

Money Follows the (Whole) Person:

Using Evidence-based Services to Promote Independence

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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 services and outcomes
 - empowering the person to recover

Research to Practice Pilots

- All three pilots focus on people with mental health and / or substance use disorders
 - Money Follows the Person Behavioral Health Pilot (Bexar County)
 - Working Well - Demonstration to Maintain Independence and Employment (Harris County)
 - Self-Directed Care Pilot (Dallas area – 7 Counties)
- The pilots include individual planning, navigation and integrated services
- The focus is on empowering the person

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

Brenda

- Has severe mental illnesses and abused alcohol
- Was admitted to a nursing facility after a hospitalization due to the consequences of substance abuse (cirrhosis, Hepatitis C, anemia)
- Alcohol induced dementia, made it hard for her to care for herself

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 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



- Pilot Site: San Antonio (Bexar County)
- Goals:
 - Transition adults with severe mental illness 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 2013.

A Collaboration

- DADS operates the overall MFP Project and provides relocation assistance.
- DSHS operates the BH Pilot.
- The Local Mental Health Authority provides the BH Pilot services.
- HHSC provides community-based long term services and supports through HMOs.
- UT Health Science Center in San Antonio provides technical assistance and training.

Pilot Scope



- Includes adults with mental health or substance abuse conditions and functional limitations who have resided in an institution for at least 6 months.
- In **addition** to existing STAR+PLUS (HHSC) services and DADS 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



- Community-based individual substance abuse counseling
- Group substance abuse services
- Linkage to other community based services (Narcotics Anonymous, Alcoholics Anonymous, etc.)
- Peer-Support Specialist
- Pharmacotherapy for opiate addiction

Cognitive Adaptation Training

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

CAT Interventions: Dressing



Apathy

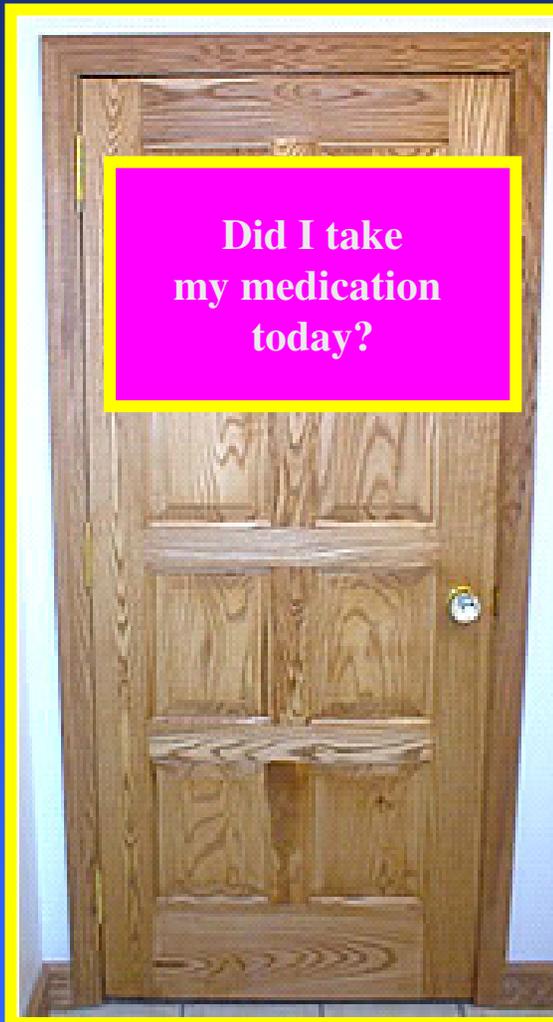


Disinhibition

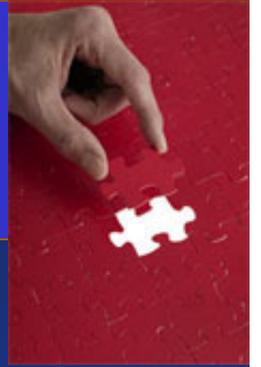


Mixed

CAT Interventions: Organization

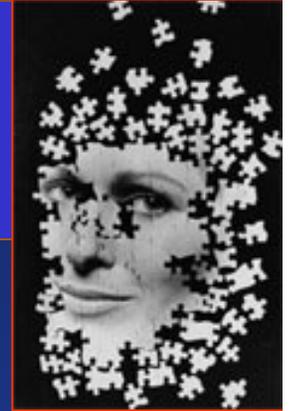


Challenges



- Coordinating across multiple state and local organizations and contractors
- Lack of community housing, barriers to obtaining public housing
- Misinformation and misconceptions about community supports, mental illness
- State / federal policies which do not support recovery and independence

