

Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council 2024 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 (herein referred to as “TDMHSAS” or “Department”). 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
Region 1	1	Mental Health	<p>Need: Increase the number of affordable housing options for individuals with serious mental illness (SMI) and co-occurring disorders (CODs) including those affiliated with the criminal justice system.</p> <p>Data: According to the Tennessee Office of Reentry (TOOR), in 2021, the rate for recidivism in Tennessee was roughly 46%. This means that almost half of all those released from jail or prison were estimated to return within three (3) years. According to the U.S. Department of Housing and Urban Development (HUD), there were an estimated 10,567 people experiencing homelessness on a single night in Tennessee in 2022. Adjusting for population, this comes out to about 15.1 people for every 10,000 state residents, the 16th most among the 50 states.</p> <p>Available Resources to Address Need: TDMHSAS provides individuals with monetary support to maintain housing through the Community Targeted Transitional Service (CTTS) and Inpatient Targeted Transitional Services (ITTS) programs. However, ITTS supports are only for individuals recently released from a Regional Mental Health Institute (RMHI). TDMHSAS addresses the creation of safe, permanent, and affordable housing opportunities through Creating Homes Initiative (CHI), CHI 2.0, and CHI 3.0, and Intensive Long-Term Support (ILS) Services.</p>
	2	Mental Health	<p>Need: Increase education, training, and resources around mental health and suicide prevention practices within the Northeast Region of Tennessee, specifically in rural communities with limited access to education, healthcare, and behavioral health services. These services should be directed towards community members of all ages and professions.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 1 Needs Assessment (continued)
Region 1	2	Mental Health	<p>Data: Rural communities often face higher instances of stigma and misinformation around mental health and have less access to resources that address suicide prevention. Providing increased education, trainings, and resources could assist in decreasing stigma, increase overall education and awareness, and encourage preventative treatments and practices that could lead to a decrease in mental health crisis challenges and suicide rates within the region.</p> <p>According to the National Institute of Mental Health (NIMH), “an estimated 26% of Americans ages 18 and older -- about 1 in 4 adults suffers from a diagnosable mental health disorder in a given year”. Recognizing symptoms and getting timely treatment leads to recovery, which can lead to a decrease in stigma, criminal justice interactions, and emergency department (ED) visits. Raising awareness reduces stigma and discrimination associated with mental illness and seeking treatment. Without treatment, mental health disorders can reach a crisis point as the World Health Organization (WHO) states, “there is no health without mental health” (www.dhcs.ca.gov).</p> <p>According to the National Alliance on Mental Illness (NAMI):</p> <ul style="list-style-type: none"> • 7-10% of all police calls involve a person with mental illness. Crisis Intervention Trained (CIT) officers have shown to improve officer and community safety, reduce costs associated with incarceration, and appropriately redirect individuals in a behavioral health crisis away from the criminal justice system to community-based behavioral health services. • 90% of people who die by suicide suffer from a significant psychiatric illness, substance misuse disorder or both at the time of their death, and those facing a mental health challenge are 6-12x more likely to attempt suicide at some point. • The average delay between symptom onset and treatment is 11 years. Mental health treatment, therapy, medication, and self-care have made recovery a reality for most people experiencing mental illness. • 50% of all lifetime mental illness begins by age 14 and 75% by age 24 showing that early education and upstream prevention efforts are critical. • 95% of youth ages 14-24 report having had suicidal thoughts and ideations. <p>According to a 2021 Tennessee Department of Health (TDH) data report, the 2019 rate of suicide in Tennessee was 29%, which is higher than the national rate of 13.9%. Both the total number of deaths by suicide as well as the rate of suicide deaths among Tennesseans continued to increase between 2015-2019, including an increase of 11% in the rate of suicide deaths and an increase of 13% in the total number of deaths by suicide. In 2019, the suicide death rates were highest among adults aged 25-64, which is the population most likely to be reached with many community education and prevention programs.</p> <p>Additionally, in 2019 there were 7,294 emergency department (ED) visits and 2,523 inpatient hospitalizations in Tennessee for nonfatal intentional self-harm injuries. There were also 28,879 ED visits and 13,399 inpatient hospitalizations in Tennessee with suicidal ideation but no accompanying self-harm injury. For every suicide death, approximately 25 individuals attempt suicide and suffer from suicidal ideations.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 1 Needs Assessment (continued)
Region 1	2	Mental Health	<p>Available Resources to Address Need: Tennessee Suicide Prevention Network (TSPN); Mental Health Association of East Tennessee (MHAET); NAMI; Tennessee Mental Health Consumers Association (TMHCA); Frontier Health Community Outreach; Ballad Health Community Outreach; Turning Point Regional Crisis Center; 988 Crisis Line Call Center; Woodridge Hospital; Creekside Behavioral Health; Camelot Care Centers; multiple counseling services and organizations; health departments; county health councils; Watauga Frontier Health Mental Health Facility; school-based behavioral health liaisons (SBBHLs); Carter County Trauma Informed Care; VA Mountain Home Health Care; and local law enforcement agencies and school systems.</p> <p>Note: MHAET provided community education in various formats to 2,401 people in 2021 in the region (not including Mental Health 101). With additional funding, MHAET hired additional staff and increased community education for individuals in the region to 5,408 in 2022 and 11,613 in 2023.</p>
	1	Substance Abuse	<p>Need: To provide increased education, training, and resources around substance use, misuse, and abuse to the Region 1 community including but not limited to: students, families, teachers, first responders, and medical professionals, specifically focusing on recognizing symptoms and accessing treatment in rural settings with limited resources.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 1 Needs Assessment (continued)
Region 1	1	Substance Abuse	<p>Data: According to the TDH’s Drug Overdose Dashboard, in 2021, the count of all drug overdose deaths recorded for Region 1 was 248, and the count of nonfatal overdose outpatient visits recorded for the region was 968. While the rate of all drug overdose deaths statewide in Tennessee increased from 46 per 100,000 residents in 2020 to 57 per 100,000 residents in 2021, the rate in Region I had a drastically much higher rate of increase: from 32 per 100,000 residents in 2020 to 52 per 100,000 residents in 2021.</p> <p>The 2022 Tennessee Drug Overdose Deaths Report counted 268 drug overdose deaths in Region I. According to this report, 75% of counties in Region I experienced an increase in the number of all drug overdose deaths from 2021 to 2022. In 2022, it was also reported that 18,530 opioid overdoses were reversed using Naloxone. TDH’s Office of Informatics and Analytics (OIA) provided an analysis of the “Hospital Discharge Data System and Joint Annual Report” in East Tennessee, stating the median annual cost of all nonfatal drug overdoses (inpatient stays and outpatient visits recorded by hospital discharge reports) in 2022 was \$5,656 (inpatient stay) and \$699 (outpatient visit).</p> <p>Dr. Nora Volkow with the National Institute on Drug Abuse (NIDA) states, “primary prevention—including screening and intervention before negative health outcomes occur—is relatively inexpensive, and the higher-risk behaviors it is designed to reduce are so costly to the healthcare system that it is staggeringly wasteful not to make sure that screening and treatment referral are readily implemented and faithfully reimbursed by insurers and that interventions are convenient for parents and their children.” For every \$1 invested in treatment programs, the return is \$4, whereas for every \$1 invested in prevention programs, the return is \$64.</p> <p>“Prescription opioid abuse carries high costs for American society, with an estimated total economic burden of nearly \$80 billion each year.” (Prescription Drug Safety Network). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), prevention education saves money, requires early intervention for youth, and helps dispel myths related to substance use. Rural communities often face higher instances of stigma and misinformation around substance abuse. Providing systems change, increased education and training, and affordable resources could decrease stigma, increase overall education and awareness, and encourage preventative treatments and practices with the Northeast Tennessee population. (Ali Cheetham, Louisa Picco, Anthony Barnett, Dan I Lubman & Suzanne Nielsen (2022) The Impact of Stigma on People with Opioid Use Disorder, Opioid Treatment, and Policy, Substance Abuse and Rehabilitation, 13:, 1-12, DOI: 10.2147/SAR.S304566).</p> <p>Available Resources to Address Need: Sullivan County Anti-Drug (SCAD) Coalition; Insight Alliance (Washington County Anti-Drug Coalition); A.C.T.I.O.N. (Johnson County Anti-Drug Coalition); Greene County Anti-Drug Coalition; Carter County Drug Prevention (CCDP) Coalition; Unicoi County Prevention Coalition; County Health Councils; Recovery Homes; United Way; many behavioral health providers; school districts; TN REDLINE.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 1 Needs Assessment (continued)
Region 1	2	Substance Abuse	<p>Need: Establish reliable and affordable transportation services for individuals in need, regardless of insurance status or ability to pay, for recovery and treatment services.</p> <p>Data: According to the TDH, within the eight counties in Region 1, 14.68% of the total population is uninsured. One of the most common barriers cited in studies on substance use disorder (SUD) treatment in rural areas is transportation. Individuals who have been through treatment and are seeking employment (job interviews) or aftercare services (Intensive Outpatient Program (IOP) therapy, Narcotics Anonymous/Alcoholics Anonymous (NA/AA) meetings, and probation/parole visits also struggle with a way to make these appointments which could cause another barrier to recovery. However, most of the services in place are strictly for medical appointments and come at a high cost for those who do not have insurance.</p> <p>Ballad Health completed a Community Needs Assessment in 2021 which included Sullivan, Washington, Greene, Carter, Unicoi, Johnson, Hancock, and Hawkins counties. Under the need entitled “Social/Environmental Issues Affecting the Health of the Community”, transportation was listed as the second largest need affecting community health with 19.3% citing this need, and access to care was at 15.6% (which included transportation). Under the need entitled, “For Most Important Issues Affecting your Community”, transportation was at the top of the list.</p> <p>Available Resources to Address Need: While there are grants to pay for SUD treatment, most do not cover actual transportation outside of gas cards. Agencies such as Families Free will provide transportation but the reach is limited. While telehealth and increased access to medication-assisted treatment (MAT) providers due to the removal of the X-waiver are both helpful, service recipients with SUD still need transportation to the intensive outpatient program (IOP), other MAT options, inpatient treatment, and other recovery resources. In three (3) of the eight (8) counties in the region, there are public transportation options but the hours, area coverage, and service days are limited.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 2 Needs Assessment
