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# **It's Evident:**

**How Integration Supports Adopting  
Evidence-based Practices**

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**NAMD Fall Meeting  
November 7, 2017**

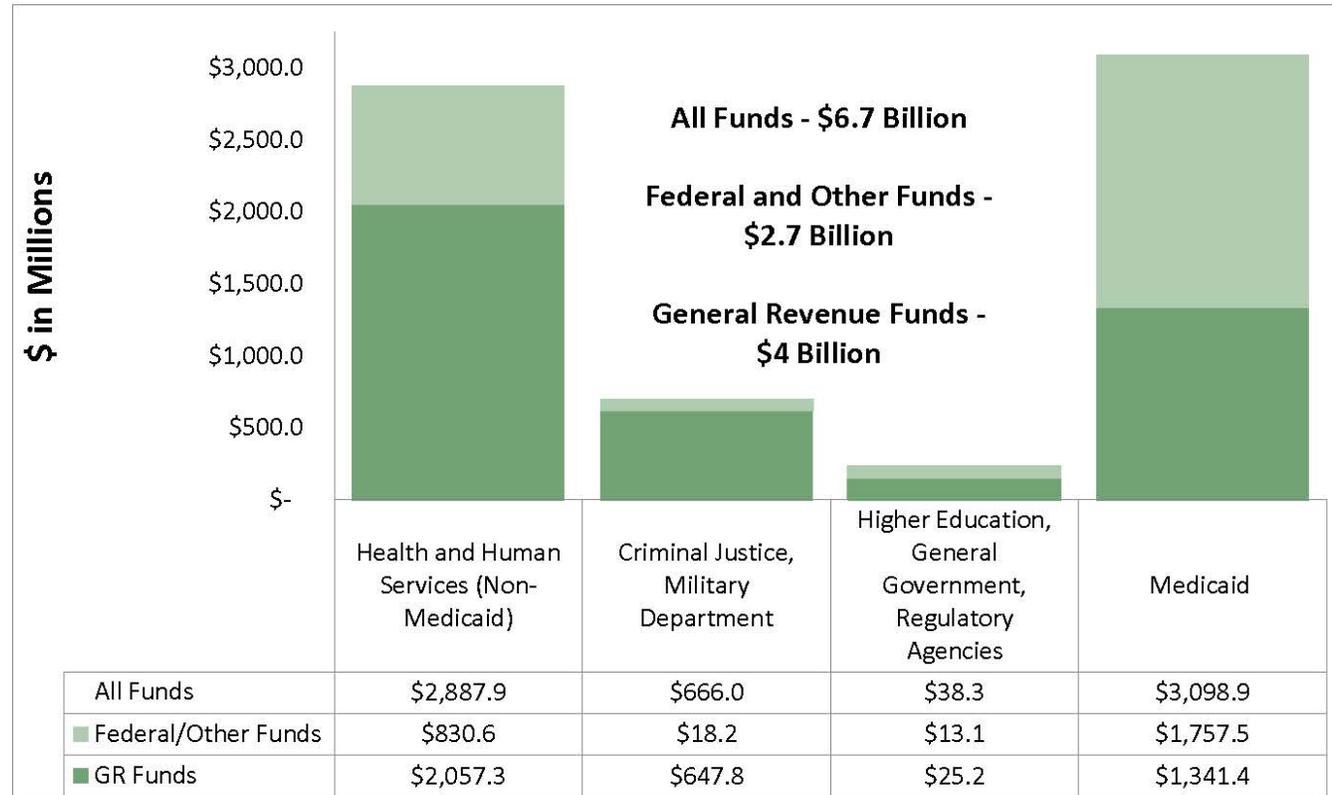
# Systems Integration



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# Behavioral Health Funding in Texas for Fiscal Years 2016-2017 by Program



**Notes:**

- Medicaid expenditures include all claims with a primary diagnosis code that represents a behavioral health condition.
- Estimates for Medicaid do not include Delivery System Reform Incentive Payment (DSRIP).
- Estimated fiscal years 2016 and 2017 Medicaid expenditures are proportioned from prior year's mental health costs to total costs, and applied to forecasted costs. NorthSTAR costs are included with DSHS in fiscal year 2016 and four months of fiscal year 2017 as appropriated.

