

Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council 2023 Needs Assessment Summary

Identifying the most relevant behavioral health needs of Tennesseans is essential to the activities of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). TDMHSAS ensures that the most relevant needs are prioritized by asking the Statewide and Regional Planning and Policy Council 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 school-based mental health professionals to provide more suicide prevention and intervention services to students in Region 1.</p> |
| | | | <p>Data: On previous needs assessments, Region 1 identified the needs for increased school-based prevention programs, student assistance programs, school-based mental health liaison programs, and primary prevention programs.</p> <p>“Suicide is the second-leading cause of death among people ages 15 to 24 in the United States. Nearly 20% of high school students report serious thoughts of suicide and 9% have made an attempt to take their lives” (Cohen, 2022). According to one local Northeast Tennessee behavioral health treatment facility, from 2020 to 2021, there was a 40% increase in admissions for suicidal ideation among those under 18 (Knack, 2023). Additionally, Frontier Health’s crisis services have completed 2,154 crisis assessments on youth ages 17 and under in Northeast Tennessee from August 2021 to August 2022. In a recent survey conducted with school board members concerning school issues of concern, of the 86% that responded, members reported being either “extremely concerned” (56%) or “very concerned” (30%), a higher level of extreme concern than was expressed for school funding (51%), staffing challenges (48%), and school safety (46%)” (Mental Health First Aid, 2023).</p> <p>These numbers speak volumes regarding the region’s mental health crisis and the need for more behavioral health services and suicide prevention. These factors demonstrate the need for enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health services and substance use prevention and treatment services in Northeast Tennessee. School-based services can impact crisis prevention by being available to serve any student in the place where they are located thus reducing barriers and stigma.</p> |
| | 2 | Mental Health | <p>Need: Increase the number of affordable housing options for persons diagnosed with mental illness, co-occurring disorders (CODs), and those affiliated with the criminal justice system.</p> |
| | | | <p>Data: The Continuum of Care Point-In-Time Count in 2022 reflects a large percentage of homeless individuals placed into two primary categories: individuals living with severe mental illness (SMI) 148 and individuals diagnosed with substance use disorder (SUD) 141. Though not all persons on a housing assistance waiting list have a SMI, SUD, or COD, data collected to assemble the proposed HOME ARP Grant on behalf of the Tri-Cities TN Consortium reported the following number of individuals currently on wait lists for Housing and Urban Development (HUD) Housing Assistance: Bristol Tennessee Housing: 1,822; Johnson City Housing Authority 1,149; and Kingsport Housing and Rural Authority: 8,223. The National Association of Homebuilders Building (NAHB) Permits by State and Metro Area documents exponential growth in the Tri-Cities Metro, with Johnson City and Kingsport increases reported at 290% and 5,140%, respectively in comparison to 2021 data. Many new rental units command rents starting at \$1,650.00 for two-bedroom units, far exceeding fair market rate and placing greater demand on the availability for low-income rentals (Johnson City Press). The average selling price of homes in Kingsport and Johnson City is \$255,475.00 and \$329,900, far exceeding an affordable monthly mortgage payment for individuals dependent upon limited income (Rocketmortgage.com).</p> |

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| Regional Council | Priority | Category | Regional Council 1 Needs Assessment (continued) |
|------------------|----------|---------------|--|
| Region 1 | 3 | Mental Health | <p>Need: Enhance workforce development at all levels to provide needed care and support to meet the needs of the community.</p> <p>Data: While the department has made progress in addressing the gaps in our professional level positions through a variety of initiatives and budget requests, there continue to be real struggles in hiring and retaining direct care team members (i.e., residential technicians, group home support staff, direct care staff, and bachelor’s level positions). According to the Sycamore Institute, there is a standstill in the number of Tennesseans with a bachelor’s degree as Tennessee’s percentage of individuals with a bachelor’s degree is 5% lower than the U.S. percentage (2018).</p> <p>Additionally, the COVID-19 pandemic fueled the demand for caregivers in people’s homes throughout the country. Between March 2020 and January 2021, demand grew by 125%. According to the 2019 U.S. Bureau of Labor Statistics’ Employment Projections Program Occupational Projections Data, “the demand for direct care workers will increase substantially in coming years as the population of older adults and people with disabilities in the U.S. swells. Much of the demand is expected to be for home care, as the pandemic hastens the long-term trend away from skilled nursing and other congregate-living facilities and toward home- and community-based services. Despite the shortage of staff, wages for direct care workers have remained flat.” In 2019, there were 4.6 million direct care workers. The projected need for 2028 is 5.8 million.</p> <p>As written in the 2021 Public Behavioral Health Work Force Group Report, “[b]y 2030 Tennessee will experience troubling staffing shortages for several different behavioral health professions”. The estimated shortage in 2030 for mental health counselors: 1,270; estimated shortage in 2030 for psychologists: 890; estimated shortage in 2030 for substance abuse counselors: 830; estimated shortage in 2030 for psychiatrists: 780 (the bulk of these, 760, are estimated to be adult psychiatrists); and, estimated shortage in 2030 for marriage and family therapists: 140.</p> <p>According to a Mental Health America (MHA) report, Tennessee is ranked 16th in prevalence of mental illness, but 46th in the nation for mental health providers. The U.S. Department of Health and Human Services, 2021, found the number of psychiatrists, psychologists, licensed clinical social workers (LCSWs), counselors, marriage and family therapists, providers that treat alcohol and/or drug abuse, and advanced practice nurses (APNs) specializing in mental health care per 100,000 was 173.4, while the national average was 284.3 per 100,000. According to the Economic Policy Institute, the median nominal hourly wages of workers with a bachelor’s level education or higher in Tennessee is \$28.71, while the national average is \$30.97, ranking Tennessee as 35th in the nation.</p> <p>“In 2018, there was one mental health provider per 700 people registered in Tennessee. This ranged from one provider per 24,080 people to one provider per 280 people across counties in the state” (Source: 2018 National Provider Identification (NPI) data file).</p> |

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| Regional Council | Priority | Category | Regional Council 1 Needs Assessment (continued) |
|------------------|-----------------|--|---|
| Region 1 | 1 | Substance Abuse | <p>Need: Expand and increase the number of extended and extensive substance use disorder (SUD) active treatment services for adolescent and adult populations to cover the treatment gaps between intensive outpatient programs (IOPs) and residential treatment.</p> |
| | | | <p>Data: In Region 1, bed spaces for inpatient care are almost non-existent for adolescents, especially females ages 13-17. For this identified need, extended treatment is operationally defined as 31+ days length of stay (LOS) and post-treatment. The greatest early post-intervention risk for relapse takes place during the first 90-days post-treatment intervention with an elevated risk of relapse across the first-year post-intervention (Berman et al, 2015). Multiple studies (Zarkin et al, 2002; Mohammad et al., 2017; Hubbard et al, 2003; Turner & Dean, 2016) suggest extended LOS as long as 90-days significantly increases the likelihood of treatment completion, making sustained reliable change, and post-treatment employment. According to TDMHSAS 2020 data pulled from the Office of Research and the Treatment Episode Data (TEDS) from the U. S. Department of Health and Human Services (DHHS), there were a total of 1,416,357 admissions aged 12-years and older for concurrent drug and alcohol use. Of these admissions, long-term (31+ days) equaled 102,008 and hospitalization equaled 3,779 nationally (TEDS, 2020). Specific to Tennessee, there was a total of 16,954 admissions aged 12-years and older (TEDS, 2020). Of these admissions, only 767 qualified as long-term (30+ days) LOS among admissions aged 12-years and older (TEDS, 2020). An additional area of need is adolescent medication assisted treatment (MAT) as an evidence-based treatment option not currently utilized in our region.</p> |
| | 2 | Substance Abuse | <p>Need: Enhance and expand the continuum of support services for SUD.</p> <p>Data: The data used to support this identified need is statistics, observation, and the lack of continuum supportive services in Region 1. Statistically, the recidivism rate is high due to lack of support after detox and inpatient treatment. Other than traditional outpatient services, there are only two organizations that provide continuum of care (CoC) services that include transportation and phone resources. Families Free and Sullivan County Anti-Drug Coalition are available to provide peer supportive services, transportation, and case management. These supportive services have aided in the reduction of relapse during the recovery process. However, individuals who lack these resources may fail to receive the necessary outcomes for recovery. Due to lack of transportation, individuals may struggle to engage with employment, probation, housing, state resources, and 12-step recovery programs.</p> |
| 3 | Substance Abuse | <p>Need: Establish transportation services for SUD clients without insurance to travel to treatment facilities and appointments.</p> <p>Data: Within the eight counties in Region 1, approximately 14.68% of the total population is uninsured. While there are grants to pay for SUD treatment, most do not cover transportation outside of gas cards. Transportation is one of the most common barriers cited in studies on SUD treatment in rural areas. While telehealth & increased access to MAT providers due to the removal of the X-waiver requirement are both helpful, SUD clients still need transportation to IOP, other MAT options, and inpatient treatment. With overdoses continually increasing within the region, state, and nationally, it is imperative that barriers to treatment are eliminated where possible.</p> | |

