Tennessee

In 2006, Tennessee's mental health care system received a grade of C. Three years later, the grade has fallen to a D.

The recent history of Tennessee's public mental health system is closely linked to that of the TennCare program. TennCare was once the nation's most expansive program for the uninsured. However, in 2005, the state significantly narrowed eligibility criteria.

Today, TennCare resembles a traditional Medicaid program. Comprehensive mental health services remain available for individuals who qualify for Medicaid, but others are deprived of these needed services. While 21,000 individuals with serious and persistent mental illnesses who were dropped from TennCare in 2005 were offered a "mental health safety net" program, it provided fewer services. This change created service disruptions, confusion, fragmented financing, and new burdens on the mental health system.

Heading into 2009, the state's budget shortfall is expected to reach $1 billion; department heads are preparing for cuts of up to 20 percent, which would be devastating for an already under-funded mental health system. The Department of Mental Health and Developmental Disabilities (DMHDD) may have to serve 32,000 more people (dropped from TennCare) with no additional funds.

DMHDD has strong leadership and, despite formidable challenges, is making progress.

Most notably, Tennessee remains a national leader in supportive housing. In 2000, the DMHDD's "Creating Homes Initiative" (CHI) leveraged DMHDD funds with other state and federal funds. As of June 2008, CHI had created 7,200 supportive housing options, with a goal of 8,200 by the end of 2008. While housing needs still exceed availability in Tennessee, CHI is worthy of broad replication.

There is also slow progress in addressing the large number of people with mental illnesses in the criminal justice system. Memphis' police Crisis Intervention Team (CIT) program is nationally prominent. Johnson City, Kingsport, and Greeneville recently implemented similar programs, and Chattanooga has one pending. Inexplicably, major communities like Nashville and Knoxville have yet to follow suit. DMHDD also has funded a project to connect the criminal justice and mental health systems in every region; however, the program's funding may be cut.

Shortages in acute care inpatient psychiatric beds exist. However, there are three new Crisis Stabilization Units (CSUs) in Nashville, Cookeville, and Columbia, supplementing the CSU in Chattanooga. Tennessee is expanding use of telemedicine through local community mental health agencies to reach individuals in rural areas. DMHDD also supports 48 peer support centers statewide.

Since 2005, Tennessee's Medicaid program has imposed some of the nation's most draconian restrictions on access to psychiatric medications. Several critical medications are excluded, and vulnerable individuals must "fail" on the state's preferred medications before gaining access to non-preferred medications, which may have been previously successful for them.

Due to low reimbursement rates and high administrative burdens, many mental health professionals do not accept TennCare. Severe workforce shortages, particularly in rural areas, have resulted. DMHDD does not have a comprehensive workforce plan to address this.

Tennessee is on a downward slide. Changes to TennCare have put great strains on the system, and many people don't have access to needed services. Further cuts may prove devastating. Although economic pressures are real, solutions do not lie in depriving the state's most vulnerable citizens of services needed for recovery.

Innovations

- National leader on supportive housing
- Progress on jail diversion and law enforcement training
- Peer support centers throughout the state

Urgent Needs

- Expand the safety net program for former TennCare recipients
- Protect funding
- Address severe workforce shortages

Consumer and Family Comments

- *"When one doctor's caseload is so enormous, how can they possibly offer much more help than a write for meds and a caring but un-insightful 'How are you today?' If you are not close to killing yourself or hurting others, then you're stable enough for a quick dismissal. Where is the therapy?"*
- *"The new Crisis Stabilization Units were a great comfort. We were thankful that he could get crisis services without having to be committed. Now that may be in jeopardy."*
- *"Funding is the thing I would most like to see changed in the system. Services are limited because of a lack of funding. Attracting stable, high caliber staff is difficult."*