

2023 Tennessee Disability Scorecard – Full Report

In TDC's 2023 Tennessee Disability Scorecard, we evaluated the progress that Tennessee has made over the past year toward building a state in which people with disabilities are able to thrive in lives of their choosing. Our inaugural 2022 Scorecard scored the state of Tennessee a D+ from the perspective of working-age adults with disabilities. This year, we've expanded the scope of our Scorecard to better reflect the experiences of ALL Tennesseans with disabilities across the age and disability spectrum.

Ultimately, we again give the state of Tennessee a poor grade, with the state cumulatively earning a D for their policies, practices, opportunities and outcomes for residents with disabilities.

This is the experience of nearly one-third of the state's adult population, and over 125,000 children. It is vital that the Tennessee take a hard look at the quality of life it offers to its residents with disabilities and strive to improve.

In this year's Scorecard, we introduce "Homework" to help guide the state in moving toward a fairer and more inclusive environment for people with disabilities. Completing this homework, consisting of suggested policy changes, opportunities for investment and priority legislation, would both improve the state's grade and improve the lives of Tennesseans with disabilities. The purpose of the Scorecard, as well as the homework, is to lay out a path through which Tennessee can become the number one state for people with disabilities to live in the country.

Housing - F

In 2022, our Scorecard highlighted the increasingly unaffordable nature of buying a house in Tennessee when an individual or their family member was living with a disability. We found that the ability to purchase a home, quintessentially the American dream, was out of reach as a person with a disability in 80 counties across the state last year. This earned the state an F grade for housing.

This affordability crisis for Tennesseans with disabilities has worsened in the past year. In 2023, there are only 5 counties in the state where a person with a disability could buy a median priced home while earning the county's median wage without spending more than 1/3rd of their income. These counties are, for the most part, poor and rural, far away from vital resources like healthcare, stable and gainful employment, transportation, and high-quality, education options. This pseudo-banishment to the geographic margins of the state has the effect of exacerbating inequalities and increasing barriers to opportunity for Tennesseans with disabilities.

For example, all 5 counties that would be considered "affordable" for a Tennessean with a disability to purchase a home are considered "Health Professional Shortage Areas" by the US Health Resources and Services Administration (HRSA). This means that residents of these

counties must spend additional time and resources accessing vital health services, if they exist to be accessed at all.

Not only is the purchase of a home inaccessible to many Tennesseans with disabilities across most of the state, affordable rental units that can accommodate low-income Tennesseans with disabilities are also severely lacking. These units are considered affordable if they are available to residents whose income is at or below the federal poverty line, or at 30% of the area median income. Tennesseans with disabilities and aging Tennesseans make up 48% of the state's population in need of affordable housing, totaling 104,373 residents. Additionally, some of these individuals may need accessible housing, which in this context means that the home is "potentially modifiable", or possessing accessibility features like step-less entry and a main floor bedroom and bathroom. As of this year, the state is short approximately 14,165 affordable and accessible rental units for low-income aging Tennesseans and those with physical impairments.

While many low-income Tennesseans with disabilities may rent independently, some will rely on public resources such as Housing Choice Vouchers (HCV) to secure stable housing. The Housing Choice Voucher Program provides financial assistance to eligible Tennesseans to rent qualified housing in a location of their choice. While the HCV program has long struggled to secure participation from landlords renting properties, it offers a degree of flexibility often lacking in other federally administered housing support programs. This is especially important for people with disabilities who may be looking for accessible housing, or housing close to their health care providers.

However, the state is not doing enough to ensure that these vouchers are finding low-income Tennesseans with disabilities who need them. In fact, the state's percentage of vouchers that go to people with disabilities is the 5th lowest in the country, which is especially troubling because the state has the 10th highest percentage of residents living with a disability. This disparity would indicate that the state is not prioritizing the needs of low-income residents with disabilities.

As the population ages, affordable and accessible housing, either for rent or for purchase, will become even more scarce. The state has done very little to address this crisis, and has shown little political will to even try. In the last year, the state has passed no legislation that would meaningfully lower the cost of purchasing a home, create more affordable housing units, or more equitably distribute the scarce resources it does offer.