# The Big Picture

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- Texans with severe mental illness live 29 years less than other Americans and have health problems earlier in life. <sup>1</sup>
- Higher preventable readmissions, emergency department visits.
- Nationally, the number of NF residents under 65 with a primary diagnosis of MI is nearly 3 times that of older residents. <sup>2</sup>

1. Lutterman T, Ganju V, Schacht L, Shaw R, Monihan K, et.al. Sixteen State Study on Mental Health Performance Measures. DHHS Publication No. (SMA) 03-3835. Rockville, MD: Center for Mental Health Services, Substance Abuse & Mental Health Services Administration, 2003
2. Bagchi, A.D., Simon, S.E. & Verdier, J.M. (2009). How many nursing home residents live with a mental illness? *Psychiatric Services*, 60(7), 958-964.



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# Parallel Evolution

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## Behavioral Health

- Recovery orientation
  - Evidence-based, **practice** improvement focus
  - Research partnerships with academic institutions

## Medicaid

- Increased emphasis on quality / value
- Metrics and standards, contractual requirements
- Internal resources (EQRO, etc.)



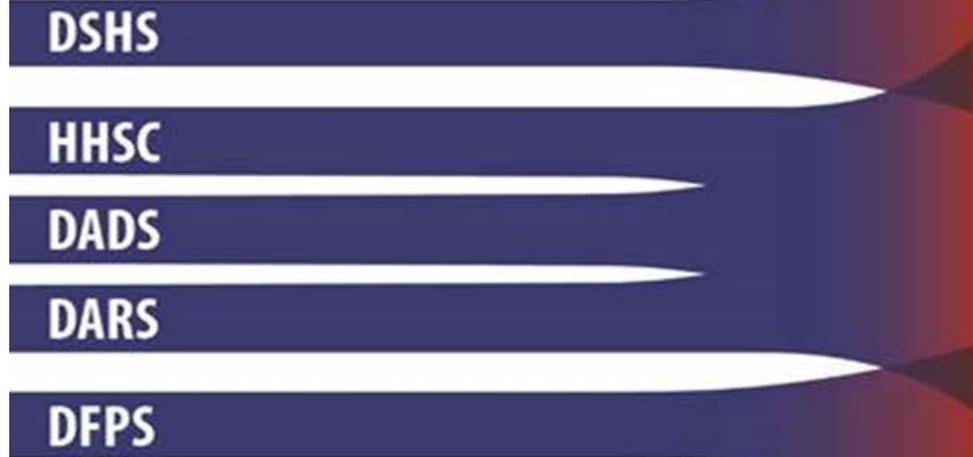
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# A Transformed HHS System

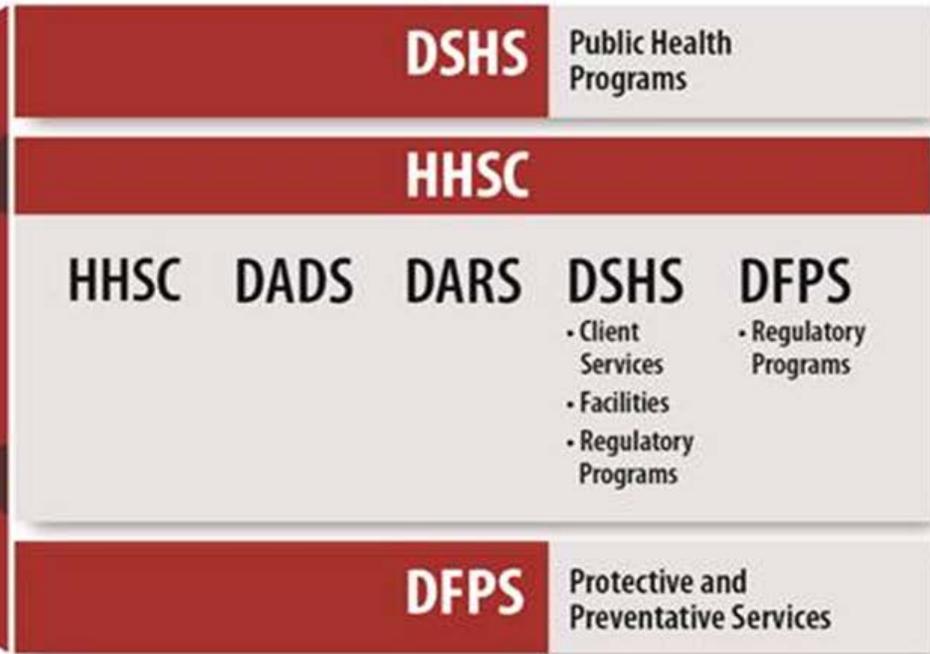


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## FY16 HHS System *(5 agencies)*



