

***Empowerment:
From Evidence to Practice***

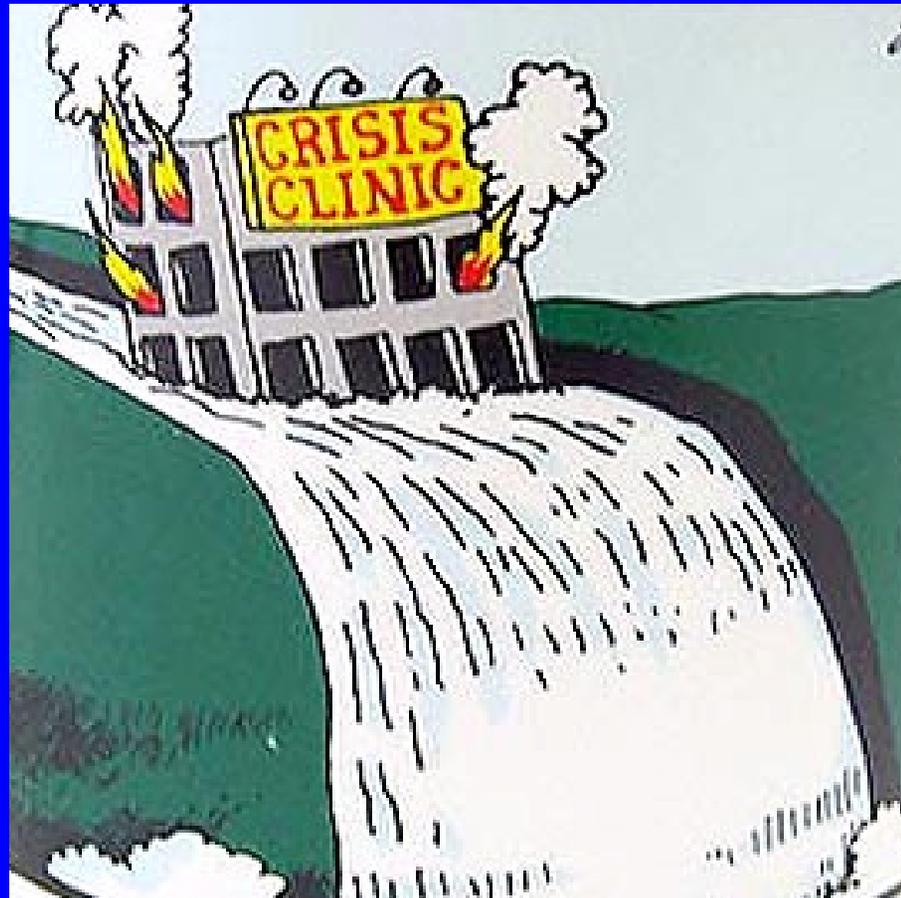


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State Health Services

- Texas behavioral health (mental health and substance use treatment) authority and Public Health authority
- Strong interest in integrating health, mental health and other services
- Values:
 - using research to improve outcomes
 - empowering the person to recover

Research to Practice: Challenges



Real World Challenges

- Recruiting participants
- Implementing interventions in existing systems of care (resistance, lack of infrastructure, support and training)
- Need to adapt research-based interventions to different populations
- Usually a short time in which to demonstrate results from projects / studies
- Empowerment may be threatening or foreign to some traditional service systems

Why Do It?

- We can't afford to guess what works.
- We need to do a better job overall.
- Evidence suggests that motivation and empowerment are keys to independence.



Evidence to Practice Pilots

- Money Follows the Person, Working Well, Consumer Directed Services
- Focus on people with mental health and / or substance use disorders
- Use evidence-based approaches and / or rigorous experimental design
- Help empower people to take charge of their lives and futures

Money Follows the Person (MFP)

- Texas leads the nation in helping people leave nursing facilities and return to the community
- Over 20,000 Texans have returned home under the State's program and the national demonstration inspired by the Texas program
- Despite this impressive achievement, many people with mental health and substance abuse disorders remain in nursing facilities

Mike

- Schizoaffective disorder
- Insulin dependent diabetes
- Street drug and alcohol addiction
- Emaciated and physically debilitated
- Lacked social, living skills and family supports
- Considered a “behavior problem”
- In and out of nursing facilities or homeless for most of his adult life



Current Reality

- People with severe mental illness live 25 yrs less, on average, than other Americans and have more health problems earlier in life.¹
- National data indicates that large numbers of nursing facility residents have a primary diagnosis of mental illness, with a disproportionate number being under the age of 65.²
- In 2007, over 7,000 Texas nursing facility residents were former clients of the public mental health and / or substance abuse system.³
- Nursing facilities are not optimal environments for treatment of / recovery from mental illness. For example, administration of antipsychotic medication often violates quality guidelines.⁴

