



Money Follows the (Whole) Person: Innovation in the Texas Behavioral Health Pilot

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Dena Stoner, Senior Policy Advisor, TX Department of State Health Services

Jessie Aric, Project Manager, TX Department of State Health Services

The Big Picture

- ▶ Texans with severe mental illness live 29 years less than other Americans and have more health problems earlier in life.¹
- ▶ Since 2001, over 46,000 Texans have returned home under the State's Money Follows the Person (MFP) program and federal demonstration grant.
- ▶ Nationally, the # of NF residents under age 65 with a primary diagnosis of MI is nearly three times that of older residents²

Money Follows the Person

- ▶ A Medicaid demonstration that enables individuals leaving institutions, such as nursing facilities, to access Medicaid funding for services and supports
- ▶ Texas pioneered the idea of MFP with a state-funded initiative, which preceded the federal demonstration
- ▶ 44 states, including Texas participate in the federally-funded MFP demonstration
- ▶ The Demonstration (MFPD) allows additional flexibility to test new ways to provide services and supports

MFP in Texas

- 1999 – Supreme Court *Olmstead* decision. Governor's order.
- 2001 – State legislation. Texas MFP begins
- 2005 – Congress authorizes national MFPD
- 2008 – State awarded federal grant. TX MFP Demonstration begins, including the Behavioral Health Pilot (BHP)
- 2010 – BH Pilot expands from the San Antonio area to Austin and additional counties
- 2015 – Texas develops plans to sustain Pilot interventions

Behavioral Health Pilot Goals

- ▶ Transition adults with mental illness and/or substance abuse disorders from nursing facilities to the community
- ▶ Successfully support individuals in the community by integrating behavioral health and substance use services with long term services and supports
- ▶ Create positive changes to the Medicaid system that address particular barriers faced by people with mental health and substance use conditions in relocating from nursing facilities
- ▶ The Pilot involves partnership between state agencies, state universities, local mental health authorities and others.

Relocation Issues: People with MHSA Conditions

- ▶ Cognitive challenges
- ▶ Societal prejudice
- ▶ Housing barriers (e.g., past forensic involvement)
- ▶ Lack of social and familial support
- ▶ Poverty
- ▶ Lack of transportation
- ▶ Multiple chronic health conditions (e.g., lung disease, diabetes, heart disease, cirrhosis, etc.)
- ▶ Substance abuse and addiction issues

Video: The Institutional Experience



Recovery Foundation

Belief in Recovery

- “You are capable.”
- “I believe in you.”

Individual is the expert

- They know their mind, body, and spirit best
- They know what is important to them

Collaborative Relationship

- “We’re in this together”
- “What do you think about . . .”

Emphasis on personal choice

- Person’s right to make their own decisions
- Goal is to support them in evaluating those decisions