In the next year, we suggest the state take three steps toward addressing this growing crisis for Tennesseans with disabilities. First, the state should repeal its 2018 zoning preemption, which prohibits cities from using zoning to influence, even through voluntary participation, the construction of affordable or accessible housing. While the impact of zoning incentives vary across the country, returning one tool to the toolbox, especially if used wisely, can create new affordable and accessible housing.

Second, the state should prevent discrimination in the use of its Housing Choice Voucher Programs. Currently, a landlord can deny an application for rental because an applying renter is using an HCV which, as noted above, disproportionately impacts individuals with disabilities. As of the end of 2022, 16 states and 106 municipalities have implemented policies prohibiting landlords from discriminating against potential renters based on their source of income, or the financial means by which they intend to pay their rent. Given the disproportionate distribution of HCVs in Tennessee, it is vital that the state ensure that those who *do* have access to vouchers are not discriminated against, enabling them to use their voucher more effectively and efficiently.

Third, the state should dramatically increase supplemental investment in the Tennessee Housing Development Agency's (THDA) Tennessee Housing Trust Fund. Currently, the state uses proceeds from this fund to address the housing needs of low-income aging Tennesseans and those with disabilities. Funds such as this are a highly effective means of acquiring, rehabilitating and maintaining housing for extremely low-income individuals. While private sector entities, THDA and matching funding make up a large portion of the program's annual spending, an increase in yearly allocations from the General Assembly could expand the reach and impact of the Tennessee Housing Trust Fund.

Employment – D+

As a proud “employment-first” state, it is clear that our Tennessee leadership prioritizes work for Tennesseans with disabilities. While the state has taken small steps toward improving access to good, well-paying jobs for people with disabilities, there is still a lot of progress to be made in the area of employment.

In ensuring that people with disabilities have easy access to employment, Tennessee finds itself 8th worst in the country in its disability employment rate. Compared to Tennesseans without disabilities, they have the 6th largest employment gap between those with and without disabilities. In the essential function of ensuring opportunities for basic employment, the state is not living up to its “employment-first” aspirations.

For those Tennesseans with disabilities who are able to obtain employment, the types of jobs available to them are not paying wages adequate enough to prevent them from living in poverty. Tennessee is as the 12th highest disability poverty rate in the United States, which is likely a function of the 12th lowest average wage earned by Tennesseans with disabilities. Not only is it difficult to obtain a job as a Tennessean with a disability, the data also shows that the job likely offers compensation inadequate to make ends meet.

One potential cause of the low employment rate and low earnings capacity of Tennesseans with disabilities is the state's lack of commitment to its Vocational Rehabilitation (VR) program. VR programs exist in every state, and are meant to provide individualized employment training and support for residents with disabilities. The program is funded by the US Department of Education, and the yearly allocation is determined by a formula accounting for the size of the

state's disability population, as well as per capita income. These federal funds require the state to contribute a "matching" portion of the total yearly allocation for the program, which in 2023 is 21.3% of the total cost of the program.

However, the state has failed to provide its matching share of the Vocational Rehabilitation funds allocated to the state for each of the last three years. In 2022, the state was forced to return to the federal government over \$28 million in funds meant to train and support Tennesseans with disabilities in obtaining and maintaining employment. This year, the federal government has simply reduced their contribution to the state by almost \$30 million. In 2023, 18 other states failed to meet their VR Maintenance of Effort requirements. However, the highest MOE deficit this year was approximately \$14 million, with most having MOE deficits under \$1 million.

However, this is not to say that the state has made no attempt to improve upon their performance. In 2022, the General Assembly passed legislation establishing the "State As a Model Employer" (SAME), joining 19 other states in having such a program. SAME programs establish policies that encourage the state government to prioritize hiring, training, retaining and promoting individuals with disabilities. This year, the state began implementing their SAME program. It is unclear the impact thus far, but this is an attempt toward modeling disability employment for the private sector, and represents a good faith attempt to improve its own employment practices.

In 2022, the state also passed legislation forbidding the use of sheltered workshops for people with disabilities. Sheltered workshops are workplaces exclusively for people with disabilities that often ask them to perform menial tasks in exchange for subminimum wage. These sorts of workshops can be isolating for people with disabilities, fail to include them in their communities and devalue their labor by offering subminimum wage, often less than a dollar an hour. The state began implementing the ban in 2023.

