



Child Mental Health Programs and Services in Tennessee

March 13, 2024

Key Takeaways

- Several state agencies and private providers support youth mental health through prevention, early intervention, and treatment services.
 - Tennessee makes significant financial investments in these programs but quantifying some of the state's largest efforts is challenging.
 - In general, the state's largest and most systemic strategies and investments have been made through school health programs, community mental health centers, and TennCare.
 - Recent initiatives in Tennessee, such as the K-12 Mental Health Trust Fund, focus on expanding access to mental and behavioral health services in schools.
 - A separate paper in our series on child mental health in Tennessee will explore additional policy options to support children and youth.
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A [growing share](#) of Tennessee youth struggle with mental health challenges, but access to mental health care can promote positive outcomes and help people function and thrive in daily life. Recognizing these trends, Tennessee has undertaken numerous initiatives to support child mental health in recent years.

In this report, we provide a snapshot of the mental and behavioral health services¹ available for Tennessee children and adolescents across the continuum of care from prevention to treatment. Our [prior report in this series](#) examined the available data on the state of youth mental health in Tennessee, and a forthcoming follow-up analysis will identify additional opportunities in this area.

¹ *This report primarily focuses on mental health. However, at times we use the broader term behavioral health when a program or service is targeted at both traditional mental health challenges (e.g. depression, anxiety) and other behavioral problems or substance use disorders. [Formal definitions of the conditions that comprise each of these terms vary.](#)*

Navigating This Report

This report explores programs and services to support youth mental health through prevention, early intervention, and treatment. It begins by explaining the professionals who provide mental health services and where that occurs. We then provide additional details on key services and programs and categorize them by type of care. In addition, a section at the end highlights recent state and federal initiatives. Where available, we report funding estimates and reach for each program. **Table 1** lists the state agencies that provide mental health services directly or indirectly. **Appendix Table 1** includes a full description and a more comprehensive list of all programs and services offered in Tennessee.

Services aimed at promoting mental health are often categorized based on the following tiers:

- **Tier I – Prevention** includes activities that support positive mental health to prevent the onset of behavioral health conditions. School- and community-based prevention includes promoting a positive school climate for students, raising mental health awareness to decrease stigma, and screening for mental health conditions. (1)
- **Tier II – Early Intervention** targets youth identified as experiencing mild symptoms or being at risk for a mental health condition. In schools, for example, this can include short-term activities such as group therapy, mentoring, and low-intensity support in the classroom. (2)
- **Tier III – Treatment** supports youth with mental health conditions. Treatment can include a range of supports, depending on the type of condition and severity — including individual and group therapy, medications, residential treatment, inpatient hospitalization, and crisis stabilization. (2) (3) (4) (5) (6)
- **Other Supports** include activities that, for example, target factors that can influence one's mental health (e.g., housing, caregiving) or seek to improve the mental health care ecosystem (e.g., workforce support).

Child Mental Health Providers and Settings

There are many different professionals who work to support and improve mental health among infants, children, and adolescents. Mental health professionals work in a variety of settings, including schools, homes, hospitals, and specialized mental health facilities. Community-based providers are any professional or setting providing services in the community outside of the school or home, including clinical settings.

Providers

The most common professionals working with children and adolescents in Tennessee are described below:

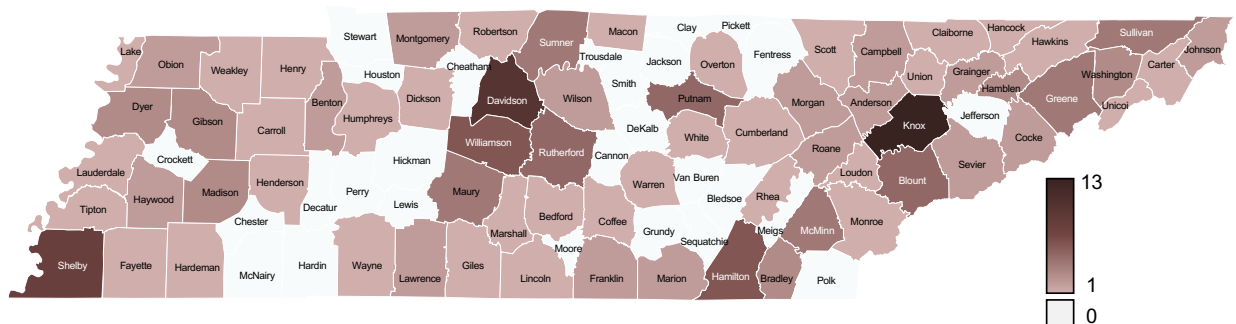
- **Pediatricians** are community-based primary care providers and often the first health professional to see a child or adolescent experiencing mental health symptoms. Pediatricians can screen for mental health conditions and refer patients to specialists. (6)
- **School Nurses** in Tennessee provide medical care, promote a healthy school environment, offer health education programming, and coordinate health services for students. School nurses can

screen students for mental and physical health conditions and refer them to early intervention and treatment services. (7)

- **Mental Health Counselors/Therapists** hold an advanced degree and provide treatment services for people with mental health conditions. A mental health counselor could be a licensed therapist, licensed social worker, or school counselor and provide services in schools, homes, and the community. (6)
- **School-Based Behavioral Health Liaisons (SBBHL)** are employed by community mental health centers to provide services in schools. (8) Often, an SBBHL is a licensed therapist, social worker, or school counselor supported through TDMHSAS grants. While most liaisons provide Tiers I-II services, some also provide Tier III services. (9)
- **Child Psychiatrists** are physicians who have completed medical school and additional training in psychiatry. They may provide behavioral treatment and/or prescribe medications for individuals with mental health conditions (e.g., depression, anxiety). Child psychiatrists most often provide services in schools or the community. (6)
- **Child Psychologists** have completed a Ph.D. or Psy.D. in clinical psychology. They may work with youth in schools or the community and in both inpatient and outpatient settings (e.g., with a child experiencing a psychiatric crisis in a hospital). (10)

Figure 1. Of Tennessee’s 95 Counties, 68 Have At Least One Mental Health Facility That Serves Patients Under 18

Number of Mental Health Facilities* Accepting Clients Ages 18 and Under (2024)



*Includes Community Mental Health Centers and residential treatment centers.

Note: Two facilities did not report a county. Some facilities do not accept youth of all ages. Data obtained from the SAMHSA Find Treatment tool in January 2024, using 2020 M-HSS survey data and any changes reported by facilities. Some numbers may differ from the 2020 M-HSS State Profile report published in 2022.

Source: SAMHSA’s M-HSS data (11)

Settings

Agencies and organizations often work together to meet the mental health needs of Tennessee children. The settings in which a child might receive services include:

- **Community Mental Health Centers (CMHCs)** do prevention activities in a community and offer treatment services to people experiencing mental health and/or substance use challenges. They can also provide acute treatment to some who may otherwise need hospital-based care. (12) A

CMHC must meet certain criteria for certification including personnel licensure, a set of required minimum services, and quality assessment and improvement activities. (13)

- **Residential Treatment Centers** are community-based residential treatment centers that provide care to individuals onsite, often for an extended time. Services are provided for individuals one-on-one, in groups, and with families and caretakers. (5) (4)

As of January 2024, Tennessee had 165 mental health facilities that accepted patients under 18 in 68 counties — including CMHCs and residential treatment centers (**Figure 1**). Some facilities do not accept young children and restrict services to older youth. According to a 2020 survey, most of Tennessee’s mental health facilities accept private insurance and [Medicaid](#). (11)

- **Crisis Stabilization Units** (CSUs) provide acute, short-term community-based services to individuals experiencing a mental health emergency as an alternative to emergency departments. A CSU may offer individual and family counseling, medication management, individual treatment plans, education, and the development of a community support plan. Generally, a CSU is available 24/7, and patients stay an average of three days. (14) In Tennessee, the first children’s CSU opened in 2022 at the East Tennessee Children’s Hospital in Knox County through a federal grant awarded to the McNabb Center. (15)
- A **Crisis Walk-in Center** provides community-based, in-person evaluations for those experiencing a mental health emergency. (16) After receiving an evaluation at a walk-in center, an individual may be referred to services — including time in a CSU. (17) Tennessee has one walk-in center specifically for youth in Knox County.
- **Hospitals** provide community-based care to individuals in psychiatric crisis through emergency departments and inpatient stays greater than 24 hours. The length of treatment may depend on the individual’s needs and what community-based services are available upon discharge. (5)
- **Provider Offices** serve as the community-based clinical setting in which private mental health care professionals provide outpatient screening and treatment services. (5)
- **Schools** serve as critical touch points for reaching children and their families. Prevention, early intervention, and treatment services occur in schools, as described throughout this report. (2)
- **School-Based Health Centers/School-Linked Health Clinics** (SBHCs/SLHCs) employ health providers to offer services onsite, while SLHCs are a collaboration between a school and an external, community-based provider. (18) Both models serve students, staff, faculty, and family. In 2023, 53 school districts had at least one, but not all provide behavioral health services. (7)
- **Homes** can also serve as a setting for delivering services to children and their families. For example, the state’s home visiting program can do screening and provide early intervention services. Crisis response teams (often employed by a mental health facility) are dispatched to provide in-person assessments to individuals in acute need of care. (5) (19)