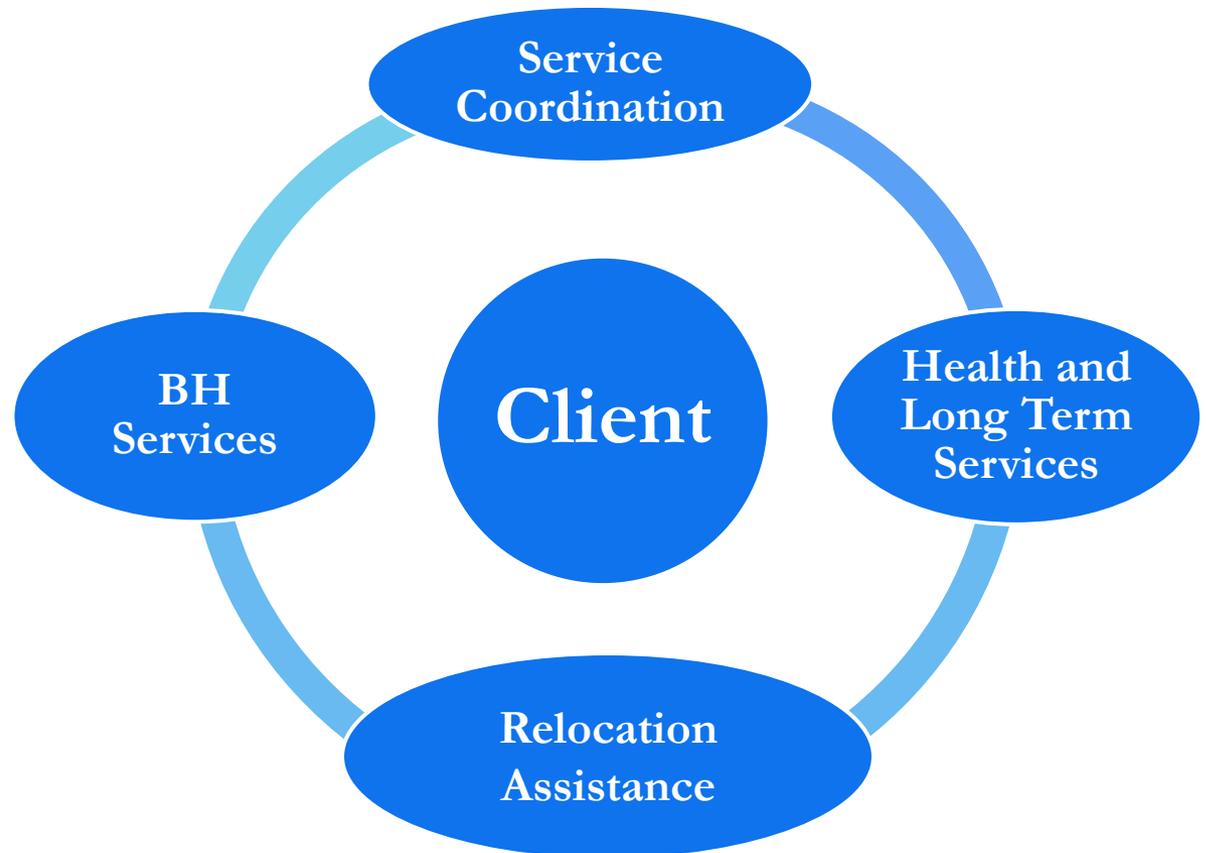
MFP Services with BH Pilot

Housing
Location
Assistance

Cognitive
Adaptation
Training

Substance
Use
Counseling

Employment
Assistance



Pilot BH Services: Duration

**Pre-
Transition
Services – up
to 6 months**

**Work with person
before discharge**



**Post-
Transition
Services –
1 year**

**Work with person
in home and community**



BHP Participant Characteristics

- ▶ Common Mental Health Issues
 - ▶ Depression (47%)
 - ▶ Bipolar disorder (17%)
 - ▶ Schizophrenia (10%)
- ▶ Many participants have 2+ mental health/SUD diagnoses.
- ▶ Substance abuse disorders (opioids, alcohol, tobacco, other drugs). **One-third** received services for a substance use disorder, although it was identified as a diagnosis for only **2%**
- ▶ All participants have lived in a nursing home at least three months and meet a nursing facility level of care.

Participant Characteristics

- ▶ From 27-89 -- average age 50-60
- ▶ Complex needs (mental, physical, social)
- ▶ High level of medical vulnerability
- ▶ Sense of self and problem-solving skills compromised by institutionalization

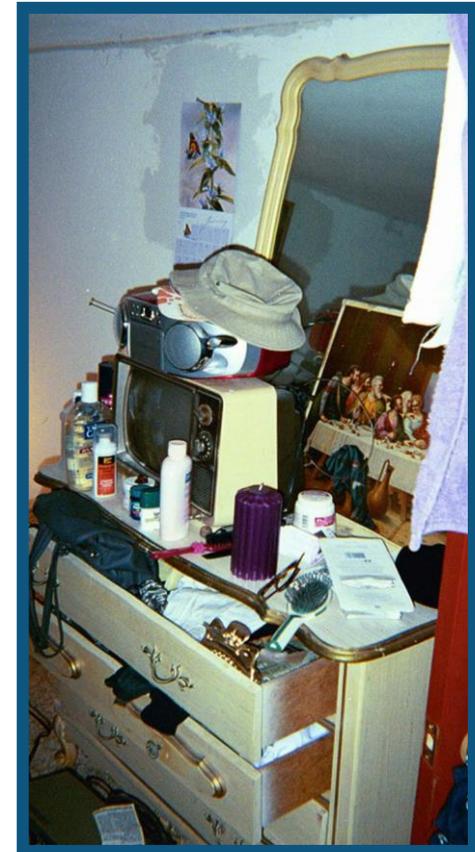
Cognitive Adaptation Training (CAT)

- ▶ Evidence-based psychosocial intervention
- ▶ Uses a motivational strengths perspective to facilitate a person's initiative and independence
- ▶ Provides environmental modifications to help people bypass challenges and organize their lives/homes to enable them to function independently

Cognitive Issues

- ▶ Individuals with severe mental illness may
 - ▶ Have difficulty getting started on an activity (seem apathetic), or
 - ▶ Become easily distracted, and thus have trouble focusing (disinhibited), or
 - ▶ Have a combination of these challenges

Distractions



Compensating, Not “Curing”

**Executive
Function**

**Attention
Memory**

**Psychomotor
Speed**

CAT

**Compensatory
Strategies,
Environmental
Supports**

**Performance
of ADLs**

**Social
Function**

**Occupational
Function**

CAT Intervention Categories

- ▶ Hygiene
- ▶ Medication Management
- ▶ Orientation
- ▶ Money Management
- ▶ Transportation
- ▶ Eating/Nutrition
- ▶ Cooking
- ▶ Toileting
- ▶ Dressing
- ▶ Housekeeping
- ▶ Social Skills
- ▶ Stress Management
- ▶ Vocational Skills

Basic Interventions



Choices

A.