Region 2	1	Mental Health	<p>Need: Increase and continue supported services and operational funding to new and existing housing for those with mental health disorders to include group home living, supportive living apartments, and congregant independent living options across the state.</p>
			<p>Data: The United Way’s ALICE (Asset Limited, Income Constrained, Employed) Report for Tennessee (2023) states “household costs are compared to household income to determine if households are below the ALICE Threshold. This includes both households in poverty, with income below the Federal Poverty Level (FPL), and those that are ALICE, with an income above the FPL but below the cost of basics.” The ALICE Household Survival Budget represents the bare minimum cost of the household basics needed to live and work in the modern economy by household composition, in every county. FPL for a single adult is calculated at a monthly total of \$1,073 and an annual total of \$12,880. ALICE for a single adult is calculated at a monthly total of \$2,098 and an annual total of \$25,176.</p> <p>The average monthly amount of Supplemental Security Income (SSI) checks is \$943. (SSI Federal Payment Amounts for 2024 www.ssa.gov). According to the ALICE Report, the average cost of rent and utilities, in 2021, for a single person household averaged around \$2,000/month. The National Low Income Housing Coalition (NLIHC) tracks housing cost burden and available affordable housing by state, and in Tennessee as of 2022, 23% of renters making between 81% and 100% of area median income (AMI) were cost burdened. This means individuals spend 30% or more of their income on housing and utilities. Nearly half (47%) of renters making between 51% and 80% of AMI were cost-burdened (https://nlihc.org/gap/state/tn).</p> <p>Available Resources to Address Need: There are several homeless coalitions that are working towards affordable housing options, including for individuals that have severe mental illness (SMI). Knoxville/Knox County has established an Office of Housing Stability. Region 2 has a CHI Housing Facilitator and a CHI 2.0 Housing Facilitator.</p>
	2	Mental Health	<p>Need: Increase the number of mental health professionals (serving both adults and children and youth) early in the pipeline.</p> <p>Data: The Region 2 Planning and Policy Council recommends a “career pathways” approach (Toolkit from the Department of Labor: https://lincs.ed.gov/professional-development/resource-collections/profile-841). Currently, every county in Region 2 is listed as a Health Professional Shortage Area (HPSA) for mental health resources for low-income populations, with varying priority scores and full-time employee (FTE) shortages (https://data.hrsa.gov/tools/shortagearea/hpsa-find).</p> <p>The 2022 National Survey on Drug Use and Health (NSDUH) found that among the 2.1 million adolescents in the U.S. who had a major depressive episode in the past year, nearly half (48.3% or 987,000 adolescents) perceived an unmet need for mental health treatment. Among adults who had any mental illness in the past year, 40% perceived an unmet need for treatment. Of those, 46.8% identified “not being able to find a treatment program or healthcare professional they wanted to go to” as a major reason for not seeking treatment (https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf). The National Council for Mental Wellbeing conducted a survey of 750 behavioral health workers and more than 2,000 U.S. adults in 2023. The Council found that 83% of the nation’s behavioral health workforce believes that without public policy changes, provider organizations will not be able to meet the demand for mental health or substance use treatment and care (https://www.thenationalcouncil.org/news/help-wanted/). Additionally, Hispanic and Black Americans are less likely to receive routine treatment for mental health disorders and are more likely to visit EDs for mental health care. Any efforts to increase the behavioral health workforce need to include goals around recruiting more behavioral health professionals of color.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 2 Needs Assessment (continued)
Region 2	2	Mental Health	<p>Available Resources to Address Need: TDMHSAS has been working to increase reimbursement rates and support the mental health workforce in various ways, which is much appreciated. The MHAET and county-level school systems could be potential partners in educating elementary, middle, and high school students about careers in the behavioral health field.</p>
	3	Mental Health	<p>Need: Increase education for parents and caregivers of children and youth concerning mental health, available programming, and support services.</p> <p>Data: Ideally, increased education will help combat the stigma of seeking help for their children, educate them on the dangers of social media use and other risky behaviors, and strengthen access to mental health resources. The role of stigma in child and adolescent mental health care is becoming more apparent in recent research, and the role of parents is key (Halewjin et al, Factors related to perceived stigma in parents of children and adolescents in outpatient mental healthcare (2022, doi: 10.3390/ijerph191912767).</p> <p>Data from the Knox County 2022 Youth Risk Behavior Survey (YRBS) shows that 24.4% of high school students in Knox County schools reported their mental health had not been good “most of the time” or “always” in the 30 days prior to the survey, and 39.4% of students reported that they felt so sad or hopeless that they stopped doing normal activities for two or more weeks in the past year. Nearly half of students (44%) reported at least one adverse childhood experience (ACE), and about one out of five (19%) reported having two or more ACEs, which evidence has shown can lead to increases in depression and other negative mental and physical outcomes. Students with two or more ACEs were more likely to report a variety of mental health problems. They were also nearly four times as likely to have been in a physical fight in the past year, three times as likely to have ever tried smoking, twice as likely to have ever used an electronic vapor product, and twice as likely to report that their mental health was not good in the past 30 days. It’s also worth noting that 11.5% of students reported there is rarely or never an adult in their household who tries hard to make sure their basic needs are met (https://knoxcounty.org/health/epidemiology/reports_data.php).</p> <p>Tennessee’s 2023 State of the Child report shows that across Tennessee, the percentage of students whose mental health was not good most or all of the time is similar to the rate in Knox County: about 3 out of 10. The number of students who felt sad or hopeless almost every day for two or more weeks in the past year has jumped by 63% since 2011, and yet the utilization rate of beds in residential facilities that served youth (68) was far lower than the national average (82.4). In 2023, among all households with children in Tennessee, 1 in 10 reported that a child in the home needs mental health treatment. Of households reporting a child needing mental health treatment, 63% reported that all children needing treatment had received it. Of all who needed treatment, more than half found it somewhat or very difficult to get treatment. Families making \$25,000 to \$36,000 reported the most difficulty obtaining treatment, with 72% reporting it was at least somewhat difficult (https://www.tn.gov/tccy/programs0/kc/kc-pubs-nav.html).</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 2 Needs Assessment (continued)
Region 2	3	Mental Health	<p>Available Resources to Address Need: So far in FY 2024, the Behavioral Health Safety Net (BHSN) program has served 251 children, and SBBHLs have served 3,789 children within the region. The Regional Intervention Program (RIP) has served 29 children, and the First Episode Psychosis Initiative (FEPI) has served 61 youth. Given the number of children and youth experiencing mental health episodes, it would be beneficial if more parents and caregivers were aware of these services.</p> <p>TDMHSAS partners with NAMI Tennessee to offer NAMI Basics training to parents and caregivers of children with a serious emotional disturbance (SED), as well as service providers of children with SED. TDMHSAS and NAMI Tennessee also offer Breaking the Silence training for middle and high school students whose schools request the training.</p>
	1	Substance Abuse	<p>Need: Increase housing opportunities for individuals with substance use disorder (SUD) including the urgent requirement for low-barrier housing options and specialized housing programs focusing on the transition from incarceration to recovery. This need encompasses the following key components: formalize the process of opening recovery residences, standardize training for recovery house managers, and provide staffing for the Tennessee Association of Recovery Residences (TN-ARR) accreditation process.</p> <p>Data: The data supporting this need is substantial and underscores the gravity of the situation. A recent report from the TDH states that in 2022, a total of 3,826 Tennesseans died of a drug overdose. This number is a staggering 83% increase in overdose deaths since 2019 (2,089 reported deaths). The importance of stable housing and support in recovery from SUDs cannot be overstated, as insecure housing situations can trigger substance misuse, relapse, and potentially death (Center on Budget and Policy Priorities).</p> <p>United Way Worldwide’s 2023 211 Impact Survey shows that housing is the number one need throughout the country. These findings are reflected here locally in the region and align with the Knoxville Homeless Management Information System (KnoxHMIS) Community Dashboard, which reports that the primary cause of homelessness in Knox County is the lack of affordable housing. When combined with the difficulty criminal justice-involved individuals and those in active recovery have in obtaining stable, safe, and secure housing, it becomes clear that addressing the housing crisis is not only a matter of basic need but also a crucial step towards supporting vulnerable populations and reducing systemic issues. Many individuals with SUD face significant barriers to accessing housing, such as poor credit history, criminal records, or insufficient income. Affordable, stable housing with a focus on removing barriers and supporting transitions from incarceration to recovery is pivotal in promoting successful recovery outcomes and preventing homelessness among this vulnerable population (www.csgjusticecenter.org).</p> <p>The transition from incarceration to recovery presents a critical juncture where housing support can make a profound difference. As individuals reenter society after incarceration, the stability of a home environment is pivotal to their success. Access to specialized housing programs is not only beneficial but essential. These programs not only provide shelter but also offer the necessary support systems to navigate the complexities of reintegration. Formalizing the process of opening recovery residences, standardizing training for recovery house managers, and providing staffing for the Tennessee Association of Recovery Residences (TN-ARR) accreditation process are crucial steps in ensuring these programs meet their potential. By establishing clear guidelines and training, we can enhance the quality and effectiveness of these residences, ultimately improving outcomes for individuals in recovery. Research shows that housing support during this crucial phase reduces recidivism rates and bolsters long-term recovery efforts (www.csgjusticecenter.org). Through these concerted efforts, we can pave the way for a more compassionate and effective approach to supporting those on their journey from incarceration to lasting recovery.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 2 Needs Assessment (continued)
