

## Finding Your Center of Excellence: Implementing Best Practices

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## **Innovation Strategy**

- Identify opportunities to improve behavioral health programs, policies, and practices.
- Create, develop, manage, and evaluate innovative and highly technical projects involving federal, state, and other partners.
- Disseminate and sustain evidence-based best practices to promote independence and recovery.



#### **Evidence-based Practices**

- Translate and apply scientific evidence into daily healthcare practice.
- Can be tailored to members' individual needs, preferences and cultural values.
- Include specific practices and procedures which, when closely followed, (with fidelity to the model), can improve desired outcomes.



## Why It Matters

- Evidence-based practices are crucial to improving members' health and well-being.
- Effective practices can increase efficiency and reduce costs.
- Centers of Excellence (COEs) play a key role in developing and disseminating best practices.
- Best practices can save lives and dollars.



# TEXAS Health and Human Services

### **Texas Context**

- An integrated HHS system, including mental health, substance use, Medicaid, aging, and disability-related services.
- A capitated Medicaid managed care system.
- Medicaid is the largest single funding source for public behavioral health in Texas (44 percent).
- STAR+PLUS:
  - Texas' managed care program for adults who are aging or have disabilities
  - Includes health, behavioral health, and long-term services
  - ▶ 52 percent of members are dually eligible
  - An environment conducive to integration and innovation

Sources: 2021 funding - State of Texas, Legislative Budget Board. (2019). 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019; Dual eligible enrollment - HHS Medicaid /CHIP Division



## **Convergent Thinking**

#### **Behavioral Health**

- Evidence-based, *person-centered* focus
- Research partnerships with academic institutions
- Recovery orientation—personal wellness, selfdirected life, fulfilling one's potential

#### **Medicaid**

- Increased emphasis on quality measures, quality initiatives, and value-based purchasing
- Home and Community-based values and practices
- Data-driven decision making
- Non-medical drivers of health

#### Non-Medical Drivers of Health (NMDOH)





The conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes

#### Non-Medical Drivers of Health Action Plan



#### **Priorities**







#### Goals



A) Build data infrastructure



**B)** Coordinate services



C) Develop policies and programs



D) Support collaboration



### **Person-Centered Practice**

#### **Individual Level**

- Engaging the person to actively participate in their recovery planning.
- Enabling the person to have control over environment, decisions and resources.

#### **Systems Level**

 Implementing organizational requirements that support person-centered practices.

## The Impetus to Evidence

- The value proposition
- Needs versus capacity of healthcare system

#### CONSIDERING HEALTH SPENDING

By David Wamble, Michael Ciarametaro, Katherine Houghton, Mayank Ajmera, and Robert W. Dubois

#### CONSIDERING HEALTH SPENDING

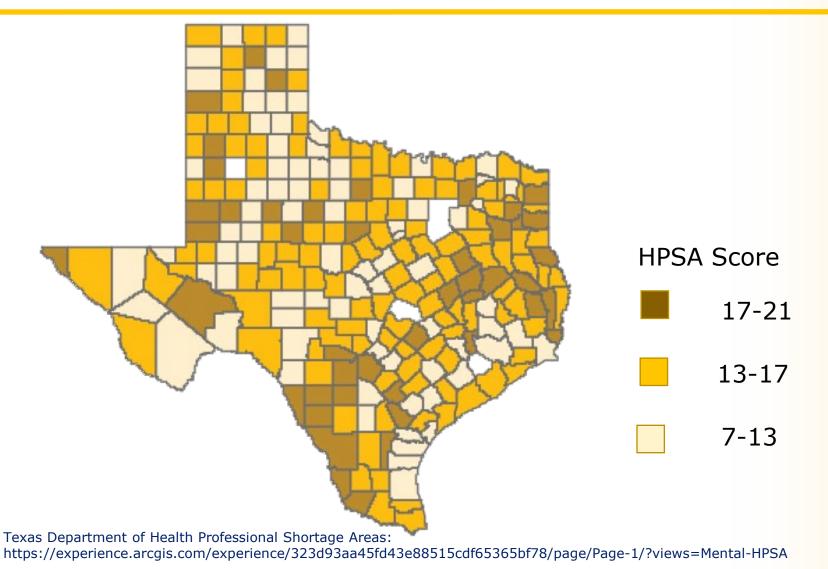
What's Been The Bang For The Buck? Cost-Effectiveness Of Health Care Spending Across Selected Conditions In The US

