

Now More than Ever

A white paper presented by
Tennessee Coalition for Mental Health and Substance Abuse Services
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Executive Summary

The Tennessee public behavioral health system is designed to provide a foundation of interrelated services and supports to meet the mental health and substance abuse service needs of all Tennesseans. The primary goal of this system is to enable Tennesseans to succeed in all aspect of their lives and to promote resiliency, recovery and inclusion for the priority population of adults and children with serious mental health and substance use disorders. Unless appropriate action is taken by the new Administration and the Tennessee General Assembly, the foundation of the behavioral health system as we know it today will continue to experience serious erosion that could lead to collapse. The lives of thousands of Tennesseans will be seriously and negatively impacted.

During the last two decades significant changes have occurred with the above referenced system of care. In the early 1990's Tennessee convened a broad group of stakeholders to design and implement the Tennessee Mental Health Master Plan which successfully initiated the process of implementing a community-based service system improvement by redistributing dollars realized from inpatient psychiatric bed reduction. This process came to an abrupt halt with the introduction of TennCare in 1994.

During the current recession and its accompanying state budget reductions, the Tennessee Department of Mental Health and Developmental Disabilities, which became the Tennessee Department of Mental Health or TDMH effective January 15 and is hereafter referred to as TDMH, has undergone significant downsizing from FY08/09 to FY10/11:

- Regional Mental Health Institute (RMHI) reduction from 919 to 672 beds, a 26.9% loss;
- Abolishing 672 staff positions, a 23% cut;
- Reduction of overall discretionary State recurring funds by \$21,530,600, or 12.5%, from the beginning FY 08/09 base of \$172,169,100.

Additionally the only remaining children's RMHI inpatient unit was closed. This and the above reductions were not adequately offset with enhanced community based services. As a result more Tennesseans have found themselves and their family members at increased risk of psychiatric crisis, hospitalization, criminalization, homelessness or suicide. Lastly, with the continued economic downturn, community services that for the past twenty years have proven essential to recovery for adults and children with mental illness or substance use disorders were placed in the non-recurring budget and are slated for termination at the end of this current fiscal year. **The Coalition recommends preservation of this very fragile infrastructure by restoring these community-based recovery and resiliency services to the DMH base discretionary budget.**

In addition to the above programs and services supported by TDMH, TennCare finances health and mental health services for a million Tennesseans, including more than 150,000 who have serious mental health and substance use disorders. Devastating TennCare cuts, narrowly averted in FY 2010/11, due to the Hospital Coverage Fee initiated by the Tennessee Hospital

Association (THA) and subsequently enacted for one year, are again on the table. The proposed TennCare service limits and rate reductions must be addressed and resolved by the State. Failure to do so will not only influence a dramatic cut in services but will cause many community mental health agencies and other providers of care to face the real possibility of closing their doors. Service limits, if implemented as proposed, will dilute treatment to the point of ineffectiveness for adults and children with mental illness. **The Coalition recommends that all alternative options available to the state be considered in order to prevent this from happening, including utilizing monies from the TennCare Reserves and/or the Rainy Day Funds.**

Discontinuity between service systems for children and adults raise significant treatment barriers for individuals age 18 to 25, a critical developmental period when timely intervention can prevent long term disability. **The Coalition urges application for a 1915(i) Medicaid option to build service continuity for transitional youth.**

Children and youth are served through multiple systems that are difficult for families to navigate. The System of Care model has demonstrated strong outcomes in several pilot projects across the state. **The Coalition recommends adoption of the System of Care model on a statewide basis to coordinate and integrate services to children with mental health and substance use conditions, consistent with long term goals of the Council on Children's Mental Health.**

Often the gateway into mental health treatment, the crisis response continuum includes statewide toll-free crisis counseling, walk-in centers, crisis stabilization units and mobile crisis teams. **The Coalition recommends strengthening crisis response services to be available on a "firehouse model" basis – 24/7 regardless of ability to pay - for all Tennesseans.**

Peer-to-peer services are an essential part of recovery for many adults with mental illness enhancing ability to work and have meaningful life in the community. Often provided during nontraditional hours and on weekends, most of the peer supports in Tennessee are offered at Peer Support Centers that provide mechanisms for social change and promote education, independence and recovery. Without recurring funding, Tennessee's 46 Peer Support Centers that employ 150 people with mental illness and serve approximately 3,500 people monthly will terminate. **The Coalition recommends preservation of the funds to maintain 46 Peer Support Centers in Tennessee.**

The Behavioral Health Safety Net provides core services to 23,500 low-income adults with severe and persistent mental illness (SPMI). **The Coalition recommends preservation of the full BHSN allocation to maintain participant stability and prevent cost increases in emergency services, hospitalization and the justice system.**

Public mental health and substance abuse services will always be necessary. Tennessee needs a pro-active approach to managing TennCare and utilizing state dollars efficiently while delivering effective services. Recent changes in federal law have the potential to improve behavioral health outcomes by promoting community re-engagement, private health coverage and economic self-sufficiency for all but the most disabled. With integration of health and behavioral health care, the historically poor health status of individuals with behavioral health disorders can be reversed. **The Coalition recommends a behavioral health system strategic planning initiative, engaging experts and the TDMH Planning and Policy Council to integrate care across systems and to position the State for emerging opportunities in the changing health care landscape.**