The state can build upon these improvements in the coming year by pursuing several priorities. First, the state should meet the statutory Maintenance of Effort requirements for its Vocational Rehabilitation program and ensure that funding that could benefit the employment of people with disabilities is not returned to the federal government unused. According to many in the Tennessee disability community, the state's VR program struggles to meet its purpose, and cannot afford to forgo funds that would improve its capacity, effectiveness and impact.

Second, the state should establish a pathway to TennCare for working adults with disabilities. TennCare access is strictly limited by income and assets in almost all cases, severely restricting opportunities for people with disabilities to work. Should a person's income exceed \$32,904 per year, or possess assets in excess of \$2,000, they become ineligible for TennCare and lose access to care and home- and community-based services (like nursing services, transportation and rehabilitation). These important services are mostly unavailable via private and employer-sponsored insurance. A pathway to TennCare for working adults with disabilities would allow persons with disabilities above the income and assets thresholds to pay a premium to access

TennCare HCBS services, thereby allowing them to pursue more fruitful employment while maintaining vital care and services.

Currently, Tennessee is one of only 3 states that do not have such a program. This absence systematically shunts Tennesseans with disabilities who want to and are able to work to lower paying jobs. Likewise, the strict income and asset limits are impacted by spousal income and assets, which unduly and unfairly influences individual and private decision-making about marital status. Tennessee should establish a pathway to TennCare for working adults with disabilities without income and asset limits, and establishes a fair premium cost on consumers. This would likely help improve upon the state's current employment and wage disparities.

Third, the state should fund a Vocational Training Center for the Blind. Prior to the pandemic, the state had a facility that trained individuals who are blind or have low vision to navigate their communities, including places of employment. During the pandemic, the facility closed and never reopened. This kind of training can facilitate independence for this population and allow greater access to the workplace. During the 2023 session, the General Assembly failed to pass a resolution urging the state to reopen the facility. The state could choose to pass the resolution, but could be more impactful in earmarking funds to reopen the facility.

Transportation – C-

Access to transportation and community-mobility options are fundamental to the independence of people with disabilities. Tennesseans with disabilities rely more heavily on public transportation options than those without disabilities, making transportation access and quality even more important. Transportation, however, is a difficult measure to define, given the complex nature of federal, state and local responsibilities, flexibilities and funding streams. However, we can look at several proxies for commitment to improving transportation access, options and quality in Tennessee.

Tennessee ranks 38th in the number of demand-response rides per person with a disability. Demand-response rides, sometimes called paratransit, are systems by which people with disabilities request, in advance, transportation to and from a destination and are picked up by accessible vehicles. Given the high percentage of the population of Tennessee living with a disability, this is a disproportionately low rate of service. This may indicate a couple things – either Tennesseans with disabilities travel less in their community for reasons other than ease of access to transportation, or the state's capacity to support their transportation needs is sorely lacking. Either way, this disparity is a function of a lack of attention to and investment in the transportation needs of the state's disability community.

In their 2023 Long-Term Supports and Services Scorecard, AARP ranked Tennessee 47th in its composite "Transportation Livability Index". The scorecard cites metrics such as the frequency of local transit service, walkability of spaces, transportation costs, local and state pedestrian policies, coordination of service policies and the planning/enactment of age-friendly transit--oriented communities, among others. Such a composite score and low ranking surely reflects

the difficult experiences that Tennesseans with disabilities face in attempting to navigate their communities.

To some extent, it appears as if the state recognizes their insufficient commitment to expanding and improving transportation options. In 2020, the General Assembly passed legislation establishing the Office of Mobility and Accessible Transportation, housed in the Tennessee Department of Transportation. The purpose of the office is to provide assistance and expertise to the state in improving mobility and accessible transportation across the state. In its 3rd year of implementation, the office has begun to implement some of its Strategic Plan, including initiatives to improve communication and coordination across local transit services and studies of innovative transportation models for people with disabilities. While the office mostly holds an advisory role with little funding or authority to make tangible changes on its own, it does represent a model unique to Tennessee to ensure that the transportation needs of Tennesseans with disabilities have a champion in state government.

The state should build on its commitment to improving transportation for Tennesseans with disabilities through several initiatives. First, the General Assembly should make a funding commitment to increase the state's stock of accessible vehicles, and ensure that they are strategically placed throughout state. While accessible vehicles are expensive and take time to procure, improving the quality and availability of a known service can facilitate the community independence of tens of thousands of Tennesseans with disabilities.