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| Regional Council | Priority | Category | Regional Council 2 Needs Assessment |
|------------------|----------|---------------|---|
| Region 2 | 1 | Mental Health | <p>Need: Increase access to behavioral health care for children, youth, and their families, including early intervention, prevention and treatment, and a Statewide Children’s Crisis Services Continuum.</p> <p>Data: The State of the Child 2022 reports that “one in four Tennessee children has a mental, emotional, developmental or behavioral disorder”. However, Tennessee ranks 40th in Access to Care and ranks 47th for Youth with Major Depressive Episodes who did not receive mental health services. The Vanderbilt 2021 TN Child Health poll reported, “13.2% of Tennessee parents are concerned their child might have depression that has not yet been diagnosed by a medical professional.” In addition, the same report found the percentage of Tennessee children ages 6-16 diagnosed with anxiety increased by 42% between 2019-2021 and one in six parents are concerned their child may have anxiety, a 31.5% increase from 2019.</p> <p>Mental Health First Aid USA® (MHFA) released new data from a national survey of school board members that found youth mental health is the most pressing issue facing schools and students today. Student mental health was the primary concern for school board members surveyed surrounding school concerns: of the 86% who responded, 56% reported being “extremely concerned” and 30% reported being “very concerned”. This is a higher level of concern than was expressed for school funding (51%), staffing challenges (48%), and school safety (46%). Board members also indicated strong support for resources that help teens identify and respond to mental health or substance use challenges.</p> <p>The State of the Child 2022 also reported “Tennessee had 144 deaths by suicide among those under 24 in 2020.” That same year, nationwide emergency department (ED) visits increased by 24% for 5–11-year-olds and 31% for 12–17-year-olds for mental health concerns. Teen girls are experiencing record levels of violence, sadness, and suicide risk in the country. According to a Centers for Disease Control and Prevention (CDC) Report released in April 2023, data showed 57% of high school girls felt persistently sad or hopeless in 2021 – a nearly 60% increase and the highest level reported over the past decade. The CDC's Youth Risk Behavior Survey also found 30% of girls seriously considered attempting suicide – a nearly 60% increase from a decade ago.</p> <p>Crisis agencies in Region 2 report children and youth (C&Y) mobile crisis numbers are on the rise. For the month of January 2022, the Helen Ross McNabb Center (HRMC) mobile crisis unit completed 90 assessments on children and for the month of January 2023, that increased to 130 assessments. Additionally, data provided by Youth Villages shows 64 assessments were completed on children in January 2022 and 77 assessments were completed in January 2023.</p> <p>In a response to this increased need for children’s crisis services, HRMC, with infrastructure funding assistance from TDMHSAS, opened a Children’s Crisis Family Walk-in Center (FWIC) in Knoxville on November 1, 2021, and a Children’s Crisis Stabilization Unit (CCSU) at East TN Children’s Hospital (ETCH) on June 1, 2022. HRMC’s total served to date at the FWIC = 1154 and CCSU = 309. Current diversion rates from higher level of care: FWIC= 88% and CCSU= 93%. This crucial Children’s Crisis Continuum has impacted immediate access to behavioral health care for children and youth, provides more options for the right level of care to address the crisis and reduces ED visits for behavioral health. Further sustainability and expansion to other areas are crucial to continue these services for families, and the outcomes reflected in the diversion rates show the impact.</p> <p>Having these crucial crisis services in place has impacted the average ED boarding time for a behavioral health patient at ETCH reducing the time from 29.12 hours to 25.36 hours, a 13% reduction in time from Jan 2022 – Jan 2023.</p> |

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| Regional Council | Priority | Category | Regional Council 2 Needs Assessment (continued) |
|------------------|----------|---------------|---|
| Region 2 | 2 | Mental Health | <p>Need: Increase the number of supportive housing services for those with mental illness, particularly for those who do not have TennCare, are uninsured, not eligible for HUD housing, have Medicare only, and/or fall into other identified gaps.</p> |
| | | | <p>Data: Supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery, and personal growth. Supportive housing is usually for those lacking housing who face a multitude of complex medical, mental health and/or substance use issues that are co-occurring. Residents of supportive housing are connected to case management for assistance in addressing their needs. Although there are supportive housing sites throughout the state, according to the Boyd Center for Business and Economic Research at the University of Tennessee, Knoxville, 7.5% of Tennesseans were uninsured in 2022. Additionally, in 2021, 13.6% of Tennessee's population lived below the poverty line.</p> <p>The Corporation for Supportive Housing (CSH) has identified several problematic trends. There continues to be service disconnects for mental health and substance use. Due to the rate of individuals with SMI being incarcerated, correctional facilities are the largest providers of mental health services in the country. However, they do not assist in linking justice- involved individuals to permanent housing following release from incarceration. And for those that do have insurance seeking supportive housing, there are limited options for billable supportive services packages.</p> <p>Across the state, there is a shortage of affordable housing that is available to extremely low-income households. Data from the KnoxHMIS repeatedly shows the inability to find affordable housing is the number one cause of homelessness. This is supported by the 211counts.org call data for Region 2. The 2022 HUD Point-in-Time (PIT) count and Housing Inventory Count (HIC) highlight the discrepancies between what housing is available for the most vulnerable Tennesseans in Region 2. Bridging all of these components is the need for housing that can serve the region with safe and affordable housing that can meet their mental health needs via support and necessary services.</p> |
| | 3 | Mental Health | <p>Need: Enhance workforce development at all levels to provide needed care and support to meet the needs of the community in providing quality mental health services.</p> |
| | | | <p>Data: Tennessee continues to experience a statewide workforce shortage for critical behavioral health clinical positions. In addition, non-behavioral health industries have raised their minimal entry level salaries and hourly wages which has created an additional impact in our field. We are seeing real struggles in hiring and retaining direct care team members such as residential technicians, group home support staff, direct care staff, etc.</p> <p>From the 2021 Public Behavioral Health Work Force Group Report: by 2030 Tennessee will experience troubling staffing shortages for several different behavioral health professions: estimated shortage in 2030 for mental health counselors: 1,270; estimated shortage in 2030 for psychologists: 890; estimated shortage in 2030 for substance abuse counselors: 830; estimated shortage in 2030 for psychiatrists: 780 (the bulk of these, 760, are estimated to be adult psychiatrists); and, estimated shortage in 2030 for marriage and family therapists: 140.</p> |

