Money Follows the (Whole) Person

The Texas MFP Behavioral Health Pilot
The Big Picture

• Texans with severe mental illness live 29 years less than other Americans and have health problems earlier in life.\(^1\)

• Nationally, the number of NF residents under age 65 with a primary diagnosis of MI is nearly three times that of older residents \(^2\)

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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.

• The Demonstration (MFPD) allowed additional flexibility to test new ways to provide services and supports.
BHP Goals

• Transition adults with mental illness and/or substance use disorders (SUDs) from nursing facilities
• Address barriers for this population
• Better support individuals in their homes and communities
• Create positive changes to the Medicaid managed care system
Barriers

• Lack of social and familial support
• Lack of transportation
• Multiple chronic health conditions (e.g., lung disease, diabetes, heart disease, cirrhosis)
• Housing issues (e.g., past forensic involvement, poverty)
• Cognitive / functional challenges
• Substance abuse and addiction
Participant Characteristics

• Age range: 27-89, average age 50-60
• Complex (mental, physical, social)
• Mental Health Issues
  • Depression (47%)
  • Bipolar disorder (17%)
  • Schizophrenia (10%)
• Substance abuse disorders (SUDs) - opioids, alcohol, tobacco, other drugs
• Many had 2+ MH / SUD diagnoses
• Sense of self, problem-solving skills compromised by institutionalization
Pilot Structure

Behavioral Health Pilot Services
• Cognitive Adaptation Training (CAT)
• Substance use counseling
• Employment assistance
• Housing location assistance

MCO and Other Services
• Assessment and referral
• Service Coordination
• Health and LTSS
• Relocation Assistance
• Weekly team meetings (Pilot team, MCOs)
Pilot Service Duration

- Pre-Transition Services - up to 6 months
  - Before discharge

- Post-Transition Services - 1 year
  - In the community
Issues

• Individuals with SMI may:
  • Having difficulty getting started on an activity (seem apathetic), or
  • Becoming easily distracted, and thus having trouble focusing (disinhibited), or
  • Have a combination of challenges
Distractions
Cognitive Adaptation Training (CAT)

- Evidence-based psychosocial intervention
- Motivational strengths perspective facilitates initiative and independence
- Provides environmental modifications to help people bypass challenges
- Enables people to organize their lives/homes to function independently
Compensating, Not “Curing”

- Executive Function
- Attention/Memory
- Psychomotor Speed

Compensatory Strategies

Environmental Supports

CAT

- Performance of ADLs
- Social Function
- Occupational Function

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## Intervention Categories

<table>
<thead>
<tr>
<th>CAT Interventions</th>
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<tbody>
<tr>
<td><strong>Bathing</strong></td>
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<tr>
<td><strong>Dressing</strong></td>
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<tr>
<td><strong>Dental Hygiene</strong></td>
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<tr>
<td><strong>Orientation</strong></td>
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<tr>
<td><strong>Work/Vocational Skills</strong></td>
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<tr>
<td><strong>Social Skills, Communication and Telephone Use</strong></td>
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<tr>
<td><strong>Eating, Nutrition and Cooking</strong></td>
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<tr>
<td><strong>Medication Management</strong></td>
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# Basic Interventions

## Sam's Daily Checklist

<table>
<thead>
<tr>
<th>MON 12/1</th>
<th>TUE 12/2</th>
<th>WED 12/3</th>
<th>THU 12/4</th>
<th>FRI 12/5</th>
<th>SAT 12/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge phone</td>
<td>Use Deodorant</td>
<td>Put on shoes</td>
<td>Put on clean shirt</td>
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Dressing

Apathy

Disinhibition

Mixed
SUD Services

• Assessment and person-centered planning
• Individual or group counseling
• Tobacco cessation counseling
• Motivational Interviewing
• Linkage / transportation to local services
• Peer Specialists
• 24-hour On-Call Support
• Harm Reduction

• One-third received services for SUD, although SUDs were initially identified for only 2%
BHP Outcomes

• 450+ individuals have transitioned to the community
• 70% successfully completed a year in the community and over 65% remain in the community to date
• 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 (QLS)

Community Ability (MCAS)

Social & Occupational Functioning
Cost Benefit

• Cost of living in the community is a fraction of nursing facility costs
• It takes only a few months of community residence to recover initial program costs
• MFP systems are a good investment from both a human and state 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 managed care system
  • Initiating a Center of Excellence at a state university to offer training and technical assistance to MCOs and their provider networks
  • Developing learning community
Thank you

https://www.dshs.state.tx.us/mhsa/MFP/

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