## FY18 HHS System *(3 agencies)*



# HHSC Behavioral Health

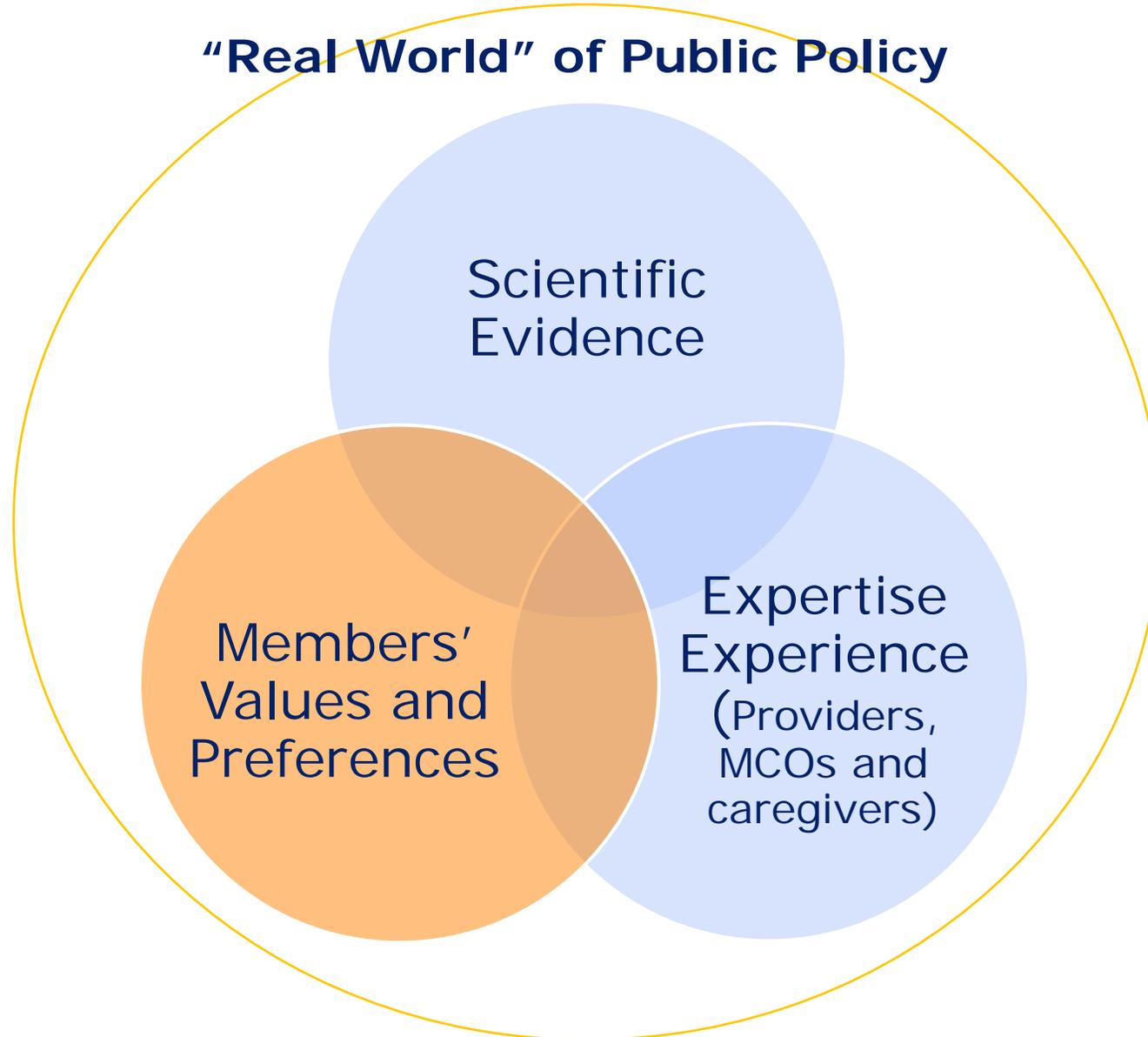


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# Evidence-based Practice

“Real World” of Public Policy



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# History of Collaboration

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- Longitudinal Demonstrations (e.g., Money follows the Person)
- Scientific Studies (large randomized trials)
  - Demonstration to Maintain Independence and Employment (DMIE)
  - Medicaid Incentives for Prevention of Chronic Disease (known as WIN in Texas)
- CMS funded grant opportunities



