TNFORWARD

TOP TO BOTTOM REVIEW

Chapter 16

MENTAL HEALTH

HIGHLIGHTS

- Strengthen community mental health and substance abuse services. This initiative involves rebidding all contracts and identifying dollars allocated to agencies to insure we are receiving the best services from the most capable organizations. Shifting inpatient resources to fund community services through an initial $20 million reallocation will strengthen the effectiveness of this effort.
- Decrease abuse of prescription drugs. This will be pursued by collaborating with the Safety Sub-Cabinet and by supporting the Governor's Prescription Safety Act of 2012.
- Increase the efficiency and effectiveness of the 5 state Regional Mental Health Institutes. This initiative includes establishing best practices and standardizing clinical functions, expanding technology use, and determining barriers to discharge for long-term patients.
- Increase collaboration with various departments (DCS, TennCare, DOC, DHS) as well as advocacy groups and community providers, which is an essential part of the mission of the department.

INTRODUCTION

The Department of Mental Health (TDMH) is the state's mental health and substance abuse authority. Its mission is to plan for and promote the availability of a comprehensive array of quality prevention, early intervention, treatment, habilitation and rehabilitation services and supports based on the needs and choices of individuals and families served. The department is responsible for system planning, setting policy and quality standards, system monitoring and evaluation, disseminating public information and advocating for persons of all ages who have mental illness, serious emotional disturbance, and substance abuse disorders. TDMH annually assesses the public's needs for mental health and substance abuse services. Title 33 of the Tennessee Code Annotated requires that functions of TDMH be carried out in consultation and collaboration with current or former service recipients; their families,

guardians or conservators; advocates; provider agencies; and other affected persons and organizations.
The department has six major divisions: Mental Health Services, Alcohol & Drug Abuse Services, Clinical Leadership, Planning, Research & Forensics, Hospital Services, and Administrative Services. The department operates five regional mental health institutes (RMHIs) which provide inpatient psychiatric services for Tennesseans with mental illness or serious emotional disturbance who require that level of care. The five RMHIs are: Lakeshore Mental Health Institute in Knoxville, Moccasin Bend Mental Health Institute in Chattanooga, Middle Tennessee Mental Health Institute in Nashville, Western Mental Health Institute in Bolivar, and Memphis Mental Health Institute in Memphis. TDMH's Central Office is located in Nashville.
The operational budget of TDMH is made up of both state and federal dollars. In fiscal year 2012, a proposed $20 million will be shifted from inpatient to fund community services upon approval of the General Assembly. This budget shift reflects the department's desire to serve persons with mental health and substance abuse issues in community settings whenever possible.

APPROACH/METHODOLOGY

The Top to Bottom Review outlined TDMH's goals and strategies to best utilize limited resources to serve Tennesseans with mental health and substance abuse issues in the most effective and cost efficient way possible. With the increased demand for our services and the new financial reality of our state and nation, we must develop bold new strategies if we want to have viable public mental health and substance abuse services for our most vulnerable citizens.

In late spring of 2011, the TDMH executive staff began discussions on the focus and scope of the Top to Bottom Review, addressing the mission, responsibilities, and structure in order to better identify areas of improvement and recommended changes. TDMH asked for and received input from a variety of stakeholders. The department was aided by the Statewide Policy and Planning Council and seven advisory regional councils. In addition, TDMH sought comments and observations from our cabinet and sub-cabinet members, as well as information from the managed care organizations, the Mental Health Consumers Advisory Board, providers, advocates, family members, and trade associations. Specific stakeholders were also key informants in their specialty areas and helped identify critical findings which were in turn developed into specific goals.

RECOMMENDATIONS

Recommendation 1: Streamline and Restructure TDMH Central Operations.

> ***Discussion:*** A number of changes were made to the organizational structure to more effectively fulfill the department's mission. In order to streamline operations, key leadership positions have been evaluated and redefined. Restructuring central operations includes consolidation of all mental health programs under the Division of Mental Health Services, moving staff from across the department into a new Division of Planning, Research & Forensics, and moving all hospital-related services under a new Assistant Commissioner for Hospital Services.

Recommendation 2: Improve decision making by consolidating planning, research, data management, and reporting.

Discussion: For the sake of greater organizational efficiency, TDMH has aligned departmental planning processes around common goals, timeframes, and outcomes. A formalized evaluation system for executive staff will be developed. TDMH will continue to engage the state and regional policy and planning councils on identifying needs. TDMH will also evaluate the departmental policy adoption process.

Recommendation 3: Develop an online data book to make mental health outcome and substance abuse data more accessible.

Discussion: The Tennessee Department of Mental Health is compiling information and statistics about key indicators of mental health and substance abuse, core services available to people with mental illness and substance abuse problems, and information on department operations. This data book will be used to create a dashboard on the department's website and will be distributed to the state and regional planning councils to assist the councils in identifying emerging problems and unmet needs. Finally, department staff will use the data book to inform decisions and allocate resources.

Recommendation 4: Increase the efficiency and effectiveness of the five RMHIs.

Discussion: Efficiency and effectiveness among the RMHIs begin with standardized practices. This initiative seeks to establish best practices and standardized functions in both business and clinical functions. The department will expand the use of technology in the RMHIs. Expanded technology priorities include telehealth, an electronic pharmacy management system, and electronic health records.

Recommendation 5: Determine the right size and number of RMHI inpatient beds.

