# Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
# 2022 Needs Assessment Summary

*Identifying the most relevant behavioral health needs of Tennesseans is essential to the activities of the Tennessee 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 one to three mental health and one to three 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 |
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| Region 1 | 1 | Mental Health | **Need:** Enhance workforce development for mental health professionals, particularly therapists, that focuses on retention, compensation, and accessibility. This includes looking at retention and compensation of mental health professionals. |
| | | | **Data:** Despite a high prevalence of mental health disorders in Tennessee, there continues to be a crisis regarding staff for mental health professionals. According to data presented by the Tennessee Association of Mental Health Organizations (TAMHO), Tennessee is ranked 50th regarding mental health care access for adolescents. In a Mental Health America (MHA) 2018 study, only 12% of youth diagnosed with severe depression received consistent mental health care. Additionally, in a release regarding the Mental Health Trust Fund, it was reported that 60% of mental health services in Tennessee are received in schools. Within Region I, 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. In fact, TAMHO reports that Tennessee has only one therapist for every 740 residents experiencing a mental health disorder.<br><br>Adding to the issue surrounding lack of access to care, reimbursement rates have not increased and funding to expand services and positions is limited. This can impact youth involvement within the juvenile justice system, homelessness, school failure rates, and increased emergency department (ED) visits for crisis care. According to the Tennessee Suicide Prevention Network (TSPN), suicide is currently the second leading cause of death for adolescents aged 15-19 nationwide. This shortage is a literal life or death situation. In another release regarding the Mental Health Trust Fund, Governor Bill Lee stated, "The mental health of all Tennessee students is essential to their safety, education, and success beyond the classroom." While there may be plans to address this issue, sustainability of mental health professionals to provide these supports (both inside and outside of school) must also be addressed. |
| | 2 | Mental Health | **Need:** Increase the number of adolescent inpatient treatment beds to adequately address crisis care needs that require inpatient hospitalization. |
| | | | **Data:** According to the TSPN, suicide is currently the second leading cause of death for adolescents aged 15-19 nationwide. Due in part to the statewide workforce shortage for mental health providers as well as the limited number of available inpatient beds, there is an increased burden on crisis centers and psychiatric hospitals. When there is a shortage of available beds or adolescents are uninsured, they often wait in the hospital EDs until an appropriate placement to address the crisis need is found. This not only creates a burden to the local ED where the adolescent is waiting but can also worsen the crisis. While recent data is still not available concerning outcome measures surrounding this need, subjective data among individuals that work within adolescent crisis care services in Region I attest that this is an ongoing need encountered regularly. |

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

| Regional Council | Priority | Category | Regional Council 1 Needs Assessment (continued) |
|---|---|---|---|
| Region 1 | 1 | Substance Abuse | **Need:** Increase adolescent inpatient services for alcohol and drug use.<br><br>**Data:** On more than one needs assessment, Region I requested an increase in school-based prevention programs including student assistance programs, school based behavioral health liaison (SBBHL) programs, and primary prevention programs. While the Region has seen this need addressed, there remains a need for adolescent services that focus on alcohol and drug use, particularly inpatient treatment. In Region I, there are a limited number of outpatient programs that provide substance use counseling at an intensive level and there are currently no detox programs available for those under the age of 18. According to Region I data obtained from the 2018-2019 TN Together Student Survey, 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. This survey also reported that almost half of all Tennessee adolescents had experimented with drugs. Early intervention is crucial for successful treatment of substance use. Though adolescent drug use appears to be trending down, there is a problem with drug use among Tennesseans under the age of 18 that needs to be addressed. |
| | 2 | Substance Abuse | **Need**: Increase recovery and transitional housing for individuals with substance use disorder (SUD) and who utilized medication-assisted recovery (MAR) tools.<br><br>**Data**: The department's current Three-Year Plan addresses both the need for more recovery homes, particularly Oxford Houses, as well as the needs for more medication-assisted treatment (MAT) services. However, there is a major gap between these two goals as Oxford Houses do not allow residents utilizing MAT services. This leaves a large part of the recovery population without a place to live safely while continuing to recover. This is not only an Oxford House rule, however. There are currently no recovery options within Region I that allow residents to maintain abstinence from substances while also utilizing MAT services. This can lead to an increase in homelessness, and ultimately, relapse. |

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

| Regional Council | Priority | Category | Regional Council 2 Needs Assessment |
|---|---|---|---|
| Region 2 | 1 | Mental Health | **Need:** Address the overall workforce development dilemma within the behavioral health field.<br><br>**Data:** Currently, there are discrepancies between behavioral health occupations and other occupations throughout the state. This includes salaries, reimbursement rates, retention rates, etc. These gaps continue to impact Tennesseans who have mental health and substance abuse diagnoses as the ability to hire and maintain psychiatric medical providers, licensed therapists, bachelor and masters level degree employees, and peer staff is a consistent struggle. According to a 2019 TAMHO report, Tennessee ranks 44th in mental health workforce availability with median rates of mental health occupations throughout the state lower that the national level. These gaps also lead to another issue as it limits access to those with additional disabilities including, but not limited to, individuals who are deaf/hard of hearing and require specialized services that current reimbursement rates and salaries cannot obtain and/or maintain. It is suggested that the state review reimbursement rates every 2-3 years and make any necessary adjustments based on inflation, cost of living, and/or market. It is only with an adequately funded public health system via TDMHSAS and TennCare that the provider network will be stabilized and the ability to recruit and retain qualified professionals be a reality. |
| | 2 | Mental Health | **Need**: Increase funding to mental health treatment providers to assist in hiring additional clinicians to their workforce and maintain quality providers to aid in timely access to care for youth.<br><br>**Data**: Providers in Region II are reporting significant waitlists (some as high as 300 clients) as well as a high turnover of clinical staff which further negatively impacts their agency's ability to meet the high demand of referrals. Mental Health Association of East TN (MHAET) reports that turnover rates at Region II mental health agencies are double what it was before the pandemic. It is also important to note that Benchmark National Bureau of Labor Statistics (BLS) increased healthcare turnover targets from 34% in 2019 to 45.2% in 2020 showing the significant increase of staff leaving the industry.<br>Additionally, there is an increase in need for mental health services for youth as documented in The U.S. Surgeon General's Advisory (December 7, 2021) report detailing "[r]ecent national surveys of young people have shown alarming increases in the prevalence of certain mental health challenges. In 2019, one in three high school students and half of female students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009." The Tennessee Department of Children's Services (DCS) reports an increase in children entering custody due to parental substance abuse (25%) and parental deaths (overdose, COVID, etc.) which lead to placement needs for youth either in foster care or switching custody to other family members which can be costly. East region DCS reports that 93 foster homes closed in Knoxville due to the pandemic and many more have closed statewide. |

