



Moving Back Into the Community: Experiences of a Pilot Program in Relocating Nursing Facility Residents with Behavioral Health Disorders



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Money Follows the Person

• Money Follows the Person (MFP) is a federally-funded national demonstration program that helps Medicaid enrollees transition from institutional to community-based care. In 2008, Texas initiated a Behavioral Health Pilot (BHP) project to investigate whether individuals eligible for MFP who had mental health and/or substance abuse problems could successfully live in the community if offered appropriate targeted supports.

• Questions addressed in this presentation are:

- * How many BHP participants stay in the community?
- * Are participants satisfied with BHP services?
- * Which individual or situational characteristics predict program success?
- * Do participants show improvement on quantitative measures of functioning during their year in the program?

Methods

- Participants included individuals from two large Texas urban areas who have resided in a nursing facility for a minimum of three months, have expressed a desire to live independently and have a diagnosed mental health or substance abuse disorder.
- Participants were offered up to six months of services prior to community move-out and one year of services in the community.
- BHP services included weekly visits by a therapist who offered specialized Cognitive Adaptation Training (CAT), a psychosocial treatment assisting participants with activities of daily living, and substance abuse treatment.
- Participants also receive ongoing home and community-based services (HCBS) through their Medicaid HMO.
- Semi-structured interviews were conducted with a sample of current and “graduate” participants along with quarterly quantitative assessments of participants’ functioning and quality of life using the Multnomah Community Ability Scale (MCAS) [Barker et al., 1994], the Social and Occupational Functioning Scale (SOFAS) [part of DSM-IV] and the Quality of Life Scale [QLS] (Heinrichs, Hanlon & Carpenter, 1984).

The Present Study

To date, the BHP has provided CAT and substance abuse services to about 200 participants. The findings reported here are based on quantitative data collected from 137 participants and semi-structured interviews with 28 participants and 19 key informants (program staff). Quantitative data were analyzed using a mixed model analysis of covariance between baseline scores and the mean of all follow-up scores.

Community Tenure and Satisfaction

Overall, 87% of the individuals served since the beginning of BHP have successfully maintained community independence. Interview findings show that the vast majority were pleased to be out of the nursing facility due to increased independence and privacy, and living in a happier environment.

I think getting re-acclimated [to life in the community] was...almost like culture shock. They want you to come out and just kind of get in the groove of things... [But] you can't just dump people and expect them to sink or swim...it's very hard to move from a nursing home back into the world again.

[My CAT therapist] helped me with a lot of my independence...She helped me modify things [to adapt to living with my blindness]. She was always finding programs for the legally blind...She gave me a sense of direction to where I could possibly do and go.

Characteristics and Situations Associated with Success

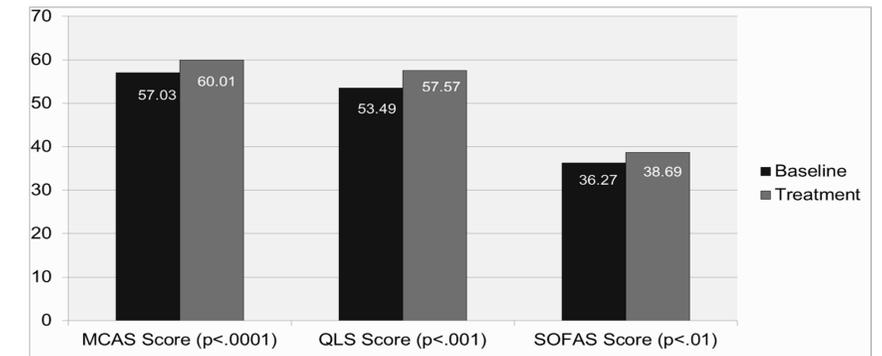
While both participant characteristics (younger age, cognitive competence, family and social support, history of successful independent living prior to institutionalization) and well-coordinated services helped predict success in the program, key informants remarked that the most important predictors were **attitudinal**: a positive and optimistic outlook, motivation, determination, having goals, and a strong desire for independence. Even these can be fostered through the intervention. As one participant explained:

You have to have the right attitude because you're gonna meet a lot of challenges. . . . I don't worry about the things I can't do, but I try to perfect the things I can do. That keeps me going.

Case Example

‘Kathy’ (pseudonym) retired from a professional job, and was subsequently diagnosed with bipolar disorder, schizophrenia, and diabetes. After several years in a nursing facility, a MFP relocation specialist helped her find a subsidized apartment, furniture and supplies. Although Kathy initially said that she felt like she had become “institutionalized” and unable to manage life outside of the nursing facility, she described her CAT therapist as an important ‘touchstone’ who provided ongoing emotional support, as well as access to resources and reorientation to life outside a nursing facility. Some of the key elements in Kathy’s successful transition to community living were a positive attitude, a good working relationship with her CAT therapist, willingness to address her behavioral health disorder, access to and compliance with treatment, a stable living situation, and access to home health care and transportation.

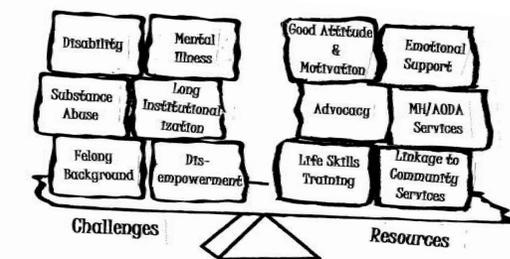
Quantitative Measures of Functioning and Quality of Life



A mixed model analysis of covariance between baseline and the mean of all follow-up scores indicated significant improvement in functional outcomes and quality of life.

Discussion

- Success and challenges with the Pilot can be due to a combination of factors, including **individual client characteristics, personal history** (e.g. criminal history that might limit their housing options), the level of their **physical needs**, the **resources available** in the community, the type and management of their **behavioral health disorder**, and the extent of their **engagement** with their CAT therapist and BHP Pilot services.
- Participants and program staff suggested that the most effective Pilot services included **advocacy, life skills training, emotional support, connection to community resources, substance abuse services (if needed) and the flexibility to be able to address individual needs** as they arose. Many participants noted the high quality of their relationship with their CAT therapist – in particular, feeling respected, heard, and appreciated.



- Findings suggest that BHP services can help people with behavioral health disorders transition successfully from nursing homes to the community and maintain independence with a satisfactory quality of life. Maintaining people in the community **benefits both the social system (reduced costs) and individuals (quality of life)**. Further analysis will reveal whether time-limited BHP services, in conjunction with ongoing Medicaid HCBS services, are sufficient to maintain long-term community tenure.