Region 2	1	Substance Abuse	<p>Available Resources to Address Need: The CHI 2.0 and 3.0 are valuable initiatives that have been established to tackle this issue. However, while these initiatives have shown promise, more funding is required to expand and enhance their reach to meet the growing demand for housing support. Additionally, the Metro Drug Coalition (MDC) in Knoxville is actively addressing the need of best practices offered in the recovery community by offering a House Managers Academy. This academy provides training for recovery housing house managers, equipping them with best practices and skills necessary to effectively manage recovery residences.</p>
	2	Substance Abuse	<p>Need: Increase the number of SUD treatment programs for those with low to no income and no insurance.</p> <p>Data: The 2022 National Survey on Drug Use and Health (NSDUH) found that among people aged 12 or older who were classified as needing substance use treatment in the past year, about 1 in 4 (24% or 13.1 million people) received treatment. Among those who needed treatment but did not get it, 52.2% said they did not know how or where to get treatment, 47.9% said they thought treatment would cost too much, and 41.9% said they did not have health insurance coverage for alcohol or drug use treatment. The most common reason given, at 78.2%, was that individuals thought they should have been able to handle their alcohol or drug use on their own (https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf). At the state level, the NSDUH estimates that 938,000 people aged 12 and over have a SUD (https://www.samhsa.gov/data/report/2021-2022-nsduh-state-specific-tables). Additionally, there are currently long wait lists and lack of access for participants in specialty courts within the region.</p> <p>The National Council for Mental Wellbeing’s 2022 Access to Care Survey showed that 43% of U.S. adults who say they needed substance use or mental health care in the 12 months before the survey did not receive that care, and numerous barriers stand between them and needed treatment (https://www.thenationalcouncil.org/news/more-than-4-in-10-us-adults-who-needed-substance-use-and-mental-health-care-did-not-get-treatment/).</p> <p>Available Resources to Address Need: TDMHSAS has been intensifying efforts to improve access to SUD treatment among individuals with low/no income, and those efforts are much appreciated. The magnitude of the need requires that we continue to focus on this important issue.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 2 Needs Assessment (continued)
Region 2	3	Substance Abuse	<p>Need: Enhance workforce development efforts with a coordinated focus on recruiting and retaining SUD treatment program staff.</p> <p>Data: In contrast to mental health workforce data, there is no universally accepted measure of SUD counselor turnover. According to anecdotal information from providers revealed in Region 2 Substance Misuse Subcommittee meetings, staff recruitment and retention in the field of SUD treatment needs improvement. The Health Resources and Services Administration (HRSA) predicts a national shortage of 87,630 addiction counselors by 2036 (https://bhwhrsa.gov/data-research/projecting-health-workforce-supply-demand).</p> <p>Drivers of employee turnover across all fields have changed radically since the pandemic. Telecommuting, COVID-19 policies, and diversity equity and inclusion are now important considerations for potential employees, though of course compensation, upward mobility and job stability are still top considerations (https://www.naatp.org/resources/blog/workforce-turnover-substance-use-disorder-organizations-why-it%E2%80%99s-happening-and-how).</p> <p>The SUD treatment field faces both a shortage of workers and high turnover rates among clinical staff. Voluntary turnover rates among counselors are generally shown to be between 25% and 50%. These turnover rates impact organizations and clients negatively. Low turnover rates are associated with factors such as higher organizational commitment among staff, workplaces whose staff perceive that benefits and costs are distributed fairly, staff feeling included in major organizational decisions, and higher levels of job autonomy (Murphy et al, Improving the Recruitment and Retention of Counselors in Rural Substance Use Disorder Treatment Programs, 2022, https://doi.org/10.1177/00220426221080204).</p> <p>The Partnership to End Addiction conducted a survey in 2009 of over 800 staff at community treatment programs across the U.S. and found that higher-rated clinical supervision was associated with less intention on the part of counselors to leave their jobs, along with a host of other benefits (https://drugfree.org/drug-and-alcohol-news/what-is-the-impact-of-high-quality-clinical-supervision-on-substance-abuse-treatment-staff-turnover/).</p> <p>Available Resources to Address Need: TDMHSAS has been working to address staff recruitment and retention through multiple avenues, which is very important and appreciated. Many of the resources available to address this need are administered at the state level.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Region 3 Needs Assessment
Region 3	1	Mental Health	<p>Need: Increase funding to provide financial support for individuals seeking housing who are eligible for SSI/SSDI but have not yet received benefits.</p> <p>Data: An SSI/SSDI application takes an average of 167 days to complete and is sometimes not accepted on the first round of submission. According to the Social Security Administration (SSA), in 2022, there were 133,183 recipients in Tennessee with 25,763 recipients in the 23 counties of Region 3. Of the 133,183 individuals, 74,913 are recipients for mental health disorders. SSI/SSDI Outreach, Access, and Recovery (SOAR) workers on average assist 15-20 people per year. According to the National Alliance to End Homelessness (NAEH), an initial SOAR application can take up to 12 months to process and according to SAMHSA, an initial SOAR application takes 153 days to determine an outcome. In FY 2023, there were 226 applications for SOAR completed in which 200 were approved. Only 43 of those individuals were residing in their own room or home at the time of the application. For the 23 counties of Region 3, 24 applications were completed with an approval rate of 92% and an average of 138 days to determine a decision for FY 2023.</p> <p>Individuals in need of housing with supportive services are often not eligible for permanent supportive housing and may cycle back into homelessness. Once an individual enters or reenters the homeless system, it is often an arduous path to regain stable housing. In the FY 2023 TDMHSAS Three-Year Plan, the department has identified the goal of “expanding access to low-cost, high-quality, outcomes-oriented community mental health services through providing long-term financial support to housing facilities serving individuals with mental illness”. With added financial support to house individuals with a SMI and/or COD, housing operators will be able to accommodate housing and supportive services to individuals that are working to obtain SSI/SSDI benefits and/or individuals that only have Medicaid.</p> <p>Region 3 consists of 23 counties. According to TDMHSAS, there are 213 units of adult supportive residential facilities and 275 units of mental health supportive living facilities within the region with approximately 16 licensed providers. However, only five of these providers accept residents without TennCare which leaves only 48 units available. In 2023, TDMHSAS reported that 6,504 uninsured adult Tennesseans within the region engaged in BHSN services. Additionally, the region is served by two CoC for homeless services: the Chattanooga Regional Homeless Coalition and the Homeless Advocacy for Rural Tennessee. According to the 2023 PIT Count, of the 1,735 Tennesseans counted, 1,467 individuals were unsheltered and 456 were chronically homeless. Additionally, 220 individuals had SMI and 212 had SUD. Individuals that suffer from SMI and/or CODs are at a heightened risk for experiencing homelessness and meet the eligibility requirements for SSI/SSDI benefits to be able to reside in supportive housing to meet their needs.</p> <p>Available Resources to Address Need: Housing operators licensed under TDMHSAS provide the critical services and housing for individuals that have mental health and/or CODs. SOAR staff employed by various community behavioral health organizations assist individuals with the completion of SSI/SSDI applications. However, there is no specific funding to assist housing operators with providing services and housing to individuals outside of being discharged from RMHIs. Both the ILS and ITTS programs are targeted for individuals being discharged from an RMHI and does not address this specific need.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Region 3 Needs Assessment (cont'd)
Region 3	2	Mental Health	<p>Need: Implement a Planned Respite provider in Region 3 and increase utilization of the Respite Voucher program by increasing the number of vouchers issued in the region.</p> <p>Data: TDMHSAS funds respite services to aid caregivers in caring for a family member with an illness or disability. However, raising children with SED can also take a toll on the caregiver and respite services could provide valuable breaks to maintain non-institutional, family placements. Current trends reveal a need for greater utilization and availability of these services both statewide and in Region 3. In FY 2022-2023, of the 358 vouchers issued statewide from the Respite Voucher program, only 18 were issued in Region 3. Planned Respite services currently serve nine (9) counties statewide (Anderson, Carter, Knox, Madison, Rutherford, Shelby, Sullivan, Washington, and Unicoi). None of these services are available in Region 3.</p> <p>Available Resources to Address Need: There are not currently any Planned Respite resources in Region 3.</p>