B.



C.



D.

**BIG LETTERS
BIG NUMBERS**
2014 Calendar

SUN	MON	TUE	WED	THU	FRI	SAT						
DECEMBER 2013		FEBRUARY		1	2	3						
S	M	T	F	S	S	M	T	F	S			
1	2	3	4	5	6	7						
8	9	10	11	12	13	14						
15	16	17	18	19	20	21						
22	23	24	25	26	27	28						
29	30	31										
				NEW YEAR'S DAY		DAY AFTER NEW YEAR'S DAY (IND.)						
5	6	7	8	9	10	11						

Oversized grids with giant letters and numbers.
Easy for EVERYONE to read!

EARTH FRIENDLY

Dressing



Apathy

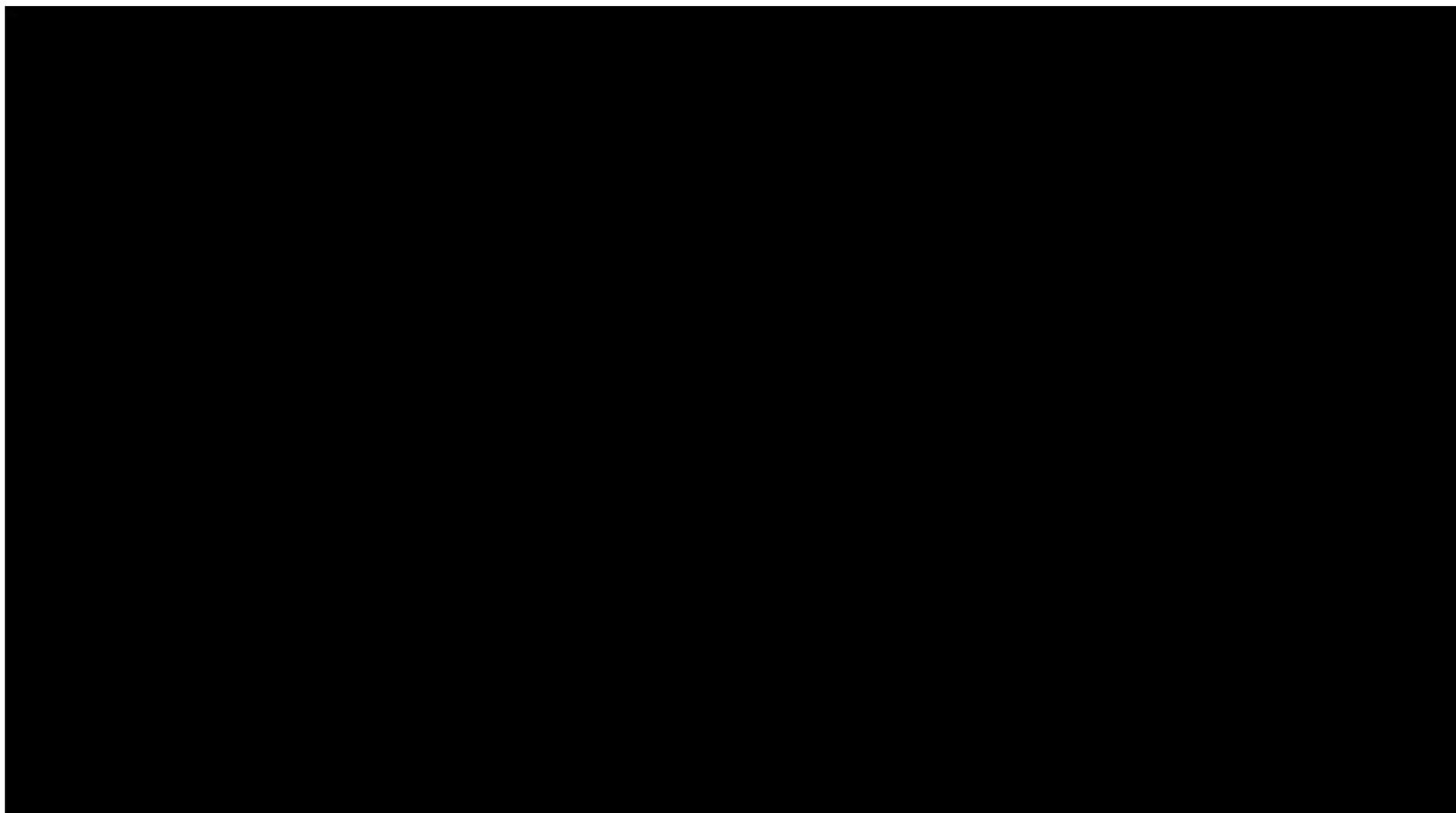