ABSTRACT The continued rise in health care spending has led to an intense debate among policy makers and other health care stakeholders on how to best manage increasing costs, leading to a focus on cost increases with little consideration of the associated change in outcomes. We identified the extent to which increased medical intervention spending on seven prevalent chronic conditions in the US over a twenty-year period has been a good investment. The results provide disease-level cost-effectiveness ratios for comparing changes in medical care spending to changes in health outcomes for patients diagnosed with one of the conditions. This study has two key findings: First, dollars spent on medical care can be a source of high value creation, and such investment should continue. Second, significant variability in value exists across diseases, which highlights the need for disease-specific spending approaches.



## Mental Health Professional Shortage Areas







## Implementing Best Practices

- What is the issue, in concrete, measurable terms?
- Who cares and why? Who are our potential partners? How would they articulate the issue or need? How can we build a partnership? What can partners contribute?
- What is the environment (political, policy, fiscal, organizational, cultural)? What opportunities does it afford? What are the challenges?
- Is there evidence of a potential solution to the issue? Does it need further testing? Does it need to be adapted to work in a different environment? What will testing cost and how will we fund it?
- How will we communicate and sustain solutions?



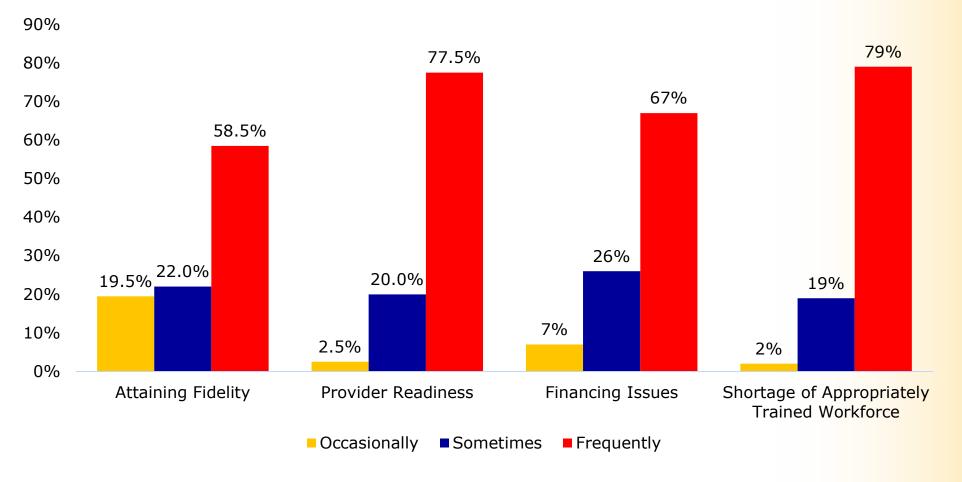
Services

## Challenges to Change

- Varying organizational cultures
- Large, geographically, culturally, and demographically diverse environments
- Inertia, aversion to perceived risk
- Complex and/or lengthy change processes at the state and federal level
- Implicit and explicit beliefs
- Lack of awareness, knowledge, skills

## **Barriers to Adopting EBPs**







### **National Trends**

- States' Mental Heath Authorities serve millions of adults with serious mental illness (SMI) and children with serious emotional disturbance.
- States are promoting EBPs through contract requirements, training, technical assistance (TA), public recognition, and financial incentives.
- EBPs often address non-medical drivers of health (e.g., housing, employment), as well as clinical and rehabilitative practices.
- States fund implementation of EBPs through federal, state and other sources.