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# STAR+PLUS

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- The state's managed care program for adults who are aging or have disabilities.
- Integrates health, behavioral health, and long-term services and supports.
- Has **evolved** to include a broad range of **behavioral health services**
- Provides great opportunity for innovation



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# Money Follows the Person

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- Money Follows the Person Behavioral Health Pilot (BHP) 2008 – 2017 in central Texas
- Part of Texas' MFP Demonstration grant
- Partnership of Medicaid, Mental Health, Long Term Services and Supports (LTSS) agency, providers, state universities, MCOs
- Idea: Transition adults with mental illness and/or SUDs from nursing facilities to communities and help them succeed in their communities
- Strategy: Integrate evidence-based, recovery-focused behavioral health services (Cognitive Adaptation Training, SUD) into pre and post transition
- Goal: Create positive change to Medicaid system



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# BHP Outcomes

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- 475+ have transitioned to the community
- 70% completed a year in the community, per independent evaluation. Over 65% remained in the community, some for over eight years (2016 independent evaluation)
- Sustained improvements in function and quality of life
- 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
- Net Cost-benefit
- 2016-2020: Establish and sustain practices statewide via Center of Excellence and Learning Community



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# Wellness Incentives and Navigation (WIN)

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- Medicaid Incentives for Prevention of Chronic Disease Demonstration (CMS Grant)
- Randomized trial – 1600 in intervention, control, comparison groups (CMS grant)
- Tested whether personal wellness accounts and health care navigation help members with behavioral health conditions better manage chronic physical conditions.
- Partnership of MCOs, State MH agency, Medicaid, EQRO and community in Harris service area (Houston)
- Positive outcomes (improved physical and mental quality of life, significantly increased activation, net monetary benefit in quality-adjusted life years)



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# What is Self-Direction?

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- Provides the individual with more choice and control over purchasing health services and supports
  - Personal budget authority
  - Person-centered (recovery) planning process
  - Information and assistance (advisors, fiscal intermediaries)
- Funds may be used for:
  - in-network outpatient mental health services
  - out-of-network outpatient mental health services
  - non-traditional goods and services
- All purchases must be related to individual recovery goals



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# Medicaid Self-Direction

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- All states currently have at least one Medicaid program that allows for self-direction.<sup>1</sup>
- Self-directed Medicaid programs for people with a primary diagnosis of mental illness are rare, although nine states have, or are in the process of implementing, pilot programs.
- Texas Medicaid does not currently have a self-direction option for outpatient mental health services / people with SMI.



<sup>1</sup> Sciegaj, M., Mahoney, K. J., Schwartz, A. J., Simon-Rusinowitz, L., Selkow, I., & Loughlin, D. M. (2014).

# Dallas Project

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- Self direction was successfully piloted in the public mental health system in the Dallas service area (2009-2013).
- SDC was a randomized trial.
- Independently evaluated outcomes included:
  - Slightly lower outpatient mental health costs
  - Significantly lower costs for services such as inpatient psychiatric care, emergency room
  - Improved functioning
  - High satisfaction and engagement
  - Low misuse of funds



# STAR+PLUS

## SDC Development

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Integrated Resources of Behavioral Health, Medicaid and Mental Health Coordination

- Behavioral Health
  - Developed the concept, connections to acute and LTSS initiatives, leads the project
  - Contracts with academic institutions for independent evaluation and other functions
  - Obtained SAMHSA funding / support to:
    - Engage stakeholders in development
    - Analyze claims /encounter data (using EQRO)
    - Examine policy options
    - Participate in a national learning community



# Development, continued

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## Medicaid

- Adopted SDC as a Performance Improvement Project (PIP), which MCOs could choose to meet contractual requirements
- Executed MCO agreements in pilot service area
- Included SDC in the state's MFP sustainability plan
- **HHS system (Mental Health Coordination)**
  - Created SDC stakeholder advisory subcommittee of system-wide advisory group

**Result:** The PIP implements in late 2017 and, if successful, could inform systemic improvements to Medicaid managed care.



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# Integration Supports Innovation

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## Service Integration

- Increases incentives for collaboration, innovation
- Promotes data-driven decision-making

## Structural Integration

- Shared vision, planning, and resources
- Systemic emphasis on behavioral health
- Less structural impediments to data sharing, etc.
- More formal and informal communication
- More possibilities for lateral thinking

## Lessons

- Build on previous successes
- Leverage relationships (organizational, personal)
- Articulate innovation within existing goals, decision-making framework, and language of partners



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# Thank you

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