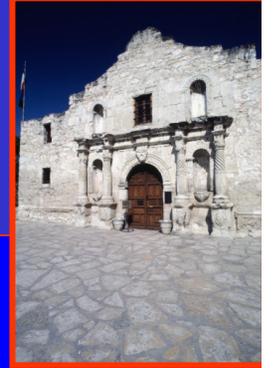
1. Lutterman T, Ganju V, Schacht L, Shaw R, Monihan K, et al. Sixteen State Study on Mental Health Performance Measures. DHHS Publication No. (SMA) 03-3835. Rockville, MD: Center for Mental Health Services, Substance Abuse & Mental Health Services Administration; 2003.

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.

3. Texas Department of State Health Services and Texas Department of Aging and Disability Services (2007). Data match showing prevalence of former DSHS clients in DADS licensed nursing facilities.

4. Blank, Jeffrey (2009). Persons with Mental Illness in Nursing Homes: Placement and Quality of Treatment. SAMHSA Presentation to National Home and Community-based Services Conference.

Behavioral Health Pilot



- Goals:
 - Transition adults with severe mental illness and/or substance abuse disorders from nursing facilities to the community
 - Successfully support individuals in the community by integrating evidence-based mental health and substance abuse services with long term care services and supports
- Pilot began April 2008 and will conclude in 2016

Partnership

- **State (long term care, Medicaid and mental health):**
 - state match, administration, oversight
 - BH Pilot services (via contract with local MH Authority)
 - Community –based long term and acute services via Medicaid (STAR+PLUS) HMO.
- **UT Health Science Center in San Antonio.**
 - Developed and demonstrated value of evidence-based rehabilitative interventions
 - Provides technical assistance, training and evaluation to adapt these interventions to the MFP world.

Pilot Scope



- Includes adults with mental health or substance abuse conditions and functional limitations who have resided in an institution for at least 3 months.
- In **addition** to existing long term care and relocation services, BH Pilot services are available for participants:
 - Substance abuse services
 - Cognitive Adaptation Training (CAT)

Service Period



- Pilot services provided to the participant while still in the nursing facility (up to six months before discharge) to:
 - Begin development of therapeutic relationship
 - Help choose the community residence and accomplish relocation (housing voucher paperwork, physically visiting potential residences)
 - Identify potential triggers in the community for drug or alcohol abuse
- Pilot services are provided up to 365 days after discharge

Substance Abuse Services



- Assessment by a Licensed Chemical Dependency Counselor to determine the presence and/or severity of addiction; substance abuse or substance dependence.
- Community-based individual or group substance abuse counseling
- Linkage and transportation to other community services (Narcotics Anonymous, Alcoholics Anonymous, etc.)
- Recovery Support Peer Specialist

SA Recovery Support Specialist

- Makes home visits to check on ongoing welfare and progress of participant;
- Provides transportation to and from AA/NA/CA and Recovery Support Group meetings ; and
- Helps participants keep their appointments for services including medical, psychiatric, food stamps, etc.

Customizing Service



- Services are provided in the nursing home, person's home or therapist's office (transportation available)
- Recovery Support Group: twice weekly in the community (transportation available)