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| Regional Council | Priority | Category | Regional Council 2 Needs Assessment (continued) |
|------------------|----------|-----------------|--|
| Region 2 | 1 | Substance Abuse | <p>Need: Increase funding to establish and strengthen SUD treatment options that meet the demands of the community.</p> <p>Data: According to the 2021 National Survey of Drug Use and Health (NSDUH) Report, 10% of people who report needing SUD treatment nationally actually received it. In Tennessee, 6.25% of the population needed but did not receive treatment for SUD. Commissioner Williams reported at her last budget address that there is a gap between the need for SUD treatment among uninsured people in the state and the treatment services TDMHSAS is currently able to offer.</p> |
| | | | <p>Need: Increase treatment options and recovery supports for justice-involved and incarcerated individuals.</p> <p>Data: According to the Tennessee Department of Correction (TDOC) statistical abstract, the percentage of TDOC inmates (does not include local detention facilities) with diagnosed SUDs has grown by 285% since 2013. In Knox County, the District Attorney’s Office reports that 42% of the 533 people who died of an overdose in 2021 had been arrested at some point in the preceding five years. Multiple studies indicate that individuals in their first weeks following release from incarceration are at a significantly higher risk for overdose, and the National Inmate Survey estimates that 58% of inmates in state prisons and 63% in county jails meet criteria for a SUD.</p> |
| | 3 | Substance Abuse | <p>Need: Increase housing opportunities for individuals with SUD within Region 2.</p> <p>Data: According to the most recent data from the National Center for Drug Abuse Statistics, 2,089 Tennesseans die of drug overdoses per year. This is 50.72% higher than the national average overdose death rate. Stable housing often plays a crucial role in people’s recovery from substance use disorders. An inability to find and secure affordable supportive housing, pay rent, and the threat of losing housing can lead to stress that triggers substance misuse and relapse. Having housing support formally embedded in substance misuse services may benefit people’s recovery.</p> <p>Data from the East Tennessee 211 call center from the past year continues to show that the top service requests for Region II revolve around housing and shelter. This year’s most requested need in this domain was for rental assistance, which accounts for 61.7% of all the housing requests received. This is also reflected in data from the Knoxville Homeless Management Information System (KnoxHMIS) Community Dashboard. According to the 2021 KnoxHMIS Annual Report, the top reported cause of homelessness in Knox County is a lack of affordable housing.</p> <p>Stable, affordable housing can help mitigate negative substance misuse outcomes such as overdose. And while the Creating Homes Initiative (CHI) 2.0 and 3.0 are important assets in expanding safe, quality, permanent affordable housing options throughout the state, the need is still apparent as the number of Tennesseans with SUD rises along with the number of homeless individuals. The 2022 HUD PIT count estimated that there are 10,567 Tennesseans experiencing homelessness on any given day, which is a significant increase from the 7,256 homeless Tennesseans surveyed during the 2020 PIT count.</p> |

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| Regional Council | Priority | Category | Regional Council 3 Needs Assessment |
|------------------|----------|---------------|---|
| Region 3 | 1 | Mental Health | <p>Need: Establish peer navigator programs to support individuals in an acute mental health crisis.</p> <p>Data: Peer support is an evidenced-based model with documented success rates. Mental Health America (MHA) conducted studies on success rates within hospital settings in which peer navigators served individuals in a mental health crisis. Findings revealed an 80% reduction in the number of inpatient days and decreased re-hospitalization rates. These results also contributed to overall savings to the community due to less reliance on acute care and the promotion of resiliency utilizing more outpatient community services.</p> <p>In FY 2022, TDMHSAS reported 9,770 F2F Mental Health Crisis Calls within the 23 counties of Region 3 and a total of 70,453 assessments conducted statewide. Current FY 2023 data indicates there were 5,581 calls with 2,678 having a disposition (action taken) for Region 3.</p> <p>For the last several years, the volume and severity of acute crisis needs within Region 3 have increased. While the addition of 988 has helped, many individuals still turn to the emergency systems for help and support in times of crisis and often do not receive the care that is needed, due to overwhelmed systems of care. The addition of Mental Health Peer Navigators can meet this need for individuals experiencing a mental health crisis to receive support and guidance on treatment options.</p> |
| | 2 | Mental Health | <p>Need: To track the number of youth and families that qualify for, but do not receive, housing through various state-funded programs such as the CHI, Children and Youth Homeless Outreach (CYHO) Program grant, and other homeless/housing programs.</p> <p>Data: In 2020, the state of Tennessee ranked 20th in the United States for the highest rate of homelessness, with 10.9 people being homeless for every 10,000 residents (The Knoxville Sun, 2020). Per the 2020 census, Tennessee has a population of 6.91 million. This means that approximately 7,467 people are homeless and of that number, 1,830 are homeless families. Tennessee has many programs in place to attempt to address finding permanent housing for people, yet the homeless population continues to grow. In Region 3, we continue to hear from families who are facing homelessness or cannot locate affordable housing. The hardest hit are the children and families with mental health barriers that further exacerbate their ability to obtain affordable housing, even with the existence of increased housing grants (CHI, CYHO, etc.). Further, while there is data that tracks the number of housing units made available through various housing initiatives, there is no formal system to count the number of children and families who are unable to locate affordable housing, despite having access to housing programs and grants. We know there are programs to assist with providing affordable housing, but there is no data to support whether it is sufficient to meet the growing demand for affordable housing in the state of Tennessee. Therefore, the need is to establish a formalized system of tracking eligible recipients (specifically children and families) of housing funding initiatives and whether they can successfully obtain permanent, affordable housing.</p> |

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| Regional Council | Priority | Category | Regional Council 3 Needs Assessment (continued) |
|------------------|----------|-----------------|---|
| Region 3 | 1 | Substance Abuse | <p>Need: Eliminate barriers to accessing medication-assisted treatment (MAT) due to stigma that exists within individuals and the community at large through education and training.</p> |
| | | | <p>Data: Research suggests that individuals and communities struggle with accepting MAT as a viable treatment option due to the notion that abstinence is the only method to achieve recovery. Every individual and their course of treatment is unique; therefore, a universal acceptance of medication for opioid use disorder (OUD) is required to be able to overcome the stigma that impedes recovery efforts.</p> <p>In 2022, 3,800 overdoses were reported to the Tennessee Department of Health (TDH). In Chattanooga alone, 181 fatal overdoses were reported, with 76% of those listing fentanyl as the cause of death. According to the Tennessee Annual Overdose Report, a significant increase in fentanyl from 2018-2019 accounted for more than half of fatal overdoses. Additionally, the report revealed that from 2019-2020, there was a 22% increase in reported opioid overdoses to TDH. According to TDMHSAS, 474 individuals in Region 3 died of a fatal overdose in 2021.</p> <p>According to a 2021 article published within the National Institutes of Health (NIH), MAT is responsible for decreasing the mortality rate of individuals with addiction, by 50% as well as decreasing overdose deaths and relapse.</p> |
| | 2 | Substance Abuse | <p>Need: Provide funding to be specifically allocated for the development of youth peer support groups/programs to reduce the rate of adolescent vaping and tobacco use.</p> |
| | | | <p>Data: According to a 2022 survey done by the United States' Center for Disease Control and Prevention (CDC) in conjunction with the United States Food and Drug Administration (FDA), more than 2.5 million middle and high school students were using e-cigarettes or vapes. The use of nicotine and tobacco products amongst youth is increasing nationally and across the state. In Tennessee, 22.1% of high schoolers reported using electronic vapes, along with 8.2% of high schoolers reported using chewing tobacco/dip, and 9.1% of high schoolers reported smoking cigars or cigarillos (Truth Initiative, 2020). Studies show that the short-term and long-term effects of nicotine and tobacco use can be detrimental to both a youth's physical and mental health (CDC, 2022). With the products being highly addictive and harmful to the brain, other substance use and medical disorders are likely to follow. When looking at ways to address adolescent tobacco and nicotine use in Region 3, safe, non-punitive, support spaces need to be in place. This is where a peer support group will be beneficial. Peer support groups are a cost-effective way to provide support to those in recovery from any substance and allows the youth to communicate with people that not only understand them but may be experiencing the same things as them (Mental Health America, 2023).</p> |