| Regional Council | Priority | Category | **Regional Council 2 Needs Assessment** (continued) |
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| Region 2 | 3 | Mental Health | **Need:** Increase the amount of "bricks and mortar housing" (group homes, permanent supportive housing, and other non-congregant living options) for individuals with mental health disorders.<br><br>**Data:** The need for affordable housing options has only become more dire as a result of the COVID-19 pandemic. Data from the East Tennessee 211 call center over the past year showed the top service requests for the Region were surrounding housing and shelter. The most requested need in this domain was for rental assistance, which accounts for 60% of the housing requests overall. The Knoxville Homeless Management Information System (KnoxHMIS) Community Dashboard also highlights the need in Region II's most populated county. According to KnoxHMIS, the top two reported causes of homelessness were lack of affordable housing and conditions related to mental health.<br><br>In 2021, the United Way of Tennessee made an update to their ALICE (Asset limited, income constrained, employed) report to include the constraints that the pandemic has had on Tennesseans. "ALICE families struggled financially, physically, and emotionally throughout the pandemic. The survey results show that from March 2020 to May 2021 , those below the ALICE threshold experienced greater financial instability, more physical health problems, and greater mental health stress than those above the threshold. Even with the added protective measures of eviction moratoria, stimulus payments, and housing and food assistance programs, conditions worsened during COVID-19 for ALICE. [In addition,] ALICE families are more likely to include someone facing a mental health issue. More than one-third (35%) of respondents below the ALICE threshold had been told by a health professional that they had a mental health issue like depression or post-traumatic stress disorder (PTSD) (compared to 25% of those above the threshold). Respondents below the ALICE threshold were more likely to show elevated mental health symptoms during the pandemic, while those above the Threshold reported few or no symptoms. Individuals and families who are income constrained experienced significant mental health problems and financial instability, even with the protective measures issued by the federal government."<br><br>Lastly, the 2020 U.S. Department of Housing and Urban Development (HUD) Point in Time count estimated that there are 7,256 Tennesseans experiencing homelessness on any given day. Region II is home to 1,542 of those individuals and families. According to the National Coalition for the Homeless, there are over 7,256 homeless individuals across the State. Currently, we have 12 licensed group homes in the Region. |
| | 1 | Substance Abuse | **Need:** Increase funding to establish residential and detox treatment beds to align services that meet the demands of the community.<br><br>**Data:** The Tennessee Department of Health (TDH) reports 3,032 Tennesseans died of a drug overdose in 2020, representing a 45% increase from 2019. Over the past five years, drug overdose deaths in Tennessee have consistently increased, but the change from 2019 to 2020 is the largest year-to-date increase observed over this period. Below are some statistics within Region II:<br>• In 2020, 413 people died in Knox County due to a drug overdose. The number of overdoses countywide increased by 41% from 2019 to 2020.<br>• The Knox County Regional Forensic Center's most recent Drug Related Death Report indicates that the top four drugs found through autopsies in Knox County include: fentanyl and analogues, methamphetamine, heroin, and cocaine.<br>• Anderson County drug overdose deaths increased 82% in 2020, compared to the 11.6% decline in 2019.<br>• Roane County ended 2021 with 49 drug overdose deaths. That was well above the 2020 total of 36. |

| Regional Council | Priority | Category | **Regional Council 2 Needs Assessment** (continued) |
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| Region 2 | 2 | Substance Abuse | **Need:** Increase access to medications for opioid use disorder (OUD) within jails and detention facilities.<br><br>**Data:** According to the National Institutes of Health (NIH), 66% of individuals currently incarcerated in the United States have a substance use disorder (SUD). Further, the American Journal of Public Health (AJPH) reports that in the first two weeks after release, former inmates with an SUD are 40 times more likely to overdose than the general population. While this issue cannot solely be addressed by TDMHSAS, Region II suggests collaborating with the Tennessee Department of Correction (TDOC) to begin discussions as to how this issue can be addressed and overdoses within the recently released inmate community can be prevented before release. |
| | 3 | Substance Abuse | **Need:** Increase housing opportunities for individuals with SUD within Region II.<br><br>**Data:** Data from the East Tennessee 211 call center over the past year showed the top service requests for the Region were surrounding housing and shelter. The most requested need in this domain was for rental assistance, which accounts for 60% of the housing requests overall. The Knoxville Homeless Management Information System (KnoxHMIS) Community Dashboard also highlights the need in Region II's most populated county. According to KnoxHMIS, the top two reported causes of homelessness were lack of affordable housing and conditions related to mental health, which often co-occurs with SUD. Stable housing can help to mitigate the negative substance misuse outcomes such as overdose. While the Creating Homes Initiative 2.0 (CHI 2.0) has been a wonderful asset to Tennesseans with SUD, the need is still apparent more than ever as the number of Tennesseans with SUD rises along with the number of homeless individuals. The 2020 HUD Point in Time count estimated that there are 7,256 Tennesseans experiencing homelessness on any given day. Region II is home to 1,542 of those individuals and families |