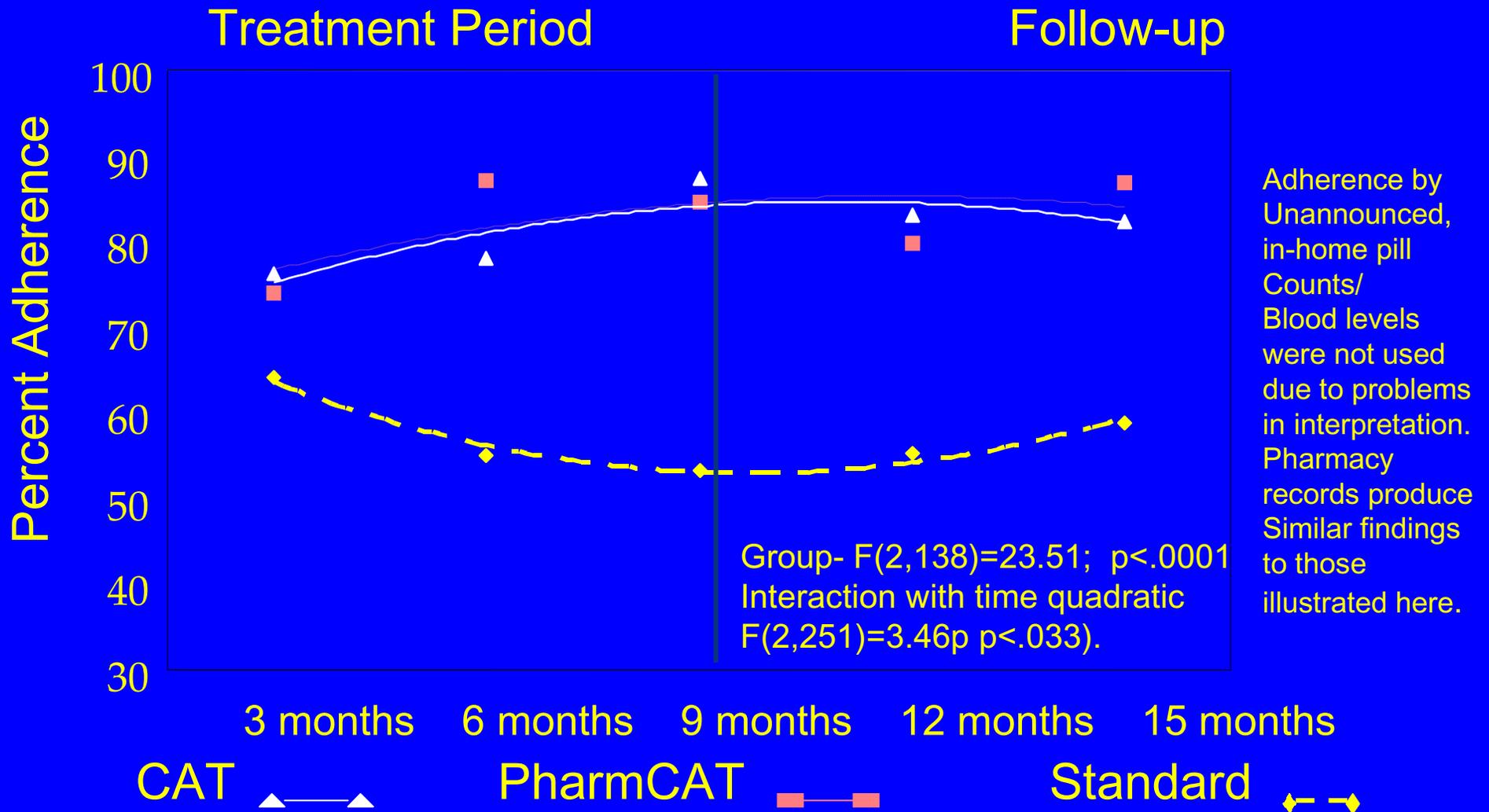
Cognitive Adaptation Training

- Empowerment-based intervention that helps individuals master skills of independent living
- Uses a motivational strengths perspective to facilitate person's initiative and independence
- Provides assistance and simple, inexpensive environmental modifications (calendars, clocks, signs, organizers...) to help people establish daily routines, organize environment and function independently

The Science of CAT

- Devised by the University of Texas Health Science Center at San Antonio
- Adapts rehabilitation techniques for use with people who have severe mental illness
- Originally developed for people with Schizophrenia
- Tested / assessed in randomized controlled trials

