# STATE APPROACHES FOR DELIVERY OF GEROPSYCHIATRIC CARE

## IN INSTITUTIONAL AND COMMUNITY-BASED SETTINGS

GERIATRIC SERVICES SUBCOMMITTEE, SOUTH DAKOTA BEHAVIORAL HEALTH SERVICES WORKGROUP

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# ABOUT VORYS HEALTH CARE ADVISORS

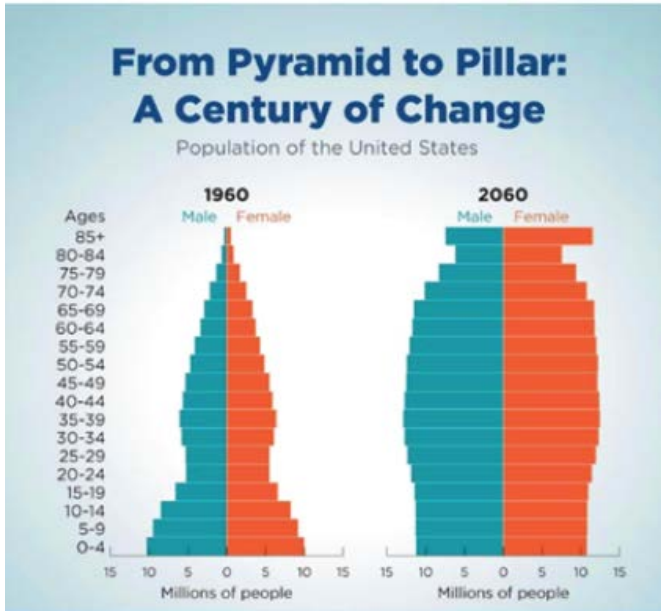
- VHCA specializes in Medicaid policy, program and system development and financing and payment reform for special populations including those with behavioral health needs, intellectual and developmental disabilities, children with special health care needs, and older adults with complex care needs.

# DISCUSSION TOPICS

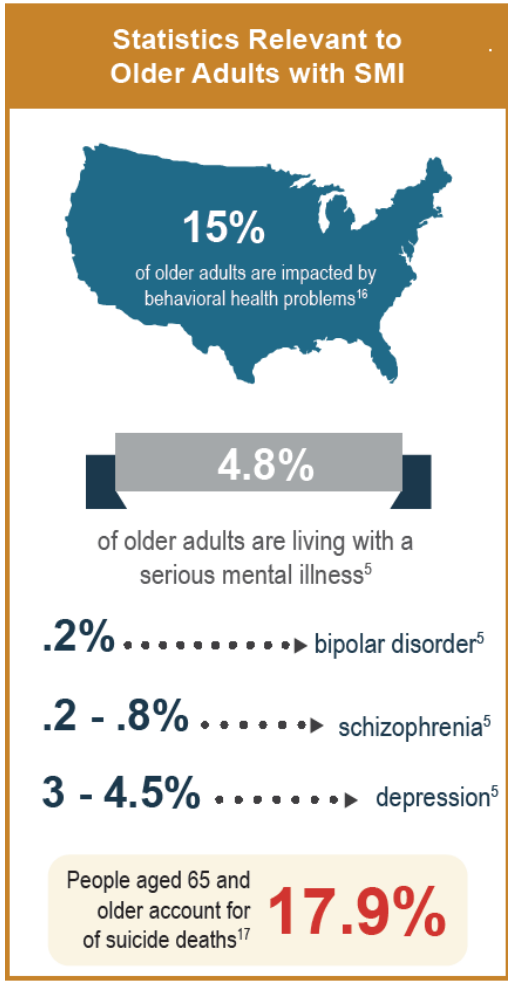
- Older Adult Population Trends
- Common Barriers to Effective Transitions
- Overview of Virginia Geropsychiatric System of Care Report
- Recommendations to Virginia Legislature
- Overview of Tennessee Psychiatric Hospital Transition Initiatives

# CHANGING OLDER ADULT DEMOGRAPHICS

- Americans are living longer
- Between 2016-2040, the number of individuals 85 years old and over are projected to increase by 129%
- Over the past 10 years, the number of adults age 65 or older increased by 33 percent and by 2060, this population is projected to almost double
- There will be more older adults with SMI than behavioral health providers trained in geriatric care




SOURCE: Older Adults Living with Serious Mental Illness: The State of the Behavioral Health Workforce, SAMHSA, 2019.