Overview

In general, school health programs, community mental health centers, and TennCare make up the state’s largest and most systemic strategies for child mental health, which are supplemented by other—often smaller—efforts that:

- Target specific concerns, priorities, populations, or regions (e.g., school safety).
- Bridge gaps between schools and community-based care (e.g., [SBBHLs](#)).
- Serve as a safety net for youth in crisis or with unmet needs (e.g., [behavioral health safety net](#)).
- Support mental health as a part of a broader set of services for a population (e.g., [home visiting](#)).
- Build infrastructure that can later be sustained through existing systems (e.g., [AWARE](#)).
- Fill other gaps and emerging needs (e.g., [Systems of Care Across Tennessee](#)).

Tennessee makes significant financial investments in these programs, but quantifying some of the state’s largest efforts is challenging. Large investments are made in programs like [TennCare](#) and [Coordinated School Health](#). These are important avenues for promoting positive mental health, identifying children who may need early intervention, and providing treatment services, but estimates of the amounts spent on mental health-specific activities are not uniformly available. Based on available information, we estimate that a total of at least \$330 million in FY 2022 was distributed as follows:²

- **Crosscutting** —Tennessee spent at least \$24 million on youth-targeted mental health programs that address the full spectrum of prevention, early intervention, and treatment (e.g., [Resilient School Communities](#), [Tennessee Resiliency Project](#), [school-based behavioral health liaisons](#), and [AWARE](#)). This does not include funding for TennCare and Coordinated School Health that also provide all tiers of services.
- **Prevention** — The state spent at least \$6 million in FY 2022 on programs that primarily focus on prevention among youth (e.g. [Project BASIC](#), [child care consultation](#), [suicide prevention](#)). This does not include funding for mental health-specific prevention activities in the crosscutting programs above or TennCare (e.g., [well-child visits](#)), Coordinated School Health, and programs with a broader focus like Healthy Start and [home visiting](#).
- **Early Intervention** — About \$3 million went to targeted early intervention activities in FY 2022 (e.g. [On Track TN](#), [Regional Intervention Program](#)). This excludes any funding for mental health-specific early intervention in the crosscutting programs above or TennCare, Coordinated School Health, Healthy Start, and home visiting.
- **Treatment** — In FY 2022, Tennessee spent at least \$228 million specifically on treatment for youth through [TennCare behavioral health treatment services](#) and [TDMHSAS’ Systems of Care Across Tennessee](#), [behavioral health safety net](#) for Children, and [crisis services](#).
- **Other Supports** — The state spent about \$17 million on other supports for youth mental health in FY 2022 like mental health workforce development and [caregiver respite](#) programs. This does not include any funding for similar activities in the crosscutting programs above.
- **Other Targeted** — A total of about \$51 million went to prevention, early intervention, treatment, and other supports for [either the juvenile justice population or youth in the custody of the Department of Children Services](#).

² See the **Appendix** for our methodology.

Table 1. Programs Across Nine State Agencies Address Child Mental Health in Tennessee

Examples of Key State Programs for Child Mental Health in Tennessee by Agency and Type

State Agency/Office <i>Key Program</i>	Tier 1: Prevention	Tier 2: Early Intervention	Tier 3: Treatment	Other Supports
Dept. of Education (TDOE) / Local School Districts	X	X	X	X
<i>Coordinated School Health</i>	x	x	x	x
<i>School-Based Health Centers/School-Linked Health Clinics</i>	x	x	x	
<i>Advancing Wellness and Resiliency in Education (AWARE)</i>	x	x	x	x
<i>Safe Schools Act</i>	x	x	x	
<i>Resilient School Communities</i>	x	x	x	x
<i>Project RAISE</i>				x
<i>Youth Mental Health First Aid</i>				x
TennCare	X	X	X	X
<i>Early and Periodic Screening, Diagnostic and Treatment (EPSDT)</i>	x	x	x	
<i>Behavioral Health Benefits</i>	x	x	x	x
Dept. of Mental Health & Sub. Abuse Services (TDMHSAS)	X	X	X	X
<i>School-Based Behavioral Health Liaisons (SBBHLs)</i>	x	x	x	
<i>Tennessee Resiliency Project</i>	x	x	x	x
<i>Tennessee Suicide Prevention Network</i>	x			
<i>Project Better Attitudes and Skills in Children (BASIC)</i>	x			
<i>Erase the Stigma</i>	x			
<i>Violence & Bullying Prevention</i>	x			
<i>Youth Screen Assessment</i>	x			
<i>Regional Intervention Program (RIP)</i>		x		
<i>On Track TN: Early Episode Psychosis Initiative</i>		x		
<i>Behavioral Health Safety Net (BHSN) for Children</i>			x	
<i>Crisis Services</i>			x	
<i>Systems of Care Across Tennessee (w/ TCCY)</i>	x	x	x	x
<i>Statewide Family Support Network</i>				x
<i>Planned Respite</i>				x
<i>Child Care Consultation</i>	x	x		
<i>Community Mental Health and Primary Care Integration</i>		x	x	
Dept. of Health (TDH)	X	X		X
<i>Evidence-Based Home Visiting</i>		x		
<i>Child & Adolescent Psychiatry Education & Support (TCAPES)</i>	x		x	x
Dept. of Children’s Services (DCS)	X	X	X	X
Office of Criminal Justice Programs			X	X
Commission on Children & Youth (TCCY)	X			X
Commission on Aging & Disability (TCAD)				X

Note: Other supports generally include services like transportation, housing, and/or caregiver supports or efforts to expand or improve the behavioral health workforce. See **Appendix Table 1** for a more comprehensive list. Sources: Tennessee Commission on Children and Youth Resource Mapping Report 2023, Tennessee Department of Mental Health and Substance Abuse Services, TennCare, Tennessee Department of Health, and Tennessee Department of Education. (22) (23) (20) (24) (25) (26)

Tennessee’s Public Programs and Services for Child Mental Health Crosscutting Programs and Services

Most of Tennessee’s programs addressing the full continuum from prevention to treatment are either school-based or involve a link between schools and community-based providers.

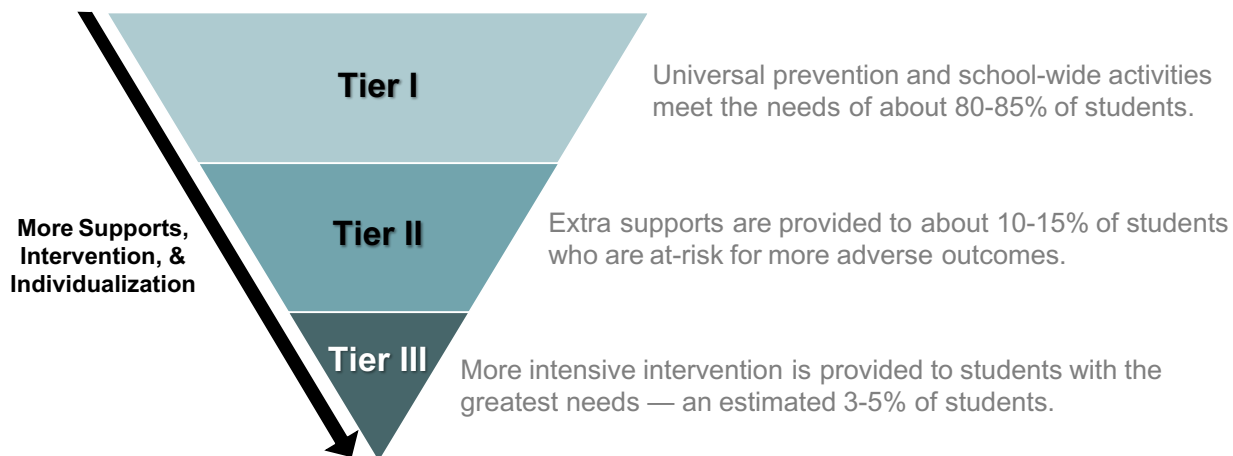
Crosscutting: TDOE School-Based Services