Second, the state should provide funds to cities, towns and municipalities to increase the density and frequency of fixed route transit (such as a permanent bus route) and expand service hours. Given that individuals with disabilities are more reliant on public transportation to access vital community goods like grocery stores and doctor's offices, as well as their families and jobs, an improved bus system benefits Tennesseans with and without disabilities alike. Currently, many local transit agencies have too few pickup locations and infrequent stops, leading to long pedestrian trips, often without safe sidewalks, merely to get to a pickup location. In addition, infrequent stops lead to great opportunity cost, with lost time for work, errands, community engagement and family support. Finally, transit schedules that end early in the evening or start late in the morning limit the kinds of work that a person with a disability could obtain and keep, and narrows opportunities for access to their community.

The state should also improve the pay for paratransit drivers. Under the current pay scale, there is significant turnover of drivers, leading to ineffective and inefficient use of the few paratransit vehicles and resources available across the state. Retaining experienced paratransit drivers improves the experience of riders with disabilities, makes it more likely that they are familiar with routes, as well as their responsibilities as a driver.

Support for Family Caregivers – F-

The role of a caregiver is fundamentally different for parents, spouses and family members of individuals with disabilities. While providing the traditional tenets of caregiving, those caring for family members with disabilities also help navigate the complex web of insurance and health

care, act in the role of medical provider and advocate for special education services, among countless other acts of care. This has long been the experience of family caregivers across the United States, but the state of Tennessee has repeatedly failed to acknowledge or support this important work.

The effect of this indifference toward family caregivers in Tennessee is enormous. Those caring for loved ones are more likely to develop a mental health need, more likely to develop physical impairments, more likely to lose employment or make employment sacrifices and more likely to face financial problems and instability.

Tennessee is uniquely callous in its disregard for family caregivers, often citing the important work they do as a “natural support” unworthy of distinct recognition. Not only is this insulting to family caregivers, it entirely ignores that the enormous amount and complexity of the work heaped upon them. This misplaced onus is a direct function of the inadequate capacity and quality of the state’s HCBS and LTSS programs. From insufficient reimbursement to hire and retain DSP’s, to long waits for service, to promised services that never arrive, Tennessee family caregivers are always left to pick up the state’s slack, and they receive little to no support in doing so.

In fact, the AARP ranked the state of Tennessee dead last – 51 out of 51 – in the extent and quality of support that it provides to family caregivers. According to the AARP scorecard, the state fails to implement *any* policy that would benefit family caregivers and their work. Ultimately, the composite score highlights how little TennCare and the General Assembly consider the needs of family caregivers.

This disregard is a resource and priority issue – in August 2023, TennCare claimed \$300 million in “shared savings” from its TennCare III waiver. Their announcement failed to acknowledge that much of their “savings” can be attributed to the work of unpaid family caregivers across the state filling the cavernous void of insufficient state investment. And none of these “shared savings” were reinvested in anything that would diminish the workload the state heaps upon family caregivers, nor increase the degree and quality of support provided to those caregivers.

Not only are family caregivers left to their own devices to do the work of the state and TennCare, they often are faced with brutal and unnecessary choices about their own quality of life. For example, in order to qualify for TennCare LTSS, an individual must meet the prescribed income and asset limit, meaning they can’t make too much money or own assets of too much value. A spouse of an applicant is also subject to these rules, only permitted a monthly “allowance” for expenditures. This means that spouses must make the choice between “spending down” assets and/or limiting their income, or risking the TennCare eligibility of their spouse and jeopardizing their access to care. Other states have passed laws protecting all or a portion of a spouse’s income and assets from impacting TennCare eligibility, but Tennessee has thus far refused to expand this protection beyond the required minimum standard put in place by CMS. This further diminishes the capacity of a spousal caregiver to provide support, while negatively impacting their own quality of life in the process.

One primary component of our lack of family caregiver support is the state's inability to staff the services that they have promised to parents and families. Average wages for DSP's in Tennessee rank 33rd in the US, contributing to staffing shortfalls and high rates of turnover. While the General Assembly has agreed in recent sessions to increase provider reimbursement for DSP wages, it has not made much of a dent in the hiring and retention of staff.

