are living in poverty and receive TennCare. There is a need in Shelby County for a community resource set up to connect families to resources. This location could be a place where families could come in requesting help or law enforcement could drop off as a jail diversion program to assist with getting youth connected with services.
	1	Substance Abuse	**Need:** Increase the amount of medical detox services for the uninsured or underinsured in Shelby County. **Data:** There is need for a safety net type of solution for addiction services in Shelby County. 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 (SUD) 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. While there are many resources for those with insurance, those without are left to face long wait lists which can ultimately lead to individuals falling deeper into their addiction or dying from the disease. According to the Shelby County Health Department, so far in 2021, there have been 526 ED visits related to opioid use disorder (OUD), 627 suspected drug overdoses (with 58 overdoses occurring in one week alone), and 132 overdose deaths. Additionally, Alliance Healthcare Services reports that their detox beds remain full 90% of the time with waitlists growing daily.

Regional Council	Priority	Category	**Regional Council 7 Needs Assessment** (continued)
Region 7	2	Substance Abuse	**Need:** Establish substance use prevention programs within Shelby County Schools. **Data:** Existing substance abuse prevention programming in the county is provided outside of the 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. According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, almost 22% of high school students use vapor products, 16% rode with a driver who had been drinking alcohol, 17% have themselves used alcohol in the last 30 days, and 8% have used illicit drugs.

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Committee	Priority	Category	Consumer Advisory Board (CAB) Needs Assessment
CAB	1	Mental Health	**Need:** Establish peer-run respite centers in Tennessee. **Data:** Peer respites were designed as psychiatric hospital diversion programs to support individuals experiencing or at-risk of a psychiatric crisis. The premise behind peer respites is that psychiatric emergency services can be avoided if less coercive or intrusive supports are available in the community. Peer respites engage guests in mutual, trusting relationships with peer staff. Peer support involves a process of mutual helping based on the principles of respect and shared responsibility and includes interactions in which individuals help themselves and others through fostering relationships and engaging in advocacy to empower people to participate in their communities. According to a study conducted against a control group, respites guests were 70% less likely to use inpatient or emergency services, and respite guests experienced greater improvements in self-esteem, self-rated mental health symptoms, and social activity functioning compared to individuals in inpatient facilities (Peer Respites Action and Evaluation, 2018).
	2	Mental Health	**Need:** Establish supportive recovery-oriented transitional housing for individuals with mental health diagnoses. **Data:** State and national administrations have dedicated vast amounts of time, attention, and resources to ensuring that individuals with SUDs have access to lifesaving medications, treatments, and services in settings throughout the continuum of care, including recovery housing. However, the resources and continuum of care for individuals with mental health diagnoses appears different as it does not include recovery housing. Current housing options for individuals with mental illness include: • Licensed care homes, assisted living facilities, and nursing homes which provide highly structured living for people with severe mental illness, disability or medical complications. • Group homes and other types of supportive housing which combine housing and services in an enclosed and supportive setting. According to SAMHSA, the transitional period of early recovery (first 12 months) is a critical time for individuals with SUDs due to numerous factors which make them susceptible to relapse. Recovery houses are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports. Therefore, it's likely that the same is true for individuals in early recovery from mental illness.
	1	Substance Abuse	**Need:** Provide an accurate representation of the works being performed by Certified Peer Recovery Specialists (CPRSs) by increasing the number of payor codes. **Data:** As peer support programs continue to expand, it is important from a payor perspective to fully understand the utilization of peer support services as well as their impact on overall Medicaid costs. The use of additional codes would provide claims data that more accurately reflects the wide range of peer support services being utilized across the system of care in Tennessee. There are currently four billing codes for peer and family support services in Tennessee. However, in Oregon, for example, those same four services are broken down into eight separate billable codes.