School districts primarily manage and offer mental health services through the **Coordinated School Health (CSH) program**. Supported by the Tennessee Department of Education’s (TDOE) Tennessee Investment in Student Achievement (TISA) — the state’s school funding formula — every school district is required to provide a common set of health services and develop plans to address their specific community needs. CSH has eight requirements, including:

- School counseling, psychological, and social services,
- Health education that covers mental health,
- Promoting a positive social climate, and
- Providing or facilitating access to health services. (20) (21)

Figure 2. Tennessee Schools Use the Multi-Tiered System of Support Model to Address Student Mental Health Needs

Multi-Tiered System of Support for Academic and Non-Academic Supports



Source: Tennessee Department of Education (20)

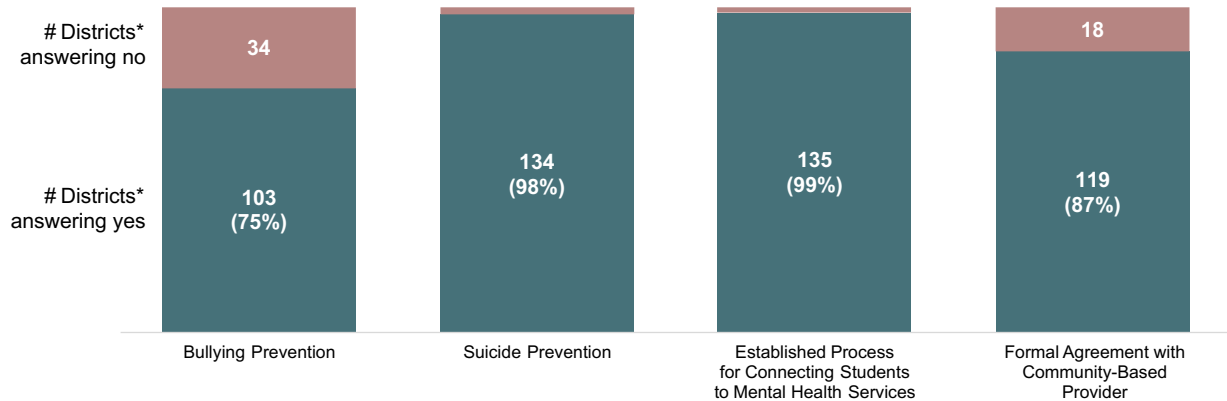
CSH’s school counseling, psychological, and social services component uses a multi-tiered system of support (MTSS) framework to provide mental health services across the continuum (Figure 2). Under MTSS, universal prevention and school-wide programming is expected to meet the needs of 80-85% of students. A smaller group (10-15%) may need early intervention services to meet their needs, and those with intensive needs (3-5%) may receive treatment services at school or through a community-based provider. (20) For example:

- School nurses, counselors, and psychologists can screen students for mental health challenges.
- These school personnel can refer students with treatment needs to community-based providers.

- Some schools can provide needed services onsite under contracts with a school-based behavioral health liaison or other health provider, school-based health center, or school-linked health clinic.

Figure 3. Most Tennessee School Districts Offer Mental Health Prevention Programming and Ways to Connect Students to Services

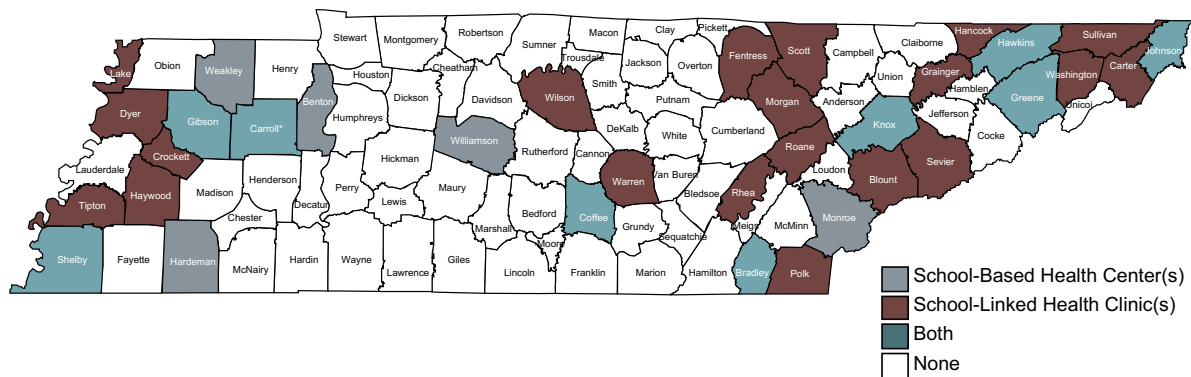
School District Mental Health Programming, Partnerships, and Services (2022)



*Includes responses from 137 of Tennessee's 142 school districts.
 Source: Tennessee Department of Education School Safety Survey 2022. (27)

Figure 4. 53 Public Schools in 34 Counties Had At Least One School-Based or Linked Health Clinic Last Year

Locations of School-Based/School-Linked Health Clinics by Type and County (2022-2023 School Year)



Note: Not all school clinics provide mental health services. Schools without school clinics may also provide access to school-based nurses and other providers.
 Source: 2023 data provided by the Tennessee Department of Education (28) (7)

In 2022, most school districts reported having prevention programming and established processes for connecting students with mental health services. According to the 2022 Tennessee School Safety survey (Figure 3): (27)

- 75% of the 137 respondent districts had implemented a bullying prevention program.
- 98% conducted suicide prevention activities.
- 99% had an established process for connecting students to mental health services.

- 87% had a formal partnership with a [community agency](#) to provide services.

In 2023, 53 school districts provided some type of health service to 45,000 children in school-based/linked health centers (SBHCs/SLHCs) — some of which were mental health services. Both models can provide services to students, staff, faculty, and family, but sites vary. (7) (18) In the 2022-2023 school year, 18 public school districts had a SBHC, and 35 districts and nine private or charter schools had a SLHC (**Figure 4**). Seventeen schools and districts also reported being in the planning stages for establishing one or both. (7) A 2021 evaluation of existing SBHCs and SLHCs showed that less than half provided mental health services, although clinics can refer to outside providers. (18) Even schools without school clinics may also provide access to school-based nurses and other providers.

See the **Dashboard** to explore the availability of personnel, clinics, and resources in each school district.

Crosscutting: TennCare

TennCare — the state’s Medicaid program — provides enrolled children with access to mental health prevention, early intervention, and treatment services in both schools and the community.

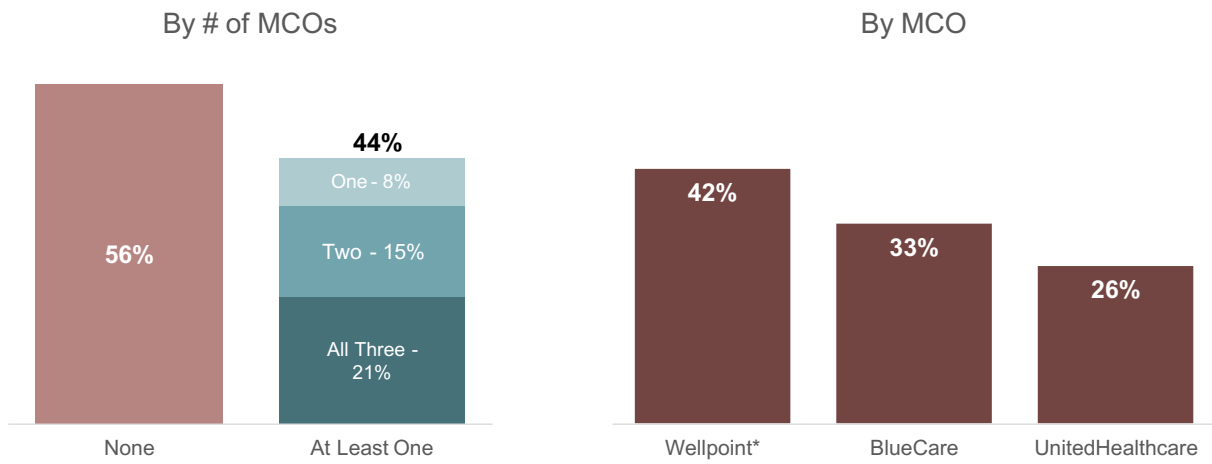
Enrolled children receive well-child visits, which include screening and referrals for mental health conditions. TennCare also pays for inpatient, outpatient, and pharmaceutical treatment and wraparound services like transportation and supported housing. Each of these are outlined in more detail later in this report.