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| Regional Council | Priority | Category | Regional Council 4 Needs Assessment |
|------------------|----------|---------------|--|
| Region 4 | 1 | Mental Health | <p>Need: Increase the number of licensed congregate housing options, including group homes, and support to individuals with serious mental illness (SMI) and CODs that have complex health needs.</p> <p>Data: There is much gratitude for the funding that has been provided through TDMHSAS as this funding has resulted in a significant increase in the number of beds available to individuals with SMI and CODs. 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 order to maintain placement in housing, particularly those with complex health needs. These providers have seen firsthand how this level of support within the housing facility can lead to increased skill and independence for the individual.</p> <p>The FY22 total number of beds in Tennessee for individuals with mental health needs was 3,427 (1,187 MH Adult Supportive, 507 MH Adult Residential Treatment Facilities, and 1,733 MH Supportive Living). According to TDMHSAS, there are 31 licensed Adult Supportive Residential Facilities (287 total beds), 25 licensed MH Supportive Living Facilities (125 beds), and five licensed MH Adult Residential Treatment Facilities (44 total beds). However, in addition to licensed homes that accept uninsured individuals with SMI and CODs, 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 their 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 and Mental Health Cooperative’s Intensive Intervention Center (aka Respite).</p> <p>According to the 2022 Annual Homeless Assessment Report (AHAR) Part 1 to Congress, the state’s number of homeless individuals increased by 45.6% from the previous year. Out of the total number of individuals who were homeless, 58% of these were unsheltered. Additionally, “[w]hile the overall number of people experiencing homelessness in 2022 increased slightly compared with 2020, it rose significantly for people with disabilities who experience long-term homelessness, and people in unsheltered settings” (AHAR).</p> <p>Safe, affordable housing is a basic need and without it, individuals who experience SMI, CODs, and other co-occurring health needs are at greater risk of homelessness. This increases their risk of being victimized and also places them at a greater risk of suicide.</p> |
| | 2 | Mental Health | <p>Need: Increase workforce development for outpatient clinical mental health providers within the public behavioral healthcare system who are able to serve adults and children of culturally diverse backgrounds.</p> <p>Data: According to the 2021 Strategies for Meeting the Need in Our Communities publication provided by the TN Public Health Workforce Workgroup, the state will face “troubling staffing shortages for several different behavioral health professions”. Median incomes for these professions in the state continue to be lower than the national average. One of the strategies identified, Diversity and Inclusion in Public Behavioral Health, aligns with this need being identified by Region 4. A much needed \$17,995,000 was approved for the FY23 budget to fund provider rate increases, with an additional \$18,000,000 recurring proposed for FY24. Also, a proposal of \$10,000,000 non-recurring has been included for FY24 to fund sign-on bonuses, scholarships, and an internship portal. While current efforts and proposed funding is beneficial and will likely support bringing in and retaining individuals who are already interested in providing services within the public behavioral healthcare system, we need to ensure that we are exploring other potential barriers to increasing the diversity of service providers.</p> |

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| Regional Council | Priority | Category | Regional Council 4 Needs Assessment (continued) |
|------------------|----------|-----------------|--|
| Region 4 | 1 | Substance Abuse | <p>Need: Expand access to MAT services for uninsured and underinsured adults.</p> <p>Data: According to TDH’s Drug Overdose Data Dashboard, there were 529 overdose deaths in Davidson County in 2021. Not only was this an increase from the overdose deaths in 2020 (438), but the county and state have seen a steady increase of fatal overdoses since 2017. In 2021, 453 of these deaths were attributed to opioid use, up from 395 in 2020.</p> <p>Per the TDMHSAS Substance Abuse Treatment Provider Directory, there are currently nine providers in Davidson County whose services include MAT. Of these, only one provides MAT for pregnant women and three are residential programs (two of these are women only). This leaves three providers who receive state funding to provide MAT services for the uninsured. However, in FY19, 20,289 individuals received substance abuse treatment through TDMHSAS-funded programs. Of these, 9,939 individuals were treated for OUD, which was 49% of those treated overall. In Davidson County, 1,228 individuals out of 2,772 were treated for OUD, which is 44.3% of those served.</p> <p>Many individuals are receiving MAT services while in residential substance abuse treatment facilities, within the county and outside of the county, only to be discharged and return to the community where significant barriers to continuing this treatment exist. These individuals are at extremely high risk for fatally overdosing if they are not able to continue their treatment and relapse.</p> |
| | | | <p>Need: Increase recovery housing options, both transitional and long-term, for individuals with SUDs who are receiving MAT.</p> <p>Data: There continues to be an overall limited number of recovery homes that allow individuals receiving MAT to reside there. Without options for housing, the risks of homelessness, relapse, and potential for overdose increase. More residential treatment providers are utilizing MAT as a component of their evidenced-based care, yet individuals receiving that treatment often face discharge without viable options for recovery housing resulting in homelessness or returning to their previous environment.</p> <p>According to the Tennessee Department of Health’s (TDH’s) Drug Overdose Data Dashboard, there were 529 overdose deaths in Davidson County in 2021. Not only was this an increase from the overdose deaths in 2020 (438), but the county, and state, have seen a steady increase of fatal overdoses since 2017. In 2021, 453 of these deaths were attributed to opioid use, up from 395 in 2020. For those who receive MAT while in residential treatment, the choice may come down to remaining on this treatment or having safe, affordable recovery housing. Without an option for housing, many may stop MAT and place themselves at risk for relapse thus placing themselves at risk for overdose.</p> |