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

| Regional Council | Priority | Category | Regional Council 3 Needs Assessment |
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| Region 3 | 1 | Mental Health | **Need:** Increase knowledge/awareness surrounding new and ongoing initiatives from the department to all providers within Region III.<br><br>**Data:** Region III is a large region consisting of 23 counties with many behavioral health providers. When an individual with a mental health need reaches out to request assistance, the individual needs to be connected with specialized services tailored to meet the need. While the initiatives, both new and already in existence, demonstrate that the need is there, if providers, emergency workers, and/or community members are not knowledgeable about the targeted service, the individual may not be able to receive the services designed to assist with the specific need. Both the rural and urban communities alike experience challenges in learning about new services or have trouble finding the service through search engines. While many communities in Region III hold Consumer Advisory Board (CAB), Children's Advocacy Center (CAC), and Health Council meetings, the information does not always reach all parties to be the most impactful for communities.<br><br>The data being used to support this is need is largely based on Region III members directly reporting a lack of knowledge surrounding services established by new initiatives and/or not being informed/educated that services exist within the region. As a result, consumers of mental health services are not always connected with the new opportunities/services due to lack of awareness by both the consumer and first point of contact professionals. In fact, several subcommittee members within the Region III Planning and Policy Council cite a lack of knowledge that certain programming even exists from a local "boots on the ground" level. |
| | 2 | Mental Health | **Need:** Increase the number of behavioral health respite resources to serve children with severe emotional disturbance (SED) in Region III.<br><br>**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 III. |

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

| Regional Council | Priority | Category | Regional Council 3 Needs Assessment (continued) |
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| Region 3 | 1 | Substance Abuse | **Need:** Develop provisions and testing requirements for synthetic substances termed, "gas station dope".<br><br>**Data:** There is a growing problem with synthetic substances termed, "gas station dope" which are readily available in convenience stores, gas stations, and markets that pose challenges for SUD treatment providers. These substances, when taken in large quantities, produce a similar euphoric effect to that of opioids with which individuals utilize to avoid withdrawal symptoms while in treatment for SUD/OUD. Due to the widespread availability and rapidly changing product composition, these substances have flooded the retail market. Most notably, substances containing tianeptine. Tianeptine is an antidepressant that is approved for use in several European countries but not approved in the United States. It has become a highly abused drug due to its strong affinity at the mu-opioid receptors — the same cell sites targeted by opioids such as Oxycontin. Taken in high doses, it can produce euphoric effects similar to opioids. When users ingest high doses, they can easily become addicted and experience severe withdrawal symptoms when they stop chronic use. These substances have been outlawed in Alabama due to the high toxicity and are now recognized as a Schedule II Controlled Substance by the Alabama Department of Public Health (ADPH). Michigan has also banned these substances due to the potential life-threatening risk associated with the use of tianeptine. The availability and legality of these potentially harmful substances pose unique challenges for substance use providers in Tennessee. Moreover, to test for the substances can be both challenging and cost prohibitive for many providers. Currently, most, if not all, substance use providers do not test for these substances upon entry into treatment as individuals most often are abusing other more potent substances for which recovery treatment is being sought. |
| | 2 | Substance Abuse | **Need:** Establish evidence-based programs that provide an emphasis on counseling and/or educational response to tobacco-related infractions by students that occur on school grounds.<br><br>**Data:** According to Center for Disease Control (CDC) data collected from Tennessee in 2019, 1,846 teens admitted to using e-cigarette/vape products frequently (defined as 20 or more days of use during the survey period). In Hamilton County, during the school year 2020-2021, there were a total of 195 rule infractions for tobacco use. In this same sample, 82% of white students received punitive consequences; 88% of non-white students received punitive consequences. Moreover, these infractions tend to be over-punished with either in school or out of school suspension (total of 124 times). While this will likely require collaboration with the Tennessee Department of Education (TDOE), programming is needed that addresses the issue in an educational manner rather than an overly punitive response that will likely not lead to a decrease in tobacco use. |

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

| Regional Council | Priority | Category | Regional Council 4 Needs Assessment |
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| Region 4 | 1 | Mental Health | **Need:** Increase housing and supports to individuals diagnosed with a mental health and/or co-occurring disorder (COD) that reside within the low to no income category but require complex care.<br><br>**Data:** According to the 2020 Point in Time count, there are an estimated 7,256 Tennesseans experiencing homelessness on any given day. Many of these individuals are also diagnosed with a serious mental illness (SMI) or COD. Additionally, incarcerated individuals who require complex care are often released back into the community to reside in housing that provides inadequate care if they acquire housing at all. Safe, affordable housing is a basic need and without it individuals who are experiencing SMI, COD, and other physical health needs are at greater risk of homelessness, which also places them at a greater risk of being victimized as well as at a greater risk for suicide.<br><br>Currently, accessing a higher level of support within housing requires the individual to either have or be eligible for TennCare, have financial resources to pay a higher rate of rent, or requires housing providers to go beyond their available resources to try and provide that level of care. The latter often results in housing providers no longer being able to operate, thus further limiting housing options. |
| | 2 | Mental Health | **Need:** Expand workforce development within the behavioral health field with a focus on outpatient clinical mental health providers who serve both adults and children.<br><br>**Data:** With a ratio of 630:1 Tennessee residents to mental health providers, Tennessee continues to experience workforce shortages within the behavioral health field. While Region IV fares better than most other Tennessee regions (ratio of 300:1), the availability of qualified providers remains low while the need for mental health services continues to rise (2021 Tennessee County Health Rankings). In Davidson County, 81,497 (14%) residents under the age of 65 are uninsured, 39,034 adults were enrolled in the Behavioral Health Safety Net (BHSN), and 21% of Tennessee residents (adult and children) were enrolled in TennCare. While progress has been made in opportunities for Tennesseans to gain insurance and/or affordable behavioral health care, the demand cannot be met due to short staffing. The combination of low median incomes for positions as well as limited incentives or retention programs (particularly grant-funded programs) has impacted the quality of staff recruitment, hiring, onboarding, and ultimately, services provided to those in need. |
| | 3 | Mental Health | **Need:** Increase respite options for caregivers of children with serious emotional disturbance (SED) and SMI by providing the same respite options in Region IV that are provided for caregivers in other served regions.<br><br>**Data:** Current respite options are not meeting the needs of families in Region IV. According to the TDMHSAS website, there are respite programs listed; however, only one of the listed programs, the Respite Voucher, is available for Davidson County. According to the description of this program, it is the responsibility of the caregiver to not only locate a respite caregiver but to train them as well. This places additional responsibility on an individual who is already in desperate need for assistance. |