Some schools and providers can bill TennCare for behavioral health services provided to eligible children in schools. Three private health insurance companies, or managed care organizations (MCOs), administer TennCare benefits. MCOs reimburse school-based mental health services deemed medically necessary for eligible children. [Community Mental Health Centers](#), individual mental health providers, and school districts can contract with MCOs for reimbursement. (29) (30) Among Tennessee’s 142 school districts, about 44% have contracted with at least one of TennCare’s three MCOs (**Figure 5**). (31) While TennCare MCOs will contract with any school district, they can use discretion in deciding to contract with a provider offering services in schools. (32)

TennCare pays for medically necessary, covered, school-based mental health services for certain children that have individualized plans for their academic achievement. Covered services must be included in an Individualized Education Plan (IEP), Individualized Health Plan (IHP), or Individualized Family Service Plan (IFSP). (25) IEPs primarily focus on special education services supporting students with disabilities — as required under the federal Individuals with Disabilities Education Act. (33) (32) IHPs are a widely used tool for outlining needed medical services that directly affect learning but do not fall under an IEP. (34) An IFSP outlines early intervention services to support infants and toddlers with a physical disability or developmental delay. (35) (36)

Figure 5. About 44% of Tennessee School Districts Contract With at Least One TennCare Plan to Bill for Health Services

% of School Districts with TennCare Managed Care Organization Contracts (2023)



*Formerly Amerigroup. Source: Data provided by TennCare. (37)

Crosscutting: TDMHSAS

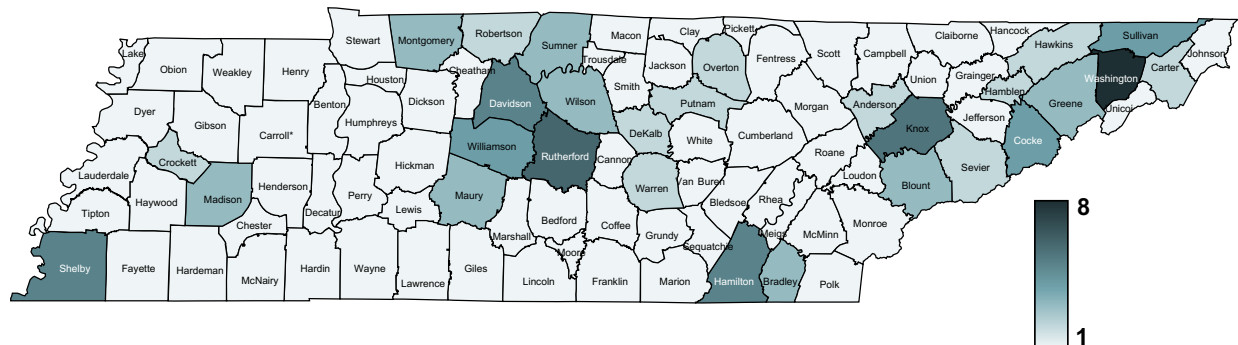
School-based behavioral health liaisons (SBBHLs) in every county provide all tiers of services within schools. TDMHSAS funds 274 SBBHLs across the state to provide prevention, early intervention, treatment, and referral services in schools. Liaisons can provide schoolwide educational activities, teach positive mental health to small groups, or provide individual counseling. As of 2023, every county, but not every school, had at least one school-based liaison (**Figure 6**). (8) Local school districts determine which schools receive a liaison. (38) TDMHSAS recently reported that \$26.8 million supports the SBBHL positions across the state, and further expansions are proposed for FY 2025. (8) (39)

TDMHSAS' Tennessee Resiliency Project supports local behavioral health providers, schools, and primary care providers in delivering youth mental health services. These grants promote early childhood mental health, increase access to school-based mental health services, and enhance the crisis continuum of care. In a previous funding announcement, grantees were encouraged to expand current programming, such as Project BASIC, the Regional Intervention Program (RIP), and SBBHLs. (40) (22) In 2023, funding was available to integrate behavioral health into primary care, such as co-locating therapists from CMHCs into primary care settings. (41)

In January 2024, TDMHSAS announced one-time K-12 Mental Health Trust Fund dollars to develop infrastructure to provide the full continuum of services. TDMHSAS considers project partnerships between community mental health providers and school districts for one-time activities supporting student mental health. Examples include renovating school space to accommodate counseling sessions, implementing educator training sessions, and purchasing behavioral health curricula. In total, \$2 million recurring and \$4 million non-recurring was made available from the fund for FY 2024 (see end of report). (42)

Figure 6. All 95 Counties in Tennessee Have at Least One School-Based Behavioral Health Liaison

Number of School-Based Behavioral Health Liaisons by County (October 2023)



Note: Additional positions have been added since the most recent publication of SBBHL data.
Source: TDMHSAS (8)

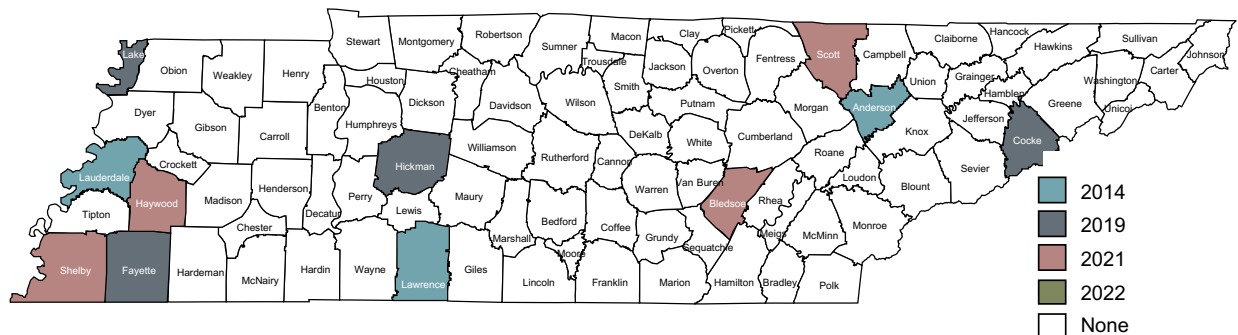
Crosscutting: Other TDOE Grants to School Districts

TDOE also distributes federal funds for specific mental health prevention and services initiatives. These include:

- **Advancing Wellness and Resiliency in Education (AWARE)** grants have been awarded to 11 Tennessee school districts since 2014 (Figure 7). Districts use grants to develop infrastructure for school-based mental health services and better coordination of referrals to community-based mental health services. (43) Tennessee AWARE recipients have, for example, used the funds to hire specialized personnel (e.g., student support specialists, project directors) and provide trauma-informed training for staff. (44)
- **Safe Schools Act** funding can be used to hire mental health staff and fund school safety initiatives — including facility security, school safety personnel, training, or drills. (45) In FY 2022, almost \$1.6 million was allocated with an estimated 8% going towards mental health purposes. (23)
- **Resilient School Communities** grants were awarded to 97 school districts in 2022. Distributed through the state, funding totaled \$10.2 million. (21) (46) The priorities of the grant include building resilient school communities by implementing trauma-informed practices, expanding current initiatives (e.g., AWARE grant activities), and increasing mental health staff capacity.

Figure 7. Since 2014, 11 Tennessee School Districts Have Received AWARE Grants for School Mental Health Services Infrastructure

Recipients of Federal Advancing Wellness and Resiliency in Education (AWARE) Grants by Grant Year



Source: Tennessee Department of Education, SAMHSA (43) (44)

Tier I: Prevention Services

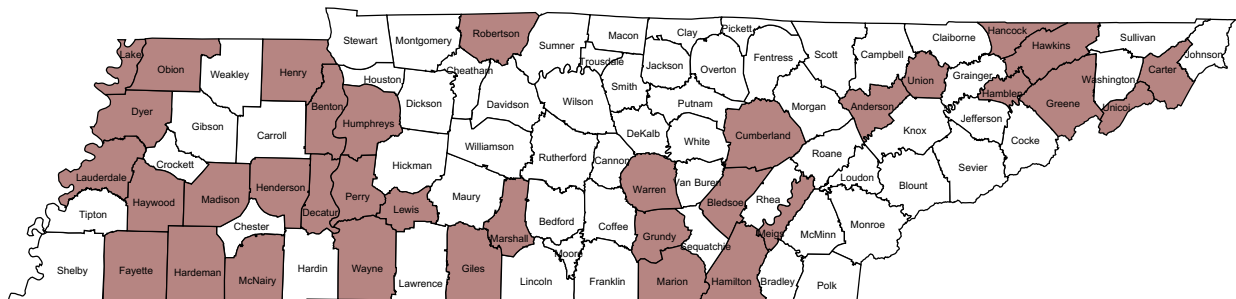
Tennessee's targeted prevention efforts include statewide and regional programs that vary in who, how, and where they target children. Key efforts are highlighted below. See Appendix Table 1 for a more exhaustive list of programs.