Given the extremely substandard nature of support provided to Tennessee family caregivers, the state has endless options on the table to improve the lives of these vital persons. First, the state should financially compensate family caregivers by establishing a generous and well—functioning statewide paid family caregiving policy. In Tennessee, most LTSS and HCBS waivers strictly limit who can provide family care to a loved one with a disability and be compensated for their labor. For the most part, spouses and guardians are excluded from this option if they live in the home with their loved one. Those that can qualify to care for a loved one in their home cannot claim employment status, jeopardizing any benefits or support they may be entitled to themselves. Again, even in instances in which the state offers ostensible support, it comes with high barriers to access and presents difficult choices about quality of life.

At least 19 other states have some form of family caregiving compensation system, whether it be through consumer direction, hiring of family members by DSP agencies or standalone programs. These programs reduce the financial burdens of caring for a family member and ensure that caregivers continue to be able to provide services that TennCare cannot or will not provide to their loved one.

The General Assembly, in collaboration with TennCare, should also invest in continuing to raise reimbursement rates for providers, particularly aimed at raising wages for DSP's. While the state has enacted incremental increases to wage, a large one-time increase would substantially improve provider agency's ability to hire and retain staff. These reimbursement rates should also be sufficient enough to ensure that provider agencies employing DSP's are able to possess the capacity to hire and retain a larger workforce.

Finally, the state should implement a different reporting mechanism for evaluating the adequacy of their service networks. Currently, the state reports their adequacy in "time and distance" fashion, which determines network adequacy by examining whether there is a given TennCare/Medicare provider within certain times and distances from a given location. While proximity to a provider is necessary, it often obscures access to said services. For example, a dental provider might fall within the time and distance standard, but they may not be accepting new TennCare clients, meaning that this provider is indeed inaccessible for care.

Instead, the state should report on service utilization percentage for individual TennCare consumers. This measure compares the amount of a given service that is permitted under an ISP to the amount of service the person actually receives. This better reflects *actual* access to providers in a given network by showing the amount of service, care and supports people are *actually* able to obtain. The state could also choose to report on wait list times, the time

between approval for services and receipt of those services, as well as establish standards for maximum wait times for specific types of vital care and services.

By changing the means by which they report their network adequacy, TennCare may be faced with justifying a threadbare network that only functions on the unpaid labor of family caregivers. By increasing actual access to the service promised to Tennesseans with disabilities, family caregivers are relieved of at least some of the tasks necessary to care for their loved one. And by implementing reporting mechanisms that better reflect reality and densifying their networks accordingly, TennCare could likely return thousands of family caregivers to the workforce and their communities, benefiting the state as a whole.

Affordability of Care – F

Tennessee is one of the least affordable states in the country for people with disabilities to access the care, services and support they need. A study out of the University of Tennessee found that in order for a Tennessean with a disability to obtain a similar standard of living to a neighbor living without, they would have to earn 51% more income. By comparison, those living with disabilities in other parts of the United States only require 27% more income. Part of this extra cost of living is due to the unaffordability of health care and services. For example, for those carrying private insurance, the deductible for a single adult is 7th highest in the US. For a family plan, the state boasts the 2nd highest deductible. This makes both obtaining and using insurance extremely difficult for Tennesseans with disabilities.

A predictable outcome stemming from the high cost of using insurance is a high prevalence of medical debt. Tennessee ranks 8th in the United States in the rate of residents carrying medical debt. This is not only indicative of the high barriers to using private health insurance, it also speaks to the lack of access to supports like expanded TennCare eligibility, charity care protections and the frequent use of acute and emergency care services (often due to delay of services stemming from fear of cost). Tennessee likewise has no protections in place to help prevent consumers from racking up medical debt, nor to support them in getting out from under it.

Furthermore, Tennessee boasts the 3rd highest prescription drug cost per household. Between the high cost to use one's insurance, to the high cost of prescription drugs and the high prevalence of medical debt, Tennessee stands as one of the most least affordable states for Tennesseans with disabilities to access care.

Tennessee can do several things to reduce the cost of accessing care in the state. First, the state must expand TennCare. Since 2014, Tennessee has lost out on over \$20 billion meant to support the cost of care for low-income people with disabilities. It has led to the closure of rural hospitals, the consolidation of care (and associated increased cost) and excess sickness and mortality in the state.