Source: National Research Institute, Provision and Funding of Evidence-based Practices, State Profiles 2021-22. Accessed at: <a href="https://example.com/Provision-based-based-practices">Provision and Funding of Evidence-Based Practices (nri-inc.org)</a>

# TEXAS Health and Human Services

## Partnering to Excel

- Most states work with university partners and their COEs to implement, evaluate, and sustain practices.
- These partnerships provide flexibility, expertise, and independent evaluation of progress.
- Examples include:
  - Connecticut UConn Research Division, Yale Program for Recovery and Community Health
  - Louisiana Center for Evidence to Practice Hub
  - Maryland Behavioral Health Systems Improvement Collaboration
  - Missouri Children's Trauma Network
  - Texas International Center of Evidence in EBPs, Texas
     Institute for Mental Health Excellence

# TEXAS Health and Human Services

## The Big Picture

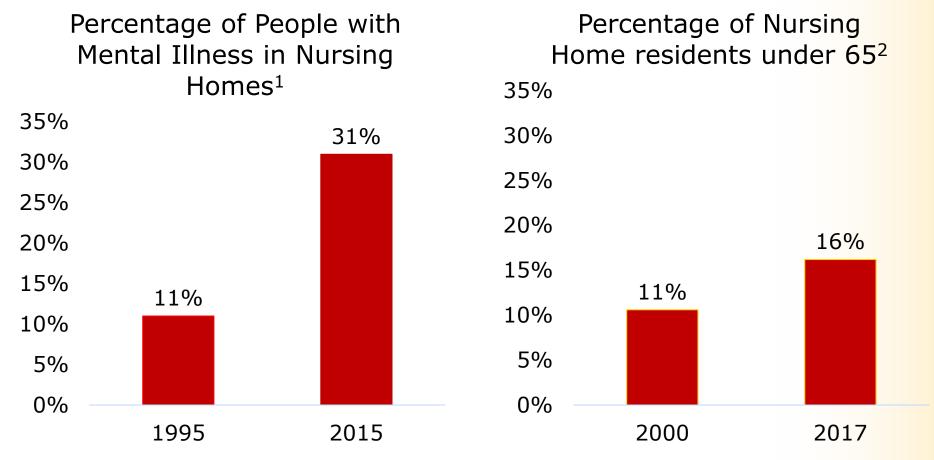
- Texans with SMI live 29 years less than other Americans and have chronic health problems earlier in life.<sup>1</sup>
- The percentage of Americans with mental illness in nursing facilities has grown significantly.<sup>2</sup>
- The prevalence of SMI among nursing facility residents nationally greatly exceeds SMI prevalence in the general population, especially for people under 65.3

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. Fashaw SA, Thomas KS, McCreedy E, Mor V. Thirty-year trends in nursing home composition and quality since the passage of the Omnibus Reconciliation Act. J Am Med Dir Assoc. 2020;21(2):233–9.
- 3.Laws MB, Beeman A, Haigh S, Wilson IB, Shield RR. Prevalence of serious mental illness and under 65 population in nursing homes continues to grow. J Am Med Dir Assoc. 2022;23(7):1262–3

## Age and Mental Health of Nursing Home Residents over time



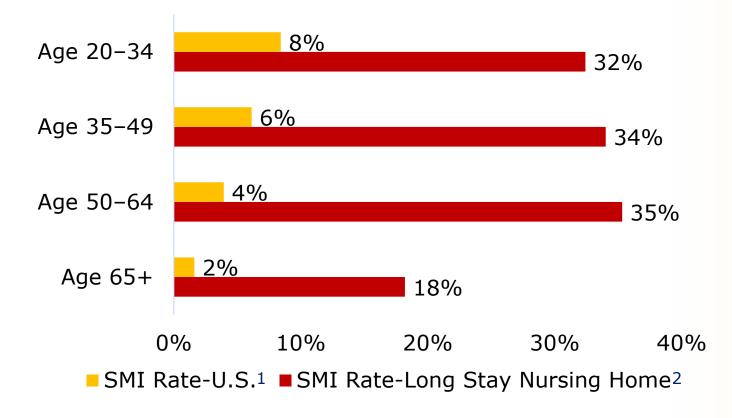


<sup>1.</sup> Fashaw SA, Thomas KS, McCreedy E, Mor V. Thirty-year trends in nursing home composition and quality since the passage of the Omnibus Reconciliation Act. J Am Med Dir Assoc. 2020;21(2):233–9.

