tamho

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the source for BEHAVIORAL HEALTH IN TENNESSEE

Behavioral Health in Tennessee

Headlines . . .

- Three Tennesseans die each day from an opioid overdose
- An average of 3 individuals die by suicide each day in Tennessee
- One in 5 adults experiences a mental illness at some point in his life
- One in 9 adults has a substance use disorder
- One in 5 children experiences an emotional disorder
- One in 20 adolescents has a substance use disorder
- Adverse Childhood Experiences (ACES) impact a person throughout their lifespan
- Early experiences matter! In the first three years of life, more than 1 million new neural connections are formed… EVERY Second!

The Tennessee Association of Mental Health Organizations (TAMHO) together with its provider network is working to address these issues and many more. TAMHO began more than 60 years ago with the mission to promote the advancement of effective behavioral health services and advocate for people in need of care. TAMHO has proudly represented community mental health centers (CMHCs) in Tennessee since that time. Our providers are the cornerstone of the TennCare network and many also accept commercial insurance and individuals who want to pay directly, or in many cases have no means to pay for services.

Community behavioral health organizations provide a full continuum of mental health and addiction services to meet the needs of children and youth, adults and families in all 95 counties. In addition to CMHCs, there are several specialty service organizations that serve a key purpose in helping individuals recover and live a full and productive life.

tennessee association of mental health organizations

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The State of Behavioral Health in Tennessee

Mental illness affects 1 in 5 adults in the United States every year. Similarly, 1 in 5 children/youth experiences a severe mental disorder at some point in their life. In Tennessee, it is estimated that only 40% of individuals in need of mental health treatment receive it and only 20% of those who need treatment for substance use disorders receive it.

Tennessee is in the midst of a serious substance abuse epidemic that has led to devastating outcomes for families and communities. In Tennessee, more people than ever are dependent on or addicted to drugs and opioid use has skyrocketed. Three people die each day in Tennessee as a result of an opioid overdose. Our state has taken positive steps by passing legislation and funding additional prevention, treatment and recovery services so we hope to see an increase in the number of people who need substance use services to receive them. These efforts are applauded, however, an important fact that is often overlooked is that alcohol has been and continues to be the #1 substance of abuse in Tennessee. Treatment and recovery groups are available but the number of individuals who abuse alcohol continues to be problematic.

Each day in Tennessee, an average of three people die by suicide. As of 2016, suicide is the second-leading cause of death for young people in Tennessee, with one young person lost to suicide every week. Every day we lose at least one person over the age of 45 to suicide. As suicide and suicide risks increase, so does the need for additional and adequately funded mental health services.

Examples of Tennessee Programs with Promising Outcomes

Statewide Crisis Response System

Tennessee is fortunate to have a state-wide crisis response system that responds to psychiatric emergencies 24 hours a day, 7 days a week. The system includes telephone and in person response, evaluation for hospitalization, and short-term intervention at one of the 8 crisis walk-in centers throughout the state. Thirteen teams operate to assure a prompt response to callers in crisis and in 2017, the statewide crisis line responded to 124,000 calls, and 78,000 resulted in a face to face consultation.

Behavioral Health Safety Net

The Behavioral Health Safety Net was created by the Tennessee Legislature as a way to provide psychiatric services to adults without insurance. Services provided include medication management, psychotherapy, case management, psychosocial rehabilitation and transportation. In 2017, there were 30,636 individuals assisted through this innovative state funded program.

Zero Suicide Initiative

In 2014, Tennessee launched the Zero Suicide Initiative. The foundational belief is that suicides in behavioral health systems are largely preventable. Organizations adopt policies and procedures and receive technical assistance on how to prevent suicide deaths. Eleven TAMHO organizations have implemented Zero Suicide Initiatives and have seen improved outcomes. While behavioral health organizations are making strides in

suicide prevention, there must also be strategies to identify people at risk of suicide *before* entering a healthcare system.

Creating Homes Initiative

Individuals with mental illness or substance use disorders are at greater risk of becoming homeless. In Tennessee, creating housing has been an area of focus since 2000. Since the inception of the Creating Homes Initiative at the Department of Mental Health and Substance Abuse Services, through their partner organizations, more than 18,000 housing options have been created, leveraging $577,157,801 in total funding.

Infant and Early Childhood Mental Health (IECMH)

Infants' earliest relationships and experience shape the architecture of their brain and lay the foundation of life-long learning and development. Healthy child development is the foundation for educational achievement, economic productivity, responsible citizenship and lifelong health. IECMH is the developing capacity of a child to form close and secure relationships, express emotions, and explore the environment and learn. IECMH is also used to describe the full continuum of services and supports needed to promote healthy child development and treat mental health disorders before they manifest into more severe problems later in life. Tennessee has implemented innovative prevention programs such as the Regional Intervention Program (RIP) as well as an endorsement program to ensure that professionals across disciplines that work with or on behalf of children have the necessary skills and competencies.