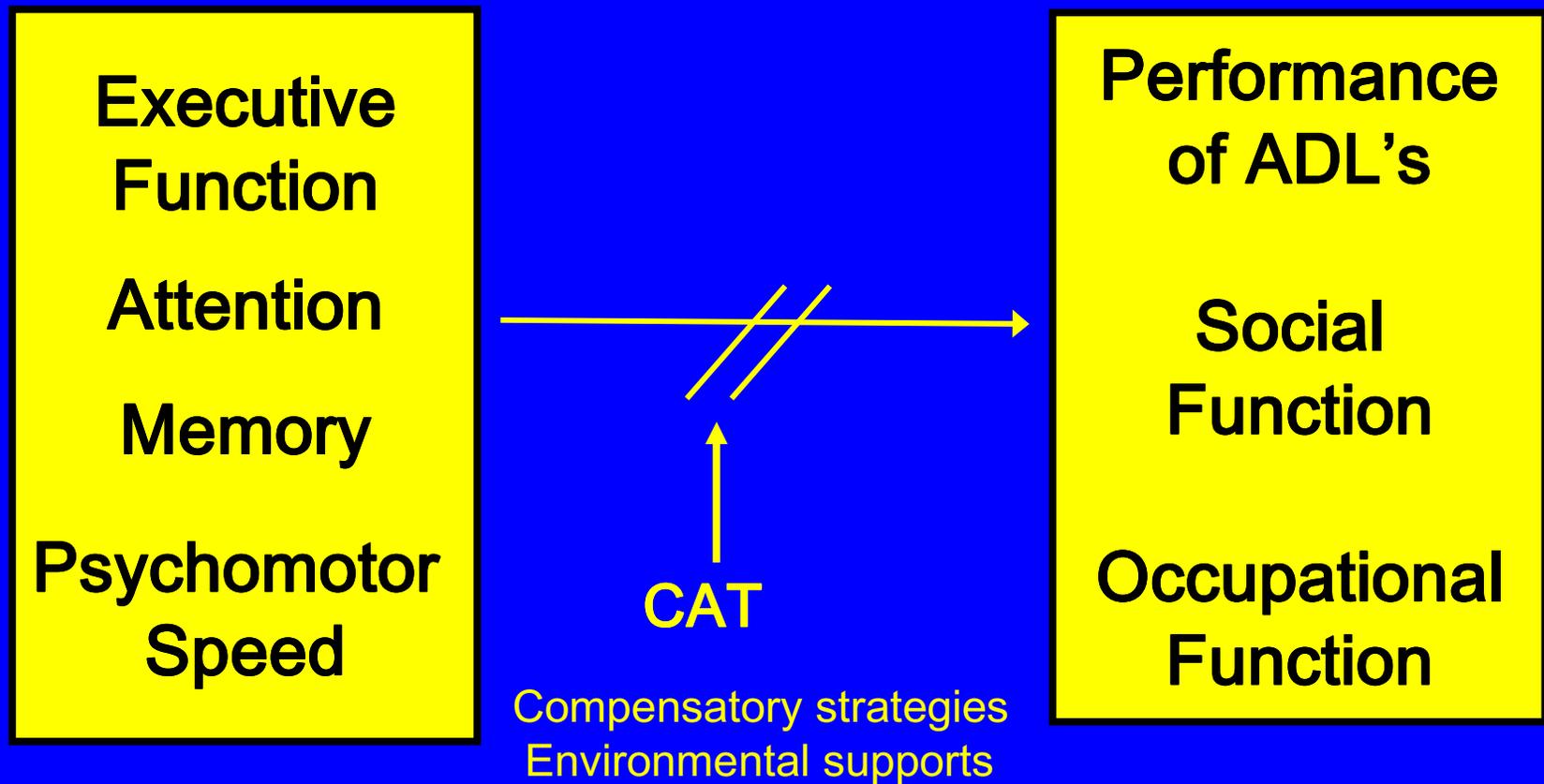
CAT Medication Adherence



Cognitive Issues

- Psychomotor Speed
- Attention
- Memory
- Executive Functions
 - formulate plans for goal directed behavior
 - sequence behavior and thought
 - maintain goal-directed-action with distractions
 - inhibit irrelevant or inappropriate behavior

Compensating, Not “Curing”



CAT Strategies

- Prompts and cues (such as signs)
- Removing distractions
- Customizing strategies to the individual's needs, for example:
 - Larger, more visible cues for a person with less executive function
 - Changing the colors or placement of signs to keep person's attention
 - Organizing materials by task or day

Distractions



Training Can Include...

Bathing	Laundry
Dressing	Grocery Shopping
Dental Hygiene	Transportation
Make-up	Leisure Skills
Work/Vocational Skills	Toileting
Social Skills, Communication and Telephone Use	Housekeeping/Care of home
Eating, Nutrition, Cooking	\$ Management/Budgeting
Medication Management	Orientation

Dressing



Apathy



Disinhibition



Mixed

Taking Medications

Did I take
my medication
today?



Memory and Organization

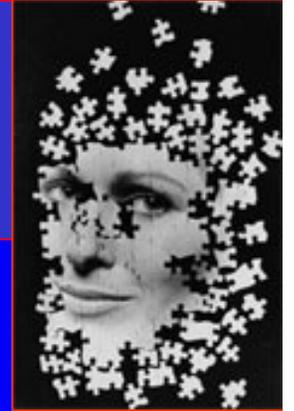


	Sunday	Monday
1. Take Shower		
2. Use Deodorant		
3. Take Medication		

MFP BH Transition Planning

- Individual Plan
- Developed with person, CAT and/or SA therapist and HMO
- Completed 60 days or more before conclusion of Pilot services
- Designed to provide continuity beyond Pilot
- Evaluation continues after transition from Pilot services to regular long term services

MFP BH Findings



- To date, 88% of individuals in the Pilot have maintained independence in the community.
- Participants demonstrate statistically significant improvement on “Adjustment to Living/ Adaptation” section of the Multnomah Community Ability Scale, which measures survival in the community, independence in daily life, managing money and coping abilities.
- Preliminary analysis indicates that Medicaid costs for participants in the Pilot may be lower on average than costs prior to their discharge from the NF.
- Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, getting a GED, attending computer classes and working toward a college degree.

