

Sunset Public Hearing Questions for
INTERSTATE COMPACT ON MENTAL HEALTH
Created by Section 33-9-201, *Tennessee Code Annotated*
(Sunset Termination June 2016)

- 1. Provide a brief introduction to the compact, including information about its purpose, requirements, and the state officials involved.**

ANSWER

The purpose of this compact and of the party States is to provide the necessary legal basis for the transfer of persons with a mental illness from a state-operated facility in one state to a state-operated facility in another state. It provides for the institutionalization or other appropriate care and treatment of persons with mental illness under a system that recognizes the paramount importance of patient welfare and to establish the responsibilities of the party States in terms of such welfare. The party States find that the proper and expeditious treatment of persons with mental illness can be facilitated by cooperative action, to the benefit of the patients, their families, and society as a whole.

Any patient may be transferred to an institution in another state whenever there are factors based upon clinical determinations indicating that the care and treatment of the patient would be facilitated or improved thereby. If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state have reason to believe that aftercare in another state would be in the best interest of the patient and would not jeopardize the public safety, they may request the appropriate authorities in the receiving state to investigate the desirability of affording the patient such aftercare in the receiving state, and such investigation will be made with all reasonable speed. Requests for transfers of persons in federal prisons and medical centers are also reviewed. However, Tennessee does not accept transfers of persons on conditional release, so it is rare for a federal transfer to be approved.

Each state participating in the compact designates a compact administrator who is or oversees the Interstate Compact Transfer (ICT) Coordinator. The ICT Coordinator receives and processes compact requests. Most states have a designee to represent a state department for mental health services and another to represent a state department for intellectual and developmental disabilities services.

- 2. What other states have entered into the compact with Tennessee?**

ANSWER

According to the Interstate Compact Transfer Coordinators Directory, dated March 10, 2015, all states except Arizona, California, Mississippi, Nevada, and Virginia are members of the compact.

- 3. Provide a list of member states with which Tennessee currently has supplementary agreements as authorized by Section 33-9-203, *Tennessee Code Annotated*, and describe the nature of those agreements.**

ANSWER

Tennessee does not have any supplemental agreements with other states relative to the Interstate Compact.

- 4. Have any party states withdrawn from the compact or filed notice of their intentions to withdraw under the provisions of Article XIII? If so, which states and what were there states reasons for withdrawing?**

ANSWER

No states have withdrawn from the compact in the past 2 years. The states listed above in the Answer to Question 2 are the only states that never entered or have previously withdrawn from the compact. Historical reports indicate that several non-member states do cooperate with and facilitate transfers across state lines through designated contact persons, essentially following the Interstate Compact Transfer process.

- 5. Section 33-9-202, *Tennessee Code Annotated*, designates the Commissioner of Mental Health and Developmental Disabilities as compact administrator. What are the administrator's duties and responsibilities under the compact and to whom, if anyone, has the commissioner delegated those duties and responsibilities?**

ANSWER

The responsibilities for the compact administrator have been delegated to Bruce Gilmore, who serves as TDMHSAS's director of hospital services. Mr. Gilmore is responsible for the oversight of the Interstate Compact Transfer Program. In his capacity as compact administrator, Mr. Gilmore oversees the activities of the ICT Coordinator, who is tasked with receiving and reviewing requests for appropriateness according to the intent of the Interstate Compact Transfer Program. Requests for transfers to Tennessee are then forwarded to the appropriate regional mental health institute (RMHI) for clinical review. Requests for transfers from a RMHI to another state are sent to the compact administrator in the other state. Every consideration is given to the patient in order to transfer them to a Tennessee hospital if it is in their best interest. This also includes requests from U.S. Federal Prisons and Medical Centers.

- 6. Please provide a comparative listing of mental health patients transferred into and transferred out of Tennessee during fiscal years 2014 and to date in fiscal year 2015. Please state how many were transferred to or from mental health institutions and how many were transferred to or from community programs. How were actual and incidental costs of those transfers handled?**

ANSWER

See attached Report on Interstate Compact Transfers for FY14 and FY15 YTD. Costs are the responsibility of the sending state.

- 7. Please provide a comparative listing of developmentally disabled patients transferred onto and transferred out of Tennessee during fiscal years 2014 and to date in fiscal year 2015. Please state how many were transferred to or from developmental centers and how many were transferred to or from community programs. How were actual and incidental costs of those transfers handled?**

ANSWER

TDMHSAS does not coordinate transfers of individuals with intellectual or developmental disabilities to or from Tennessee. Please contact TN Dept. of Intellectual & Developmental Disabilities Services for this information.

- 8. Do the member states' compact administrators meet periodically? If so, how often have they met during fiscal year 2014 and to date in fiscal year 2015? What states were represented at these meetings? Are minutes kept? If so, by whom?**

ANSWER

Member states have not met during FY14 or FY15 YTD.