- Primary Care Well-Child Visits** include social, emotional, and behavioral screenings from birth through early adulthood usually by a child's pediatrician. (47) Children with all insurance types can receive well-child visits to ensure they are meeting appropriate milestones and referred to needed services. A 2018 American Academy of Pediatrics review found that TennCare had adopted the full set of recommended services for well-child visits, including those related to mental health. (48)
- TDMHSAS' Project Better Attitudes and Skills in Children (BASIC)** uses child development specialists to deliver school-based prevention and early intervention activities for about 1,000 elementary-aged children (K-3) in 35 counties (**Figure 8**). Using the [MTSS model](#), [CMHC](#)-employed child development specialists carryout activities that support a positive school climate, consult with teachers and students, and identify children with serious emotional disturbance (i.e., a diagnosed mental condition that causes functional limitations). (3) In FY 2022, Project BASIC was funded at \$1.8 million. (22)
- TDMHSAS' Child Care Consultation** provides training, coaching, and consultation to child care centers and systems across the state. This program builds capacity and awareness of early childhood mental health and social-emotional development. Child care consultation also provides [Project BASIC](#) training for child development specialists to incorporate mental health coaching into their practice. In FY 2022, the program reached 67 counties and served 654 individuals with a budget of \$1 million. (49)
- TDMHSAS' Tennessee Suicide Prevention Network (TSPN)** increases awareness of suicide prevention through training and education. Nine regional councils across the state coordinate activities and disseminate information. (50) (51) The TSPN leads initiatives such as a suicide prevention task force and trainings for emergency departments. (51)

- TDMHSAS’ **Erase the Stigma** is a mental health awareness campaign to help children and youth understand mental and emotional well-being. The program primarily offers school-based presentations in Middle and West Tennessee, but the nonprofit Mental Health America’s Tennessee chapter provides the program in other settings by request. (22) In FY 2022, the program was funded at about \$127,000 and reached around 13,500 Tennessee youth. (49)
- TDMHSAS’ **Violence and Bullying Prevention** serves 4-8th graders in schools in nine counties by teaching anger management, empathy, and self-control skills. (22) In FY 2022, this program spent \$194,000 and reached 1,115 children. (49)
- TDMHSAS’ **Youth Screen Assessment** — or “Youth Screen” — is an online screening tool to detect signs of mental health risk among middle and high schoolers in schools and youth detention centers. Youth found to be at risk receive care coordination and referrals to appropriate resources. (22) (52) In FY 2022, Youth Screen was funded with about \$300,000 in state and federal dollars, reaching about 2,000 middle and high schoolers in Tennessee. (22) (23)
- TDH’s **Evidence-Based Home Visiting** provides home-based prevention and early intervention services that promote positive family functioning, connection to resources, and safe and nurturing environments for kids. (25) In FY 2022, the program spent \$2.7 million in state and federal dollars, reaching almost 2,500 youth. (23) (25)

Figure 8. Project BASIC Supports Behavioral Health Prevention and Early Intervention for K-3rd Grade Students in 35 Counties

Counties with Project Better Attitudes and Skills in Children (BASIC) (FY 2022)



Note: Additional counties have been added since 2022.

Source: TDMHSAS FY 2022 Program Data (22)

Tier II: Early Intervention Services

Tennessee’s targeted early intervention programs support youth at risk of poor mental health.

These programs help connect children and their families to resources to reduce the risk of developing adverse mental or physical health conditions. Key efforts are highlighted below. See **Appendix Table 1** for a more exhaustive list of programs.

- TDMHSAS’ **Regional Intervention Program (RIP)** supports families with young children displaying difficult behaviors (e.g., aggression) by providing peer family support and education on parenting strategies. (22) In FY 2022, RIP was funded at \$1.2 million by TDMHSAS and reached about 350 children in 11 counties.

- TDMHSAS' **On Track TN: Early Episode Psychosis Initiative** targets individuals aged 15-30 in 21 counties who have experienced a first episode of psychosis (i.e., losing contact with reality — including hallucinations and delusions). (53) [CMHCs](#) often provide the services using training and technical assistance from Vanderbilt's Center of Excellence. The initiative includes individual and group therapy, family and peer support, medication, care coordination, and employment and education services. (22) In FY 2022, the program was funded at \$1.7 million and reached about 199 youth. (49)

Tier III: Treatment Services

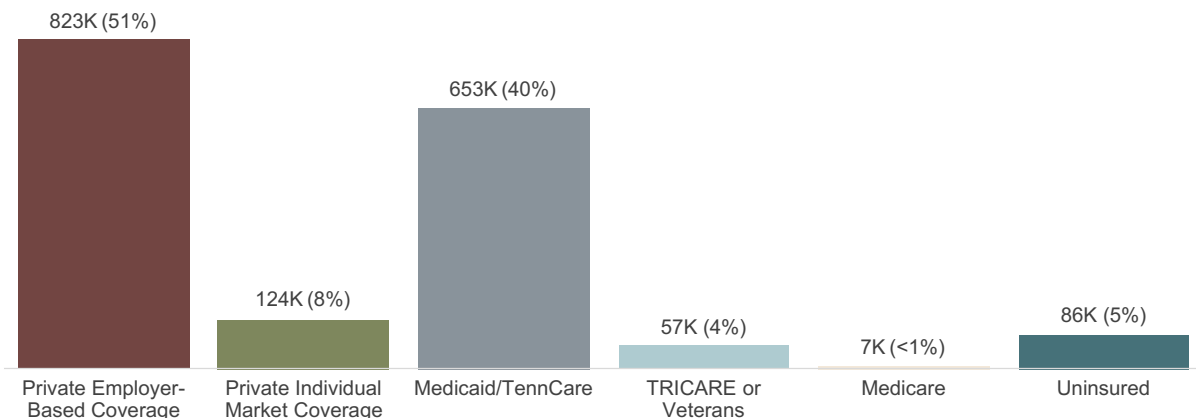
Tennessee youth have access to a range of treatment services for mental health conditions — accessed at homes, schools, outpatient clinics, residential settings, and inpatient hospitals.

Tier III: Health Insurance and Clinical Services

Most behavioral health treatment services are provided in community-based clinical settings and covered by health insurance. In 2022, nearly 95% of Tennessee children and youth had some form of health insurance — with over half using private coverage and 40% covered by TennCare (Figure 9). (54)

Figure 9. Most Tennessee Youth Have Access to Health Insurance

Health Insurance Coverage Types Among Tennesseans Under Age 19 (2022)



Note: Numbers do not equal 100%, as individuals may have more than one type of coverage.
Source: 2022 American Community Survey 1-Year Estimates (54)

Most health insurance plans are subject to state and federal mental health parity requirements.

Under these requirements, most group health plans offering mental health coverage — including Medicaid programs — must do so at least as generously as services for physical health conditions. This applies to benefit packages, aggregate lifetime and annual dollar limits, treatment limitations, and financial requirements (e.g., copays). (55) A 2019 evaluation of these categories found that TennCare coverage met requirements across all areas. (56)

National studies suggest parity requirements have not closed disparities between behavioral and physical health benefit coverage. (57)

In 2023, federal rules were proposed to strengthen parity requirements using several new metrics. The rules would give plans specific examples of how benefits regarding mental health and substance use disorder could not be more restrictive than that of other

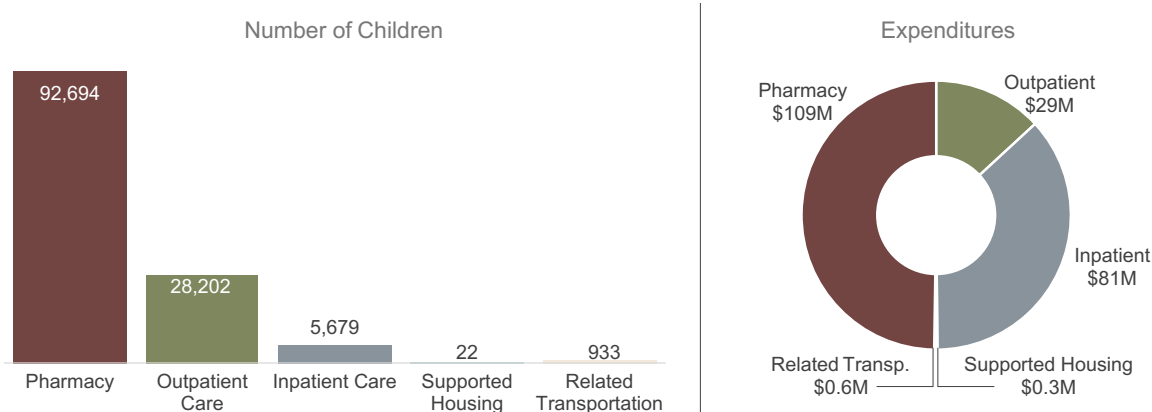
physical health services, such as network composition and reimbursement rates for providers. Additionally, the proposed rules require plans to analyze outcomes and take action to close gaps between mental health and substance use disorder services and other health services. A public comment period on the proposed rules closed in October 2023, and final rules have not yet been published. (57)