Discussion: TDMH has put forward a proposal to close Lakeshore Mental Health Institute in fiscal year 2012. Lakeshore currently has 115 beds. The proposal expands community mental health services

through contracts with three private psychiatric in-patient hospitals in East Tennessee (Peninsula Hospital of Knoxville, Ridgeview Hospital of Oak Ridge, and Woodridge Hospital of Johnson City). Under this proposal, the $20 million that is currently allocated to Lakeshore would be reinvested in community services in East Tennessee. In all of the RMHIs, TDMH will review treatment plans for all long-term patients and determine barriers to discharge.

Recommendation 6: Strengthen Community Mental Health and Substance Abuse Services.

Discussion: To achieve this strategy, TDMH will use program contracts to support recovery, resiliency, self-achievement, and outcomes. TDMH will develop best practice guidelines for essential services like case management. In order to strengthen crisis services, the department will create financial incentives to ensure responsiveness and effectiveness.

Recommendation 7: Clarify expectations of agency contracts by re-writing scopes of service to define program outcomes and to hold agencies more accountable for results.

Discussion: By rewriting scopes of services, TDMH will be more able to define expectations and program outcomes, evaluate agency performance, hold agencies accountable, and focus resources on

the most capable organizations. This will give opportunities to agencies that were previously unable to contract with the department and will ensure geographic distribution of funded services. By rewriting scopes of services and creating more defined expectations, TDMH will ensure we are providing the high-quality and best services to Tennesseans in need of substance abuse or mental health services.

Recommendation 8: Expand and improve mental health services delivered to children and youth.

Discussion: The Top to Bottom Review helped TDMH identify its needs to expand and improve mental health services for children. TDMH interviewed key stakeholders and advocates for children's services and evaluated all allocation resources and contractual relationships currently in place for those children served by the department. A major priority for this division is to identify practices supported by research and maximize the department's investment in children services.

By emphasizing the importance of data and research practices, TDMH will promote the adoption of best practices for prevention, early intervention, and treatment for children and youth. The adoption of a uniform child assessment tool is also vital. As TDMH seeks to improve these services to children and youth, we will continue to aggressively seek funding for those services not covered by TennCare. The department will encourage collaboration among state and local agencies to better serve children, youth, and their families.

Recommendation 9: Encourage consumer recovery, resiliency, and personal achievement.

Discussion: The department will promote programs and activities that encourage Tennesseans to recover, thrive, and manage their own lives. TDMH will fund programs to help reduce the stigma associated with mental health and substance abuse. Promotion of the integration of physical and behavioral health is a key part of this initiative.

Recommendation 10: Evaluate all currently funded consumer and peer support programs to determine their alignment with recovery principles.

Discussion: It is important to evaluate the function and effectiveness of peer support services, especially in view of the current demand on services. Currently, a stakeholder work group is evaluating and reviewing the most effective peer support structure for Tennesseans.

Recommendation 11: Decrease the abuse of prescription drugs and implement the Tennessee Prescription Safety Act of 2012.

Discussion: Abuse of prescription opioids (pain relievers) is the number one drug problem for Tennesseans receiving state-funded treatment services. The complexity and impact of prescription drug abuse makes a collaborative response to this issue essential.

Recommendations to address the epidemic are:

1. Increase public awareness about dangers of methamphetamine and prescription drugs,
2. Increase data sharing among state departments and agency partners for drug abuse,
3. Expand treatment options for people addicted to prescription drugs,
4. Support health care organizations and providers to become champions for prescription drug abuse prevention,
5. Reduce unethical and dangerous practices among prescribers, and
6. Develop regional approaches to monitor and reduce prescription drug and methamphetamine trafficking.

Recommendation 12: Legislatively change the department's name from Department of Mental Health to Department of Mental Health and Substance Abuse Services.

Discussion: This name change will more accurately reflect TDMH's mission and will provide greater visibility for the department's primary area of responsibility. Currently, over half of the

department's contracts are with alcohol and drug providers. TDMH hopes to make Tennesseans with substance abuse issues aware that we are the authority for these issues.

Recommendation 13: Align statutorily scheduled controlled substances with regulatory rules.

Discussion: TDMH has requested an alignment of statutorily controlled substances with regulatory ones. This alignment will create better visibility for prosecution of crimes related to drug abuse. The proposed legislative bill adds 73 drugs to the list of controlled substances: Schedule I: 7 drugs, Schedule II: 10 drugs, Schedule III: 49 drugs, Schedule IV: 5 drugs and Schedule V: 2 drugs. 71 of the drugs are listed under the federal schedules and 2 drugs were added after a rulemaking hearing. The bill also deletes 4 drugs: Schedule I: 3 drugs and Schedule III: 1 drug. Two of the drugs in Schedule I were delisted by the federal government and the remaining two drugs are not otherwise listed in the CFR.

Recommendation 14: Require applicants for certificates of need for methadone clinics to have support from local authorities.

Discussion: In light of the prescription drug epidemic confronting our state, our department feels non-residential opioid treatment program facilities need better reporting in order to track nature/scope of dispensed medications. Encouraging patients to become drug-free is our primary mission and with an emphasis on long-term medication management as opposed to detox, our department feels some facilities are continuing dependency in patients. By doing so, patients are not encouraged to become drug-free and this notion is contrary to the commonly accepted philosophy and belief of alcohol and drug abuse treatment.

Given the potential impact of licensing these facilities, TDMH is committed to securing local input from the community. Additionally, the rule changes will strengthen the department's clinical oversight and require facilities to gain approval from local governments before establishing a clinic in their community. TDMH held a rule hearing on January 5, 2012 where discussion was heard concerning the requirement of local approval. No final rules have been submitted.