Findings



- To date, 88% of individuals have successfully maintained independence in the community.
- Participants demonstrate statistically significant improvement on components of standardized scales (Multnomah Community Ability Scales) which measure adjustment to living (independence in daily life, money management, acceptance of illness)
- 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.



Brenda

- The DADS relocation specialist found her an apartment and obtained furniture and household supplies.
- The CAT therapist helped Brenda learn to manage daily tasks such as taking medications, managing money, and keeping medical appointments.
- The STAR+PLUS HMO provides / coordinates personal and medical services in coordination with the Pilot.
- She receives individual substance abuse counseling
- Her physical health improved significantly.
- She is maintaining her health, takes pride in her independence, and will begin taking a computer class. She looks forward to obtaining a paid job.

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.

MFP Lessons Learned



- Mental health and substance abuse services can be integrated into long term care systems.
- Service coordination and communication is key.
- Mental health and substance abuse services should begin **before** discharge from the nursing facility.
- Substance abuse is a **significant** issue in long term care.
- Empowerment is important to maintaining health.

MFP: What's Next?



- Texas has requested federal approval/funding to add a behavioral health specialist function to the MFP state-wide demonstration.
- 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
- 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 to September 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

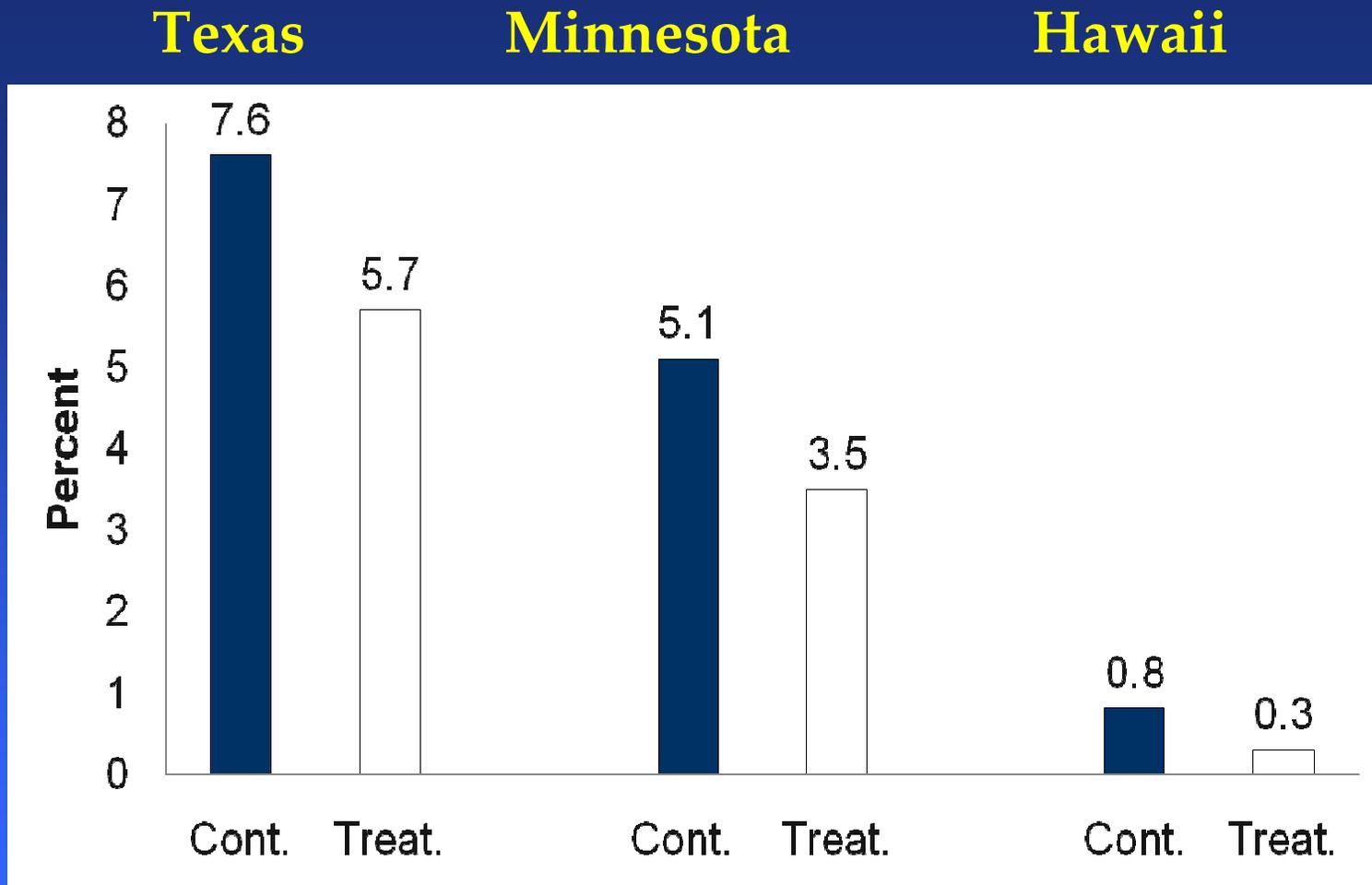
Working Well Participants

- **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

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



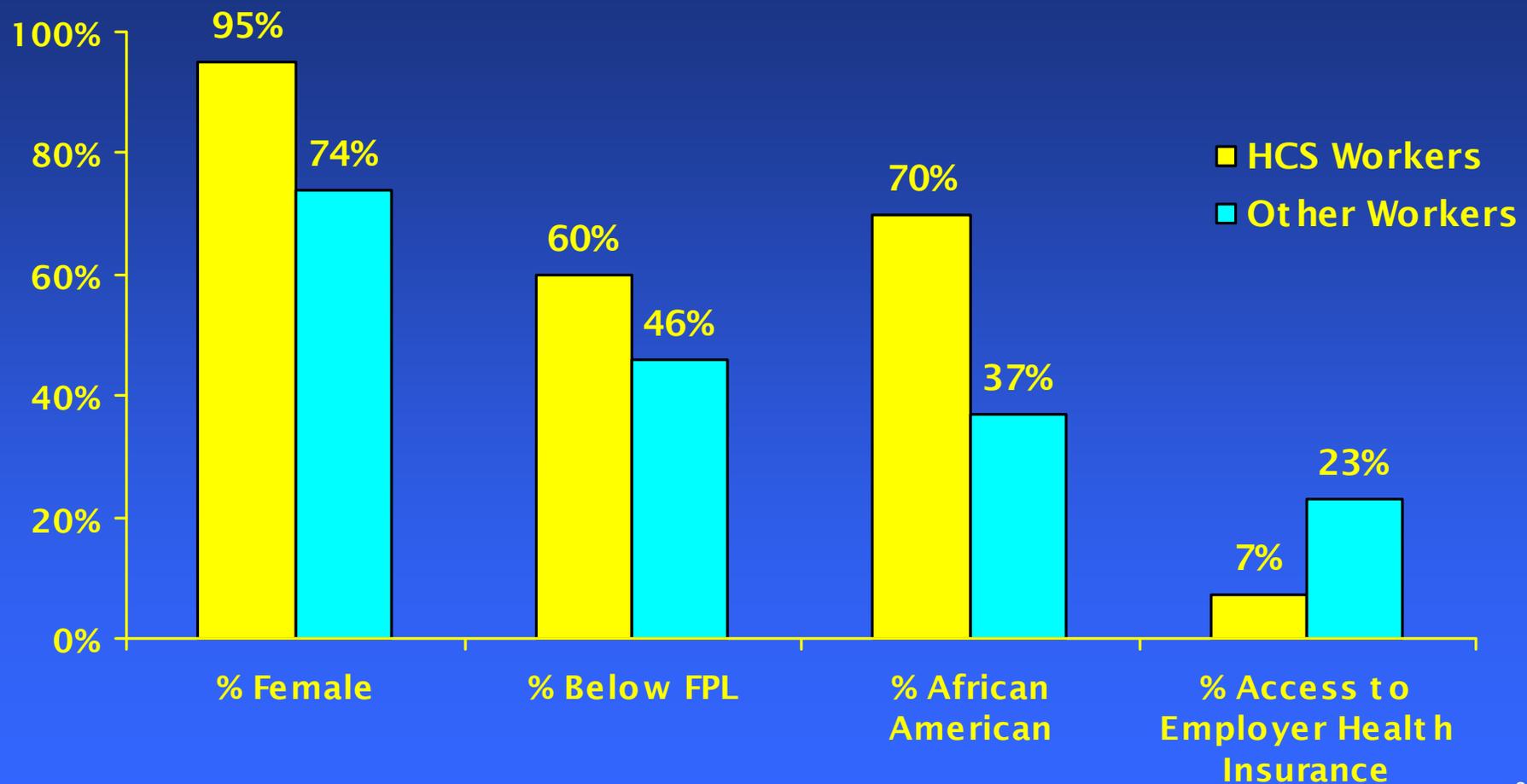
Data from National DMIE 12 month evaluation