Mike



- Mike's dream was to have a job and a place of his own. With the help of CAT, Mike set employment goals, learned to interview and got some vocational training. He began working 20 hours a week.
- Through CAT, he learned the social skills needed to get along in the community. He now handles daily activities like catching the bus, taking medication, doing laundry and caring for himself. CAT also helped him learn to manage his blood sugar level and eat healthy. His STAR+PLUS service coordinator helps him get the health services he needs.
- Through substance abuse counseling, Mike was able to understand issues in his past and is reconnecting with his natural family.

Real World Challenges



- Coordinating across multiple partners
- Recruitment - did not work as planned
- Lack of community housing, barriers to obtaining public housing
- Misinformation / misconceptions about mental illness, in the long term care system
- State / federal policies which do not support recovery (IMD exclusion, medical necessity)

MFP: What's Next?



- Texas has requested federal approval/funding to evaluate and improve behavioral health functions in the statewide MFP, to expand the Pilot geographically and to include state hospital patients in the Pilot.
- If the Pilot continues to be successful, Texas will amend its community services and supports waivers to include the Pilot services, which are not part of the waivers now. Thousands of Texans could benefit.
- Texas will share results nationally to inform federal policy changes that support independence, recovery.

The Cost of Disability

- Workers are the fastest growing category of federal disability payments (\$65 billion of \$77 billion in 2003)
- 28 percent of working adults in Texas are uninsured and do not have access to coordinated or integrated services
- Many uninsured workers with disabilities lose employment and turn to federal disability assistance
- 250,000 working age Texans with disabilities received SSI and 380,000 received SSDI in 2005, Medicaid expenses = \$3.5 billion
- Significant numbers of people with mental illness are on long term disability

What is “Working Well?”

- The Texas Demonstration to Maintain Independence and Employment (DMIE)
- Site: Harris County, Texas’ Largest Public Health system
- Competitive grant from the federal Medicaid agency
- Uses a rigorous scientific design
- Integrated health, mental health, substance abuse and vocational services provided to keep workers from becoming disabled
- Intervention services ended September 30, 2009
- Interim findings are available for the first 18 months
- Evaluation will continue through November 2010

Working Well Study Design

- 1,616 participants: 904 intervention and 712 control
- Working adults < 60 yrs. enrolled in Harris County Hospital District's health program
- Interventions
 - Free health and behavioral healthcare, prescriptions, dental care
 - Empowerment-oriented case management
 - Insight-based individual planning, goal-setting
 - Navigation and teaching person to navigate the health system
 - Advocacy, coordination and connection to community health and employment resources
 - Individual employment/vocational support

Working Well Participants

- **Significant health problems:** Serious mental illness (11%), Behavioral + **serious** physical conditions (89%).
- **Low education:** High school diploma or less (63%)
- **Poor:** Income < 100% FPL (48%), < 200% FPL (87%)
- **Uninsured:** Under 25% have access to employer-sponsored insurance
- **Functional Limitations:** 41% report at least one functional limitation (ADLs and/or IADLs)
- **Working:** on average 33 hours per week

Challenges

- Designing a financing and delivery model that could work in the Texas indigent care system
- Recruiting large cohorts with strict research criteria for enrollment
- Large, difficult to navigate public health system with little experience in outsourcing services
- Culture of public health (people seen as patients, dependent on public system)
- Data analysis – many complex data sets
- Translating research to the policy context