	1	Substance Abuse	<p>Need: Establish evidenced-based SUD recovery services in Region 3 designed to keep individuals engaged in treatment longer to increase chances for long-term recovery.</p> <p>Data: Contingency Management, approved as an evidenced-based intervention by SAMHSA, employs the use of incentives to keep individuals engaged with treatment during early recovery. The American Medical Association (AMA) published a review and meta-analysis of contingency management for patients receiving MAT. The analysis concluded that contingency management was associated with significant increased abstinence of 69% when compared to the control group, and increased treatment adherence (78.9%) when studies that examined therapy attendance and medication adherence were combined. Additionally, an increase in abstinence from illicit opioids was observed in 71.9% of patients (Bolivar,et. al., 2021).</p> <p>According to TDH, in 2023, 12,538 individuals in Tennessee died of an unintentional drug overdose, an increase of 90% from 2019 to 2022. Illicit opioids and stimulants comprised the highest portion of deaths with illicit opioids at 75% and stimulants accounting for 59%. Fentanyl was the highest occurring substance on toxicology reports. Further, according to the USDA, Region 3 experienced the loss of 1,092 Tennesseans from 2018-2021 to drug overdose of which 596 of were due to opioid overdose. Similarly, TDMHSAS reports that in 2021, 1,046 Tennesseans in Region 3 experienced a nonfatal overdose and were admitted to inpatient services, while 2,867 Tennesseans in the region were treated in an outpatient setting for a nonfatal overdose.</p> <p>Available Resources to Address Need: In Region 3, State Opioid Response (SOR) funding is utilized as well as the Recovery Navigators embedded within several hospital systems throughout the region to increase access to treatment and recovery supports for OUD. Enhancing efforts already underway with the addition of Contingency Management can increase the chances that individuals will begin treatment and maintain recovery efforts.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Region 3 Needs Assessment (cont'd)
Region 3	2	Substance Abuse	<p>Need: Provide a list of all TDMHSAS licensed SUD inpatient facilities (including number of beds) who serve children and adolescents and consider funding to provide additional beds to serve Region 3.</p> <p>Data: In Tennessee, the estimated prevalence of youth ages 12-17 that have a SUD is 61,480 or 4% of the state population. Inpatient treatment is a part of the CoC for the unique needs of this population. In Region 3, there is only one provider with 24 beds dedicated to SUD treatment of children and adolescents. Adolescents are often referred to treatment providers outside of the region which can put an additional burden on the recovery process.</p> <p>Available Resources to Address Need: Currently, the CADAS Scholze Center is the only known provider of SUD inpatient treatment for adolescents in the region.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 4 Needs Assessment
Region 4	1	Mental Health	<p>Need: Expand and continue to increase funding for existing supported services and operational costs to new and existing congregate housing, including group homes that house individuals with SMI and CODs who have complex health needs.</p> <p>Data: TDMHSAS has continued to increase funding to expand supportive housing, now including funding options to expand permanent housing options to more than 108 individuals reentering the community from incarceration. TDMHSAS initiatives and collaborations with other agencies to support housing growth through the CHI have made a great impact to the availability of housing for individuals with SMI, SUD, and CODs. Funds such as Inpatient Targeted Transitional Support (ITTS), Community Targeted Transitional Support (CTTS), and other client-specific programs are available to help individuals secure and maintain housing, thus decreasing homelessness for many within our region. However, there continues to be an increasing need for providers who are able to house individuals who are not covered by TennCare (uninsured and those with Medicare) and need additional services in place to be able to maintain placement in housing, particularly those with complex health needs.</p> <p>According to TDMHSAS Office of Licensure data, the total number of beds located in Region 4 for individuals with mental health needs is 508 (332 Adult Supportive Residential Facilities, 189 Mental Health Supportive Living Facilities, and 47 Mental Health Adult Residential Treatment Services). In addition to licensed homes that accept uninsured individuals with mental illness and co-occurring needs, these numbers represent: a) providers who require the individual have TennCare, which also means TennCare must approve placement of the individual in the home; b) providers who accept commercial insurance or whose costs exceed what our target population can afford; c) housing that targets a specific population, such as veterans or human trafficking survivors; and d) the Davidson County Sheriff’s Office (DCSO) Behavioral Care Center (BCC) and Mental Health Cooperative’s (MHC’s) Intensive Intervention Center (aka Respite).</p> <p>Additionally, according to the 2023 Annual Homeless Assessment Report (AHAR) Part 1 to Congress, the state’s number of homeless individuals decreased by 12.8% between 2022 and 2023. While it is an improvement from the 45.6% increase of homeless individuals between the years 2021 and 2022, there is still room for progress to be made. In the year 2023, there continued to be 9,215 individuals experiencing homelessness in Tennessee (7,615 adults). More than one in five people experiencing homelessness were ages 55 and older, with almost half of these individuals being “unsheltered in places not meant for human habitation”. This number reflects the increased need we are seeing for housing that offers supportive services for those who may be experiencing complex health needs related to aging.</p> <p>Safe, affordable housing is a basic need, and without it, individuals who experience SMI, SUD, CODs, and other co-morbidities are at greater risk of homelessness, which also increases their risk of being victimized as well as at a greater risk of suicide. Research has shown that safe and affordable housing is a significant part of building a person’s strength and resiliency (Center on Budget and Policy Priorities, 2016).</p> <p>Available Resources to Address Need: TDMHSAS’ Office Housing and Homeless Services (OHHS) include resources such as Intensive Long-Term Support (ILS), Projects for Assistance in Transition from Homelessness (PATH), CHI, and Community Targeted Transitional Support (CTTS). There are also other consumer-specific resources to assist with funding, but these do not contribute to housing services and operational costs on a program level.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 4 Needs Assessment (continued)
Region 4	2	Mental Health	<p>Need: Expand the crisis services continuum to fund and evaluate pilots for voluntary alternatives to inpatient psychiatric hospitalization such as Peer Respite and Open Dialogue.</p>
			<p>Data: TDMHSAS FY 2023 data indicates that 66% of individuals who received a face-to-face crisis assessment were diverted from inpatient hospitalization and were able to be served in a less restrictive environment. The remaining 34% represent approximately 25,000 Tennesseans who were referred for psychiatric hospitalization and waited 1-2 days, on average, to be admitted. While Crisis Stabilization Units (CSUs), 24/7 Crisis Walk-in Centers (WICs) and Crisis Respite Centers (CRCs) are all vital components of the crisis system, implementing additional innovative options for in-home and peer-based crisis programs could help even more individuals avoid inpatient hospitalization and achieve recovery.</p> <p>There are now almost 50 Peer Respite sites spanning 14 states. A Peer Respite site is a voluntary community-based residence staffed by peer specialists, offering a supervised, supportive, home-like environment for individuals experiencing a mental health crisis. Participants typically stay up to one week, sometimes longer, and remain connected to a community of peer supporters thereafter. One study showed participants were 70% less likely to utilize inpatient or emergency services compared to those who received other types of services. Another study found that Peer Respite reduced Medicaid expenditures and hospitalizations. There are at least 140 Open Dialogue teams operating in 24 countries, with programs expanding throughout the U.S. Open Dialogue dispatches a specialized clinical team (typically including family therapists and sometimes peers) within 24 hours to help resolve acute mental health crisis in a person’s home environment. The program focuses on engaging an individual’s family and social network to facilitate open discussion, collaborative learning, and mutual participation. Studies of Open Dialogue have shown reduced hospitalization rates, lower overall time in treatment, and health care cost savings.</p> <p>Available Resources to Address Need: While Davidson County has access to CSUs and WICs, programs like Peer Respite and Open Dialogue do not exist in the region.</p>
Region 4	3	Mental Health	<p>Need: Increase and expand the workforce of outpatient clinical mental health providers within the public behavioral healthcare system who can serve adults and children of culturally and linguistically diverse backgrounds.</p>
			<p>Data: According to the article, “Rompiendo Barreras: Dismantling Barriers to Latino Mental Health”, one in five Latino adults report having a mental illness, yet only 36.1% of individuals who received mental health care in 2021 were Hispanic (compared to 52.1% of white individuals). Language barriers and cultural stigma continue to contribute to this gap. Additionally, according to the <i>2021 Strategies for Meeting the Need in Our Communities</i> publication provided by the Tennessee Public Health Workforce Workgroup, the state will face “troubling staffing shortages for several different behavioral health professions”. Median incomes for these professions in Tennessee continue to be lower than the national average. One of the strategies identified in the report, “Diversity and Inclusion in Public Behavioral Health” aligns with this identified need. A much needed and appreciated \$17,995,000 was approved for the FY 2023 budget to fund provider rate increases. Further, \$10 million non-recurring funding has been approved in FY 2024 to fund sign-on bonuses, scholarships, and an internship portal. While this is a giant step forward, it does not target the specific need for increased diversity of clinicians within the behavioral health field. Current efforts and proposed funding are beneficial and will likely support bringing in and retaining individuals who are already interested in providing services within the public behavioral healthcare system. However, we need to ensure that we are exploring other potential barriers to increasing the diversity of service providers.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 4 Needs Assessment (continued)