| Regional Council | Priority | Category | Regional Council 4 Needs Assessment (continued) |
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| Region 4 | 1 | Substance Abuse | **Need:** Expand BHSN coverage to include MAT access.<br><br>**Data:** According to the Tennessee Association of Alcohol, Drug, and other Addiction Services (TAADAS) Detox and Residential Bed Capacity in Tennessee report, TDMHSAS provided funding for 20,154 uninsured individuals to receive all levels of SUD treatment, leaving 32,026 uninsured individuals needing care, but not able to receive it. For those fortunate enough to gain access to treatment, the evidenced-based MAT may likely be initiated during treatment. However, upon discharge the options for receiving MAT in the community are limited, and those resources that are available for the uninsured/underinsured population often have strict eligibility criteria. Considering 39,034 adults in Tennessee were enrolled in the BHSN in 2020, the number of individuals who access MAT would greatly increase if this treatment was also covered by the BHSN. |
| | 2 | Substance Abuse | **Need:** Increase access to methods of harm reduction for individuals with SUDs.<br><br>**Data:** Despite great progress surrounding the decriminalization of fentanyl test strips and access to naloxone, there continues to be a need for implementation of harm reduction strategies and resources. According to the Metro Public Health Department's 4th Quarter 2021 Drug Overdose Surveillance Update, there was a 15% increase in suspected overdose deaths from 2020 to 2021. Overdose-related toxicology reports in 2021 detected fentanyl in 74% of overdose deaths. The majority of suspected overdose deaths occurred in the 37115, 37013, 37211, 37207 and 37209 zip codes, but the largest drug overdose increases occurred in the 37076, 37208, and 37013 zip codes. Currently, StreetWorks has the only syringe service program (SSP) in Region IV serving the 37115 and 37207 zip code areas (though it is not clear if SSP is available at both locations). There is a need for expanded SSPs in the areas of the region where Streetworks is not located.<br><br>In addition to SSPs, other goals of harm reduction include reducing stigma and increasing referrals to services and treatment. One way to decrease stigma is to provide education around substance use and to meet people where they are. The TDMHSAS Certified Recovery Congregation program seeks to engage the faith-based community in addressing needs related to substance use in the community. While there are currently 58 faith-based recovery congregations in Region IV (according to the TDMHSAS website), this represents a small percentage of religious institutions in the Region. |
| | 3 | Substance Abuse | **Need:** Increase the number of recovery-friendly supported employment opportunities for those who have SUD.<br><br>**Data:** According to the National Safety Council, recovery-friendly workplaces "support their communities by recognizing recovery from SUD as a strength, and by willing to work intentionally with people in recovery." Individuals in recovery often face stigma and challenges related to obtaining and maintaining employment, and Region IV does not currently have any recovery-friendly workplace initiatives in place. Resources such as Caring Workplace Rural Opportunities Initiative are available for other Regions, but not Region IV. |

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

| Regional Council | Priority | Category | Regional Council 5 Needs Assessment |
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| Region 5 | 1 | Mental Health | **Need:** Establish a Crisis Stabilization Unit (CSU) in Region V.<br><br>**Data:** Region V is the only region in Tennessee without a CSU. The closest CSU is the one located in Region IV. However, during the pandemic, the Davidson County CSU stopped taking out of county referrals and are still not accepting individuals from neighboring areas. This has left the 1,852,672 individuals within Region V without access to a CSU during a time when mental health needs continue to escalate, limiting their access to mental health treatment options that are available to the rest of the state.<br><br>When calculating the total crisis assessments for all counties in Region V in 2020, there were 13,830 assessments completed. During that same time, Davidson County completed a total of 8,229 crisis assessments for a population of 687,488. Tennessee has a total of seven CSUs for a population of 6,944,260. For comparison: 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 21,944,600; West Virginia has 16 CSUs for a population of 1,767,860; and Arkansas has four CSUs for a population of 3,033,950. In Alabama, there are five "crisis homes". However, the Alabama Department of Mental Health (ADMH) received $18 million for Fiscal Year 2021 to establish and set up the first pilot Crisis Diversion Centers in the state. |
| | 2 | Mental Health | **Need:** Increase treatment options for adolescents in Region V, particularly those with severe behavioral concerns who are frequently denied admission to acute placements.<br><br>**Data:** According to the US Census, as of June 1, 2021, there are 6,975,218 individuals living in the State of Tennessee, with 22.1% of those individuals being 18 years old or younger. Typically, youth that have severe problematic behaviors are denied re-admission to facilities due to lack of ability to care for their needs. Currently, Region V has four acute psychiatric treatment options for "hard to place" youth with mental health and behavioral concerns. With more treatment providers, particularly a treatment option similar to the adult Regional Mental Health Institutes (RMHIs), placement for adolescents with severe behaviors could lessen the burden of placement and provide treatment effectively and safely. For adults, there are CSUs as well as RMHIs. These same resources are severely lacking for those under the age of 18 and the resources that are available do not meet the demand. |