Disinhibition

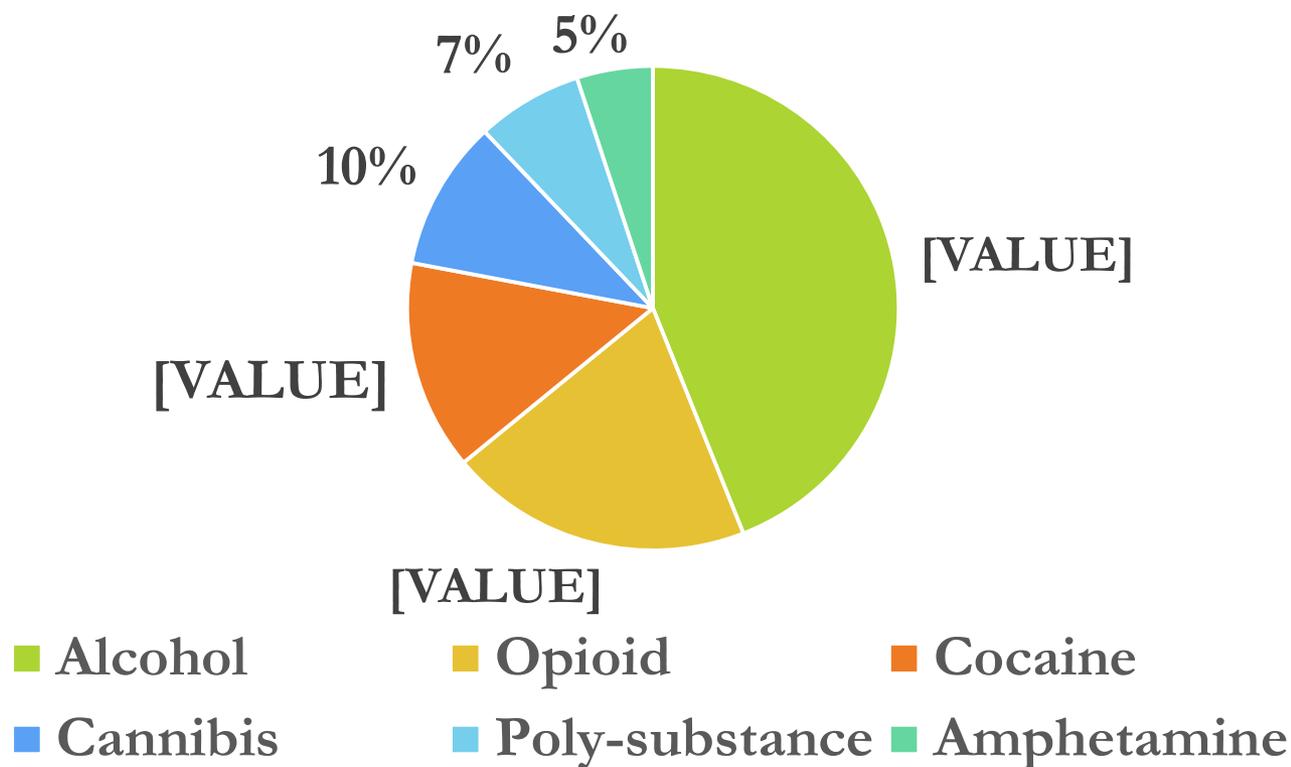


Mixed

Video – Recovery (Chris)



Substance Use Issues



*84% use tobacco / 45% have 2+ active SUDs

SUD Services



- ▶ Assessment and person-centered planning
- ▶ Individual or group substance abuse counseling
- ▶ Tobacco Cessation Counseling
- ▶ Motivational Interviewing
- ▶ Linkage and transportation to other community services (support groups, activities, etc.)
- ▶ Peer Specialists
- ▶ 24-hour On-Call Support
- ▶ Harm Reduction
- ▶ Team approach