Region 4	3	Mental Health	<p>Available Resources to Address Need: Using funds appropriated during the Tennessee General Assembly’s extraordinary session on public safety, the Tennessee Behavioral Health Pathways Scholarship has been launched and will provide tuition assistance for eligible students to pursue a graduate degree in one of the designated behavioral health fields. Funding has also been approved to provide incentives such as sign-on bonuses, retention bonuses and an internship portal, all which aim to increase and retain qualified mental health professionals in Tennessee.</p>
	1	Substance Abuse	<p>Need: Increase supplies and expand distribution of effective overdose prevention tools especially xylazine test strips, fentanyl test strips, and naloxone, while also providing wound care services related to the use of substances adulterated with xylazine.</p> <p>Data: At least 3,826 Tennesseans died from an overdose in 2022, more than ten (10) lives lost per day (source). Tennessee continues to have the 2nd highest overdose death rate of any state in the nation, while Nashville has the 2nd highest rate of any metro area. Xylazine was involved in 192 of the state’s overdose deaths in 2022, up from 23 deaths in 2019 (source). Fentanyl was involved in 2,797 Tennessee overdose deaths in 2022, up from 1,087 deaths in 2019. In Region IV (Nashville), fentanyl has been found in 78% of overdose deaths, and xylazine in 5.4% (source). Approximately 85% of those who used a fentanyl test strip in Tennessee reported a positive behavior change related to their drug use (source). While research is ongoing regarding the newer xylazine test strips, early anecdotal reports indicate that many Tennesseans will choose not to use their drugs if they test positive for xylazine. Additionally, naloxone vending machines and drop boxes have been associated with reductions in overdose deaths (source/source).</p> <p>Available Resources to Address Need: The Davidson County Sheriff’s Office (DCSO) installed two (2) publicly accessible naloxone vending machines in their facilities. This is a positive step, though more vending machines are needed given those most at risk for overdose are likely to avoid law enforcement facilities. There are many large community events in Nashville that present excellent opportunities to distribute more naloxone, xylazine test strips, and fentanyl test strips. The Metro Public Health Department (MPHD) is tracking overdose data closely.</p>
	2	Substance Abuse	<p>Need: Increase access to MAT (to include both oral and injectable versions of Vivitrol) for those who are diagnosed with alcohol use disorder (AUD) and do not have or qualify for a diagnosis of OUD.</p> <p>Data: Currently, uninsured individuals have limited access to these medications due to the cost barrier, particularly for Vivitrol, despite it often being clinically more appropriate than an oral version. However, even with prescription assistance, these medications may be unaffordable. According to the Center for Disease Control (CDC), deaths related to excessive alcohol use during 2020 – 2021 increased by 29% compared to the 2016 – 2017 year. For FY 2022 in Davidson County, 39.6% of individuals over the age of 12 who received services funded through TDMHSAS received treatment for alcohol use. This is up from 37% in FY 2021, and 35.3% in FY 2020.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 4 Needs Assessment (continued)
Region 4	2	Substance Abuse	<p>Available Resources to Address Need: Currently those suffering with AUD are not eligible to receive assistance through existing state grants surrounding MAT unless they also have an OUD. If the person with AUD is receiving treatment for a mental illness from a community mental health provider, they might be able to receive Naltrexone or Vivitrol through this provider but not if they have an AUD alone. According to the TDMHSAS Treatment Provider Directory updated on August 3, 2023, there are only four (4) treatment providers located in Davidson County identified as providing Vivitrol that is not identified as being for “Opioids Only”. Of these, two (2) of the providers also provide residential treatment for women only and it is not specified if Vivitrol is available to those who have not or are not receiving residential treatment.</p>
	3	Substance Abuse	<p>Need: Establish Recovery Community Centers (RCCs) within the region.</p> <p>Data: According to recoveryanswers.org, RCCs are defined as “peer-operated centers that serve as local resources of community-based support”. There is currently one RCC that operates under this definition and is in Johnson City, TN. RCCs are physical spaces (not housing) accessible to the community and dedicated specifically to addiction recovery. No formal screening or diagnosis is required to access the RCC services that promote building of recovery capital at the community level through “advocacy training, recovery information and resource mobilization”.</p> <p>In Davidson County, there were 529 drug overdose deaths in 2021, up from 438 in 2020 despite tremendous efforts to increase access to treatment and recovery supports. Research shows that peer recovery coaching, such as that provided at RCCs, promotes improved relationships with treatment providers, increased treatment retention, increased satisfaction with overall treatment experience, improved access to social supports, decreased criminal justice involvement, decreased emergency service utilization, reduced relapse rates, reduced rehospitalization rates, reduced substance use and greater housing stability. (Value of Peers Infographics: Peer Recovery, https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf).</p> <p>Available Resources to Address Need: TDMHSAS currently has the Certified Peer Recovery Specialist Program (CPRS). As of December 2023, there were 1,234 CPRSs in the state and the number continues to grow. CPRSs located in Davidson County can be called on to help develop a Recovery Community Organization (RCO) that will engage with community resources to support the services provided by a RCC.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 5 Needs Assessment
Region 5	1	Mental Health	<p>Need: Safe, quality, affordable, permanent supportive housing (including support services and operations) throughout the region.</p> <hr/> <p>Data: The need for permanent supportive housing includes the inherent resources needed for clients with more acute needs that may not be appropriate for traditional group home environments but are not acute enough for long-term hospitalization. Meaningful interventions for these clients begin with permanent supportive housing which makes “wraparound” services available as needed by each client, maximizing each person’s potential for successful reentry into the client’s community, and, where appropriate, reconnecting with the client’s support systems. Demonstrating this need, during recent CHI grant competitions over the past two years, proposal submissions have dramatically increased, therefore proving the growing need for additional housing resources. Proposal submissions in one competition grew from 20+ to more than 50 in less than a year. Most recently, proposals for these same grant competitions increased to almost 80. Another clear indicator of the need for permanent supportive housing is the fact that TN-ARR reports 1,200 recovery houses across the State, many with notably long wait lists. Finally, the 2022 Central Tennessee 503 Continuum of Care (CoC) Point-in-Time (PIT) Count recorded 275 homeless individuals and only 57 permanent supportive housing (PSH) beds with services.</p> <hr/> <p>Available Resources to Address Need: The CHI, CHI 2.0, and CHI 3.0</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 5 Needs Assessment (continued)																																			
Region 5	1	Substance Abuse	<p>Need: Expand Bridge Treatment /SUD Respite options for pre- and post-treatment.</p> <p>Data:</p> <ul style="list-style-type: none"> SUD providers have reported the lag-time for individuals to access treatment services (especially those unhoused) while waiting on a treatment to open. Data used to support the need is based on Buffalo Valley, Inc.’s (BVT’s) electronic health record (EHR) data of the number of prescreens, actual admissions from the prescreens, and the average wait list to get into treatment. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">2021-2022</th> <th style="text-align: center;">2021-2022 % of admissions</th> <th style="text-align: center;">2022-Current</th> <th style="text-align: center;">2022 - current % of admissions</th> </tr> </thead> <tbody> <tr> <td>Prescreens</td> <td style="text-align: center;">4,125</td> <td></td> <td style="text-align: center;">2,500</td> <td></td> </tr> <tr> <td>Admissions</td> <td style="text-align: center;">1,577</td> <td style="text-align: center;">38%</td> <td style="text-align: center;">1,053</td> <td style="text-align: center;">42%</td> </tr> <tr> <td>Homeless</td> <td style="text-align: center;">1,446</td> <td style="text-align: center;">92%</td> <td style="text-align: center;">1,293</td> <td style="text-align: center;">82%</td> </tr> <tr> <td>Lifeline July-December</td> <td></td> <td></td> <td style="text-align: center;">1,233</td> <td></td> </tr> <tr> <td>Overall Wait List</td> <td style="text-align: center;">7.15</td> <td></td> <td style="text-align: center;">8.7</td> <td></td> </tr> <tr> <td>Admissions</td> <td style="text-align: center;">3,941</td> <td></td> <td style="text-align: center;">3,851</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> In 2021-2022 in Region V, with data provided by one provider showed that only 38% of the prescreens were admitted and that 92% of those individuals who self-identified as being homeless. For FY 2022- current, 42% of the prescreens were admitted and 82% of those self-identified as homeless. Additionally, data obtained from a Lifeliner in Region V shows that they referred 1,233 individuals for treatment from July-December 2022. The overall average wait time based on the numbers above for 2021-2022 was 7.15 days and 8.7 days for 2022-current. <p>Available Resources to Address Need: How U Survive This Life Everyday (H.U.S.T.L.E) Recovery offers Bridge Treatment/SUD Respite currently through a pilot project in Rutherford County funded by the county’s opioid abatement funds. This program has aided in a 13% decrease in county-level overdoses reported by the county medical examiner.</p>		2021-2022	2021-2022 % of admissions	2022-Current	2022 - current % of admissions	Prescreens	4,125		2,500		Admissions	1,577	38%	1,053	42%	Homeless	1,446	92%	1,293	82%	Lifeline July-December			1,233		Overall Wait List	7.15		8.7		Admissions	3,941		3,851	
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**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 6 Needs Assessment