- 9. How is the compact funded? What were the compact's revenues (by source) and expenditures (by object) for fiscal year 2014 and to date in fiscal year 2015? What is the cost to Tennessee for the state to participate in the compact and what types of expenses are involved?**

ANSWER

There were no revenues from the compact transfer program. Expenses are generally related to transportation costs.

- 10. What reports are prepared in conjunction with the operations and activities of the compact and who receives the reports? Describe any reports and attach copies of reports issued during fiscal year 2014 and to date in fiscal year 2015?**

ANSWER

No reports have been prepared in conjunction with the operations and activities of the compact.

- 11. What rules have been promulgated regarding compact activities as authorized by Article X(b). Please cite the reference.**

ANSWER

No rules have been promulgated regarding compact activities as authorized by Article X(b) since September 2011.

12. Have any quantitative performance measures been developed for ensuring the compact is meeting its goals? (Please answer either yes or no). If quantitative performance measures have been developed, answer questions 13 through 20. If quantitative performance measures have not been developed, proceed directly to question 21.

ANSWER

No. No quantitative performance measures have been developed for the compact.

Questions 13 through 20 do not apply to TDMHSAS.

13. What are your key performance measures for ensuring the compact is meeting its goals? Describe so that someone unfamiliar with the program can understand what you are trying to measure and why it is important to the operation of your program.
14. What aspect[s] of the program are you measuring?
15. Who collects relevant data and how is this data collected (e.g., what types information systems and/or software programs are used) and how often is the data collected? List the specific resources (e.g., report, other document, database, customer survey) of the raw data used for the performance measure.
16. How is the actual performance measure calculated? If a specific mathematical formula is used, provide it. If possible, provide the calculations and supporting documentation detailing your process for arriving at the actual performance measure.
17. Is the reported performance measure result a real number or an estimate? If an estimate, explain why it is necessary to use an estimate. If an estimate, is the performance measure result recalculated, revised, and formally reported once the data for an actual calculation is available?
18. Who reviews the performance measures and associated data/calculations? Describe any process to verify that the measure and calculations are appropriate and accurate.
19. Are there written procedures related to collecting the data or calculating and reviewing/verifying the performance measure? Provide copies of any procedures.
20. Describe any concerns about the compact's performance measures and any changes or improvements you think need to be made in the process.

21. Provide an explanation of any items related to the compact that may require legislative attention, including your proposed legislative changes.

ANSWER

There are no items related to the compact that require legislative attention.

22. Should the compact be continued? To what extent and in what ways would the absence of the compact affect the public health, safety, or welfare of the citizens of the State of Tennessee?

ANSWER

Tennessee should continue participation in the compact to facilitate communication with other states relative to persons with mental illness who may leave or enter the state and require appropriate mental health care and treatment. The advantages of participation in the compact include more effective communication and care for persons with mental illness, the increased ability to assist in reuniting persons with mental illness with their families and support systems, and the efficient use of state resources, such as a centralized office setting, to assist in identifying persons with mental illness who may require transfer to or from another state. The disadvantages of participation in the compact include challenges regarding processing times required for completing clinical reviews and addressing differences between states in terms of commitment laws, and the costs associated with transporting patients to other states (these costs are covered by the RMHIs).

Tennessee's failure to participate in the compact could hinder collaboration efforts with other states to provide continued appropriate and meaningful support and care for Tennessee's residents with mental illness, who end up in other states. It could also mean a lack of communication and knowledge relative to mental health policies and procedures for transferring persons with mental illness across state lines.

23. Please list all compact programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

ANSWER

No compact programs or activities receive federal financial assistance.

If the compact does receive federal assistance, please answer questions 24 through 31. If the compact does not receive federal assistance, proceed directly to question 30.

Questions 24 through 29 do not apply to TDMHSAS.

24. Does the compact prepare a Title VI plan? If yes, please provide a copy of the most recent plan.
25. Does the compact have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.
26. To which state or federal agency (if any) does the compact report concerning Title VI? Please describe the information your compact submits to the state or federal government and/or provide a copy of the most recent report submitted.
27. Describe the compact's actions to ensure that association staff and clients/program participants understand the requirements of Title VI.
28. Describe the compact's actions to ensure it is meeting Title VI requirements. Specifically, describe any compact monitoring or tracking activities related to Title VI, and how frequently these activities occur.
29. Please describe the compact's procedures for handling Title VI complaints. Has the compact received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).

30. Please provide a breakdown of current compact staff by title, ethnicity, and gender.

ANSWER

E. Douglas Varney, Commissioner, TDMHSAS, white, male
Bruce Gilmore, Director of Hospital Services, TDMHSAS, white, male

31. Please list all compact contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

ANSWER

There are no contracts between TDMHSAS and outside providers relative to the Interstate Compact Transfer Program.