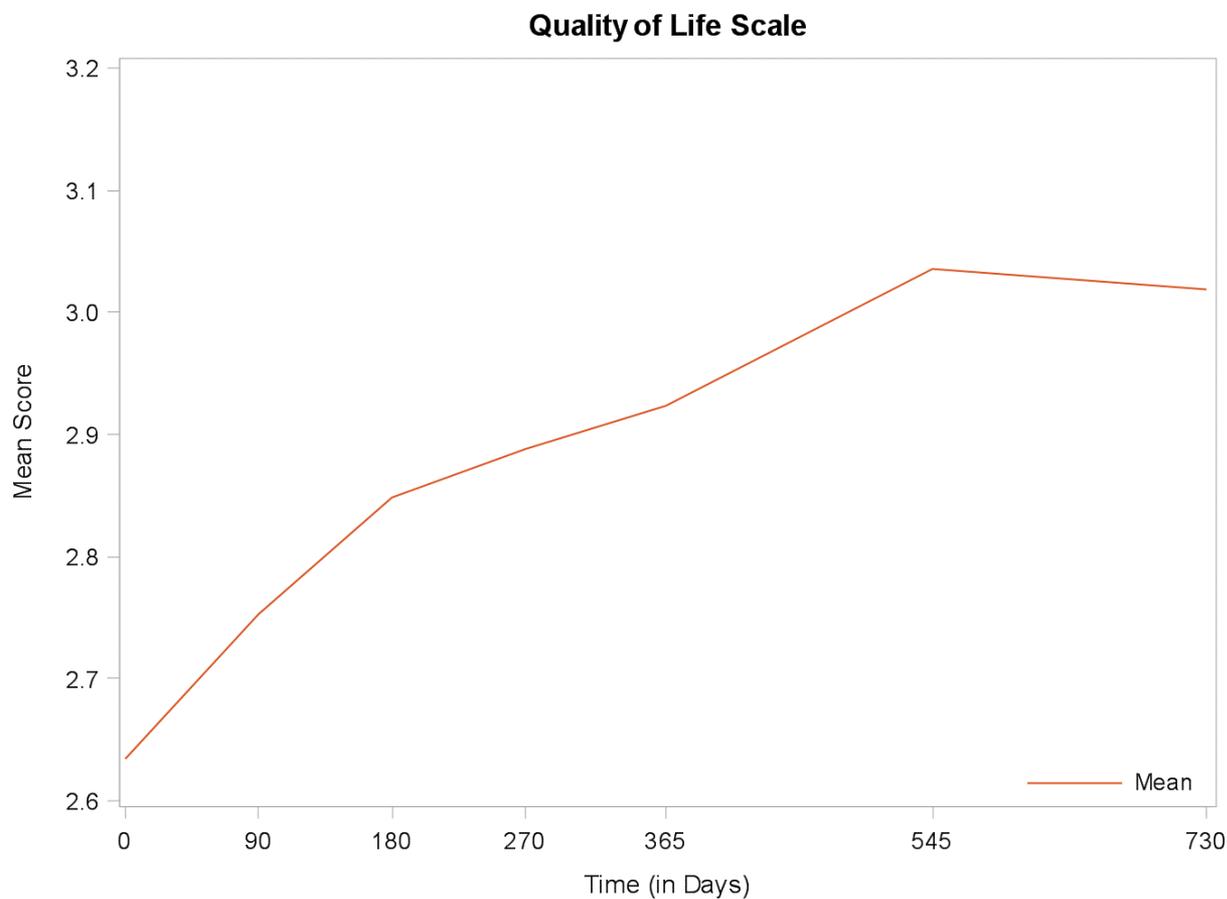
BHP Outcomes

- ▶ To date, more than 425 individuals have transitioned to the community from nursing facilities
- ▶ 70% of individuals in the pilot have successfully completed a year in the community. Over 65% have remained the community, for up to 7 years, thus far.
- ▶ Project findings have been recognized and published in national peer-reviewed and policy journals
- ▶ Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, getting a GED, teaching art classes, leading substance use peer support groups and working toward a college degree