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| Regional Council | Priority | Category | Regional Council 5 Needs Assessment |
|------------------|----------|---------------|--|
| Region 5 | 1 | Mental Health | <p>Need: Increase the number of admission acceptances and inpatient treatment beds for youth meeting criteria for inpatient treatment to include those with challenging referral behaviors and complex needs.</p> <p>Data: The need was established based on supporting data from Youth Villages Specialized Crisis Services, the Tennessee Suicide Prevention Network (TSPN), and the American Association of Suicidology (AAS): As of March 2023, there are ten (10) privately funded acute facilities for children and adolescents in Tennessee. In January 2023, three (3) facilities closed their adolescent units, significantly decreasing the number of child and adolescent beds (by approximately 60).</p> <p>Thus far in FY 2023, the average wait time for youth to be accepted for acute psychiatric treatment ranges from >1 to 840 hours in Region 5, with an average of 104 hours. A total of 242 youth were not accepted for admission after review on the first day crisis services submitted the referral to acute facilities across the state.</p> <p>Youth Villages Specialized Crisis Services serves eighty counties across the state in Regions 2, 3, 5, 6, and 7. Youth Villages data shows that Region 5 has the highest percentage of youth that are challenging to place than any other region served by Youth Villages. From July 2022 to February 2023, 51% of the youth that presented with barriers to placement were assessed in Region 5 (242 total) and from July 2021 to June 2022, 53% in Region 5 (324 total).</p> <p>Children and adolescents are lacking access to care and experiencing longer wait times for needed acute treatment. Additionally, these individuals are boarding in EDs across the region while awaiting a bed. Boarding in an ED places this population at risk for exposure to medical emergencies and other non-therapeutic interactions, which increase the likelihood of additional trauma, and is poor utilization of emergency medical resources simply to provide a safe location for a youth in crisis because an acute placement is unable to be secured.</p> <p>According to the AAS’s most recent data, Tennessee ranked 19th overall in the U.S. for suicide rates per 100,000 population in the years 2019 and 2020. In the year 2019, there were 32 deaths by suicide amongst ages 10-17, and 36 in 2020.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 5 Needs Assessment (continued) |
|------------------|----------|---------------|--|
| Region 5 | 2 | Mental Health | <p>Need: Establish a resiliency-oriented model of support and education that promotes family engagement to address mental health concerns and reduce stigma.</p> <p>Data: Individuals and community members often experience stigma from friends, family, and even providers when dealing with behavioral health concerns. As professionals, we recognize the continuum of health includes physical, mental, and spiritual health as well as concrete supports such as positive relationships and resource connections. Education is needed to help individuals understand what a healthy mental status can look like. Education is also needed to promote prevention and treatment to individuals and communities at risk. Knowledge encourages individuals to embrace services that promote awareness and utilization of behavioral health services</p> <p>According to the Sycamore Institute of Tennessee, “nearly every measure of adult Tennesseans’ behavioral health got worse” comparing 2019 data to 2015. Nearly 1 in 5 Tennesseans, ages 18 and older, had a mental illness in 2019. Anecdotally, evidence suggests that post-pandemic, numbers have continued to decline. Additionally, 37.5% of high schoolers reported being chronically sad or hopeless in the year of 2019. We also know that more than half of children and adults with needs are not receiving necessary behavioral health treatment. Currently, Region 5 has low to moderate availability of behavioral health providers. Early data available through the Sycamore Institute also indicates symptoms of depression and anxiety have worsened post-pandemic. (Pellegrin, 2021)</p> <p>Data reference: Pellegrin, M. (2021, Nov.15). Mental Health, Substance Abuse, and COVID-19 in Tennessee. The Sycamore Institute. https://www.sycamoreinstitutetn.org/mental-health-substance-abuse-covid-19-tennessee/</p> |
| | 3 | Mental Health | <p>Need: Increase the number of safe, quality, affordable, and permanent supportive housing options specifically for individuals with serious and persistent mental illness (SPMI) who are often excluded from existing housing options due to the level of care they require.</p> <p>Data: During HUD’s most recent CoC competition, counties within Region 5 met to discuss the local needs and gaps in resources. The overwhelming consensus from more than 30 local service providers is that permanent supportive housing is the number one gap in resources locally. This includes the need for high acuity level permanent supportive housing, support services, and operations. While there are limited permanent supportive housings options for less acute clients, the number of beds for those at a higher acuity level are almost non-existent. For example, there is only one program in Rutherford County with less than 30 beds total for all high-acuity level clients (Journeys in Community Living). Meaningful interventions for these clients begin with permanent supportive housing which makes “wrap-around” services available as needed by each client, maximizing each person’s potential for successful re-entry into the client’s community, and where appropriate, reconnecting with the client’s family. 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. Finally, the 2022 Central TN 503 CoC PIT Count recorded 275 homeless individuals and only 57 permanent supportive housing beds with services, but none specifically for high acuity clients. TDMHSAS reported that there were 1,733 beds in the state for supportive living, while the numbers for high acuity clients becoming homeless is on the rise with seniors being the fastest growing homeless population (Justiceinaging.org). This means that many of the most vulnerable individuals in our region who also have significant mental health concerns are left without housing options.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 5 Needs Assessment (continued) |
|------------------|----------|-----------------|--|
| Region 5 | 1 | Substance Abuse | <p>Need: Create new safe, quality, and affordable permanent supportive housing options for individuals with SUD, particularly those receiving MAT.</p> <p>Data: During HUD’s most recent CoC competition, counties within Region 5 met to discuss the local needs and gaps in resources. The overwhelming consensus from more than 30 local services providers is that permanent supportive housing is the number one gap in resources locally. This need includes the need for SUD permanent supportive housing, support services, and operations. The need for permanent supportive housing also includes the inherent resources needed for SUD clients including those best served by MAT options. Meaningful interventions for these clients begin with permanent supportive housing which makes “wrap around” services available as needed by each client, maximizing each person’s potential for successful re-entry into the client’s community, and where appropriate, reconnecting with the client’s family. 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 the Tennessee Association of Recovery Residences (TN-ARR) reports 1,200 recovery houses across the State, many with notably long waiting lists. Finally, the 2022 Central Tennessee 503 CoC PIT Count recorded 275 homeless individuals and only 57 permanent supportive housing beds with services.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 5 Needs Assessment (continued) |
|------------------|----------|-----------------|--|