Region 6	1	Mental Health	<p>Need: Provide ease of access for adolescent inpatient psychiatric care for those without insurance or where insurance is not abiding by mental health parity.</p> <p>Data: In 2022, 5.3% of Tennessee children were uninsured. Among those uninsured, 2/3 were financially eligible for TennCare or CoverKids insurance.</p> <p>According to the Tennessee Commission on Children and Youth (TCCY) State of the Child report for 2023, 5.3% of children are uninsured in the state. This number is expected to increase as TennCare sends out redetermination documentation to families. The state may also see a lapse in insurance coverage increasing the chance of indigent needs. Children without insurance tend to stay in EDs longer than their counterparts with insurance, as there are more limitations on facilities willing to accept uninsured youth. Additionally, children without insurance or who are underinsured are less likely to receive consistent mental health services. This creates a situation where mental health conditions reach a crisis point before care is sought. At the end of September 2023, among all households with children in Tennessee, 1 in 10 reported a child in the home needing mental health treatment. Within the last year, 53% of high school girls and 30% of high school boys felt sad or hopeless almost every day for two or more weeks, representing a 63% increase since 2011 (per State of the Child 2023 report). Since 2017, all measures of suicidal ideation have increased among Tennessee high school students and continue to trend upwards. Between 2019 and 2021, the suicide rate in Tennessee among youth aged 13-18 increased from 7 per 100,000 to 9.4 per 100,000 while the national rate increased from 7.9 to 8.1. Both CDC and TDH Essence Data indicates an increase in youth ED visits due to suicidal ideations.</p> <p>Available Resources to Address Need: There is a grant system for youth without insurance to access inpatient care. This does not serve the children in Region VI as the two allotted grant providers are in East Tennessee.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 6 Needs Assessment (continued)
Region 6	2	Mental Health	<p>Need: Increased structural support for transportation in urban and rural areas.</p> <p>Data: In many ways public transportation impacts health which is why transportation is referred to as a social determinant of health. One important way transit impacts health is by improving access to health care. Wolfe et al. (2020) estimated that 5.8 million people in the United States delayed medical care because of a lack of transportation. In a survey conducted of adults aged 65 or older living in non-metro areas, with responses from 429 participants, most of the respondents were able to drive and had access to a car. Many respondents drove themselves to their health care appointments. However, some respondents were transit bus users. About 7% reported that they use transit to access health care for at least some trips, and 2% reported using transit for most or all their health care trips. Health care is one of the more common trip purposes among rural transit users.</p> <ul style="list-style-type: none"> • 75.1% are individuals that reside in the state of Tennessee and experience a form of disability. (Source: Census Bureau, 2019 American Community Survey 5- year Estimate) • 75.4 % are individuals that classify themselves as Older Adults that reside in the state of Tennessee. (Source: Census Bureau, 2019 American Community Survey 5- year Estimate) • 79.1% are individuals that reside in the state of Tennessee that have/had experienced a form of low income. (Source: Census Bureau, 2019 American Community Survey 5-Year Estimate) <p>Available Resources to Address Need: Share my Ride TN, Metro bus services, Tennessee Human Resource Agency (THRA), BHSN</p>
	3	Mental Health	<p>Need: Low barrier, affordable housing for individuals on the Tennessee Sex Offender Registry.</p> <p>Data: There are currently 29,000 individuals on Tennessee’s Sex Offender Registry. However, there are only a total of 48 beds in approved Transitional Recovery Housing in Tennessee for people on the registry. While Supported Housing Vouchers funded through the Continuum of Care (CoC) can be utilized for people on the Registry, they are limited. In 2022, there were 2,292 vouchers in the state but it is unknown what portion are utilized by people on the Registry. No other U.S. Department of Housing and Urban Development (HUD) funding can be used for these individuals.</p> <p>Results vary but many studies find a high rate of SMI and SUDs in individuals who have been convicted of sexual offenses. In a study conducted by Neal Dunsieith, M.D., he found that 56% met criteria for antisocial personality disorder, 28% met criteria for borderline personality disorder, and 25% met criteria for narcissistic personality disorder. Fifty-eight percent had a mood disorder, 35% had bipolar disorder, 38% had an impulse control disorder, and 23% had an anxiety disorder. Moreover, 85% qualified, according to DSM-IV criteria, for a lifetime diagnosis of SUD (https://psychnews.psychiatryonline.org/doi/full/10.1176/pn.39.10.0036a).</p> <p>Available Resources to Address Need: CoC Supported Housing Vouchers.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 6 Needs Assessment (continued)
Region 6	1	Substance Abuse	<p>Need: Provide reliable and affordable transportation services for individuals to access recovery resources.</p> <p>Data: According to National Institute on Drug Abuse (NIDA) statistics compiled over a 12-month period, 21.6 million Americans aged 12 or older needed treatment for drug and/or alcohol abuse but, alarmingly, only 2.3 million received care. The simple lack of transportation to the doctors’ offices, ambulatory care centers or other places for treatment has created a barrier for millions in need of lifesaving 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).</p> <p>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. Vanderbilt University researcher Janey Camp, associate professor of civil and environmental engineering, is working on a project to help clear those roadblocks”. Camp is leading an 18-month, in-depth analysis of transportation investment opportunities that could help stem the opioid epidemic across Tennessee. The project is funded by the Tennessee Department of Transportation (TDOT). Tennessee has the third-highest opioid prescription rate in the nation and overdose deaths involving opioids in the state have been rising for more than a decade. Densely populated cities may offer the most transportation options to residents, but even so, public transit options are still no guarantee to accessible treatment. Camp explains that when applying this logic to rural areas—which comprise nearly 93% of Tennessee—it is easy to understand the challenge of limited transportation options.</p> <p>Transportation is also needed for access to recovery support services including mental health and Intensive Outpatient Program (IOP) appointments, job interviews, work, recovery meetings, and probation/parole visits. However, most of the resources in place are strictly for medical appointments and come at a high cost for those who do not have insurance.</p> <p>Available Resources to Address Need: The local Human Resources Administration (HRA) transportation services can transport those with insurance, but only to medical appointments. Local bus systems are available for some but often do not serve more rural areas. There are few treatment facilities who provide transportation. There is some help that is offered through local sheriff’s departments to help transport inmates directly from jail to treatment.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 6 Needs Assessment (continued)
Region 6	2	Substance Abuse	<p>Need: Expand SUD services for veterans with other than honorable discharges and their families.</p> <p>Data: Veterans and family members of veterans often seek mental health services in the civilian environment. According to the U.S. Department of Defense (DOD), there are nearly 400,000 veterans, 8,360 of which have other than honorable discharges, in Tennessee. According to DOD data, there are a greater number of minorities who receive “other than honorable discharges”. A 2020 Air Force study showed that “young enlisted Black airmen were twice as likely to be involuntarily discharged as their white counterparts”.</p> <p>Available Resources to Address Need: U.S. Department of Veterans’ Affairs and the Tennessee Department of Veteran Services.</p>
	3	Substance Abuse	<p>Need: Establish ease of access for adolescent substance abuse service (including detox, residential and IOP levels).</p> <p>Data: Children seeking residential treatment for substance use lack immediate access to beds and while waiting for a bed to become available are at risk of destabilizing or eloping before making it to a program. Adolescent decision making can be tenuous, so when they are willing to seek help for their SUD, there is an urgency to capitalize on that change in momentum.</p> <p>Per the 2023 TCCY State of the Child Report, in 2011, 33% of Tennessee high schoolers currently drank alcohol (a jump from 22% the year prior). In January 2023, the percentage of Tennessee students reporting binge drinking within the last 30 days increased from 8.8% in 2019 to 13.4% in 2021. Nearly one in seven students reported they had ever taken prescription pain medicine without a prescription or differently than prescribed.</p> <p>Available Resources to Address Need: Currently, there is one adolescent detox program in the state (Lakeside in Memphis).</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 7 Needs Assessment
Region 7	1	Mental Health	Need: Establish an additional peer support center in Region 7.
			Data: Region 7 has a high TennCare population (27%) and only 700:1 mental health providers (United States is 400:1). An additional Peer Support Center would serve a greater number of people in areas of the region where there is little access to mental health services.
			Available Resources to Address Need: There are currently two peer support centers in a highly populated region that serve consumers needing mental health services (Alliance Healthcare Services and Tennessee Mental Health Consumers Association).
	2	Mental Health	Need: Support for the Shelby County Mental Health, Safety and Justice Center to aid in providing timely and appropriate mental health care in a short-term residential setting as a voluntary alternative to ineffective, costly incarceration.
			Data: According to the United States Department of Justice (DOJ), more than two-thirds of inmates in local jails have or have had a serious mental health problem and at least 20% of detainees have a SMI. The statistics are similar for inmates who have an active SUD (65%).
			Available Resources to Address Need: There is not currently a facility to address this need. However, there are criminal justice liaisons (CJLs), pre-arrest diversion programs, and problem solving courts.
1	Substance Abuse	Need: Increase the number of educational opportunities for substance use education for families and mental health treatment providers including safety concerns with current supply, self-medication issues, medicalization of addiction, challenging normalization of use of substances instead of coping skills, substance use patterns, and treatment of SUDs to reduce the number of youth overdose deaths in the state.	
		Data: According to TDH data, in 2018 the rate of overdose deaths (all drugs) for individuals ages 15-24 was 14 per 100,000. In 2022, that number increased to 26 per 100,000. In 2022, Shelby County had one of the highest rates of deaths from overdose (all ages and all drugs) with 577 deaths (3,826 for the entire state). In 2022, 15% of the total number of overdose deaths in Tennessee was in Shelby County.	
		Available Resources to Address Need: The Memphis Area Prevention Coalition (MAPC).	