<sup>2.</sup> Laws MB, Beeman A, Haigh S, Wilson IB, Shield RR. Prevalence of serious mental illness and under 65 population in nursing homes continues to grow. J Am Med Dir Assoc. 2022;23(7):1262–3

#### SMI Prevalence by Age: General Population vs Nursing Facilities





<sup>1.</sup>SMI Rate in the US from: Substance Abuse and Mental Health Services Administration, 2019 National Survey on Drug Use and Health Detailed Tables. <a href="https://pdas.samhsa.gov/#/survey/NSDUH-2019-DS0001?column=SMIYR">https://pdas.samhsa.gov/#/survey/NSDUH-2019-DS0001?column=SMIYR U&results received=true&row=AGE2&run chisq=false&weight=ANALWT C</a>
2. SMI Rate in Nursing Home from: Nursing home population in the graph: Ne'eman A. , Stein M. , and Grabowski D. Nursing Home Residents Younger Than Age Sixty-Five Are Unique And Would Benefit From Targeted Policy Making Health Affairs 2022: 41, 10 https://doi.org/10.1377/hlthaff.2022.00548



## Issues for People with SMI

- Have difficulty getting started on an activity
- Become easily distracted and have trouble focusing to complete activities (disinhibited)
- Sense of self and problem-solving skills compromised by living in an institution, such as a nursing facility
- Memory, attention and executive function challenges make it difficult to manage day to day activities

Texas implemented a Behavioral Health Pilot (BHP) under the Federal Money Follows the Person Demonstration to address these issues.

#### Money Follows the Person (MFP):

#### The Behavioral Health Pilot (BHP) Experience







## **Pilot Partnerships**

#### **Managed Care Plans**

- Assessment and referral
- Service Coordination
- Health and LTSS
- Relocation Assistance

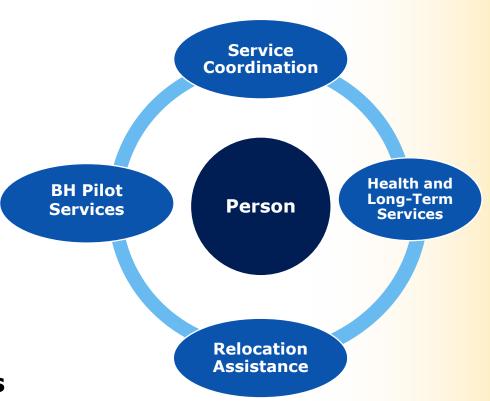
#### **University COEs**

- Training, TA
- Interventions:
  - Cognitive Adaptation Training
  - Substance use treatment
  - Employment assistance
- Independent evaluation

#### **Local Mental Health Authorities**

Interventions

**Relocation Contractors (Housing)** 



## **BHP Outcomes**

- 450+ transitioned to the community.
- 70 percent completed a year in the community, per independent evaluation.
- Over 65 percent remained in the community.
- Sustained improvement in social and occupational functioning, community ability, and quality of life.
- Examples of increased independence included work at competitive wages, driving, volunteering, getting an education, and leading peer support groups.
- Net Medicaid savings of \$24.5 million.



# Money Follows the Person: Moving Forward

- Behavioral health, relocation, and nursing facility services transitioned to MCOs.
- 2018-present: Sustaining Gains
  - ► MCOs and LTSS providers training and technical assistance from International Center on Excellence in Evidence Based Practices
  - Capacity building projects (nursing facility and psychiatric hospital transitions)
  - Developing a common data set
  - Behavioral Health Community Transition initiative –data analysis and state policy /or procedural changes



## (More Than) Parts of Us are Excellent





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## Thank You

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