Adverse Childhood Experiences (ACES)

Adverse Childhood Experiences (ACEs) are stressful or traumatic events such as abuse, neglect and family dysfunction that disrupt the safe, stable, nurturing environments that children need to thrive. In Tennessee, considerable attention has been paid to babies born with Neonatal Abstinence Syndrome (NAS) which is another type of adverse childhood experience.

ACES are strongly related to the development of a wide range of health problems later in life like heart disease, diabetes and substance use disorders. Tennessee is leading the nation by systematically addressing ACEs through its Building Strong Brains initiative by providing ACEs related training and offering ACEs innovation grants to prevent and mitigate the effects of adverse childhood experiences. Preventing ACEs and treating them when they do occur enhance the chances that youth will grow up happy and healthy, saving taxpayer dollars in the process.

First Episode Psychosis Initiatives

In 2014, Tennessee implemented its first state-funded First Episode Psychosis (FEPI) program funded by Mental Health Block Grant dollars from Health and Human Services. This program is designed to assist young people ages 15-30 experiencing their first symptoms of a psychotic disorder such as delusions and/or hallucinations. Research shows that when intervention occurs early, the lifelong debilitating illness that can be associated with psychotic disorders can be mitigated and lives can be changed.

Tennessee is nationally recognized as being the first state to implement a FEPI program in a rural area. Currently there are four FEPI programs with hopes of expansion. Efforts must be made to expand and sustain these programs as an investment in the future of our youth and young adults.

Peer and Family Support

There is acknowledgement that individuals with lived experience can contribute greatly to others' recovery. In Tennessee has 45 Peer Support Centers, nationally known Peer and Family Recovery Support Certification programs and a commitment to hiring individuals with lived experience. In addition, there has been an increase in the use of Certified Peer Specialists in addiction recovery programs integrated into the communities to outreach to those at risk of overdose and who are struggling with their recovery.

Individual Placement and Supports (IPS) Model for Employment

With the growing acknowledgement that many individuals with disabilities want to work, the IPS model for employment has been implemented in several locations throughout Tennessee. An evidenced based practice, IPS provides individuals with mental illness with the supports needed to find steady, competitive employment in jobs of their choosing. Outcomes from this model have demonstrated that employment is a critical component of a person's recovery and should be expanded.

Pre-Arrest Diversion Infrastructure Program

Too many individuals with mental illness, substance use or co-occurring disorders enter the criminal justice system when treatment is a better solution. Providing treatment safely reduces the prevalence of individuals with behavioral health problems in local jails and reduces the cost related to prosecution and incarceration. The administration provided $15 million in fiscal year 2018 that allowed 7 local communities to develop the necessary infrastructure to divert individuals to treatment rather than incarceration. The funding was contingent on collaboration and coordination with behavioral health providers, local law enforcement and the judicial system. This effort has received strong support from all involved.

Challenges Faced by Community Mental Health Providers

Insufficient TennCare Reimbursement

Community mental health centers are not-for-profit organizations that have served as the primary behavioral health network in Tennessee since the Community Mental Health Centers act was implemented. It has been the network for the TennCare program since it began.

Unfortunately, there is no periodic review of costs associated with service delivery and providers have seen few, if any, increases in their reimbursement rates. TennCare rates have remained stagnant for more than 10 years in spite of more demands being placed on service providers and the increase in the cost of running a health care business.

Recommendation: *Institute a routine review of provider rates in order to assure that high quality services are maintained, high caliber clinical staff can be recruited and retained, and the most effective service models can be utilized.*

Workforce Shortages

There are significant workforce shortage issues in behavioral health in Tennessee and across the country. These shortages are worse for Psychiatrists and other licensed staff. The impact of this shortage is heightened in nonprofit Community Mental Health providers as they compete for the same workforce as for-profit entities and others with higher reimbursement rates, such as the VA system and other social services and healthcare providers. CMHCs have been in a unique position to utilize telehealth and other creative approaches to continually meet the increasing demand, but it is not enough. We must create incentives and reimbursement structures that support a work force that is committed to working in community behavioral health.

Recommendation: *Convene a group to consider ways to incentivize recruitment and employment of high quality licensed clinical staff.*

Payment Reform and Health Care Innovation

The Bureau of TennCare has undergone its most significant transformation since its inception. In 2013, Governor Haslam announced Tennessee's Healthcare Innovation Initiative which seeks to change the way Medicaid services are delivered and reimbursed. This payment reform initiative shifts the service delivery model from the traditional fee-for-service to one that pays for performance.

Tennessee Health Link

One component of payment reform is the introduction of **Tennessee Health Link (THL)** for individuals with Severe and Persistent Mental Illness (SPMI) and children with significant behavioral health needs. Tennessee Health Link is a team of professionals associated with a behavioral health provider such as a Community Mental Health Center (CMHC) that provides whole-person, patient-centered integrated healthcare. The team is responsible for coordinating both the behavioral and physical health needs for those who are eligible for the service. ***If the Health Link design correctly captures those who can benefit most from this kind of approach, measures the right outcomes and is funded appropriately***, this shift is promising news for individuals with SPMI. Individuals with SPMI have higher rates of co-morbid and co-occurring health conditions such as asthma, congestive heart failure, diabetes, hypertension and substance use disorders and die up to 25 years earlier than those without behavioral health needs. Without the proper intervention, not only are health outcomes generally poor, but in addition, adults with significant behavioral health needs are more costly to TennCare. This higher cost is not associated with the cost of mental health treatment, but rather the cost of treating co-morbid, physical health conditions. This is because traditionally individuals with SPMI have lacked coordinated, whole health treatment and unfortunately, for many, once a physical health condition has been identified, it is often chronic in nature, costly to treat, and yields poor outcomes.