Mary

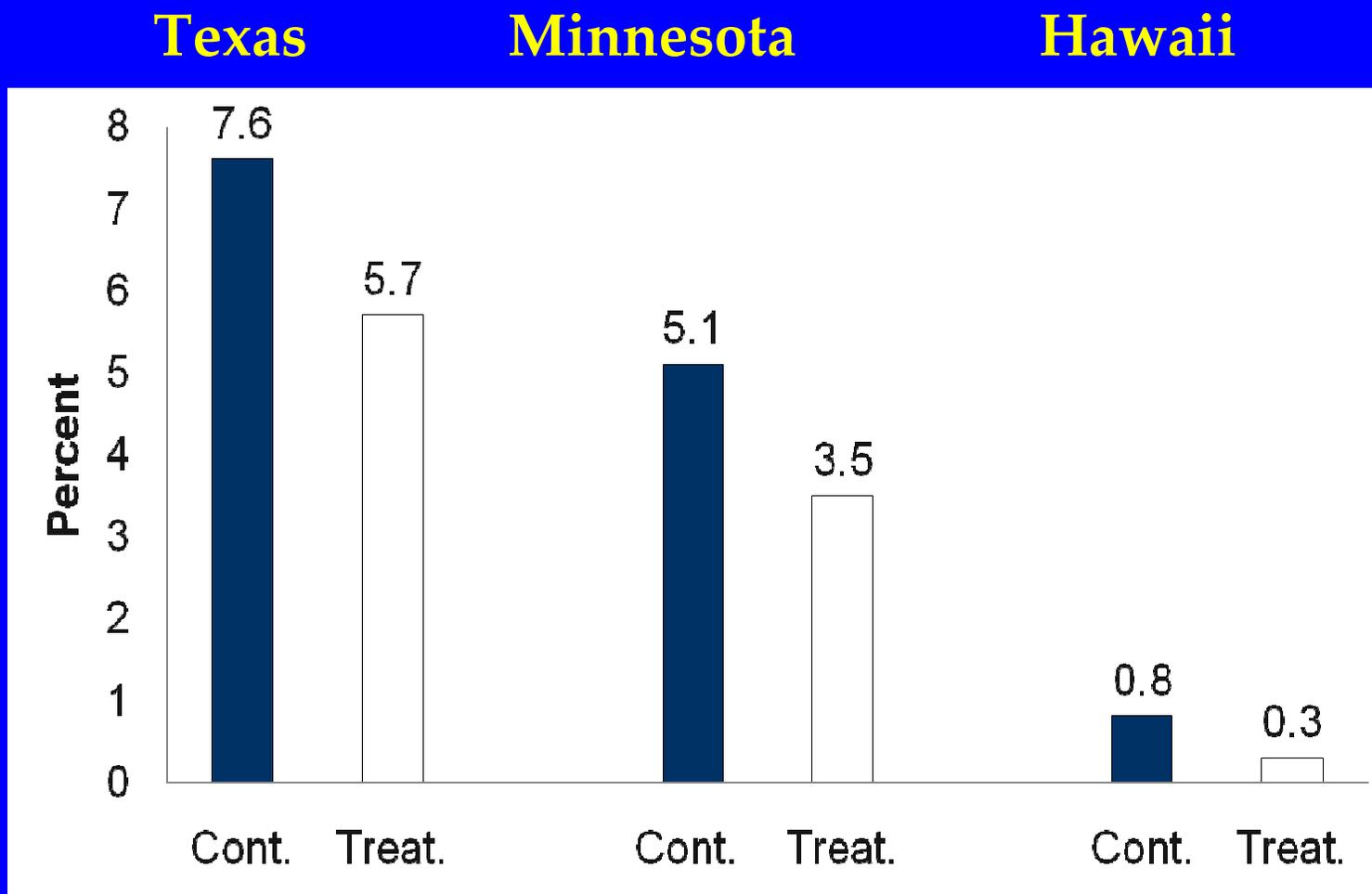


- Middle-aged, divorced with total care-giving responsibility for her disabled son. Her health issues included depression, bipolar disorder, adrenal adenoma, back pain, dental and vision problems. She had a job, but the income was not predictable. She was not taking her medications or going to the doctor on a regular basis. She could not use her right hand due to an old industrial accident which resulted in nerve damage.
- She was feeling increasingly hopeless, isolated and overwhelmed. She slept most of the day. She had previously applied for disability benefits because of her physical limitations and planned to apply again, due to the disabling nature of her severe mental illnesses.

Avoiding Disability

- Working Well **significantly** reduced SSI / SSDI applications and receipt of disability
- The largest cohort of intervention group participants (60%) were half as likely to receive SSI/SSDI as the control group.