TennCare Coverage

In FY 2022, TennCare spent about \$220 million on behavioral health services for at least 92,000 enrolled Tennessee youth (Figure 10). (37) Over 92,000 youth under the age of 19 received a prescription for a behavioral health condition, about 30,000 received outpatient services, and over 6,000 received inpatient services. Some children may have received more than one type of service. (37)

Figure 10. At Least 92,000 Children Enrolled in TennCare Received a Behavioral Health Service in FY 2022

TennCare Behavioral Health Services for Enrollees Age 0-18 (FY 2022)



Note: Children may receive more than one service.

Supported housing refers to wraparound behavioral health services in 24/7 staffed community settings where people experiencing serious mental illness can receive care and prepare to live independently at home. (58)

Source: The Sycamore Institute’s analysis of data from Tennessee Commission on Children and Youth 2023 resource mapping (37)

TennCare’s Early and Periodic Screening, Diagnostic, and Treatment program (EPSDT) also provides enrolled children access to mental health services. EPSDT is a set of comprehensive services that all state Medicaid programs must provide according to federal guidelines. Under EPSDT, children are regularly screened at provider visits from birth through age 21 for physical, developmental, and mental health conditions. (59) EPSDT also requires the coverage of treatment needed for any detected mental illnesses.

TennCare also provides targeted care coordination for enrollees with behavioral health conditions. As of 2022, child enrollees with certain behavioral health needs may enroll in one of two programs — Health Link or Intensive Community-Based Treatment. (60) Tennessee Health Link provides care management and coordination, referrals to social supports, patient and family support, and health promotion activities. Intensive Community-Based Support offers a more intensive level of care coordination, treatment and rehabilitation, crisis intervention, school-based counseling, and educational services. (61)

Tier III: Care Coordination

In FY 2022, TDMHSAS' Systems of Care Across Tennessee (SOCAT) provided intensive care coordination for 225 children and young adults with serious mental health conditions. The program serves people age 21 and under whose conditions are affecting their daily lives or put them at risk for more serious consequences (e.g., being kicked out of school, needing residential treatment, Department of Children's Services custody). (66) Providers offer services at 11 sites that serve all 95 counties. SOCAT principles emphasize family involvement and aim to keep children in their community. (67) (68) In FY 2022, TDMHSAS used \$6.6 million to provide these services for 275 children and families. (49)

Tier III: Treatment for Special Populations

Tennessee funds treatment services for youth referred to juvenile court for behavior-related infractions. Several state and local agencies coordinate the program — including the Department of Children's Services (DCS), TCCY, Tennessee Administrative Office of the Courts, juvenile judges, and court staff. Services include care coordination, family and group therapy, peer support, medication, substance use disorder services, and monitoring. (23) (22) State and federal funding for DCS juvenile justice treatment services totaled \$9.5 million and served 1,285 youth and young adults in FY 2022.

TDMHSAS' Juvenile Justice Grant seeks to expand the availability of community-based treatment options for juvenile courts across the state. The grant also supports educating professionals working in the juvenile justice system on trauma-informed approaches. In FY 2022, the program reached over 1,000 youth with a budget of \$4.5 million. (49)

Treatment services are provided to youth in DCS custody or interacting with the foster care system. DCS programs include behavioral support, intensive family and group therapy, and parenting education classes. (23) The therapeutic family preservation home-based services under DCS cost \$2.5 million and reached about 3,500 children and their families in FY 2022. (23)

Other Support Services

Other: Supporting the Behavioral Health Workforce

Available mental health treatments are only as good as the workforce delivering them, and the field faces challenges in Tennessee and nationally. (69) For example, geographic barriers and insurance coverage can limit access to specific providers, and primary care providers often face difficulty meeting their patients' mental health needs. Some initiatives to address these challenges include:

- **Behavioral Health Workforce Workgroup** — In 2021, TennCare and TDMHSAS formed a workgroup to discuss behavioral health workforce challenges and potential solutions. This cross-departmental collaboration resulted in several recommendations to improve recruitment and retention of skilled, licensed professionals. (70) Examples of implemented recommendations include reimbursement rate increases, expanded internship opportunities, and planning for the workforce pipeline.
- **Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES)** — In 2022, TDH received a \$300,000 federal grant. (71) This grant supports the TCAPES program to help pediatricians better meet their patients' mental health needs. Specifically, the program helps providers screen and manage pediatric behavioral health conditions and make specialist

referrals. (24) Thirty-five primary care providers statewide had enrolled as of December 2023 (See **Dashboard**). (72)

- **Project RAISE** — In FY 2024, the TDOE will implement a \$14 million federal grant for Rural Access to Intervention in School Environments (RAISE). (73) (74) Project RAISE will recruit and retain mental health personnel in rural school districts, in part by placing interns studying social work and psychology in these areas. Rural districts may use funds as a financial incentive for interns to relocate and work as full-time personnel after the internship.

Other: Practice Improvements

The state has focused on improving mental health care practices, especially by working to reduce emergency department admissions. Individuals in psychiatric crisis sometimes seek care at emergency departments (EDs). However, when possible, diverting individuals from EDs to [community-based mental health facilities](#) improves patient outcomes and reduces overcrowding in EDs. (75) Nationally, states are working to facilitate partnerships among providers to reduce ED admissions where possible.

In 2019, the Tennessee Hospital Association, Tennessee College of Emergency Physicians, and TDMHSAS convened a workgroup to identify ways to divert certain patients from the ED. (76) They identified protocols and resources for hospitals serving youth with mental health needs. Among several recommendations, they suggested an evaluation of provider reimbursement rates. Not all mental health providers contract with all insurance networks due to inadequate reimbursement rates. (77) Improving early access to care with broader provider networks can help reduce the number of individuals seeking care in crisis settings like EDs.

Other: Caregiver Support

Several state agencies provide support for caregivers of youth experiencing mental, emotional, and/or behavioral challenges. Examples include:

- TDMHSAS' **Statewide Family Support Network** supports the families of children with serious emotional disturbance. Program specialists educate families about behavioral conditions, assist families in advocating for their child, and help navigate the education and health systems. (23)
- The Tennessee Commission on Aging & Disability's **Respite Program for Caregivers** provides training, respite, and support for caregivers aged 55+ with children. In FY 2022, this program was funded at \$203,000 with federal dollars and reached 184 children and their families. (37)
- TDMHSAS' **Planned Respite** supports caregivers of children ages 2-15 with serious emotional disturbance with respite and educational strategies to manage the child's behavior. In FY 2022, this program was federally funded at \$427,000 and reached the caregivers of 94 children. (37)
- TDMHSAS' **Respite Voucher** program provides vouchers for families whose children have serious emotional disorder or autism. Parents choose their respite provider, negotiate the pay rate, and receive reimbursement. Additionally, the **Respite Helpline** maintains a list of known respite providers across the state. In FY 2022, it served 336 children and their caregivers, totaling 11,677 respite hours with a \$218,000 budget. (49)
- TDOE's **Youth Mental Health First Aid** teaches participants how to support adolescents experiencing behavioral health challenges in crisis and non-crisis situations. (78) (21)

Recent Initiatives

Recent State Initiatives

State leaders have recently directed additional money and efforts to support child mental health — including investments in the [proposed FY 2025 budget](#). Those being implemented are described throughout this report. Highlights include:

