

## ***Targeted Technical Assistance Report***

Tennessee:  
State of the State Olmstead Summit on Mental Health Services

January 28, 2004

Delivered by:  
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**Site:** League for the Deaf and Hard of Hearing, Nashville, Tennessee

**Date of Activity:** January 28, 2004

**Type of Assistance Provided:** Jennifer was invited to present at the Tennessee Olmstead Coalition's day-long "State of the State in Mental Health Supports" Summit, the third in a series of summits concerning Tennessee's progress in meeting its obligations under the *Olmstead* decision. Jennifer conducted followup conversations at the end of the day with summit participants, including service providers, state officials, and P&A staff.

**Specific Topic Area:** Jennifer spoke about identifying barriers to community integration of individuals with mental illness, particular barriers that the Bazelon Center has encountered elsewhere in the country, and recommendations for eliminating those barriers.

The summit also featured a panel of Tennessee stakeholders discussing the state of the state in the provision of appropriate community-based mental health services. The panel included Joseph W. Swinford, Director of the Office of Consumer Affairs, Tennessee Department of Mental Health and Developmental Disabilities; Dr. Robert Freeman of the Tennessee Association of Mental Health Organizations; Joyce Judge, Executive Director of NAMI Tennessee; Charlotte Bryson, Executive Director of Tennessee Voices for Children; and Ed Rothstein of the Tennessee Mental Health Consumers' Association.

The summit concluded with a presentation by sociologist Anne Charvat, PhD, on the effect of the death penalty on children with serious emotional disturbance, and a discussion about plans to advocate for a Tennessee "disability cabinet."

**Outcomes Anticipated:** Tennessee is one of the states that still does not have an *Olmstead* plan. While it was hoped that the TennCare managed care system would bring great improvements in

the delivery of community-based mental health services, many problems have continued to plague TennCare and have made it difficult for consumers to obtain adequate mental health services. Stakeholders have been convening meetings to develop an *Olmstead* plan to promote community integration for some time, but progress has been impeded by budgetary concerns.

One of Jennifer's goals was to reframe the discussion of *Olmstead* compliance to emphasize opportunities to achieve cost savings rather than simply focusing on expanding services. In addition, Jennifer urged stakeholders to focus less on duplicating parts of programs that may have had success elsewhere and attempt first to identify the numbers of individuals in various settings, the needs of those individuals, and the barriers that result in individuals being served unnecessarily in institutional settings. She emphasized that the *Olmstead* planning process is not likely to be effective if it proceeds without an understanding of what the needs are, and where money could be saved by shifting resources to the community. Summit participants expressed great interest in these suggestions, and we anticipate that the discussions at the summit will help align the discussion around *Olmstead* compliance more closely with political realities. Ultimately, we anticipate greater success in eliminating barriers to community integration as a result of more effective advocacy.

**Organizational Representation and Involvement:** Participants in the summit included Tennessee Protection and Advocacy, the ARC of Tennessee, which sponsors the Olmstead Coalition; consumer and family advocacy groups such as the Tennessee Mental Health Consumers Association and NAMI Tennessee; consumers; mental health providers and provider associations such as the Tennessee Association of Mental Health Organizations; and representatives of the Tennessee Department of Mental Health and Developmental Disabilities Office of Consumer Affairs.

**Description of Activity:** As an introduction, Jennifer provided an update on recent legal developments interpreting the ADA's integration mandate. Jennifer then discussed barriers that result in individuals with mental illness being unnecessarily served in each of the following settings: state hospitals, nursing homes, board and care homes, jails and prisons. She also pointed out barriers that operate in community mental health systems to prevent individuals from obtaining needed services.

Jennifer made recommendations for eliminating those barriers, particularly in an era of budgetary concerns and cost cutting. For example, she suggested that stakeholders consider implementing targeted mental health waivers for individuals who need nursing care or targeted managed care waivers for individuals with mental illness; strengthening the state PASARR process to prevent individuals with mental illness from being admitted unnecessarily to nursing homes and served in that setting at great expense; better interagency coordination of funding to ensure that money follows individuals who are discharged from institutional settings into the community and to prevent budget cuts in one area that result in increased spending in other areas; and modification of state Medicaid rules and policies that make development of community mental health services difficult.

Finally, Jennifer provided practical suggestions for navigating political barriers in the current fiscal climate and for getting a handle on the numbers of unnecessarily institutionalized

individuals with mental illness and the services needed to enable them to live in the community.