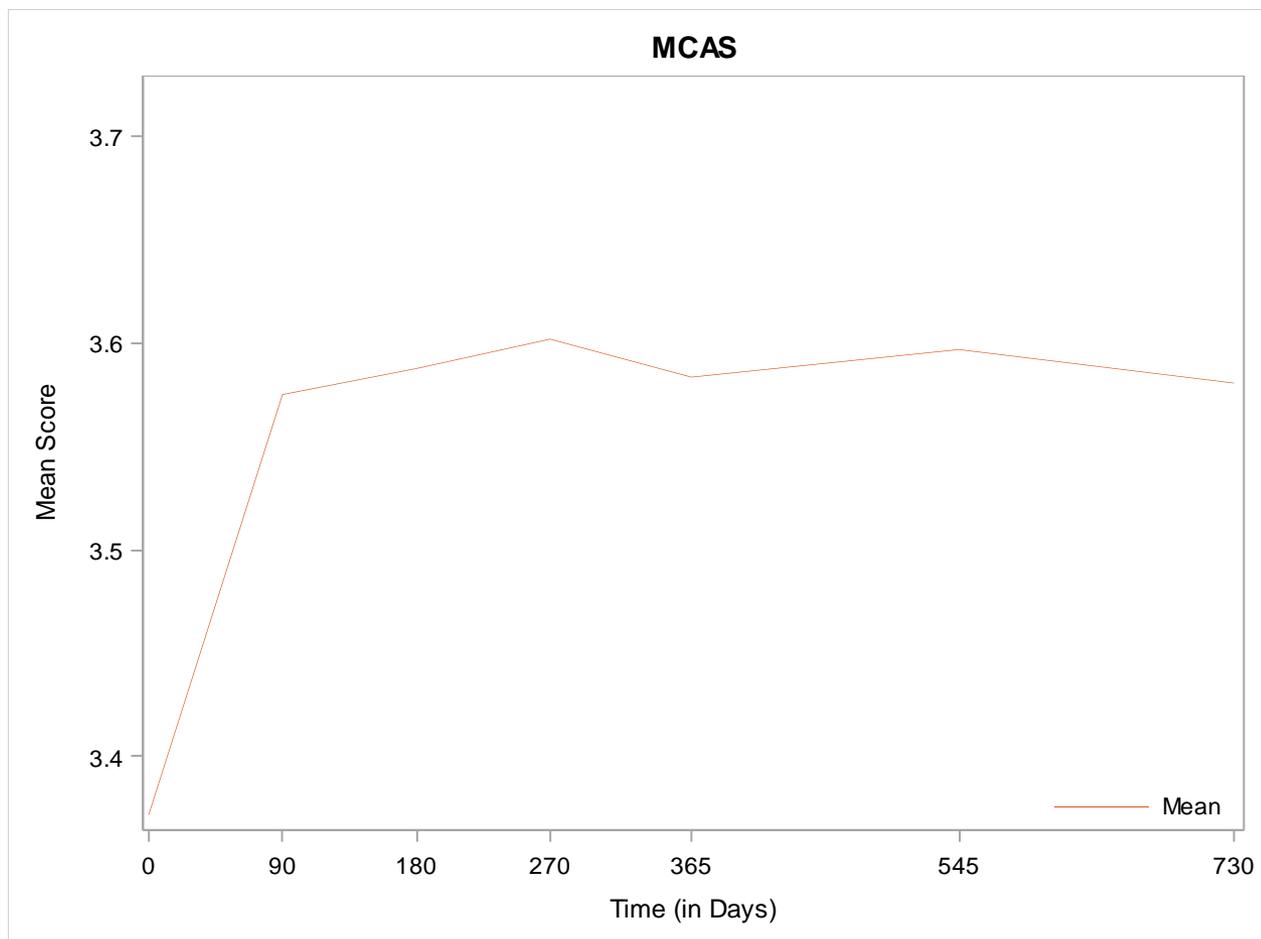
Qualitative Measures

- ▶ **Quality of Life Scale (QLS)** evaluates symptoms and functioning in areas such as interpersonal relations and routine daily activities
- ▶ **Multnomah Community Ability Scale (MCAS)** measures the functioning people with chronic mental illness who live in the community.
- ▶ **The Social and Occupational Functioning Assessment Scale (SOFAS)** measures an individual's level of social and occupational functioning resulting from mental and physical health issues.