- **K-12 Mental Health Trust Fund** — In 2021, lawmakers created a \$250 million K-12 Mental Health Trust Fund. Annual interest earned on the fund is used for mental health programming, including \$6 million for TDMHSAS in FY 2024. (79)
- **Behavioral Health Safety Net (BHSN)** — In FY 2021, policymakers approved recurring funds to begin the BHSN for children, which provides outpatient mental health services for un- and underinsured children. (80)
- **Increased Provider Reimbursements** — In FYs 2023 and 2024, the state allocated \$27 million in new recurring funds for reimbursement increases for behavioral health providers serving both TDMHSAS’ behavioral health safety net and [TennCare](#). Higher provider reimbursements have helped improve recruitment and retention of behavioral health personnel. Gov. Lee proposed another \$6 million recurring increase in the FY 2025 budget recommendation. (81) (39) (82)
- **[School-Based Behavioral Health Liaisons](#) (SBBHLs)** — Several recent funding increases have enabled the expansion of this TDMHSAS program to all 95 counties. (8) The FY 2025 Budget proposes an additional \$8 million recurring increase for SBBHLs—including \$6 million from the General Fund and \$2 million from K-12 Mental Health Trust Fund earnings—to fund 114 additional school-based behavioral health liaisons.
- **[Crisis Stabilization Units](#) (CSUs)** — The McNabb Center established the first CSU specifically for adolescents in Knox County in 2022. (39) The FY 2025 Budget recommends \$5 million non-recurring to fund the final year of a 2-year expansion of youth CSUs. (82)
- **Children’s Hospital Infrastructure** — In FY 2024, the budget includes \$10 million in one-time funding for the first year of a 2-year grant program to develop behavioral health infrastructure at children’s hospitals. The FY 2025 recommendation includes \$10 million for the second year. (82)
- **School Safety Measures** — During a 2023 special legislative session, policymakers enacted a \$230 million school safety bill that included \$8 million for school-based behavioral health. (83)

Other [relevant proposals in the governor’s FY 2025 budget](#) include (82):

- \$15 million in FY 2025 and \$30 million total through FY 2026 to support capacity and quality improvements at behavioral health hospitals.
- \$7 million in FY 2025 and \$35 million total through FY 2029 for quality incentive payments to [community mental health centers](#) and certain TennCare providers.
- \$4 million non-recurring from K-12 Mental Health Trust Fund earnings to help localities expand capacity to provide school-based behavioral health treatment.
- \$1 million in FY 2025 and \$5 million through FY 2029 to provide in-home behavioral health support for infants and young children.

- \$1 million in FY 2025 and \$5 million total through FY 2029 to compensate behavioral health providers supervising trainees.
- \$400,000 in FY 2025 and \$2 million total through FY 2026 to train pediatric primary care providers to identify and manage behavioral health needs.

Recent Federal Initiatives

Federal officials have also recently launched new efforts around child mental health. For example:

- **Bipartisan Safer Communities Act** — A provision in this 2022 law directs the U.S. Department of Health and Human Services to evaluate how states are implementing Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program through 2024. The review is expected to include an emphasis on ensuring children with mental health conditions are accessing needed services. (84)
- **School Technical Assistance Center** — The U.S. Centers for Medicare & Medicaid Services established a technical assistance center in 2022 to increase local schools’ capacity to provide school-based mental health services covered by Medicaid. (85)
- **Project Rural Access to Interventions in School Environments (RAISE)** — Project RAISE is a \$14 million federal grant which began in FY 2024. Awarded to school districts through the TDOE, this grant aims to increase behavioral health capacity and the workforce pipeline. (73)

Parting Words

Tennessee has dozens of programs, large and small, spread across multiple agencies aimed at different aspects of children’s mental health. School health programs, community mental health centers, and TennCare comprise up the state’s largest and most systemic strategies and investments. Other, often smaller efforts tend to fill or bridge gaps in services and needs or target specific priorities or regions. Our next report in this series will identify potential opportunities for building on the state’s current efforts to improve child mental health.

THE SYCAMORE INSTITUTE

The Sycamore Institute is an independent, nonpartisan public policy research center for Tennessee. Sign up for email alerts at SycamoreTN.org.

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Acknowledgments: TCAPES provider enrollment data were provided by the Tennessee Department of Health, Office of Health Statistics, and Division of Family Health & Wellness, December 2023.

Appendix Table 1. Tennessee Programs for Youth Mental Health by Agency and Type

The following table lists Tennessee agencies' programs that provide direct and indirect services for child and adolescent mental health. We started with information reported by state agencies to the Tennessee Commission on Children and Youth (TCCY) for the 2023 Resource Mapping Report. Where available, the estimated children served and expenditures represent total program reach and expenses. This means the estimates for some programs below include non-mental health expenses (denoted with *). The Sycamore Institute reached out to state agency representatives to discuss current programming and unimplemented future initiatives, which are also included below. Despite our efforts to include as many programs as possible, there are undoubtedly additional efforts underway to address child mental health that this report does not capture.

Program Name	Program Description	Service Type				Statewide/ Regional	FY 2022	
		Tier I	Tier II	Tier III	Other		Children Served	Est. Expend.
Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)								
Systems of Care Across Tennessee (SOCAT)	Strategic system provides evidence-based mental health services to Tennessee children and youth receiving TANF (Temporary Assistance for Needy Families). SOCAT includes a training and technical assistance center for youth and families.	x	x	x	x	statewide	275	\$6.6M
Tennessee Resiliency Project Grant	Funding grants for local organizations addressing child and youth mental health.	x	x	x	x	limited to grantees	n/a	\$6.5M
Juvenile Justice Diversion Programs	Mental health education and treatment options for juvenile courts and youth in their care to use across the state.			x	x	statewide	1,017	\$4.5M
School-Based Behavioral Health Liaisons	Mental health professionals employed by community mental health centers who provide services in schools.	x	x	x		statewide	20,209	\$4.4M
Behavioral Health Safety Net	Outpatient mental health services for uninsured or underinsured children.			x		statewide	1,127	\$1.9M
Better Attitudes and Skills in Children (Project BASIC)	Identifies children at risk of serious emotional disorders and refers to treatment.	x	x			regional	1,058	\$1.8M
On Track TN: Early Episode Psychosis Initiative	Early intervention for older youth and young adults who have had first-episode psychosis.		x			regional	199	\$1.7M
Regional Intervention Program (RIP)	Services for caregivers with children experiencing challenging behaviors.		x			regional	350	\$1.2M
Mobile Crisis Services	Assessment and referral for youth experiencing psychiatric crisis.			x		statewide	12,507	\$1.2M
Child Care Consultation	Training and support for centers working with children and families.	x	x		x	statewide	654	\$1M
Healthy Transitions	Supports young adults with a serious mental disorder and/or intellectual developmental disability to live healthy, independent lives.				x	regional	83	\$0.9M
Planned Respite	Short-term relief for caregivers of children with serious emotional disturbance and/or autism spectrum disorder.				x	regional	94	\$0.4M

Program Name	Program Description	Service Type				Statewide/ Regional	FY 2022	
		Tier I	Tier II	Tier III	Other		Children Served	Est. Expend.
Tennessee Department of Mental Health and Substance Abuse Services (cont'd)								
Youth Screen Assessment	Identifies mental health, physical health, and substance use risks among youth and makes referrals to services.	X				statewide	2,088	\$0.3M
Homeless Services for Children & Youth	Support for youth and families to secure housing for those with severe emotional disturbance.				x	statewide	958	\$0.2M
Respite Voucher	Short-term relief for caregivers of children with a serious emotional disturbance.				x	statewide	336	\$0.22M
Violence and Bullying Prevention	Teaches children in grades 4-8 skills to prevent violence or bullying.	x				regional	1,115	\$0.2M
Clinical High Risk for Psychosis	Services to prevent or delay the onset of psychosis for youth at risk.		x			regional	12	\$0.2M
Transformation Transfer Initiative Grant	Pilot program connects families with a child experiencing a mental health crisis with local crisis team staff to reduce time in ED.			x	x	limited grantees	n/a	\$0.2M
Youth Suicide Prevention	Outreach and training to prevent suicide.	x				statewide	n/a	\$0.1M
Erase the Stigma	Education on mental illness.	x				regional	13,500	\$0.13M
Emotional Fitness Centers	Free screenings for mental health conditions and substance use disorders.	x				regional	267	\$0.06M
Early Intervention and Prevention Program	Counseling for children and families or those at risk of serious emotional disturbances.		x			One site	63	\$0.04M
Family Support & Advocacy	Family advocacy, referral, and outreach services for kids with serious emotional disturbance and professionals working with them.				x	statewide	601	\$0.03M
Statewide Family Support Network	Support for caregivers of children with serious emotional disturbance.				x	statewide	n/a	n/a
Certified Family Support Specialist Program	Certification for the workforce who support children with mental, emotional, and/or behavioral disorders and their families.				x	statewide	n/a	n/a