The state should also pass legislation to establish a drug affordability board that is tasked with lowering prescription drug costs while maintaining access. Six other states have established

such a board. Some states use their boards to simply monitor costs and offer solutions, others use the authority and purse of the state to leverage its buying power, while others set maximum costs for some drugs set to Canadian prices. The General Assembly and TennCare should collaborate on legislation that best meets the prescription drug cost reduction needs of the state.

The state should also implement a health care cost growth benchmark program and hold entities accountable for meeting certain standards. Standards such as this force health care providers to more closely examine their practices to avoid surpassing these benchmarks. By capping increases in cost, health care cost growth benchmarks can then reduce the amount of cost passed along to consumers.

Education - Incomplete*

The education of children with disabilities has long been the primary vehicle for inclusion, opportunity and equal rights for members of the disability community. The provision of special education over the last 50 years has manifested in unprecedented leaps forward for the disability community, but the promise of equality remains thus far unfulfilled.

Graduation from high school is often the first threshold crossed in the pursuit of a high quality of life as an adult. However, the graduation rate for students with disabilities stands 13.7% behind their peers without disabilities. Even with the advent and implementation of multiple forms of high school diploma aimed at increasing this number, too many Tennessee students with disabilities continue to miss this goal. This is emblematic of the difference in the quality of education that students with disabilities receive and the fidelity of special education implementation in the state's public schools.

Part of this graduation rate gap is due to the preparedness and capacity of our state's teachers to meet the needs of students with disabilities. Nearly half – 46% - of Tennessee general education teachers say that they have difficulty differentiating instruction for students with disabilities. Differentiated instruction, or the practice of making curriculum accessible based on a student's need, is foundational to special education. That this portion of teachers say that they struggle to do so speaks to the state's Educator Preparation Programs, to the state's shortage of Special Education teachers and related service providers and to the lack of support provided by school administration and state Department of Education officials.

It may also speak to a belief among some school professionals that accommodations and modifications for students with disabilities, which includes the differentiation of instruction, are ineffective or unfair advantages for students with disabilities. This professional skill gap and perception of special education will continue to limit opportunities for students with disabilities.

The state has, however, dedicated essential resources to the support the needs of students with disabilities in accessing our Tennessee's post-secondary institutions. Through recurring funding streams supported by the Tennessee Department of Developmental and Intellectual

Disabilities (DIDD) and the state's lottery, the state makes an explicit effort to ensure that students with disabilities graduating from high school have opportunities to attend post-secondary institutions.

While the state continues to struggle to meet the needs of its students with disabilities, some members of the Tennessee General Assembly are questioning whether Tennessee should accept federal education funding. According to proponents of foregoing federal funding, they are concerned that the requirements that are attached to the funding are burdensome or detrimental to the functioning of Tennessee schools. These funds include vital resources for special education, and obligates the state to implement the tenets of IDEA. Without these funds, the state must supplant them internally, and would no longer be required to comply with IDEA. This potential decision threatens not only the graduation rate of students with disabilities, but nearly every advancement and achievement of special education over the last 5 decades. This proposal would devastate special education in Tennessee, and substantially and tangibly harm children with disabilities.

First and foremost, in order to merely maintain the unequal status quo in Special Education, the state must accept federal funds and comply with IDEA. No other state has refused federal funding, and no other state has been thusly tasked with recreating IDEA at the state level. Given the state-imposed barriers currently facing Tennesseans with disabilities, it is a near certainty that the state could not replicate Special Education of equal or better quality without IDEA resources and federal accountability.

The state should also work to address policies and practices that negatively impact students with disabilities. Special Education students are often the subject of informal exclusionary discipline policies and practices, which deny them their right to due process and diminish their educational opportunities. These policies and practices manifest as the repeated early removal without documentation, excessive and inappropriate use of homebound placement and alternative placements without documentation, among others. The nature of their informality makes these practices difficult to concretely account for, and thus, difficult to root out. The state should establish metrics that can document this very real phenomenon in order to address it.

The state should also address personnel shortages by increasing its continued investment in occupational pipelines for Special Education teachers and related services personnel. Tennessee should also dedicate further funding and resources toward retention, especially for special education professionals. Through expanded grow-your-own programs, scholarships, loan forgiveness and retention bonuses, among others, the state should lead the country in building its Special Education workforce.

*Tennessee's "incomplete" grade is due to the state's lack of data transparency and its ongoing attempt to refuse federal special education funding.