TAMHO remains committed to working with TennCare to ensure the success of Tennessee Health Link, but it must be adequately funded in order to achieve the targeted outcomes. As the model has moved from case management to care coordination, there has been a financial impact on providers. The system has adjusted, but THL providers face another potential threat and the rate will once again be subject to renegotiation with the MCO's with possible decreases being proposed. The THL rate cannot sustain another decrease if the proper contingencies are not in place for successful performance.

Recommendation: *Require that the THL data be made available to providers so that TennCare, the providers and payers can all strategize about how to ensure the success of the program.*

Episodes of Care

An episode of care is defined as the set of services provided to treat a clinical condition or procedure and TennCare has taken a "one size fits all" approach - a long term chronic and complex disease like mental illness is being treated the same as a short-term procedure like knee replacement. Additionally, by design and by history, Community Mental Health Centers serve people with more complex needs and cannot fairly be compared to providers who serve people with less complex needs. For example, simple ADHD can be treated by a pediatrician, but if there are more complicated needs, that child is sent to a CMHC for more extensive treatment, such as therapy and other psychosocial interventions.

In 2018 legislation was passed that would prevent two additional episodes, Non-Emergent Depression and Anxiety from being included in the Episode of Care design. However, there are additional conditions pending implementation - conditions like schizophrenia, bipolar disorder, addiction, and many other long term chronic behavioral health conditions. While we appreciate the consideration given by TennCare to pause the implementation of future episodes, TAMHO will continue to oppose TennCare' s Episode of Care design as it relates to individuals with behavioral health needs and we are concerned about the ADHD and ODD episodes that remain in place. We have been closely working with TennCare about our concerns. We believe that "***Including behavioral health in an episode is like driving a square peg into a round hole – it doesn't fit.***"

Recommendation: *Ensure that no additional behavioral health episodes of care are implemented.*

Inadequate services for special populations

Veterans, Youth in Custody, Infants 0-5

We are concerned that there are insufficient services and supports for special populations who require either more significant clinical interventions or a different type of intervention. Three such examples are veterans, youth in Department of Children's Services (DCS) custody and infants and young children.

Veterans have an alarming rate of depression and suicide. The suicide rate in younger and female veterans is growing at an even faster rate. Traditional interventions have not curtailed the increasing rate of veterans' death by suicide.

Recommendation: *Ensure that sufficient funding is available to meet the needs of veterans and their families.*

Youth in Custody

After declining rates of youth entering Department of Children's Services custody for several years, we have seen a recent increase. Among service providers there is an understanding that removing a child from his family is traumatic. In order to address the trauma and successfully intervene with the child and family, there

must be sufficient clinical expertise and availability of support services to achieve optimal outcomes. The availability of federal and state funding has not consistently supported the service intensity necessary to achieve optimal outcomes.

Recommendation: *Conduct a data analysis of the reasons youth enter custody, the services that were provided, and services and supports that were needed but not delivered. Analyze barriers to service delivery and develop a plan to address them.*

Infant and Early Childhood Mental Health (IECMH)

Infants and children 0-5 develop in the context of relationships. Babies who engage with responsive, consistent, nurturing caregivers are more likely to have strong emotional and mental health throughout life. Many health-related diseases like substance use, mental illness, heart disease and diabetes can be prevented when families get the help they need to support their infant's development. There are evidence-based treatments that intervene when a problem is identified early in the child's development. There are significant barriers to implementing evidence-based interventions with this population. Two such barriers are lack of a routine funding stream and lack of a trained and qualified workforce.

Recommendation: *Add IECMH services as a benefit in the TennCare program. Develop a plan for recruitment, training, and retention of skilled clinical staff to work with IECMH.*

TAMHO AND ITS MEMBERS STAND READY TO ASSIST THE NEW LEADERSHIP. WITH AN AVAILABLE CADRE OF SUBJECT MATTER EXPERTS IN EACH OF THE FIELDS OUTLINED HERE, WE HOPE YOU WILL CALL ON US. OUR MEMBERS, SHOWN IN THE LIST THAT FOLLOWS, HAVE EXTENSIVE KNOWLEDGE COMBINED WITH YEARS OF EXPERIENCE UNMATCHED IN MOST INDUSTRIES. PLEASE LET US KNOW HOW WE CAN BE HELPFUL IN ENSURING THE MENTAL HEALTH AND WELLBEING OF THE CITIZENS OF TENNESSEE.

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KEEPING THE PROMISE

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