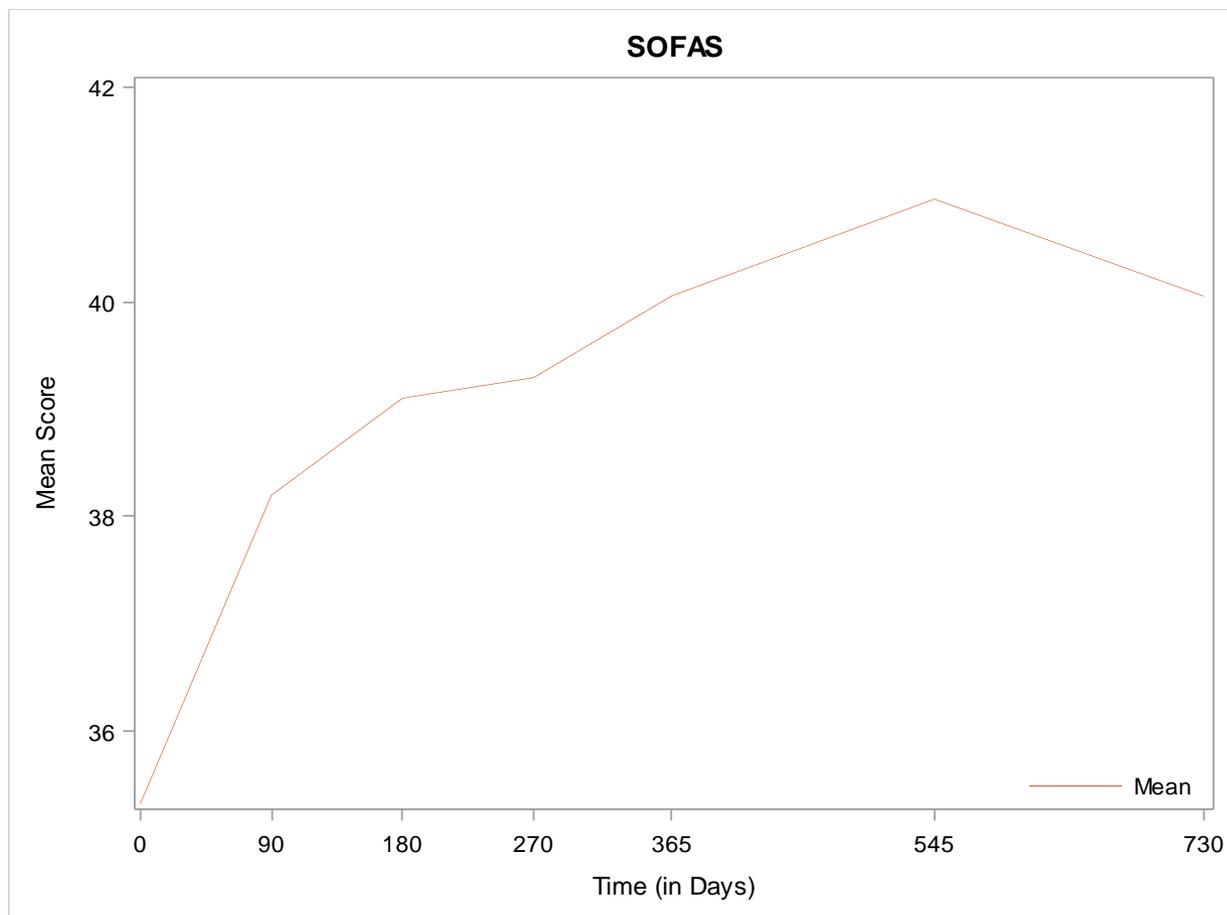
Quality of Life Scale Outcomes



Functional Outcomes: MCAS



Functional Outcomes: SOFAS



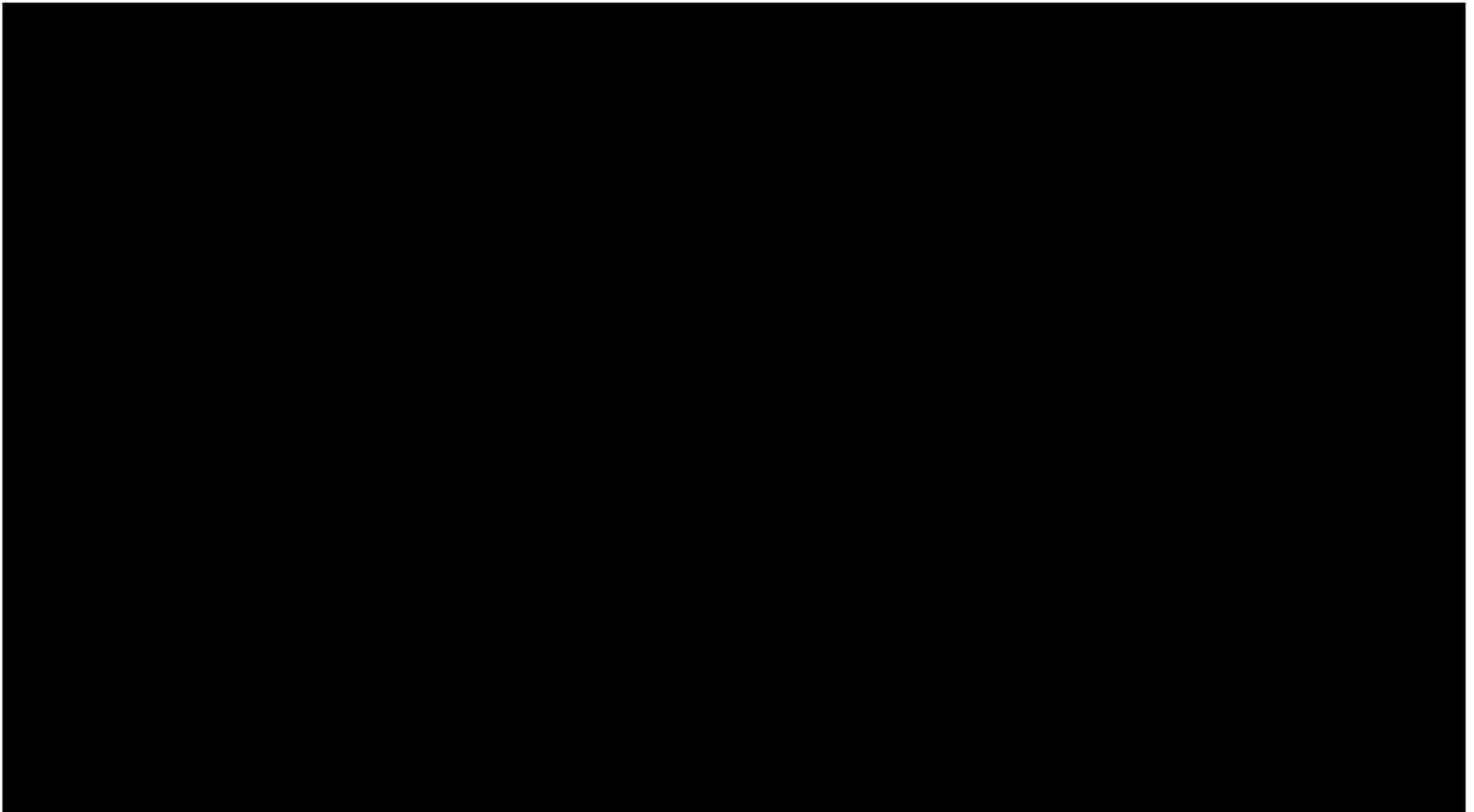
Potential Cost / Benefit

- Cost of living in the community under the BHP was 71% of the cost of living in a nursing facility
- It takes only 1.4 months of community residence to recover initial program costs.
- MFP systems are a good investment from both a human and economic perspective

Moving Forward

- ▶ Mental health and substance abuse services for people with severe illness and nursing facilities transitioned to managed care.
- ▶ 2016-2020: Establish and sustain successful BHP practices in the statewide integrated managed care system
 - ▶ Initiating a Center of Excellence at a state university to offer training and technical assistance to MCOs and their networks
 - ▶ Developing a learning community to share best practices

Video: A New Beginning





Jim

After three years in the nursing home, he has lived for five years in an apartment or house.