Other Working Well Outcomes

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

Health Care Worker Disparities

Working Well Participants



Janie

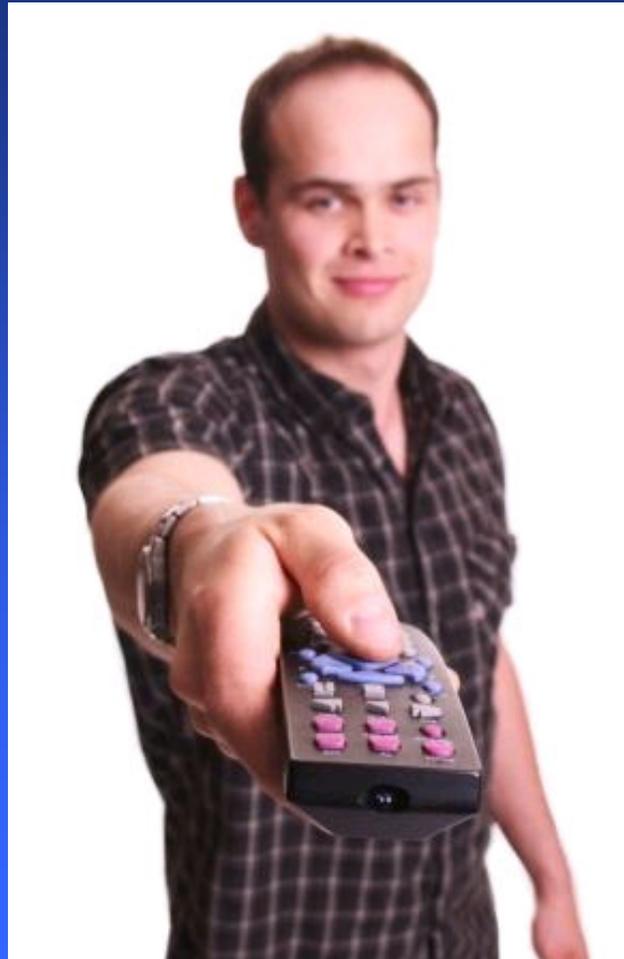
works as a personal care attendant. She has diabetes, epilepsy, Hepatitis C, hypertension, chronic depression, anxiety disorder and suffers from debilitating headaches. Janie's case manager obtained *Working Well* vision, dental, mental health and medical services for her. The case manager also provided employment counseling and medical education. Janie has been able to start and maintain a diabetic diet. Her symptoms have greatly improved. She is now earning significantly more for her work and not planning to apply for disability.

The Road Ahead



Self Directed Care (SDC) Pilot

Consumers take control!



What is SDC?

- Dallas Service Area (Dallas + 6 counties)
- Randomized, controlled trial, in progress
- Adults with severe mental illness
- Modeled on a Florida pilot which reduced hospitalizations and improved functioning
- Consumers can choose services, goods and providers in the public or private sector
- Like “Cash and Counseling”

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 support brokers)

The Big Picture

- Personal empowerment is a key to health and recovery
- Integration of services across behavioral health, physical health, long term services and other supports can improve access and outcomes
- Navigation assistance can be a very effective tool
- People's lives and public dollars are too important to manage by anecdote – evidence of effectiveness is critical