Disability Applications Reduced



Data from National DMIE 12 month evaluation

Other Working Well Outcomes

- Significantly increased access to health care, including specialty care
- Person-centered case management and navigation related to better health and employment outcomes

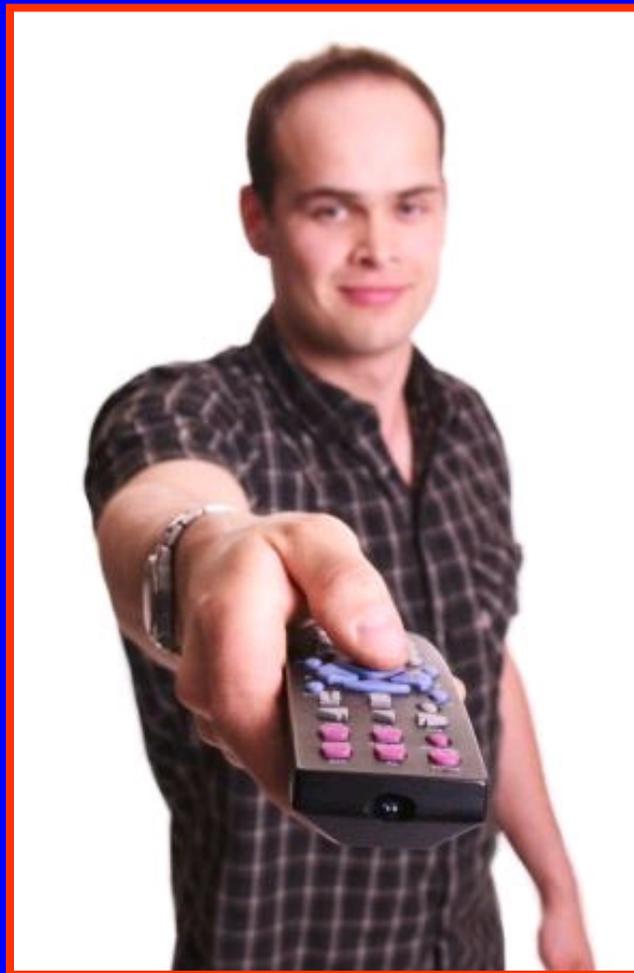
Mary



- With her case manager's help, Mary began to understand the importance of seeing her doctor regularly; asking friends and family for assistance; taking medications as prescribed; attending behavioral therapy sessions; and improving her health through exercise, diet and stress management. Through Working Well Mary was able to get needed medical, mental health, dentures and vision care.
- Her Working Well Case Manager provided Mary with vocational counseling and referred her to a community organization that helps older workers find employment. Mary entered a job training program and was prepared for an occupation that better accommodated her physical limitations. She regained her self esteem, began working 30 hours per week. She currently is studying for her GED and plans to obtain an associate's degree.

Self Directed Care (SDC) Pilot

Consumers take control!



What is SDC?

- Dallas Service Area (Dallas + 6 counties)
- Randomized, controlled trial, in progress
- Independently Evaluated by the University of Illinois at Chicago
- Modeled on a Florida pilot which reduced hospitalizations and improved functioning
- Adults with severe mental illness choose services, goods and providers in the public or private sector

How It Works

- Consumers develop individual recovery plans
- They create budgets allocating dollar's to their individual plan goals
- Life coaches (advisors) are available to help-
 - purchase services & goods
 - develop and manage their individual plan & budget
 - navigate community resources
 - recruit, hire, and (if requested) manage providers
 - develop & implement emergency plans
- A fiscal intermediary handles billing & payroll taxes

Empowered Program Design

- Involves consumers in the research process from design to implementation
- Includes consumer-operated programs & certified peer specialists as providers
- Blends funds including Medicaid, state general revenue, MH block grant, local funds
- Uses technology to help support choice - teleconferencing, listserv, debit cards, live chat rooms (for participants) and portable wireless capability (for advisors)

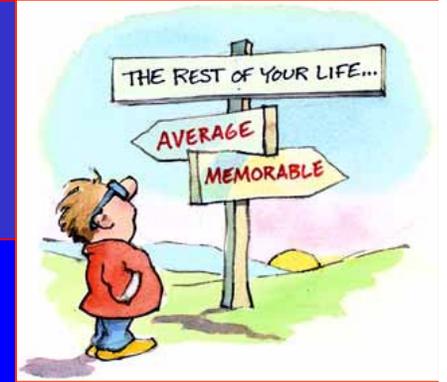
SDC Today

- 90 participants: intervention (CDS)
- 100 participants: control (services as usual)
- Study will follow participants for 2 years
- Expected end date: May 2012

SDC in Action: Examples

- Person feels isolated, has difficulty connecting with the community
 - Usual services – case management or psychosocial rehabilitation, , medication
 - Self-directed choice – purchase cell phones and bus passes
- Health issues decrease concentration, ability to function, motivation
 - Usual services – none
 - Self directed choices – chiropractic, glasses, gym membership
- Person wants to be more self sufficient, but lacks skills
 - Usual services – case management or psychosocial rehabilitation, , medication
 - Self directed choices – purchase training to obtain forklift license, broker referral to vocational rehabilitation