# STATE PSYCHIATRIC HOSPITAL FACTS AND STATS

| State | State Psych. Hospitals | Total Patients (Start of 2016) | Patients/1,000 (2016) | State Hospital Admissions | Forensic % of Admissions |
|---|---|---|---|---|---|
| South Dakota | 1 | 213 | 24.6 | 1,742 | 0.4% |
| Tennessee | 4 | 478 | 7.2 | 9,281 | 0.8% |
| Virginia | 9 | 2,799 | 33.3 | 6,083 | 31.0% |

SOURCE: Assessment #10, Trend In Psychiatric Inpatient Capacity, United States And Each State, 1970 TO 2014, National Association of State Mental Health Program Directors, August 2017

- Virginia operates 13 facilities: 8 behavioral health facilities for adults, 2 training centers, a psychiatric facility for children and adolescents, a medical center, and a center for behavioral rehabilitation.
- Tennessee operates 4 regional mental health institutes and contracts with three private psychiatric hospitals to provide inpatient mental health treatment services.

# COMMON TRANSITION BARRIERS

- Stigma
- Housing
- Funding Source
- Complex Care Needs
- Willing Provider
- Workforce

# GEROPSYCHIATRIC SYSTEM OF CARE IN VIRGINIA: THE PROBLEM

- Policy
  - Regulatory changes caused state-operated psychiatric facilities to be in high demand due to the facilities' *last resort* designation
  - State facilities became the primary provider for many publicly-funded older adult populations, even for those who would not traditionally be served in inpatient psychiatric settings
  - Changes in statute resulted in an admissions and discharges funnel effect
- Operations
  - Overcrowding and demand caused some facilities to blend populations and serve them on the same unit, despite differences in level of care (i.e., individuals with psychiatric, neurocognitive, or complex/chronic health conditions combined)
  - Individuals deemed ready for discharged faced multiple barriers transitioning to an appropriate level of care or setting

# GEROPSYCHIATRIC SYSTEM OF CARE IN VIRGINIA: THE PROBLEM (CONT'D)

- Clinical
  - Minimal neurological screening was available
  - Nearly all medical specialties were referred out (often at long distances)
  - Palliative and hospice services not available at facilities
- Financing and Payment
  - Federal nursing facility certification requirements prohibited facilities from receiving Medicaid or Medicare payments
  - Almost exclusive reliance on state general revenue as a funding source

# GEROPSYCHIATRIC SYSTEM OF CARE IN VIRGINIA: LONG-TERM RECOMMENDATIONS

VORYS Health Care Advisors

- Rebalance institutional and community-based long-term care services
- Expand the capacity of community-based providers to address integrated care needs
- Clarify the role of state-operated facilities for older adults:
  - Ensure acute stabilization for psychiatric conditions
  - Assess and evaluate complex cases to ensure an appropriate treatment milieu
  - Design care for persons with chronic mental illness and ongoing psychiatric symptoms and behavioral challenges
  - Develop centers of excellence

# GEROPSYCHIATRIC SYSTEM OF CARE IN VIRGINIA: NEAR-TERM RECOMMENDATIONS FOR STATE FACILITIES

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- Revisit the role of state hospitals
- Create an assessment/evaluation status for individuals with complex and co-occurring disorders
- Discontinue blending populations with different levels of care
- Develop end of life and palliative care capacity within state facilities

# TENNESSEE: SUBACUTE DISCHARGE INITIATIVE

- Tennessee operates 4RMHIs providing 577 beds
  - Acute – 326 beds
  - Max Secure – 30 beds
  - Sub-Acute – 221
- Demand for acute beds required a reduction in subacute beds
- Several individuals needed help with activities of daily living (ADLs) who did not qualify for nursing home services.

# TENNESSEE: SUBACUTE DISCHARGE INITIATIVE

- The initiative is a collaboration between Tennessee Department of Mental Health and Substance Abuse Services and the state's 3 managed care organizations (MCOs)
- In April 2018 began bi-weekly calls with the MCO's and 3 RMHI's (one RMHI is all acute) to discuss the needs of each individual patient that was clinically ready for discharge but had a barrier preventing discharge into the community
- State developed Intensive Long-Term Support (ILS) residential services

# TENNESSEE: SUBACUTE DISCHARGE INITIATIVE

- Original goal was to discharge 126 individuals across the 4 RMHIs
- Through 6/22/2019, there have been 168 discharges, allowing the state to increase acute capacity

# TENNESSEE: MOVE INITIATIVE

**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 customized 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
- Placement in stable living situations
- Maximize service benefits by third party payers
- Provide 24/7 access to crisis support
- 3/week care coordination for 6 to 12 months
- 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

# THANK YOU!

# Contact Us

**Alicia D. Smith**
President
adsmith@voryshcadvisors.com
614.545.6725
614.321.9401 c

**M. Reneé Bostick, MPA**
Senior Advisor
mrbostick@voryshcadvisors.com
614.464.3039
614.589.8424 c

**David Frederick**
Research & Policy Advisor
djfrederick@voryshcadvisors.com
614.545.6613