| Region 5 | 2 | Substance Abuse | <p>Need: Increase prevention resources to address high risk substance misuse in youth and young adults for schools, parents, and caregivers.</p> <hr/> <p>Data:</p> <ul style="list-style-type: none"> • In Tennessee between 2017 to 2021, fatal overdoses increased by 93% in age 15-24 years (14/100,000 persons in 2017 to 27/100,000 persons in 2021). Data Source: TN Drug Overdose Data Dashboard (https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html) • In Tennessee, 7.15% (5.46-9.31 95% CI) of age 12-20 reported binge drinking in the past month. Data Source: National Survey on Drug Use and Health 2021 State Prevalence Estimates (https://www.samhsa.gov/data/report/2021-nsduh-state-prevalence-estimates) • In Tennessee, 18.43% (14.71-22.83 95% CI) of age 12-17 reported a major depressive episode in the past year. Data Source: National Survey on Drug Use and Health 2021 State Prevalence Estimates (https://www.samhsa.gov/data/report/2021-nsduh-state-prevalence-estimates) • In Tennessee, 13.46% (10.37-17.30 95% CI) of age 18-25 had serious thoughts of suicide in the past year. Data Source: National Survey on Drug Use and Health 2021 State Prevalence Estimates (https://www.samhsa.gov/data/report/2021-nsduh-state-prevalence-estimates) • 32% of Tennessee school districts report employing 0 psychological professionals. Data source: TN Commission on Children and Youth 2022 State of the Child (https://www.tn.gov/content/dam/tn/tccy/documents/StateoftheChild2022.pdf) • Nearly 1 in 3 teens in Tennessee experienced 2 or more adverse childhood experiences. TN Commission on Children and Youth 2022 State of the Child (https://www.tn.gov/content/dam/tn/tccy/documents/StateoftheChild2022.pdf) • In Region 5, students in grade 8, 10, and 12 surveyed in the 2018-2019 school year, 43% reported never discussing the dangers of alcohol, tobacco, or other drug use with parents/guardians in the past 12 months. Data Source: TN Together Student Survey, 2018-2019. (https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018-2019_TN_Together_Compndium.pdf) |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 5 Needs Assessment (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|-----------|-------------------------|---|--------------------------------|---------|-------------------------|--------------|--------------------------------|------------|-------|--|-------|--|------------|-------|-----|-------|-----|----------|-------|-----|-----|-----|------------------------|-----|-----|-------|-----|------------------------|-----------|-----|----------|-----|------------|-------|-----|-------|-----|
| Region 5 | 3 | Substance Abuse | <p>Need: Increase treatment funding to support respite/safe landing options for pre- and post-treatment.</p> <p>Data: SUD and mental health (MH) providers in Region 5 have reported the lag-time for individuals to access actual treatment services especially those with no place to go while waiting on a bed and while trying to find them a place to live.</p> <ul style="list-style-type: none"> • Data used to support this need is based on Buffalo Valley Inc.’s Electronic Health Record (EHR): <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">2021-22</th> <th style="text-align: center;">2021-22 % 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;">N/A</td> <td style="text-align: center;">82%</td> </tr> <tr> <td>Lifeline July-December</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">1,233</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Overall Wait List Time</td> <td style="text-align: center;">7.15 days</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">8.7 days</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Admissions</td> <td style="text-align: center;">3,941</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">3,851</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • In Region 5 between 2021-22, data provided by one provider showed that only 38% of the prescreens were admitted and that 92% of those individuals self-identified as being homeless. For FY 2022- current, 42% of the prescreens were admitted and 82% of those self-identified as being homeless. • Additionally, data obtained from a Lifeliner in Region 5 shows that they individually referred 1,233 for treatment from July-December 2022. • The overall average wait time based on the numbers above for 2021-22 was 7.15 days and 8.7 days for 2022-current. <p>With this data, there is concern as to where these individuals reside/live while accessing treatment. It is suggested that if there was safe location to immediately get an individual off the streets and remove them from their “using environment,” life loss may be prevented. The same could be said for individuals leaving treatment without a safe location to go.</p> | | 2021-22 | 2021-22 % of admissions | 2022-Current | 2022 - current % of admissions | Prescreens | 4,125 | | 2,500 | | Admissions | 1,577 | 38% | 1,053 | 42% | Homeless | 1,446 | 92% | N/A | 82% | Lifeline July-December | N/A | N/A | 1,233 | N/A | Overall Wait List Time | 7.15 days | N/A | 8.7 days | N/A | Admissions | 3,941 | N/A | 3,851 | N/A |
| | 2021-22 | 2021-22 % of admissions | 2022-Current | 2022 - current % of admissions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescreens | 4,125 | | 2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admissions | 1,577 | 38% | 1,053 | 42% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Homeless | 1,446 | 92% | N/A | 82% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lifeline July-December | N/A | N/A | 1,233 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overall Wait List Time | 7.15 days | N/A | 8.7 days | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admissions | 3,941 | N/A | 3,851 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 6 Needs Assessment |
|------------------|----------|---------------|---|
| Region 6 | 1 | Mental Health | <p>Need: Increase availability and adequacy of mental health services for incarcerated individuals.</p> |
| | | | <p>Data: Tennessee has an incarceration rate of 853 per 100,000 residents which includes prisons, jails, immigration detention, and juvenile justice facilities. This places Tennessee’s incarceration rate at the 10th highest in the United States. According to a 2021 report from the Tennessee Justice Center (TJC), 14.5% of men and 31% of women in Tennessee jails are living with a mental illness. Region 6 has three jails located in Carroll, Dyer, and Madison counties. According to a February 2023 report from the Tennessee Department of Correction (TDOC), some of these jails are at or over capacity, and with all combined, are at 80% capacity.</p> |
| | 2 | Mental Health | <p>Need: Establish 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: At this time, there is a state grant system for youth without insurance to access inpatient care. However, this does not serve the children in Region 6, as the two allotted grant providers are located in East Tennessee. With this need, it is proposed that all grant beds for pediatric indigent psychiatric inpatient care be held in a central account at TDMHSAS. A mobile crisis provider could assess the youth in need and complete the grant form (existing procedure). Each hospital that is licensed for pediatric psychiatric care in the state can apply for grant funding to cover indigent care on a case-by-case basis using this form. This could allow for children to be served as close to home as possible and go to a program that best matches their needs, and allow for a higher level of family participation, visitation, and the opportunity to decrease the length of stay. This could also decrease ED wait times for children seeking inpatient care. Behavioral Health Safety Net (BHSN) is a fantastic program to meet the needs of thousands of children in the state. However, BHSN does not cover inpatient psychiatric care for children.</p> <p>As part of this grant application, we would ask that there be a collaboration between Medicaid Eligibility Screening and TDMHSAS Inpatient Grants. This would likely increase insurance payment for the length of stay, increase the likelihood of inpatient hospitals accepting youth in insurance limbo (eligible, but not insured), and ultimately preserve grant funds for the children most in need in the state.</p> <p>Per 2022 Kids Count data, 4.9% of children are uninsured in the state. This is likely to increase as TennCare sends out redetermination documentation to families in the next year. Children without insurance also tend to stay in EDs longer than their counterparts with insurance, as there are more limitations on facilities willing to accept them as an admission. Additionally, children without insurance or who are underinsured are less likely to receive consistent mental health services. This may be due to transportation issues or another barrier. However, this creates a situation where mental health conditions reach a crisis point before care is sought. In Tennessee in 2022, 17.3% of children had a depressive episode with 10.6% of them having a severe major depressive episode. Suicidal ideations are often a symptom of adolescent depression and a cause for inpatient psychiatric care. However, 71.1% of children did not receive preventative or treatment care for their major depressive episode. Both the CDC and TDH data indicate an increase in youth ED visits for being suicidal. In 2022, 1 in 5 children seriously considered suicide and 1 in 11 children made a suicide attempt to end their life.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 6 Needs Assessment (continued) |
