All the Right Moves:
Transitioning Individuals Out of Psychiatric Institutions

Rob Cotterman, MS, Assistant Commissioner for Mental Health Services
Tennessee Department of Mental Health & Substance Abuse Services

TDMHSAS

1. Who we are
2. State owned or contracted Hospitals
3. Regional Mental Health Institutes (RMHIs)
All the Right Moves: Transitioning Individuals Out of Psychiatric Institutions

The WHY...

The HOW...

How we are doing it in the State of Tennessee...

1. TennCare
2. The Sub-Acute Discharge Initiative
3. The MOVE Initiative (TMI)
TennCare

1. Tennessee’s Medicaid Waiver
2. Origin of TennCare
3. TennCare Changes
4. TennCare Today

The Sub-Acute Discharge Initiative

“To collaboratively and assertively work with TennCare Managed Care Organizations (MCO's) in development and implementation of viable discharge plans for TennCare members currently in the Sub-Acute Programs of the Regional Mental Health Institute (RMHI's).”
The Sub-Acute Discharge Initiative

1. Project interval: April 1 through October 31, 2018
2. Initiative Assumptions
3. Of the 246 Sub-Acute beds, identified 99 individuals who were deemed eligible for discharge and who had TennCare Coverage or were TennCare eligible.

THE MECHANICS

1. Benchmarks established for TennCare by MCO & RMHI
2. Established bi-weekly conference calls with each MCO & RMHIs for case-by-case review of patient needs, resources required to realize durable discharge.
3. MCO ”RMHI Transition Planning” Data Sheet
4. “CEA” – Cost Effective Alternative!!!
5. CAREFUL Transitioning – Baby-Steps (Teach the MCO)
The MCO "RMHI Transition Planning" Data Sheet

RMHI to MCO Communication/Planning Guide

The Sub-Acute Discharge Initiative

RESOURCES

1. Various Levels of Housing
2. Medical and Behavioral Wrap-Around Services
3. CHOICES for Long-Term Services & Supports (LTSS)
4. For Dual-Dx Mental Health & ID/DD, ECF CHOICES
5. The MOVE Initiative
BenchMarks!

**Regional Mental Health Institute/TennCare Sub-Acute Program Discharge Initiative**

**Mental Health & Substance Abuse Services**

**SUB-ACUTE DISCHARGE INITIATIVE BENCHMARK SUMMARY**
April 1 – October 31, 2018

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**127 Discharges to be realized by October 31, 2018.**

**Benchmarks communicated to each MCO prior to Initiative Go-Live.**

BenchMarks are measured on a weekly basis and communicated to each individual MCO monthly.

This is MCO-A
BenchMarks!

BenchMarks are measured on a weekly basis and communicated to each individual MCO monthly.

This is MCO-B

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BenchMarks!

BenchMarks are measured on a weekly basis and communicated to each individual MCO monthly.

This is MCO-C
Progress is also totaled and communicated to the Bureau of TennCare.

The MOVE Initiative (TMI)

1. Commissioner felt some in RMHIs didn’t need to be there
2. AOF in 2016
3. Created with State dollars (TDMHSAS)
4. Future funding stream through MHBG
5. 4 “ACT” Teams with caseloads of 10-15
6. Approximately $225k per team beginning July 2017
7. Team consist of CPRS, MOVE Coordinator, part-time RN
8. AOF for a 5th Team this fiscal to serve rural RMHI
The MOVE Initiative (TMI)

**Mission:** To transition adults staying longer than 90 days in a Regional Mental Health Institute (RMHI) to the community with short-term intensive individual, family and housing support services when an individual is identified as clinically ready for discharge.

**Context:**
- Barriers to discharge delay transitions for individuals clinically ready for discharge.
- Community living options are not accessible.
- Clients’ legal status is a barrier to discharge.
- Clients’ previous treatment history and prior hospitalizations are a barrier to treatment.

**Goals:**
- To provide recovery-focused, intensive and specialized care coordination services in the least restrictive, most integrated setting.
- To provide continuity of care between the RMHI, families, and community service providers.
- To provide care coordination services:
  1. Centered on the individual
  2. Sensitive to the family
  3. Culturally and linguistically competent
  4. Community-based

**Strategies:**
- Develop RMHI/Community Transition Teams (10:1) for:
  1. Care coordination
  2. Peer support
  3. Medical support
  4. Placement in stable living situations
  5. Maximize service benefits by third-party payers
  6. Provide 24/7 access to crisis support
  7. 8-week care coordination for 6 to 12 months
  8. Special assistance funds

**Outcomes:**
- Decreased RMHI length of stay
- Restoration or application for service benefits
- Client satisfaction with living situation/care coordination
- Decreased psychiatric hospital readmissions
- Discharge success
- Crisis planning
- Improved RMHI/Community relationships
- CMHA services initiated
- Care coordination plans meet quality standards

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1. Only accepting referrals from the RMHIs
2. Whatever it takes
3. Benefits Assistance and bridge funds
4. Face-to-face minimum x3 per week
5. Housing, State ID, WRAP, physical/dental/CMHC appointments
6. Time-Limited 6-12 months w/ transitioning to independence
The MOVE Initiative (TMI)

**Pie Chart - Age Distribution**
- 41% 18 - 24
- 28% 25 - 44
- 13% 45 - 64
- 9% 65+

**Pie Chart - Diagnosis Distribution**
- 5% Bipolar
- 10% Depression
- 11% Mood Disorder
- 13% Psychosis
- 52% Schizoaffective
- 10% Schizophrenia

**Gender Distribution**
- M: 71% (N = 41)
- F: 29% (N = 17)

**Graph - Cost Comparison**
- Hospital vs. TMI over 12 months
- Savings of $266,450 per patient

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All the Right Moves:
Transitioning Individuals Out of Psychiatric Institutions

Hurdles we face…

1. Conservatorship availability for indigent
2. RMHI Staff possessiveness – Paradigm shifts
3. Low baseline for some patients – institutionalized or otherwise
4. Geographic availability of housing options – not enough in some areas
5. Reluctance of community services to serve higher-need patients
6. Conservator/Family resistance to discharge
7. MCO reliance on existing supports as opposed to developing new resources (TMI!)
8. Mandatory Outpatient Treatment Providers are scarce to serve forensics

Thank You!