| Regional Council | Priority | Category | Regional Council 5 Needs Assessment (continued) |
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| Region 5 | 1 | Substance Abuse | **Need:** Increase funding for medically monitored withdrawal management (MMWM)/detox treatment services to expand within Region V for those self-referring or being referred to MMWM/detox from sources such as Lifeliners, Regional Overdose Prevention Specialists (ROPS), and the Recovery Courts.<br><br>**Data:** This need was also identified in Region V in 2020 and 2021. When MMWM was originally funded, the only referral sources that could refer to this program consisted of the RMHIs, state-funded mobile crisis teams (MCTs), EDs, and law enforcement. Those referral sources kept the MMWM beds occupied leaving limited options for rural referrals. However, through positive access points made available over the last few years for individuals accessing detox and treatment services, there has been an increased demand without increased funding to match the demand. In Region V, the TN Recovery Navigators are actively working with 14 hospitals under a memorandum of understanding (MOU) with Metro Nashville. The current level of funding does not meet their referral needs for the original four referral sources (RMHIs, MCTs, EDs, and law enforcement) let alone for any additional referral sources such as ROPs, Lifeliners, Recovery Congregations, Recovery Courts, Coalitions, criminal justice programs, and recovery homes. Additionally, while the main need presented surrounds MMWM beds, it is just as critical to increase funding to transition these individuals into treatment services. 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. For those addicted to alcohol and benzodiazepines who require detox services, individuals may not always have a bed readily available because of the focus on the opioid crisis. Additionally, individuals being admitted to services are exponentially sicker than just a few years ago. At Buffalo Valley, Inc., as treatment beds are booked for residential and/or intensive outpatient program (IOP) services, approximately 36% of those initially determined not to require MMWM must be sent to a MMWM/detox bed before regular treatment services can be started (especially with alcohol and benzodiazepines). In FY11, at Buffalo Valley, Inc., 75 individuals were served. In FY21, 1,817 were served. For the past nine months, 1,397 have already been served. |
| | 2 | Substance Abuse | **Need:** Increase funding for MAT programs in Region V to offset the cost of complying with Drug Enforcement Administration (DEA) regulations as well as the cost of running a 24/7 clinic that employs a prescriber and a nurse practitioner.<br><br>**Data:** With the increased DEA regulations, the cost to deliver MMWM services 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. At Buffalo Valley, Inc., the cost to deliver MMWM services has more than doubled since it began in 2010. In addition is the increasing cost for the workforce to operate a 24/7 detox unit. During COVID, the medical field was impacted significantly by a nursing shortage. Nurses are the backbone for any medically monitored detox service. Despite wages increasing from $15/hour in 2019 to $25/hour plus a shift differential and sign-on bonus in 2022, nurses are still leaving the field driving up the cost of hiring nurses even more. The funding currently is insufficient to offset any of these costs. |

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

| Regional Council | Priority | Category | Regional Council 6 Needs Assessment |
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| Region 6 | 1 | Mental Health | **Need:** Address regional transportation barriers to and from treatment by establishing a regional quarterly transportation summit between community stakeholders that addresses transportation barriers, collecting data via a transportation complaint line that charts specific counties experiencing the most hardship, and working with insurance carriers to identify incentives for transportation vendors working outside of normal business hours to align with the late and weekend behavioral health appointments for service recipients.<br><br>**Data:** Adolescent Intensive Outpatient Program (IOP) services are limited to being conducted outside of school hours. Within Region VI, many children fail to attend Adolescent IOPs, possibly due to a lack of transportation. Vendors are unwilling to operate between the hours of 4pm-10pm to allow for pick up and drop off of children to and from IOP. When a vendor is scheduled to provide transportation, both adults and children are experiencing delays in arriving to that care due to other barriers. When using Rideshare options, it can become quite costly if the person needs to be transported several hours away to an inpatient unit. In addition to the cost, these drivers are often not familiar with the psychiatric needs associated with these transports. In fact, requests for transport have been canceled after being picked up due to the individual experiencing a mental health crisis or requiring needs the vendor is not comfortable with. It is not just Rideshare options, however. TennCare has also canceled trips called in after they are unable to locate a vendor after several hours. |
| | 2 | Mental Health | **Need:** Create a set number of pediatric grant-funded beds each fiscal year that will allow for freedom of choice and best match of provider for inpatient care.<br><br>**Data:** Per anecdotal reports, pediatric Mobile Crisis Teams (MCTs) within Region VI must rely on private hospitals to accept uninsured patients as there are limited available beds to accept these children. This can not only lead to delays in care, but it is also a poor utilization of medical resources as these children are often boarded in EDs while awaiting an inpatient hospital that is willing to accept them. Currently, the only grant-funded beds for pediatrics are located at Peninsula and Woodridge Hospitals in East Tennessee. There are no grant-funded beds in West Tennessee or Middle Tennessee. In Region VI, we have had to rely on a rotation of inpatient hospitals that are willing to take uninsured children. If an uninsured child has a Certificate of Need (CON) or requires specialized care for a unique need, there are even longer delays in finding an inpatient hospital willing to accept them. |