Committee	Priority	Category	**Consumer Advisory Board (CAB) Needs Assessment** (continued)
CAB	2	Substance Abuse	**Need:** Establish funding for long-distance transportation to a treatment facility. **Data:** Transportation has always been one of the biggest barriers in accessing care preventing many individuals with SUD from seeking treatment. According to the National Survey of Substance Abuse Treatment Services (N-SSATS), in 2011, 13,720 facilities responded to the survey. Of these, 39% offered transportation assistance to treatment, and 62% of the facilities that provided residential (non-hospital) treatment offered transportation assistance. Smaller percentages of the facilities that provided hospital inpatient treatment and the facilities that provided outpatient treatment offered transportation assistance (46% and 35%, respectively).

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Committee	Priority	Category	Adult Committee Needs Assessment
Adult	1	Mental Health	**Need:** Establish permanent housing opportunities such as transitional housing/respite services to aid homeless or potentially homeless individuals with mental health disorders being discharged from inpatient hospitals, the ED, or jail with an emphasis on service provision to support individuals who may need some supervision and support to live successfully in permanent housing but do not require the level of care needed to meet medical necessity for supportive living residences.
			Data: According to a January 2019 report by Continuums of Care to the HUD, Tennessee had an estimated 7,467 individuals 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. Despite the creation of 2,541 homes (via the Creating Homes Initiative (CHI) 1 and CHI 2), according to the 2020 HUD Point in Time count, Tennessee still has 7,256 individuals experiencing homeless on any given day.
	2	Mental Health	**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) to provide effective services and meet the needs of the community.
			Data: Workforce development continues to be at critical levels in Tennessee. According to 2020 TAMHO data, 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." It is essential that salaries are increased to attract students to and keep the experienced in the field. Additionally, the COVID-19 pandemic has increased the critical nature of the work force shortage as more individuals are experiencing mental health issues related to the pandemic and social determinant stressors. While, grants from the federal and state level have been distributed to assist with mental health needs, agencies continue to have difficulty in hiring team members to meet those needs.
	1	Substance Abuse	**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 increase education regarding recovery housing for treatment professionals, community members, and recipients.
			Data: The Oxford House model has continued to grow across the state, however, the need for more recovery housing remains. According to the Oxford House-Tennessee Directory, there are 137 Oxfords Houses across the state with each home serving between 6-12 people. However, several providers across the state report little to no recovery housing in the rural areas of the regions they serve.
	2	Substance Abuse	**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.
			Data: The COVID-19 pandemic has limited the ability to reach communities with education regarding substance abuse issues and recovery tools. 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.

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Committee	Priority	Category	Children's Committee Needs Assessment
Children	1	Mental Health	**Need:** Expand upon child and adolescent assessment, 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. **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. While more recent data might be available, information from 2015 in the TDMHSAS Behavioral Health Indicators for Tennessee and U.S. 2018 Data Book states that 12% of Tennessee youth had at least one episode of Major Depression, 28% reported feeling sad or hopeless, and nearly 10% attempted suicide. A stronger system of crisis response is needed to decrease the level of severity especially in symptoms of depression.
	2	Mental Health	**Need:** Increase and establish mental health screenings and services (including school-based services and pediatric partnerships) for infants, toddlers, and children up to age 8 to ensure prevention and early intervention for young children. **Data:** The Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book 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. With the changes to children's mental health due to a year of isolation, distance learning, learning loss, and instability, children need support and increased resources.
	1	Substance Abuse	**Need**: Increase access to home-based substance abuse services for mothers with young children. **Data**: According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, Tennessee ranks 45th amongst all states for adults who had pain reliever disorder in the past year, and 6.4% of individuals with SUD who need treatment have not been able to get it. Due to Medicaid transportation restrictions related to the number of passengers that can accompany a person receiving transportation as well as COVID-19 restrictions which required school-age children to attend school virtually, 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.
	2	Substance Abuse	**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. **Data:** According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, 8% of youth indicate they have used illicit drugs, 5% have used marijuana, and 17% admit they have used alcohol in the past month. Current services are centered in or near more urban areas of the state. It is imperative that more treatment services are available to allow rural areas access to substance abuse treatment.