|------------------|----------|-----------------|--|
| Region 6 | 1 | Substance Abuse | <p>Need: Increase the number of recovery housing options for individuals in rural areas of Region 6 with CODs.</p> <p>Data: Since 2019, Region 6’s homeless population has increased each year by 5%. The unsheltered count has improved from 801 unsheltered individuals to 737 in 2022 (HUD Exchange Data PIT Count). However, the majority of the unsheltered are those experiencing substance use/co-occurring issues. In FY 2022, Region 6 CSU/Social Detox had 45% of the admitted clients with a length of stay over the expected 3-4 days. Many of these clients had a length of stay over 10 days due to lack of temporary and/or transitional recovery housing available at discharge.</p> |
| | 2 | Substance Abuse | <p>Need: Increase the number of grant-based detoxification beds for adults and establish grant-funded detoxification beds for adolescents.</p> <p>Data: There are currently 803,236 individuals who reside in West Tennessee and only 14 grant-based detoxification beds available to serve this population. According to Pathways, from July 2022 through March 2023, 740 individuals were served through grant-funded detoxification services, which is a 20% increase from the nine months prior. Additionally, in 2021, Region 6 had a total of 190 recorded drug overdose deaths.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 7 Needs Assessment |
|------------------|----------|-----------------|---|
| Region 7 | 1 | Mental Health | <p>Need: Increase temporary housing options for unhoused individuals and families in Shelby County.</p> <p>Data: In Region 7, there are limited temporary housing options for individuals and families, especially those living with mental health and substance abuse issues, which is compounded by the need to coordinate services via local and state agencies, which extend the wait time for families. As of year-end 2021, there were 247 homeless families in Shelby County. In October 2022, Shelby County district data showed 1,504 students were identified as homeless. This is a nearly 180% increase from fall 2021, when the number of homeless students in the district stood at 538.</p> |
| | 2 | Mental Health | <p>Need: Establish a community walk-in center (WIC) for youth and families to gain access to mental health services and receive an assessment without having to go to an ED or psychiatric hospital.</p> <p>Data: According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, 21% of Tennessee youth ages 2-17 have a behavioral health diagnosis from a doctor. Of these children, only 60% receive services to address the diagnosis. In fact, 28% of youth report that they feel sad or hopeless almost every day and meet the criteria for depression, and 10% have attempted suicide in the past 12 months. There is a disconnect between children who have a mental health need and those who can readily access services. In Tennessee, several areas have crisis WICs for adults to access mental health treatment and get referrals for treatment. However, this does not exist in Shelby County for children and youth. Many children in Shelby County are living in poverty and receive TennCare. There is a need in Shelby County for a community resource set up to connect families to resources. Families are often distrustful of systems. This location could be a place where families could come in requesting help, law enforcement could drop off as a jail diversion program to assist with getting youth connected with services.</p> |
| | 1 | Substance Abuse | <p>Need: Increase the amount of medical detox services for the uninsured or underinsured in Shelby County.</p> <p>Data: There is a need for a safety net type of solution for addiction services in Shelby County. The lack of medical detox services available, outside of MAT programs and private insurance-based programs, creates a backlog at area hospitals that are not equipped to detox and treat SUD long-term. According to the US Census, in 2018, nearly 12% of people living in Shelby County were uninsured and more than 20% were living under the poverty level. While there are many resources for those with insurance, those without sometimes face long wait lists which can ultimately lead to individuals falling deeper into their addiction or dying from the disease resulting in a need for interim care. According to the Shelby County Health Department, in 2018, there were 854 ED visits related to OUD and 163 opioid-related deaths (a steady increase from the 113 deaths in 2014). Epidemiologists anticipate an average of over 250 opioid-related deaths within the county by 2022.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Regional Council | Priority | Category | Regional Council 7 Needs Assessment (continued) |
|------------------|----------|-----------------|--|
| Region 7 | 2 | Substance Abuse | <p>Need: Increase social workers within Shelby County Schools who can provide substance use prevention programming for all students.</p> <p>Data: Existing substance use prevention programming in the county is provided outside of the schools and is largely inaccessible by students. In addition, Shelby County ranks 300% higher in school expulsions than the rest of the state, many of which are due to alcohol and drug related offenses (Chalkbeat Tennessee). Due to lengthy suspensions, Shelby County is also seeing a rise in the student drop-out rate which could potentially lead youth to continue down the path of using drugs and alcohol. According to the 2018 TN US Data Book, almost 22% of high school students used vapor products and 16% rode with a driver who had been drinking alcohol; 17% had used alcohol in the last 30 days, and 8% had used illicit drugs. There is not any current data available in the Data Book regarding opioid usage specifically.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Committee | Priority | Category | Consumer Advisory Board (CAB) Needs Assessment |
|-----------|----------|---------------|--|
| CAB | 1 | Mental Health | <p>Need: Provide peer support specialists with fair compensation and benefits to ensure that they can continue to provide vital support to those who are most vulnerable.</p> <p>Data: Peer support specialists are an essential part of the mental health care system, providing crucial support and empathy to individuals living with mental illness and/or SUDs. However, despite their invaluable contributions, many peer support specialists receive low pay and inadequate benefits. This creates a significant barrier to recruiting and retaining qualified individuals to fill these critical roles. As a result, mental health organizations and recovery support organizations may struggle to provide the necessary support and services to those who need it most. By investing in the well-being of Peer Support Specialists, mental health and substance abuse recovery organizations can not only improve the quality-of-care clients receive but can also contribute to better recovery outcomes.</p> <p>According to a 2016 national survey completed by the College for Behavioral Health Leadership (CBHL) in Mesa, Arizona, in the state of Tennessee, the pay for Peer Support Specialists varies widely, with some positions paying as low as \$13.50 per hour, while others pay as high as \$18.50 per hour. This discrepancy in pay can make it difficult for some Peer Support Specialists to make ends meet, despite the valuable work they do in helping others with mental health and substance abuse issues. Additionally, data from the 2022 Massachusetts Institute of Technology (MIT) Living Wage Assessment completed in 2022, one adult with no children living in the state of Tennessee should make an approximate salary of \$15.99 an hour and work a full-time job equivalent to 2,080 hours a year to be considered above the poverty level.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