| Regional Council | Priority | Category | **Regional Council 6 Needs Assessment** (continued) |
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| Region 6 | 3 | Mental Health | **Need:** Enhance BHSN for Children to include 14 days of inpatient psychiatric care.<br><br>**Data:** This need coincides with the above need regarding pediatric grant-funded beds. Per anecdotal reports, pediatric MCTs within Region VI must rely on private hospitals to accept uninsured patients as there are limited available beds to accept these children. This can not only lead to delays in care, but it is also a poor utilization of medical resources as these children are often boarded in EDs while awaiting an inpatient hospital that is willing to accept them. Currently, the only grant-funded beds for pediatrics are located at Peninsula and Woodridge Hospitals in East Tennessee. There are no grant-funded beds in West Tennessee or Middle Tennessee. In Region VI, we have had to rely on a rotation of inpatient hospitals that are willing to take uninsured children. If an uninsured child has a CON or requires specialized care for a unique need, there are even longer delays in finding an inpatient hospital willing to accept them. |
| | 1 | Substance Abuse | **Need:** Create an incentive for existing facilities to seek residential detox designation for adolescents in with the goal of having two detox programs in West, Middle, and East Tennessee, specifically for adolescents.<br><br>**Data:** Within Region VI, there is a need for increased access for adolescents into substance abuse services. There are systemic barriers to adolescents accessing substance abuse treatment at the detox, residential, and IOP levels. Currently, there is one adolescent detox program in the entire state (Lakeside in Memphis). Additionally, adolescents who abuse certain substances or who have consistent patterns of use can be declined by private psychiatric hospitals for co-morbid/dual diagnosis issues that present with a mental health emergency due to the fear of detoxification within the facility without the appropriate tools to intervene resulting in an emergency. For adolescents seeking residential treatment for substance use, the inadequate number of beds to meet the immediate need increase the risk of destabilization or elopement before making it to a program with an available bed. Adolescent decision making can be tenuous, so when they are willing to seek help for their SUD, there is a need to capitalize on that change in momentum. |

| Regional Council | Priority | Category | **Regional Council 6 Needs Assessment** (continued) |
|---|---|---|---|
| Region 6 | 2 | Substance Abuse | **Need:** Establish a substance abuse case management pilot program.<br><br>**Data:** The Case Management Society of America (CMSA) defines case management as "a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and a family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes." Individuals with SUD often encounter a myriad of problems including, but not limited to, mental health and physical health issues, legal, financial, employment problems, and social issues within the family and other relationships. The Substance Abuse and Mental Health Services Administration (SAMHSA) stresses that case management within the SUD population can accomplish four tasks: provide advocacy for clients, be both client-centered and community-oriented, provide the client a single point of contact for navigating and accessing various systems to meet needs, and create cost effective outcomes. The time following residential treatment as an individual transitions into an outpatient or non-residential setting, is a critical period in which the risk of relapse increases. This period also increases the risk of an individual potentially dying from an accidental overdose as tolerance has decreased after a sustained period of abstinence. Treatment continuity through continued services provided by case management can help reduce the risk of relapse related to feelings of confusion about how to work through the numerous, and often overwhelming systems. Case managers can help bridge those gaps while also improving outcomes such as long-term sobriety, reduced risk of relapse, reduced ED visits, decreased involvement in the criminal justice system, decreased homelessness, acquisition of employment, and possible family reunification.<br><br>In the fiscal year 2021-2022 (and first year of the program), Aspell Recovery Center provided 17 individuals with case management services within their Pregnant Post-Partum Women Case Management Program. Of the 17 individuals served, ten have children. All ten of those women have been able to keep or reunite with their children. Additionally, 13 of 17 have remained drug free; 15 of 17 have had no further legal entanglement and/or have resolved their legal issues; 13 of the 17 remain employed; five of the women who entered the program homeless have gained permanent/stable housing; 13 of 17 have reunified with family and have had no further family conflict; and 13 of 17 diagnosed with CODs (both physical and mental) are currently engaged in ongoing care. Over a period of three years, the program has served 49 women, children, and families. Of those 49 women, 32 have successfully completed the program with 23 of the 32 attaining permanent/stable housing; 20 of the 32 gaining employment; 24 of the 32 avoiding legal and/or DCS involvement; and 9 of the 32 engaging in ongoing care for co-occurring issues. Additionally, while involved in the program, all 32 women received prenatal and post-partum care, and all babies born received the appropriate follow-up medical care. Of the 32 women who completed the program over the last three years, 25 came into the program pregnant and all delivered drug-free babies. |

| Regional Council | Priority | Category | **Regional Council 6 Needs Assessment** (continued) |
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| Region 6 | 3 | Substance Abuse | **Need:** Increase the number of residential treatment beds in West Tennessee.<br><br>**Data:** Currently, outside of Memphis (Shelby County), there are only two residential substance abuse (RES SA) treatment facilities: Aspell Recovery Center which has 32 beds, and Jackson Area Council on Alcoholism and Drug Dependency (JACOA) which has 40 beds. Between the two facilities, there are still 105 individuals awaiting RES SA treatment with a minimum four week wait. As the end the end of March 2022 approaches, grant dollars have dwindled down to the point where TennCare is the primary payor through the end of the year. This creates an additional burden on the waitlist as many of these individuals are uninsured. According to a 2017 article published in the Addiction Science & Clinical Practice (ASCP) Journal, a lack of RES SA beds has even more of an impact on the veteran population. In 2019, the National Survey of Substance Abuse Treatment Services (N-SSATS) reported there were 3,169 facilities that offered either RES SA non-hospital or hospital treatment. However, there are only 56 such facilities in Tennessee that offer short-term (30 days or less) RES SA treatment. Further, the number of individuals seeking treatment in Tennessee has risen 74.2% since 2011. Today 418.2 per 100,000 residents are seeking treatment in Tennessee (27.3% above the national average). A recent TAADAS report indicates that in one year 52,180 uninsured individuals needed treatment, however. Only 20,154 of those individuals were able to be served with federal and state funding, leaving 32,026 unserved. |