The Big Picture

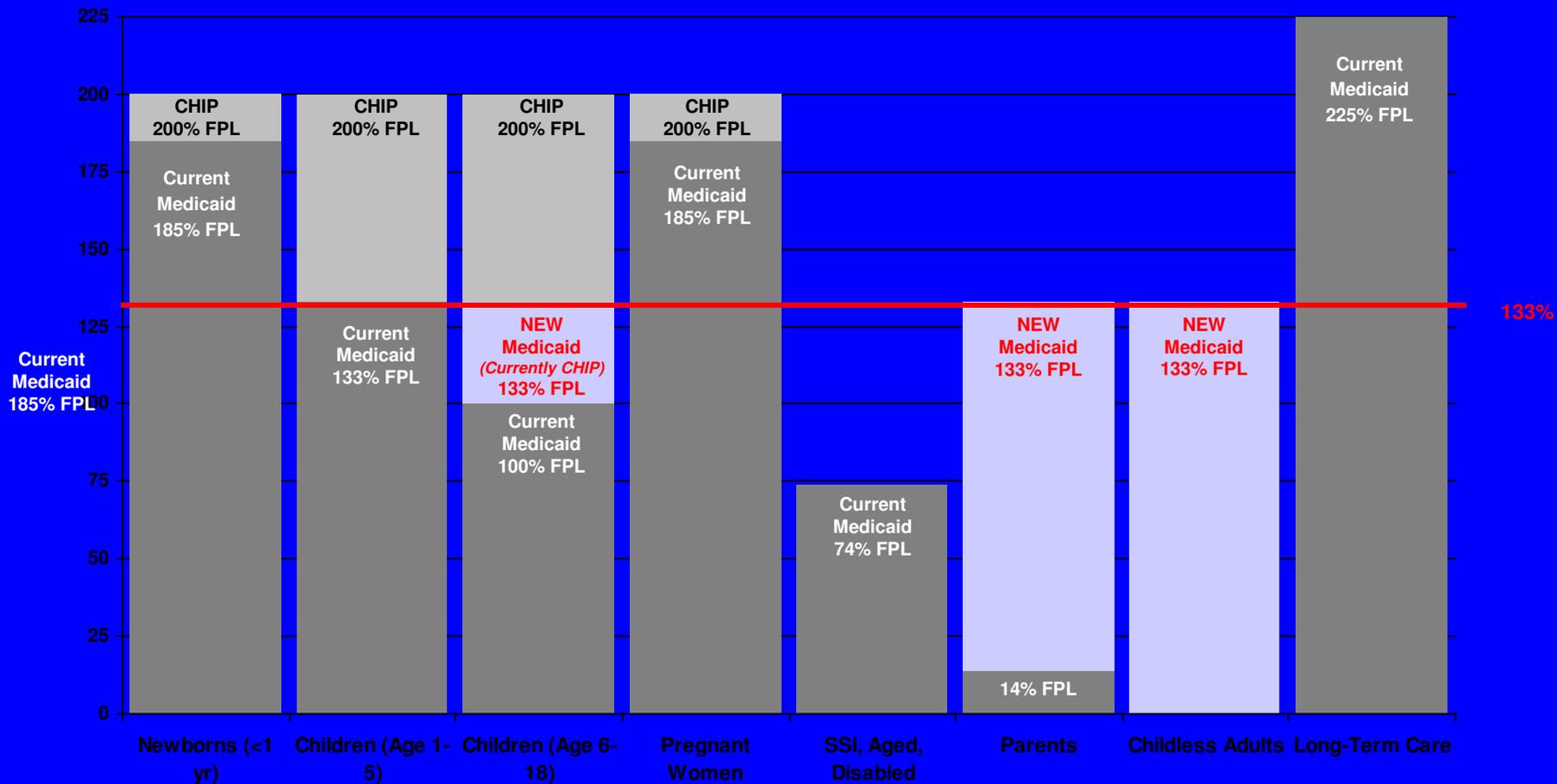


- Empowerment works!
- Evidence-based approaches can be successfully implemented, tested and refined in complex, “real-world” systems.
- Be creative, be flexible, commit the time.
- It’s well worth the effort.

The Road Ahead



Medicaid/CHIP Eligibility Levels Current & Future (2014)



Texas Health Care Coverage – Post Implementation