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

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Committee | Priority | Category | Adult Committee Needs Assessment |
|-----------|----------|---------------|--|
| Adult | 1 | Mental Health | <p>Need: Increase supported services 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: While a continued focus on “brick and mortar” support is needed, attention needs to also be directed towards supportive services, specifically to address the needs of those individuals with a mental health disorder who may also be justice-involved, dually diagnosed, transitional youth, and/or have complex medical needs but do not require nursing home placement. This need is additionally complicated when an individual does not have insurance and/or is unable to participate in any HUD-funded housing. The Committee has seen and appreciated the dedication to promoting safe and affordable housing from TDMHSAS and other community partners. However, existing gaps within mental health on-site services remain, impacting individuals’ housing longevity.</p> <p>According to the 2022 Annual Homeless Assessment Report (AHAR), 582,462 people in the United States were experiencing homelessness on a single night in January 2022. Also, from that report: “[w]hile the overall number of people experiencing homelessness in 2022 increased slightly compared with 2020, it rose significantly for people with disabilities who experience long-term homelessness and people in unsheltered settings. Single individuals not part of family households continue to represent the largest group of people experiencing homelessness. Homelessness among single individuals increased by 3.1%. The number of chronically homeless individuals (individuals with disabilities experiencing homelessness for long periods of time) increased by 16% between 2020 and 2022.”</p> <p>As indicated in the Committee’s 2022 Needs Assessment, services to maintain housing and increase skills and independence also need to be expanded. Research has shown that safe and affordable housing is a significant piece of building a person’s strength and resiliency (Center on Budget and Policy Priorities, 2016). While certain Managed Care Organizations (MCOs) have revenue that helps to offset the cost of housing supports in group homes, this resource is not available for individuals without TennCare (uninsured or those with Medicare only). Additionally, Inpatient Targeted Transitional Support (ITTS) funds, Community Targeted Transitional Support (CTTS) funds, community housing grants, and criminal justice funds are helpful in addressing specific short-term needs, but they are not enough to ensure CoC and permanent housing. Recurrent and consistent funding is needed to assist with supportive housing expenses, specifically for senior citizens on Medicare and other citizens with a mental health diagnosis who do not have TennCare coverage.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Committee | Priority | Category | Adult Committee Needs Assessment (continued) |
|-----------|----------|---------------|--|
| Adult | 2 | Mental Health | <p>Need: Enhance workforce development at all levels to provide needed care and support to meet the needs of the community.</p> <p>Data: While we have made progress in addressing the gaps in our professional-level positions through some of the initiatives of TDMHSAS and the Tennessee General Assembly, significant needs remain. Recently, non-behavioral health industries have raised their minimal entry-level salaries and hourly wages which has created an additional impact within the behavioral health field leading to struggles in hiring and retaining staff. Tennessee continues to experience a statewide workforce shortage for critical behavioral health clinical positions. In the Committee’s previous needs assessment, it was suggested that two significant steps must occur: full funding for competitive salary options; and reimbursement rates need to be evaluated and adjusted every two to three years to meet the cost of living.</p> <p>As written in the 2021 Public Behavioral Health Work Force Group Report, “[b]y 2030 Tennessee will experience troubling staffing shortages for several different behavioral health professions: estimated shortage in 2030 for mental health counselors: 1,270; estimated shortage in 2030 for psychologists: 890; estimated shortage in 2030 for substance abuse counselors: 830; estimated shortage in 2030 for psychiatrists: 780 (the bulk of these, 760, are estimated to be adult psychiatrists); and, estimated shortage in 2030 for marriage and family therapists: 140”.</p> <p>According to the U.S. Bureau of Labor Statistics, Employment Projections Program (2019) Occupational Projections Data, “the demand for direct care workers will increase substantially in coming years as the population of older adults and people with disabilities in the U.S. swells. Much of the demand is expected to be for home care, as the pandemic hastens the long-term trend away from skilled nursing and other congregate-living facilities and toward home- and community-based services. Despite the shortage of staff, wages for direct care workers have remained flat.” In 2019, there were 4.6 million direct care workers; the projected need for 2028 is 5.8 million.</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, thanks to the TDMHSAS’ proactive community engagement, has eight CSUs (with plans for four more) strategically established across the state. In addition to the CSUs, Crisis WICs and Crisis Respite Centers (CRCs) are available in order to provide a less restrictive level of care. While these models do employ peer specialists to assist with the navigation of the crisis and mental health systems, there are opportunities to expand inclusion of peer support services and include other peer-supported opportunities.</p> <p>In the past, there have been some initiatives to implement peer-led respite services in some communities; however, since the advancement of the CSU/WIC/CRC continuum, this has not been modeled for quite some time. Peer-driven services may be a helpful tool in advancing voluntary alternatives to inpatient psychiatric hospitalization. Potential models to consider are the Friendship Bench, Peer Run Respite, and Armchair Respite. The advancement of technology (telehealth) might make this a more viable option as support from mobile crisis could be a zoom away if needed.</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Committee | | Priority | Category | Adult Committee Needs Assessment (continued) |
|-----------|--|----------|-----------------|--|
| Adult | | 1 | Substance Abuse | <p>Need: Enhance workforce development at all levels to include rate increases for services and expanding training of evidence-based models in the treatment and support of SUDs.</p> <p>Data: As mentioned above within the Committee’s identified mental health needs, the workforce shortage is also a need within the substance abuse field where a continued focus on rate and wage increases is needed. Additionally, providing evidence-based training options to ensure staff competencies will assist with retention but, more importantly, will ensure the delivery of quality services.</p> <p>From the TDH Report 2020 Drug Overdose Hospital Discharges in Tennessee, “substance use disorder and related overdose events, even if nonfatal, have been shown to have large, long-term costs for our society. These can come in the form of physical and emotional distress, lost wages and productivity, shortened lifespans, costs of treatment, and more. Overdoses that are treated in a hospital often come with a particularly large and immediate cost. Healthcare resources are expensive, and many parties may end up covering the cost of these services: the patient, their insurance provider, the government, or sometimes the hospital itself.” They reported in 2020, there were 25,796 all drug overdose hospital discharges among TN residents. Acquiring, retaining, and increasing the number of quality providers of SUD treatment is critical to our state. This is especially needed as we are continuing to see large numbers of written pain prescriptions (over 4,715,000 in 2021) and 3,814 confirmed overdose deaths in 2021.</p> |
| | | 2 | Substance Abuse | <p>Need: Increase the number of recovery housing options specifically for those with limited financial resources and/or utilizing MAT.</p> <p>Data: Tennessee continues to work hard to develop positive treatment options. In 2019, 9,939 individuals received care for opioid use, 6,727 for alcohol use, and 6,887 for marijuana use. Anecdotal reports from individuals with SUD, from discharge planners and from the community at large, all point to the need for safe, affordable, and accessible recovery housing in order to sustain gains made in treatment. Individuals are in direct competition in an aggressive housing market. More treatment centers are utilizing MAT as an important tool in their toolkit of evidence-based care. However, some in the community continue to limit access to recovery housing options for individuals with MAT as part of their treatment programming. This need is difficult to measure as housing services do not always self-identify as allowing MAT.</p> |
| | | 3 | Substance Abuse | <p>Need: Provide benchmark information to providers regarding outcomes of treatment/care.</p> <p>Data: The substance use service delivery professionals across the state are highly invested in providing effective and quality care. It is helpful to know where we stand in comparing ourselves to like-minded services across the state and country. However, providers would like more opportunities to learn and grow from each other and part of that is knowing where positive outcomes are being seen or not being seen. Many providers participate in sharing data with the department, and it would be helpful to have that data in a format to assist with self-assessment/benchmarking. Examples might include sharing data related to Concurrent Outpatient Medical and Psychosocial Addiction Support Services (COMPASS), Government Performance and Results Act (GPRA), National Outcome Measures (NOM), American Society of Addiction Medicine (ASAM), and Tennessee Web Information Technology System (TNWITS).</p> |

**Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council
2023 Needs Assessment Summary**

| Committee | Priority | Category | Children’s Committee Needs Assessment |
|-----------|-----------------|---|--|
| Children | 1 | Mental Health | <p>Need: Gather, evaluate, and provide data on children’s crisis utilization including 988, mobile crisis response, current emergency department pilots, walk-in centers (WICs), and crisis stabilization units (CSUs) to assess the population in need, reason for crisis, and crisis response.</p> |
| | | | <p>Data: According to the CDC, in 2021, suicide was the second leading cause of death among youth and young adults ages 10-14 in the United States. The U.S. 2020 Data Book states that 12% of youth had anxiety and/or depression, 28% reported feeling sad or hopeless, and nearly 10% attempted suicide. TDMHSAS currently offers crisis services for youth that include a crisis hotline, mobile crisis response, assessment, referral, stabilization of symptoms, and follow up care statewide. With the recent addition of crisis walk-in centers and CSUs across the state, some of which serve children, an updated evaluation of recent data would allow Tennessee to determine if needs are being met, and if not, determine the population and geographical location of needs.</p> |
| | 2 | Mental Health | <p>Need: Educate the community and child-serving systems on availability of crisis response through marketing, outreach, and communication efforts to reach all Tennesseans.</p> |
| | | | <p>Data: EDs in Tennessee have reported high utilization of emergency services related to the mental health crisis of children, increasing since 2020. According to the 2020-2021 National Survey of Children Health Data, 50% of Tennessee children with a diagnosed mental health condition are not receiving treatment. In order to ensure these children receive appropriate levels of care, a well-coordinated system between hospitals, crisis services, and community-based providers for referral and collaboration is required. It is imperative to educate providers and families regarding access to services in their communities.</p> |
| 1 | Substance Abuse | <p>Need: Increase access to home-based substance abuse services, including MAT, for mothers with young children.</p> | |
| | | <p>Data: According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, Tennessee ranks 45th amongst all states for adults who had pain reliever disorder in the past year, and 6.4% of individuals with SUD who need treatment have not been able to get it. Medicaid transportation restrictions related to the number of passengers that can accompany a person receiving transportation can limit access to substance abuse services for mothers with young children who cannot get childcare. In-home or telehealth services would be a better option for women caring for young children.</p> | |
| 2 | Substance Abuse | <p>Need: Expand upon and provide more access to IOP substance abuse treatment programs for youth.</p> | |
| | | <p>Data: According to the Behavioral Health Indicators for Tennessee and the U.S. 2018 Data Book, 8% of youth indicate they have used illicit drugs, 5% have used marijuana, and 17% admit they have used alcohol in the past month. Current services are centered in or near more urban areas of the state. It is imperative that more treatment services are available to allow rural areas access to substance abuse treatment.</p> | |