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

| 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.<br><br>**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 (MFD) with a master's level mental health assessor from Alliance Healthcare Services (AHS) and a Memphis Police Department (MPD) 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.<br><br>**Data:** According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, 21% of Tennessee 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 Tennessee, 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.<br><br>**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 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, in 2018, there were 854 ED visits related to OUD and 163 opioid-related deaths (a steady increase from the 113 deaths in 2014). Epidemiologists anticipate an average of over 250 opioid-related deaths within the county by 2022. |

| Regional Council | Priority | Category | **Regional Council 7 Needs Assessment** (continued) |
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| Region 7 | 2 | Substance Abuse | **Need:** Increase social workers within Shelby County Schools who can provide substance use prevention programming for all students.<br><br>**Data:** Existing substance use 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 (Chalkbeat Tennessee). 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 2018 TN US Data Book, almost 22% of high school students used vapor products and 16% rode with a driver who had been drinking alcohol; 17% had used alcohol in the last 30 days, and 8% had used illicit drugs. There is not any current data available in the Data Book regarding opioid usage specifically. |

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

| Committee | Priority | Category | Consumer Advisory Board (CAB) Needs Assessment |
|---|---|---|---|
| CAB | 1 | Mental Health | **Need:** Reduce law enforcement interactions with Tennessee citizens with severe mental illness (SMI) while also encouraging resiliency and independence by partnering with Clubhouse International.<br><br>**Data:** In the United States, at least 6% to 10% of all police interactions involve citizens with severe mental health diagnoses (Livingston, 2016). Further, 1 in every 4 people who are killed in interactions with law enforcement have a severe mental health diagnosis (Treatment Advocacy Center, 2015). According to the Bureau of Justice (2018), 14% of those who are incarcerated in federal and state justice facilities have a severe mental illness. In 2017, the National Institute of Mental Health (NIMH) reported that there were 57,000 Tennesseans living with schizophrenia and 115,000 with severe bipolar disorder. These numbers have continued to rise. At this rate, Tennessee is primed for the over extension of law enforcement resources addressing mental health-related calls and there is a significant risk for traumatic law enforcement interactions. Coinciding with TDMHSAS' mission, the expansion of collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness must continue. However, for this to be successful, community programs that are evidence-based and that have been shown to reduce law-enforcement involvement for those living with SMI must be pursued.<br><br>While preventive recovery supports are all helpful in and of themselves, offering them through an integrated, evidence-based model that includes socioemotional resilience as a focus would enhance the impact of supports already in place (e.g., Individual Placement and Support (IPS) and My Health, My Choice, My Life) and create the opportunity for collective impact through service delivery partnerships in a community-based setting. Enhancing and expanding recovery supports could also aid in mitigating the risk of traumatic interactions between law enforcement and citizens diagnosed with SMI. Specifically, the Clubhouse Model of Psychosocial Rehabilitation has been shown to reduce law enforcement interactions (Johnson & Hickey, 1999) and improve the quality of life and relationships for those living with severe mental illness as well as leading to a reduction in rehospitalization, ED visits, and mental health care costs. Additionally, individuals who regularly attend a Clubhouse have been shown to perform better in employment support programs than those who are participating in such programs without the support of the Clubhouse (McKay, Nugent, Johnsen, Eaton, & Lidz, 2018). Further, Clubhouses also tend to operate at one-third to one-half the cost of other psychosocial rehabilitation programs. |

| Committee | Priority | Category | Consumer Advisory Board (CAB) Needs Assessment (cont'd) |
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| CAB | 1 | Substance Abuse | **Need:** Establish affordable transportation services for all Tennesseans in need, regardless of insurance status, to recovery and treatment services in order to assist in overcoming barriers.<br><br>**Data:** Tennesseans seeking access to substance abuse treatment and recovery resources need reliable and affordable (or free) transportation options. We know from several studies that not having reliable transportation to treatment services (detox, inpatient, outpatient, and support meetings) is one of the leading causes as to why individuals are unable to obtain and maintain sobriety. According to a year-long study completed by the National Institute on Drug Abuse (NIDA), 21.6 million Americans aged 12 or older needed treatment for drug and/or alcohol abuse but, alarmingly, only 2.3 million received care. Reducing barriers to healthcare transportation for service providers and improving access for people in need via technology-enabled solutions that provide enhanced functionality and high overall system efficiency is essential. (NIDA, 2015).<br><br>In addition, there is a current 18-month long study funded by the Tennessee Department of Transportation (TDOT) and performed by Vanderbilt University engineer and researcher Janey Camp on transportation barriers for those seeking SUD support services and ways in which those roadblocks can be eliminated. A Vanderbilt research news article states, "one of the largest obstacles for patients seeking effective substance abuse treatment is a lack of transportation to treatment facilities."<br><br>In 2019, the NIH reported that Tennessee had the third-highest opioid prescription rate in the nation and the fourth-highest opioid overdose rate in the nation. Opioid abuse and overdose-related deaths continue to be a problem. While densely populated cities may offer transportation options to residents, public transit options are still not a guarantee to accessible treatment. Camp explains that when applying this logic to rural areas, which comprise nearly 93 percent of Tennessee, it is easy to understand the challenge of limited transportation options. |