Early Intervention - A-

In the last year, Tennessee became the first state in the country to expand its early intervention services (TEIS) to age 5, ensuring that there is no service gap before Kindergarten. Early intervention education services are vital to preparing children with disabilities to be successful in the school setting and their communities as they get older. This landmark investment leads the nation in recognizing this important service and expanding its scope and impact.

Not only are the TEIS services unbroken to Kindergarten, the state's implementation is also excellent. Among numerous measures of quality, it's important to note that 99.72% of participants receive a timely Individualized Family Service Plan (IFSP). These are vital documents to establishing appropriate supports and services, and the state's timeliness is indicative of its dedication to this program.

The state is also meeting half of its progress-based state targets for enrollees in TEIS. These targets measure progress in areas such as social-emotional goal achievement, progress in use of appropriate behaviors and knowledge and skill development. The state has shown that it has made steady progress in improving TEIS services and supporting young children with disabilities.

The state can still improve on its TEIS service performance. The state should first identify and adopt curriculum to develop its literacy and numeracy standards and goals. They can do this by setting a quality target and measuring its impact. Literacy and numeracy standards and goals are required by federal law, and the state should move swiftly toward compliance.

While the expansion of TEIS to age 5 was monumental, it does not as of yet have a recurring funding stream to ensure its continuity moving forward. The state should recognize this achievement and dedicate a generous recurring funding stream to ensure that services are not interrupted. This would offer families and providers peace of mind that they can count on TEIS in the long term.

Finally, the state should invest further funds in expanding the provider network. This would allow more families to access services and provide a greater level of convenience and choice in participating in TEIS. The state can also use these funds to reduce case load sizes for case managers facilitating the program. Currently, case managers are stretched thin, which limits the quality of service that they can provide to consumers and increases the turnover rate of burned out staff. Additional funds can provide a better product for families and a better work experience for employees.

Aging - C

Tennessee is projected to be home to 1.65 million residents aged 65+ by 2040 – a whopping 40% increase from 2020. It is imperative that the state prepare in order to provide a high standard of living to this growing population. This requires both substantial forethought to what will be needed, but also an improvement of the sort of supports already exist in the state.

Currently, 52.5% of Tennesseans aged 65+ live below the ALICE (Asset-limited, Income-constrained, employed) threshold. ALICE measures the ability for a person to pay for basic goods using the “Household Survival Budget”. This budget consists of the costs of housing, child care, transportation, health care and a basic cell phone plan. These metrics are then calculated at the county level to account for the varying costs of these goods and services based on geography. Ultimately, those living below the ALICE threshold struggle to afford the necessary components that convey a quality standard of living. And in the case of seniors with disability, it is likely that even the ALICE measure does not account for the extra costs of living with a disability in Tennessee. Thus, it is vital that the state establish financial supports that ensure Tennesseans aged 65+ can do more than merely subsist here, but thrive.

The state is also ranked 34th in the number of assisted living and/or residential care units per 1,000 adults aged 75+. As Tennesseans age, all available research shows that they will likely need more help in maintaining their quality of life. In many instances, this requires the more comprehensive care and supports of a facility prepared to give them, such as assisted living. The state currently lacks the capacity to support this need, which will likely be exacerbated as the aging population grows.

Given the shortage of available assisted living/residential care units, it is important that the state offer high quality in-home supports for those that need it. Unfortunately, the quality of this service is poor, which is likely a function of a lack of capacity and an inadequately prepared workforce. In 2023, the state ranked 50th in the percent of home health care patients with hospital admissions, indicating that the lesser quality of in-home care is leading aging Tennesseans to more frequently develop a need for more advanced care. Without access to residential care or high-quality in-home care, more and more aging Tennesseans will struggle to thrive in their communities.

The state can improve upon its ability to serve aging Tennesseans. First, the state should recognize its housing crisis for aging adults and work to address it. One option the state should implement would be the establishment of an alternative Supportive Housing licensure category. Currently, licenses to operate a residential facility for aging adults are difficult, costly and time-extensive to obtain, which limits the availability of this type of housing. By establishing a different pathway toward licensure, we can create more space for aging Tennesseans to live, while also ensuring that their residences are safe, supportive and of high quality.