Program Name	Program Description	Service Type				Statewide/ Regional	FY 2022	
		Tier I	Tier II	Tier III	Other		Children Served	Est. Expend.
TennCare								
Well-Child Visits (Can occur through EPSDT program)	Physical, social, emotional, and behavioral screenings and assessments from birth through early adulthood.	x				statewide	n/a	n/a
Pharmacy Services – Mental Health	Medications to treat behavioral health conditions.			x		statewide	92,694	\$109.1M
<u>Behavioral Health — Inpatient</u>	Inpatient behavioral health services.			x		statewide	5,679	\$80.5M
<u>Behavioral Health — Outpatient</u>	Outpatient behavioral health services.			x		statewide	28,202	\$28.8M
Behavioral Health — Transportation	Transportation to and from needed behavioral health services.				x	statewide	933	\$0.6M
Behavioral Health — Supported Housing	Housing support services to eligible children with behavioral health issues.				x	statewide	22	\$0.3M
Tennessee Department of Health (TDH)								
<u>Healthy Start</u>	Intensive home visiting services for high-risk families to prevent child abuse and neglect and promote family health. Services include assessment, family support, education, child development screening, and health tracking (well-care, immunizations).	x	x			regional	650±	\$3.5M
<u>Evidence-Based Home Visiting Program (EBHV)</u>	In-home service for at-risk pregnant women and caregivers of infants and children up to age five to prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness.	x	x			statewide	2,457±	\$2.7M
<u>Suicide Prevention Program</u>	Provide Suicide Surveillance and Rapid Prevention Response Plan for ages 5-17, 18-24, 25-44, 45-64, and 65+. Provide Suicide Prevention Gatekeeper Training through the Child Safety Learning Collaborative and public service announcements.	x			x	statewide	All children ±	\$0.87M
<u>Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES)</u>	Training and consultation on child mental health for primary care providers	x		x	x	statewide	n/a	\$0.3M

Program Name	Program Description	Service Type				Statewide/ Regional	FY 2022	
		Tier I	Tier II	Tier III	Other		Children Served	Est. Expend.
Tennessee Department of Education (TDOE)								
<u>Tennessee Investment in Student Achievement (TISA)</u>	TN's funding formula for K-12 education. Includes funding for Coordinated School Health.					statewide	n/a	n/a*
<u>Coordinated School Health (CSH)</u>	Provides interventions that build and sustain a healthy school environment for all students.	x	x	x	x	statewide	n/a	Funded via TISA
<u>Project Rural Access to Interventions in School Environments (RAISE)</u>	Grant funding to increase recruitment and retention of mental and behavioral health professionals in Tennessee. Anticipated to begin in FY 2024.				x	limited grantees	n/a	\$14M
<u>Resilient School Communities</u>	COVID-19 grant to public school districts to expand school-based initiatives and increase staff capacity, including developing AWARE grant programming.	x	x	x	x	limited grantees	n/a	\$10.2M
<u>Advancing Wellness and Resiliency in Education (AWARE)</u>	Grant funding to build state capacity to support and promote school and community-based efforts to expand access to behavioral health resources and promote resilience and positive behavioral functioning among school-age youth.	x	x	x	x	limited grantees	18,766	\$3.3M
<u>Safe Schools Act</u>	Grant funding to decrease the likelihood of violent or disruptive behavior and to protect students and staff from harm when such behavior may occur.	x			x	statewide	376,428±	\$1.6M*
<u>Family Resource Center</u>	Source of information on community-based resources, support, and benefits for students and families — primarily focusing on at-risk children and their families.	x			x	statewide	108,076**	n/a
Tennessee Department of Children's Services (DCS)								
<u>Family Support Services</u>	Community-based intervention and prevention services to children who are at risk of or in DCS custody and their families so these children can successfully remain in their homes and communities.	x	x	x	x	statewide	9,028±	\$33M
<u>Behavioral Services</u>	Intensive in-home family services; individual, family, and group therapy; drug testing; psychological assessments; specialized assessments; and other treatment services for children interacting with DCS.		x	x	x	statewide	192±	\$2.4M
<u>Therapeutic Family Preservation</u>	Short-term, intensive home-based services to protect, treat, and support families for those who have at least one child in DCS custody.			x	x	statewide	3,543	\$1.1M
<u>Parenting Education</u>	Home-based parenting education and support services provided to parents having difficulty creating or maintaining a stable home for their children.	x			x	statewide	3,737	\$0.5M

Program Name	Program Description	Service Type				Statewide/ Regional	FY 2022	
		Tier I	Tier II	Tier III	Other		Children Served	Est. Expend.
Tennessee Department of Children's Services and Office of Criminal Justice								
<u>Juvenile Justice Placement</u>	Intervention and treatment services for delinquent youth in state custody. The types of placements can include detention centers, residential treatment facilities, and one 24-bed hardware secure facility operated by a private provider.			x	x	statewide	1,285	\$9.5M*
Office of Criminal Justice								
<u>Victims of Crime Act (VOCA)</u>	Funding grants for support services for victims of crime throughout the state to improve health and well-being			x		statewide	20,183±	\$29.8M
<u>Sexual Assault Services Program</u>	Intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, household members of victims, and those collaterally affected by the sexual assault.			x	x	statewide	71±	\$2.8M
Tennessee Commission on Children & Youth (TCCY)								
<u>Systems of Care Across Tennessee (SOCAT)</u>	System of coordinated care for child mental and behavioral health services in Tennessee.			x	x	statewide	n/a	\$0.06M
<u>Resilient TN (formerly Building Strong Brains)</u>	Promotion of positive child experiences.	x			x	statewide	n/a	\$0.03M
<u>Home Visiting Leadership Alliance (HVLA)</u>	Co-leads home visiting program with TDH and is responsible for administrative activities.		x		x	statewide	n/a	\$0.02M
<u>Council on Children's Mental Health</u>	A council formed by TCCY and TDMHSAS to create a coordinated mental health care system for Tennessee children.				x	statewide	n/a	n/a
Tennessee Commission on Aging & Disability (TCAD)								
<u>National Family Caregiver Support Program</u>	Short-term respite option for caregivers 55+ supporting youth with specific mental health and behavioral challenges.				x	statewide	184	\$0.2M*

Note: This list excludes substance use disorder services from TCCY's identified programs for child mental and behavioral health. Expenditure estimates may include both state and federal funding from each state agency.

*Less than 100% of estimated expenditures are devoted to mental health services.

**Number of children served reported for FY 2022-2023. (86)

± Denotes an estimate of the number of children served.

Sources: TCCY's 2023 Resource Mapping programs and descriptions provided by state agency staff; data from TDH, TDOE, TCCY, TDMHSAS, Office of Criminal Justice, DCS websites, and online resources. (23) (22) (87) (24) (88) (25) (26) (71) (62) (49)

Appendix:

Youth Mental Health Spending Estimates by Tier

We categorized the programs listed above as follows to produce FY 2022 state spending estimates by tier/type of service.

- **Crosscutting** includes estimates for TDOE's Resilient School Communities and AWARE and TDMHSAS's Tennessee Resiliency Project Grant and School-Based Behavioral Health Liaisons.
- **Prevention** (Tier I) includes \ estimates for Project BASIC, Child Care Consultation, Youth Screen Assessment, Violence and Bullying Prevention, Violence and Bullying Prevention, Youth Suicide Prevention, and Erase the Stigma all within TDMHSAS; TDOE's Safe Schools Act; and TDH's Suicide Prevention Program. We did not include estimates for TDH's Healthy Start or Evidence-Based Home Visiting because of the broader nature of those programs.
- **Early Intervention** (Tier II) includes estimates for On Track TN, Regional Intervention Program, Clinical High Risk for Psychosis, and Early Intervention and Prevention Program — all within TDMHSAS.
- **Treatment** (Tier III) includes estimates for TennCare behavioral health treatment services (inpatient, outpatient, and pharmacy) and TDMHSAS' Systems of Care Across Tennessee, Behavioral Health Safety Net for Children, Mobile Crisis Services, and Transformative Transfer Initiative.
- **Other Supports** includes estimates for TDOE's Project RAISE, TennCare behavioral health-related transportation and supported housing, TCCY's Resilient TN and Home Visiting Leadership Alliance, TCAD's National Family Caregiver Support Program, TDH's TCAPES, and TDMHSAS's Healthy Transitions, Planned Respite, Respite Voucher, Homeless Services for Children and Youth, and Family Support and Advocacy.
- **Other Targeted** includes estimates for TDHSAS's Juvenile Justice Diversion Programs and DCS's Family Support Services, Juvenile Justice Placement, Behavioral Services, Therapeutic Family Preservation, and Parenting Education.