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Regional Council	Priority	Category	Regional Council 7 Needs Assessment (continued)
Region 7	2	Substance Abuse	<p>Need: School-based, high-quality counseling including non-stigmatizing discussion of all treatments for SUDs and early intervention for misuse to reduce the number of youth overdose deaths in the state.</p> <p>Data: According to TDH data, in 2018 the rate of overdose deaths (all drugs) for individuals ages 15-24 was 14 per 100,000. In 2022, that number increased to 26 per 100,000. In 2022, Shelby County had one of the highest rates of deaths from overdose (all ages and all drugs) with 577 deaths (3,826 for the entire state). In 2022, 15% of the total number of overdose deaths was in Shelby County.</p> <p>Available Resources to Address Need: There are SBBHLs that focus on mental health. However, this need is to address SUD specifically.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Consumer Advisory Board (CAB) Needs Assessment
CAB	1	Mental Health	<p>Need: Provide trainings and educations to increase understanding of mental health disorders and recovery possibilities.</p> <p>Data: An individual’s attitudes and beliefs about mental illness contribute to how they interact with and support a person with mental illness. When individuals have positive attitudes about mental health, they may engage in supportive and inclusive behaviors (e.g., willingness to date a person with mental illness or to hire a person with mental illness). However, when attitudes and beliefs are expressed negatively, they may result in avoidance, exclusion from daily activities, and, in the worst case, exploitation and discrimination. Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness and knowing and interacting with someone living with a mental illness. Attitudes and beliefs can be influenced by cultural stereotypes, media stories, and institutional practices (Community Conversations About Mental Health Information Brief, SAMHSA, 2013).</p> <p>A 2016 SAMHSA study found that some common reasons reported for not receiving behavioral health care included inability to afford the cost of care (48%), believing that the problems could be handled without treatment (26.5%), not knowing where to go for services (25%), concerns about confidentiality (10%), that it might cause neighbors or the community to have a negative opinion (10%), that it might cause a negative effect on a person’s job (8%), fear of being committed (10%), inadequate or no coverage of mental health treatment (6% to 9%), and thinking that treatment would not help (9%) (Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change, 2016).</p> <p>Available Resources to Address Need: The Office of Faith-Based Initiatives (OFBI) and department website resources.</p>
	2	Mental Health	<p>Need: Increased structural support for transportation in urban and rural areas.</p> <p>Data: In many ways public transportation impacts health which is why transportation is referred to as a social determinant of health. One important way transit impacts health is by improving access to health care. Wolfe et al. (2020) estimated that 5.8 million people in the United States delayed medical care because of a lack of transportation.</p> <p>In a survey conducted of adults aged 65 or older living in non-metro areas, with responses from 429 participants, most of the respondents were able to drive and had access to a car. A majority of respondents drove themselves to their health care appointments. However, some respondents were transit bus users. About 7% reported that they use transit to access health care for at least some trips, and 2% reported using transit for most or all of their health care trips. Health care is one of the more common trip purposes among rural transit users.</p> <ul style="list-style-type: none"> • 75.1% are individuals that reside in the State of Tennessee and experience a form of disability. (Source: Census Bureau, 2019 American Community Survey 5- year Estimate) • 75.4 % are individuals that classify themselves as Older Adults that reside in the State of Tennessee. (Source: Census Bureau, 2019 American Community Survey 5- year Estimate) • 79.1% are individuals that reside in the State of Tennessee that have/had experienced a form of low income. (Source: Census Bureau, 2019 American Community Survey 5-Year Estimate) <p>Available Resources to Address Need: Share my Ride TN, Metro bus services, Tennessee Human Resource Agency (THRA), BHSN.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Consumer Advisory Board (CAB) Needs Assessment (cont'd)
CAB	3	Mental Health	<p>Need: Low barrier, affordable housing for individuals on the Tennessee Sex Offender Registry.</p> <p>Data: There are currently 29,000 individuals on Tennessee’s Sex Offender Registry. However, there are only a total of 48 beds in approved Transitional Recovery Housing in Tennessee for people on the registry. While Supported Housing Vouchers funded through the CoC can be utilized for people on the Registry, they are limited. In 2022, there were 2,292 vouchers in the state but it is an unknown what portion are utilized by people on the Registry. No other U.S. Department of HUD funding can be used for these individuals.</p> <p>Results vary but many studies find a high rate of SMI and SUDs in individuals who have been convicted of sexual offenses. In a study conducted by Neal Dunsieith, M.D., he found that 56% met criteria for antisocial personality disorder, 28% met criteria for borderline personality disorder, and 25% met criteria for narcissistic personality disorder. Fifty-eight percent had a mood disorder, 35% had bipolar disorder, 38% had an impulse control disorder (ICD), and 23% had an anxiety disorder. Moreover, 85% qualified, according to DSM-IV criteria, for a lifetime diagnosis of SUD (https://psychnews.psychiatryonline.org/doi/full/10.1176/pn.39.10.0036a).</p> <p>Available Resources to Address Need: CoC Supported Housing Vouchers.</p>
	1	Substance Abuse	<p>Need: Fill gaps in SUD services for individuals on the sex offender registry.</p> <p>Data: Beth Huebner, Professor of Criminal Justice at the University of Missouri (MU) – St. Louis states, “upon release from prison, sex offenders face large hurdles when seeking housing including legislative sex offender residency restrictions and non-legislative barriers, such as offender stigma, housing shortages and economic challenges”.</p> <p>According to data from the National Criminal Justice Treatment Practices (NCJTP) Survey, existing drug treatment programs have a capacity to serve around 10% of offenders with a third of offenders having a severe disorder (dependency) requiring more intensive structured services. Additionally, among incarcerated sex offenders, two of every three have a history of alcohol or drug use, abuse, or addiction (Peugh and Belenko 2001). Many sex offenders with SUDs are excluded from many substance use treatment programs due to guidelines. U.S. Bureau of Justice Statistics data reveals that 34% of sex offenders receive drug treatment in prison, as opposed to 42% of other violent offenders (Peugh and Belenko 2001).</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Consumer Advisory Board (CAB) Needs Assessment (cont'd)
CAB	1	Substance Abuse	<p>Available Resources to Address Need: There are three inpatient treatment facilities in the state who accept individuals on the sex offender registry. There are some transitional homes in the state that will accept those on the registry.</p>
	2	Substance Abuse	<p>Need: Provide reliable and affordable transportation services for individuals to access recovery resources.</p> <p>Data: According to National Institute on Drug Abuse (NIDA) statistics compiled over a 12-month period, 21.6 million Americans aged 12 or older needed treatment for drug and/or alcohol abuse but, alarmingly, only 2.3 million received care. The simple lack of transportation to the doctors’ offices, ambulatory care centers or other places for treatment has created a barrier for millions in need of lifesaving 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).</p> <p>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. Vanderbilt University researcher Janey Camp, associate professor of civil and environmental engineering, is working on a project to help clear those roadblocks”. Camp is leading an 18-month, in-depth analysis of transportation investment opportunities that could help stem the opioid epidemic across Tennessee. The project is funded by the Tennessee Department of Transportation (TDOT). Tennessee has the third-highest opioid prescription rate in the nation and overdose deaths involving opioids in the state have been rising for more than a decade. Densely populated cities may offer the most transportation options to residents, but even so, public transit options are still no guarantee to accessible treatment. Camp explains that when applying this logic to rural areas—which comprise nearly 93% of Tennessee—it is easy to understand the challenge of limited transportation options.</p> <p>Transportation is also needed for access to recovery support services including mental health and Intensive Outpatient Program (IOP) appointments, job interviews, work, recovery meetings, and probation/parole visits. However, most of the resources in place are strictly for medical appointments and come at a high cost for those who do not have insurance.</p> <p>Available Resources to Address Need: The local Human Resources Administration (HRA) transportation services can transport those with insurance, but only to medical appointments. Local bus systems are available for some but often do not serve more rural areas. There are few treatment facilities who provide transportation. There is some help that is offered through local sheriff’s departments to help transport inmates directly from jail to treatment.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Adult Committee Needs Assessment
CAB	3	Substance Abuse	<p>Need: Expand SUD services for veterans with other than honorable discharges and their families.</p> <p>Data: Veterans and family members of veterans often seek mental health services in the civilian environment. According to the U.S. Department of Defense (DOD), there are nearly 400,000 veterans, 8,360 of which have other than honorable discharges, in Tennessee. According to DOD data, there are a greater number of minorities who receive “other than honorable discharges”. A 2020 Air Force study showed that “young enlisted Black airmen were twice as likely to be involuntarily discharged as their white counterparts”.</p> <p>Available Resources to Address Need: U.S. Department of Veterans’ Affairs and the Tennessee Department of Veteran Services.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Adult Committee Needs Assessment
Adult Committee	1	Mental Health	<p>Need: Expand and continue to increase funding for existing supported services and operational costs to new and existing housing for those with mental health disorders to include group home living, supportive living apartments, and congregant independent living options across the state.</p> <p>Data: The Committee appreciates the recent efforts of TDMHSAS to expand supportive housing and supports and moving to expand services to 108+ individuals reentering the community from incarceration into permanent supportive housing will have a tremendous impact.</p> <p>Despite this progress, however, we do continue to encounter challenges finding affordable housing and the necessary services to wrap around for the individuals we serve. According to the 2023 HUD PIT Count, at least 9,217 individuals were homeless in Tennessee. Various sources estimate that between 25–30% of homeless individuals also suffer with mental health disorders. Research has shown that safe and affordable housing is a significant part of building a person’s strength and resiliency (Center on Budget and Policy Priorities, 2016).</p> <p>Available Resources to Address Need: ILS; CHI; CHI 2.0; CHI 3.0. The department’s Office of Housing and Homeless Services has been invaluable in addressing this need.</p>
	2	Mental Health	<p>Need: Continue to work to enhance workforce development to provide needed treatment, care, and support to meet the community's mental health needs by creating an ongoing work group and/or public facing strategy to encourage therapists, case managers, peer support specialists, direct support specialists, and nurses to enter and stay in the mental health field.</p> <p>Data: While the department has led many initiatives to support recruitment and retention of qualified staff, we continue to see deficits in workforce numbers. TDMHSAS’ work with the Tennessee General Assembly, Governor Bill Lee, and other state departments has been powerful in increasing rates for services to more sustainable revenue. The request for and receipt of funds earmarked to address recruitment and retention have assisted greatly. However, this assistance has run parallel to the rising cost of living so individuals are not necessarily feeling the positive effects of the increase as they might have if inflation had been lower.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Adult Committee Needs Assessment (cont'd)