Poker player, Comic Fan, Volunteer & Fiance



Barb

After 30 months in a nursing home, she has lived in an apartment for 3 years.

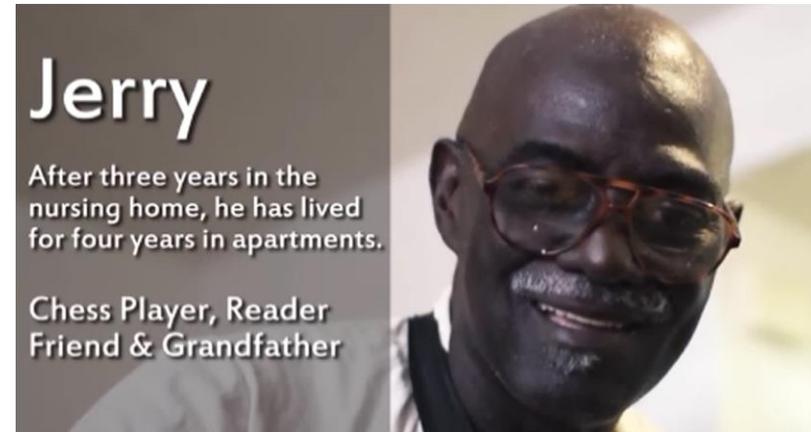
Life-long Artist & Teacher



Stone

After seven months in the nursing home, she has lived for three years in an apartment.

Artist, Student
Nature-Lover



Jerry

After three years in the nursing home, he has lived for four years in apartments.

Chess Player, Reader
Friend & Grandfather



Diane

After two years in the nursing home, she has lived for two years in an apartment.

Avid Reader, Cook
Sister & Girlfriend



Don

After 14 months in the nursing home, he has lived for four years in an apartment.

Student, Group Leader
Pastor in training

Questions & Contact Info

DSHS MFP: <https://www.dshs.state.tx.us/mhsa/MFP/>

Dena Stoner, Senior Policy Advisor

dena.stoner@hhsc.state.tx.us

(512) 206-5253

Jessie Aric, MFP Program Manager

Jessie.aric@hhsc.state.tx.us

(512) 206-5185