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

| Committee | Priority | Category | Adult Committee Needs Assessment |
|---|---|---|---|
| Adult | 1 | Mental Health | **Need:** Increase the amount of group home housing, supportive living apartments, and congregant living options for individuals living with mental health disorders throughout the state.<br><br>**Data:** According to the National Coalition for the Homeless, there are over 7,400 homeless individuals throughout the state. While Tennessee has 186 licensed supportive living facilities, there still remain several areas with very limited access to supportive living options. Anecdotally, Committee members have received concerns from community partners throughout the state regarding the increased number of individuals with mental health disorders who are incarcerated without solid housing plans upon release. Additionally, while significant strides have been made in developing processes to support the Tennessee Zero Suicide Initiative (ZSI), 1,220 Tennessee lives were lost to suicide in 2020. Research has shown that safe and affordable housing is a significant piece of building a person's strength and resiliency (Center on Budget and Policy Priorities, 2016). By building these strengths, stable housing could also ultimately lead to a decrease within the suicide rate. |
| | 2 | Mental Health | **Need:** Increase funding for supportive housing services particularly for senior citizens and individuals who are not insured by TennCare.<br><br>**Data:** As housing options are expanded, services to maintain housing and increase skills and independence also need to be expanded. While certain Managed Care Organizations (MCOs) have revenue that helps to offset the cost of housing supports in group homes, this resource is not available for individuals without TennCare (uninsured or those with Medicare only). While Inpatient Targeted Transitional Support (ITTS) funds, Community Targeted Transitional Support (CTTS) funds, community housing grants, and criminal justice funds are helpful in addressing specific short-term needs, they are not enough to ensure continuity of care and movement to permanent housing. There is a need for consistent funding to assist with supportive housing expenses especially for senior citizens on Medicare and other citizens with a mental health diagnosis who do not have TennCare coverage. Additionally, as previously mentioned, there are currently 7,256 homeless individuals throughout the state at any given time. 'The Gerontologist' reports that 50% of the homeless in our nation are 50 years or older while 30 years ago the rate was at 11%. The overall housing shortage in our nation grossly impacts individuals with limited resources to afford safe and affordable housing. |
| | 3 | Mental Health | **Need:** Enhance workforce development to train, 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.<br><br>**Data:** Tennessee continues to experience a statewide workforce shortage for critical behavioral health clinical positions. In Governor Lee's most recent budget, the 20% request from TDMHSAS to increase reimbursement rates was not fully funded impairing the behavioral health industry from being able to fully address the workforce shortage. For this issue to be addressed effectively, two significant steps must occur: full funding needs to be provided for competitive salary options, and reimbursement rates need to be evaluated and adjusted every 2-3 years to meet the cost of living/market. From the 2021 Public Behavioral Health Work Force Group Report: by 2030 Tennessee will experience troubling staffing shortages for several different behavioral health professions: estimated shortage in 2030 for mental health counselors: 1,270; estimated shortage in 2030 for psychologists: 890; estimated shortage in 2030 for substance abuse counselors: 830; estimated shortage in 2030 for psychiatrists: 780 (the bulk of these, 760, are estimated to be adult psychiatrists); and, estimated shortage in 2030 for marriage and family therapists: 140. |
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| Committee | Priority | Category | Adult Committee Needs Assessment (continued) |
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| Adult | 1 | Substance Abuse | **Need:** Increase recovery housing for Tennesseans with SUD that have limited to no resources.<br><br>**Data:** Tennessee continues to work hard to develop positive treatment options. In 2019, 9,939 individuals received treatment for opioid use, 6,727 for alcohol use, and 6,887 for marijuana use (SAMHSA). Anecdotal reports from individuals with SUD, discharge planners, and members of the community, all point to the need for safe, affordable, and accessible recovery housing in order to sustain gains made in treatment and prevent relapse. However, individuals are in direct competition in an aggressive housing market that does not favor those with less than stellar backgrounds and financial searches, and the number of recovery homes is insufficient in meeting the demand. One potential cause in the reason why there is limited recovery housing options can be connected to the limited resources of clients in need of housing. In this situation, limited resources are defined as first month's rent, security deposits, last month's rent, etc. As a result, vendors are not creating recovery housing because of the limited resources of the client in need of housing. |
| | 2 | Substance Abuse | **Need:** Increase housing resources for individuals utilizing MAT to support their recovery by educating potential and existing recovery housing providers about the benefit of MAT services in order to reduce the stigma associated with this essential level of care.<br><br>**Data:** There is still a great deal of stigma related to MAT services both within and outside of the substance use treatment community. Despite the increased use of MAT and expansion of MAT providers, many recovery housing options do not support individuals in recovery receiving MAT services and will not permit them entrance into the home so long as they are involved with MAT. This not only poses challenges to agencies that do provide MAT services in being able to provide solid discharge planning/housing planning for the individuals they serve, but could potentially increase an individual's likelihood of relapse as an individual may choose stable housing over continuing MAT services. As a result, agencies are often piecing various resources together to support the individual but are then not able to meet their own financial needs to remain viable. Within the Adult Committee, we are aware of one community resource in particular that serves 58 MAT individuals with limited reimbursement. |
| | 3 | Substance Abuse | **Need:** Enhance workforce development within the SUD treatment provider network.<br><br>**Data:** While the department has championed rate changes and overall increases to grant partners, the revenue is not yet meeting the needs of the agencies. The lack of increases in daily rates from the department has resulted in low wages for the SUD provider network. Currently, daily rates for SUD clients are as low as $119/day. Additionally, there is a workforce shortage within the SUD network as a whole. Causes for the shortage range from insufficient wages due to a lack of provider rate increases, inability to retain staff as they are able to receive significantly higher wages at for-profit treatment providers and local retail companies, and the general lack of focus on education about SUD in training and education programs. |

| Committee | Priority | Category | Children's Committee Needs Assessment |
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**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council**
**2022 Needs Assessment Summary**

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| 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.<br><br>**Data:** According to the CDC, in 2020, suicide was the second leading cause of death among youth and young adults ages 10-14 in the United States. While more recent data might be available, information from 2015 in the TDMHSAS Behavioral Health Indicators for Tennessee and the 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.<br><br>**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 (SEDs) 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, including MAT, for mothers with young children.<br><br>**Data**: According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, Tennessee ranks 45$^{th}$ 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. Medicaid transportation restrictions related to the number of passengers that can accompany a person receiving transportation can limit access to substance abuse services for mothers with young children who cannot get childcare. In-home or telehealth services would be a better option for women caring for young children. |
| | 2 | Substance Abuse | **Need:** Expand upon and provide more access to IOP substance abuse treatment programs for youth to include telehealth services for youth in rural Tennessee.<br><br>**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. |