Adult Committee	2	Mental Health	<p>Available Resources to Address Need: The behavioral health community has positive relationships with our legislators and should continue to educate legislators and the public as to the value of mental health services. We now have a curriculum to share with young people about the behavioral health field and can work to build on the efforts of UT and U of M in encouraging young people to join the field.</p>
	3	Mental Health	<p>Need: Expand crisis services to fund and evaluate pilots for voluntary alternatives to inpatient psychiatric hospitalization with an emphasis on peer-supported opportunities.</p> <p>Data: Tennessee currently has a strong continuum of crisis care to include WICs, CSUs, mental health navigators, call centers, and 988. Additionally, the CSUs also have imbedded peer support teams who assist with discharge outreach and follow-up care.</p> <p>TDMHSAS FY 2023 data indicates that 66% of individuals who received a face-to-face crisis assessment were diverted from inpatient hospitalization and were able to be served in a less restrictive environment, which comes with significant cost savings. The remaining 34% represent approximately 25,000 Tennesseans who were referred for psychiatric hospitalization and waited multiple days on average to be admitted. While CSUs, 24/7 Crisis WICs, and Crisis Respite Services are all vital crisis system components. implementing additional innovative options for in-home and peer-based crisis programs could help even more Tennesseans avoid inpatient hospitalization and achieve recovery.</p> <p>Peer Respite: there are currently 50 Peer Respite sites spanning 14 states. A Peer Respite site is a voluntary community-based residence staffed by peer specialists offering a supervised, supportive, home-like environment for individuals experiencing a mental health crisis. Participants typically stay for up to one week, sometimes longer, and remain connected to a community of peer supporters thereafter. One study showed participants were 70% less likely to utilize inpatient or emergency services compared to those who received other types of services. Another study found that Peer Respite reduced Medicaid expenditures and hospitalizations.</p> <p>Open Dialogue: there are at least 140 Open Dialogue teams operating in 24 countries, with programs expanding throughout the United States. Open Dialogue dispatches a specialized clinical team (typically including family therapists and peers) within 24 hours to help resolve an acute mental health crisis in a person’s home environment. The program focuses on engaging an individual’s family and social network to facilitate open discussion, collaborative learning, and mutual participation. Studies of Open Dialogue have shown reduced hospitalization rates, lower overall time in treatment, and health care cost savings.</p> <p>Available Resources to Address Need: Tennessee has a strong peer support team and certification process for peer support specialists that can be expanded. Tennessee also has a strong and vibrant CoC within crisis services and a strong foundation to pilot alternative levels of care.</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Adult Committee Needs Assessment (cont'd)
Adult Committee	1	Substance Abuse	<p>Need: Continue to work to enhance workforce development to provide needed treatment, care, and support to meet the community's substance use needs by creating an ongoing work group and/or public facing strategy to encourage therapists, case managers, peer support specialists, direct support specialists, and nurses to enter and stay in the substance use field.</p> <p>Data: The Committee appreciates the department's efforts and advocacy in bringing attention to and responding to the recruitment and retention of qualified staff within the substance use field. Despite these efforts, workforce shortages remain and continue to be a need within the services to individuals with SUD.</p> <p>The National Center for Drug Abuse Statistics (NCDAS) reports that 2,089 Tennesseans die by drug overdose every year. This number has increased by 8.49% over the last three years. This is 31.2 individuals per 100,000 Tennesseans; as a state, we are 50.72% higher than the national average.</p> <p>Available Resources to Address Need: The behavioral health community has positive relationships with our legislators and should continue to educate legislators and the public as to the value of mental health services. We now have a curriculum to share with young people about the behavioral health field and can work to build on the efforts of UT and U of M in encouraging young people to join the field.</p>
	2		<p>Need: Increase the number of "bricks and mortar" recovery housing options specifically for those with limited financial resources and/or are utilizing MAT and provide intentional education to current recovery housing management regarding MAT as an evidence-based model of care.</p> <p>Data: The Committee is grateful for the advocacy and work the CHI program brought to the development of housing in Tennessee. The focus of CHI 2.0 has demonstrated a remarkable impact for housing for those with SUD. Additionally, the CHI programs have been impactful in helping to reduce the stigma regarding mental health and SUDs as it relates to housing and community tenure.</p> <p>According to Committee discussions, despite the increase in Oxford Housing beds (146), there remains a need for transitional housing support across the state, especially for individuals participating in MAT programs. The need for transitional housing is important to help individuals to build the recovery skills needed to be more effective and successful in permanent supportive housing or commercial housing options. Specifically, there is a need for financial support to provide the physical structures necessary to build recovery skills and networks as a transitional opportunity.</p> <p>Available Resources to Address Need: CHI 2.0 programming and housing coordinators; Oxford Housing</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Adult Committee Needs Assessment (cont'd)
Adult Committee	3	Substance Abuse	<p>Need: Provide benchmark information to providers regarding outcomes of treatment/care to allow organizations to know their level of effectiveness and areas for improvement.</p> <p>Data: We have many opportunities to share data and outcomes with the department via Tennessee Web Information Technology System (TN-WITS), COMPASS, American Society of Addiction Medicine (ASAM), National Outcome Measurement System (NOMS), and Government Performance and Results Act (GPRA). TDMHSAS provides much information and data sharing on its website as well. However, what the Committee is requesting is benchmark information that will allow providers to see where they stand as compared to other programs across the state. It is often a requirement for accrediting (Commission on Accreditation of Rehabilitation Facilities (CARF) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for example) organizations to benchmark outcomes. More importantly, organizations are highly invested in providing effective and quality care. Benchmarking would help assess program goals and strategic planning at the organizational level. It should be mentioned that technical training regarding any benchmarking tools may be helpful to ensure consistent reporting.</p> <p>Available Resources to Address Need: The department's Office of Research team currently collects several levels of data to include outcome data. Tennessee Web Information Technology System (TN-WITS), COMPASS, American Society of Addiction Medicine (ASAM), National Outcome Measurement System (NOMS), and Government Performance and Results Act (GPRA).</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Children’s Committee Needs Assessment
Children	1	Mental Health	<p>Need: Evaluate gaps in care in currently funded community-based services by enhancing the Continuum of Care (CoC) for children of all ages (0-17) to include reaching children and families in their natural environments, evaluating suicide prevention and intervention models that include social media platform impacts, and reducing stigma by providing education in targeted communities and populations that continue to struggle with mental health and access to mental health services.</p> <p>Data: Tennessee children are experiencing significant increases in anxiety and depression at all ages often rooted in trauma. Data supporting an increased number of suicides across our state is concerning among younger age groups specifically, including a population that has no mental health treatment history (Sycamore Institute).</p> <p>According to Vanderbilt data, nearly 1 in 3 children have been diagnosed with a mental health condition. Seventeen percent of Tennessee children have been diagnosed with anxiety and 10% have been diagnosed with depression. Rates of anxiety and depression in children have risen in the last five years and less than half receive treatment. Fifty percent of all mental health disorders begin before the age of 14, and 75% of all mental health disorders manifest before the age of 24. In Tennessee, suicide is the second leading cause of death among youth ages 10-17.</p> <p>Available Resources to Address Need: The following community-based services are available: SBBHLs, community mental health providers (CMHPs), suicide prevention screenings, Mental Health 101, Mental Health First Aid, Regional Intervention Program (RIP), System of Care Across Tennessee (SOCAT), First Episode Psychosis Initiative (FEPI), children and youth CSU (McNabb Center), Safe Baby Courts, and Family WICS.</p>
	2	Mental Health	<p>Need: Increase the number of CSUs for children and youth by creating a children and youth CSU in each Planning and Policy Council region.</p> <p>Data: The McNabb Children’s CSU serves 29 counties and has served 712 individuals to date. The volume of individuals that the McNabb Center has seen speaks to the need in Tennessee communities to offer crisis stabilization for youth. Of those 712 individuals served, 92% were diverted from higher levels of care, contributing to cost savings, and providing treatment in more appropriate settings. Additionally, 94% presented with suicidal ideation or a suicidal attempt as their primary diagnosis. According to the TCCY State of the Child report, in 2021, Tennessee ranked among the top 20 states in the rate of suicides among youth ages 9-17 and in the top 10 in the rate of firearm suicides among the same age group. The McNabb children’s CSU has a rate of 3% recidivism (return within 30 days of discharge) and has decreased the average ED boarding time from 42.53 hours in December 2021 to 28.81 hours in December 2022, demonstrating an improvement in the care and well-being of youth.</p> <p>Available Resources to Address Need: Currently, the McNabb Center in Region 2 is the only children and youth CSU in the state. Funding was approved in the 2024 legislative session to create two additional CSUs, one in West (Alliance) and one in Middle Tennessee (Mental Health Cooperative).</p>

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2024 Needs Assessment Summary**

Committee	Priority	Category	Children’s Committee Needs Assessment (cont’d)
Children’s Committee	1	Substance Abuse	<p>Need: Expand upon and increase access to IOP substance use treatment programs for youth, particularly in rural communities.</p> <p>Data: According to the 2023 State of the Child Report, the percentage of Tennessee students reporting binge drinking within the last 30 days increased from 8.8 percent in 2019 to 13.4 in 2021. Additionally, nearly 1 in 4 students reported they had been offered, sold, or given an illegal drug on school property, and nearly 1 in 7 students reported they had ever taken prescription pain medicine without a prescription or differently than prescribed. The data demonstrates the prevalence of substance use in children in youth across the state supporting the need for safe places where youth can detox.</p> <p>Available Resources to Address Need: IOP programs for youth exist throughout the state.</p>
	2	Substance Abuse	<p>Need: Increase access to detox for adolescents.</p> <p>Data: According to the 2023 State of the Child Report, the percentage of Tennessee students reporting binge drinking within the last 30 days increased from 8.8 percent in 2019 to 13.4 in 2021. Nearly one in four students reported they had been offered, sold, or given an illegal drug on school property. Nearly one in seven students reported they had ever taken prescription pain medicine without a prescription or differently than prescribed. The data demonstrates the prevalence of substance use in children in youth across the state supporting the need for safe places where youth can detox.</p> <p>Available Resources to Address Need: There are not currently any state-funded detox facilities/beds available for adolescents in the state.</p>