In order to meet the needs of aging adults over the next two decades, the state should also establish a dedicated Department of Aging and Disability. Currently, the Tennessee Commission on Aging and Disability does not have the capacity to implement the types of changes that are necessary for aging Tennesseans. By creating a state department, Tennessee would be committing greater attention and resources to supporting the state’s aging population.

The state should also expand access to the CHOICES home- and community-based services (HCBS) waiver through increased investment in local Area Agencies on Aging and Disability (AAAD’s). Currently, access to the program is limited, and particularly so for CHOICES Group 3,

which provides HCBS to adults who are “at-risk” of nursing home levels of care. These supports and services are meant to allow this population to live in their homes and communities and avoid early entry to nursing home facilities. The program currently has a functional waitlist for services that prevents individuals from receiving *any* benefits from the program, and AAAD’s are underfunded to meet the existing need as is. The state should invest substantial resources in meeting the current need for services without delay and prepare the CHOICES program, as well as other relevant LTSS programs, to support the growing population of aging Tennesseans.

Mental Health Access - D

Tennessee, like other states across the country, struggles to meet the rising need for access to mental health care and services. The need, as well as any set of solutions, is often misunderstood by the public and General Assembly alike. The past several years have seen legislation both proposed and passed that criminalizes manifestations of mental health need, such as homelessness and addiction, and opens the door to involuntary commitment and mass institutionalization. However, these attempts have not diminished the state’s needs, nor improved the lives of Tennesseans with mental health needs.

To begin to meet these needs, the state needs to make care and services more accessible. As of 2022, the state was only meeting 16.3% of its need for psychiatric services. This is far lower than the national average of 27.7%. This could indicate that there is a shortage of providers licensed and taking patients in the state. This could also indicate that those who need psychiatric care are unable to access it because of their health insurance status, or other reason related to access. Either way, simple access to care is the most important first step toward supporting Tennesseans in need of mental health care.

Potentially contributing to this inadequate access to care is the low rates of adults in need with insurance in Tennessee. Across the state, 74.4% of adults with mental health needs had private insurance or TennCare, compared to 81.2% nationally. Without insurance, accessing mental health care is near impossible. This is a function of our state’s high cost of obtaining and using insurance, our refusal to expand TennCare and our legislative preference to punish mental health need rather than address it.

While it is difficult for adults with mental health needs to access care, we are likewise not meeting the needs of Tennessee children. One of the best means by which to provide children care is to make it accessible at their schools by adequately staffing school psychologists. Last school year, Tennessee had an extremely high ratio of students per school psychologist in the country, ranking 35th in the country. School psychologists with high caseloads are often primarily occupied by special education testing, leaving little-to-no time for provision of the types of services that would benefit students with mental health needs. While hiring practices of Tennessee schools are mostly directed at the district level, the state can do more to increase access to school-based mental health care.

In order to meet this rising need, the state should invest in permanent supportive housing for individuals with mental health needs and/or Substance Use Disorder (SUD). One of the best

ways to begin to support this population is to ensure that they have someplace safe to live that is prepared to support them. Tennessee has made recent overtures toward investing in this kind of support, but has ultimately failed to substantively deliver. By increasing available housing, the state is likely to reduce demand on out-patient providers and reduce the number of people with mental health needs who are presently homeless.

The state should likewise invest in school-based mental health care and support. The General Assembly could make funding available to ensure that every school has a behavioral health liaison who can provide support and services, as well as make referrals to the state's other existing resources. This could be one object of spending for the state's \$250 million Mental Health Trust fund. That state has not thus far publicly announced the spending of its annual gains in any Tennessee school. Since its inception, the fund has at least \$32 million available to spent to support school-based mental health supports, but the state has not announced a decision about how it plans to spend it.

Finally, Tennessee should establish maximum caseload sizes for school psychologists. The National Association of School Psychologists recommends a best-practice ratio of 1:500. State lawmakers could propose legislation that would cap caseload size at the district level, ensuring that schools use funds made available to them for students with disabilities are used to hire staff to meet their needs.

Conclusion

As it stands, Tennessee's overall D grade is an unacceptable mark. Tennesseans with disabilities have long stood up for their rights and demanded a better world for our community, and thus far, the state of Tennessee has failed to deliver. However, as the progress of the last 50 years shows, the world can and should change for the better. While our community will continue to advocate on our own behalf, the onus is on the state to act. It is our sincere hope the state of Tennessee takes its homework assignments seriously and earns a higher mark in 2024.