Does the Self-Directed Funding Model Work in Mental Health?

#MHCChopelives

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June 7th, 2017
Important! Send questions/comments to ‘All Panelists’
Guidelines for Recovery-Oriented Practice

The Guidelines were released in June 2015 to provide a comprehensive document to understand recovery practice and promote a consistent application of recovery principles across Canada.

http://www.mentalhealthcommission.ca/English/initiatives/RecoveryGuidelines
Six Dimensions of Recovery-Oriented Practice

1. Creating a Culture and Language of Hope
2. Recovery is Personal
3. Recovery Occurs in the Context of One’s Life
4. Responding to the Diverse Needs of Everyone Living in Canada
5. Working with First Nations, Inuit, Métis
6. Recovery is about Transforming Services and Systems
Presenters

Bevin Croft, MPP, PhD
Human Services Research Institute

Kevin Mahoney, PhD
Professor, Boston College School of Social Work
Founding Director, National Resource Center for Participant-Directed Services
Mental Health Self-Direction in the United States

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Presentation Overview

Basics of Mental Health Self-Direction and Pause for Questions

Demonstration and Evaluation of Self-Direction in Mental Health

Evidence Base for Mental Health Self-Direction

Selected Findings from Florida Self-Directed Care

Basics of Mental Health Self-Direction
Core Principles of Self-Direction

Recovery, independence, self-sufficiency, and choice

With adequate support, everyone is capable of self-direction

Every person is unique and knows best what works for them
Self-Direction Elements

Person-Centered Plan
- Based on participants’ strengths, capabilities, preferences, goals
- Creativity and flexibility are essential

Individual Budget
- Amounts and methods for setting the budget vary
- Often used for non-traditional goods and services and traditional services

Brokerage Support
- Works with the person to develop the plan and administer the budget
- Peers with lived experience often act as support brokers
Who is self-directing in the US?

- More than 300 programs with 1.1 million participants
- In 2013, 700 individuals with serious mental health conditions were enrolled in mental health self-direction in seven states
- ~1000 more expected to self-direct mental health services by 2018

**Populations Self-Directing**

- Older adults with long-term care needs
- People with physical disabilities
- People with intellectual and developmental disabilities
- People with traumatic brain injury
- Families of children with autism
- Veterans
- More recently, people with serious mental health conditions and substance use disorders
Three Mental Health Self-Direction Priorities from a 2015 International Learning Exchange of 45 people from seven countries

Self-direction represents a culture shift for value-based system change

People with lived experience are involved and supported at every level

Stakeholder communication is essential and must include quantitative data and personal narratives
Toward Self-Direction in US Mental Health Systems

Consumer/Survivor Movement
- Advocated for increased service user choice and voice
- Peer-delivered services promote self-defined wellness and foster hope

- Care must be in the least restrictive environment
- Community integration a key focus

Mental Health Transformation
- New Freedom Commission: “Mental health care is consumer and family driven”
- SAMHSA: Self-direction is part of a “good and modern” behavioral health system

U.S. Health Reform
- Institute of Medicine: Service user is the “locus of control”
- Affordable Care Act: Changes to 1915(i) state plan option

Current Health Care Landscape
- Self-direction has bi-partisan appeal
- Emphasis on personal responsibility and state innovation in keeping with current administration’s priorities
## US Mental Health Self-Direction Efforts

<table>
<thead>
<tr>
<th>State/Program</th>
<th>Details</th>
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<tr>
<td><strong>Florida Self-Directed Care</strong></td>
<td>• Established in state legislature&lt;br&gt;• Largest and longest-standing effort to date</td>
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<td><strong>Michigan Self-Determination</strong></td>
<td>• Certified Peer Specialists are Independent Support Brokers&lt;br&gt;• Financed through Medicaid Managed Care Waiver</td>
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<tr>
<td><strong>Utah Mental Health Access to Recovery</strong></td>
<td>• Established in Salt Lake County in 2014&lt;br&gt;• Based on Access to Recovery for substance use populations</td>
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<tr>
<td><strong>Pennsylvania Consumer Recovery Investment Fund-SDC</strong></td>
<td>• Brokers and leadership are Certified Peer Specialists&lt;br&gt;• Financed through managed care reinvestment funds</td>
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<tr>
<td><strong>Texas SDC and Wellness Incentives Navigation Program</strong></td>
<td>• WIN study has physical health and wellness focus&lt;br&gt;• Both randomized trials; new effort rolling out in 2017</td>
</tr>
<tr>
<td><strong>New York Self-Directed Services</strong></td>
<td>• Anticipated to begin summer 2017&lt;br&gt;• Financed through Medicaid 1115 Waiver Authority</td>
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Questions

Questions so far?
“Self-Directed Care was truly recovery. It was about receiving care that encouraged, that nurtured, that met me where I was.”

JULIE

The Demonstration and Evaluation of Self-Direction in Mental Health
Demonstration Components

Transformation Transfer Initiative Grants - 2014
- Provided funds to enhance self-direction in five states
- Serve as a foundation for the demonstration and evaluation

Learning Collaborative – 2014 and Ongoing
- Monthly meetings to learn from other states and national experts

Technical Assistance – 2015 and 2016
- Support for program design and implementation, communications and outreach, and sustainability planning
Demonstration & Evaluation Structure

- **SAMHSA**
- **NASMHPD**
- **TA & Learning Collaborative**
- **National Resource Center for Participant-Directed Services at Boston College**
- **Evaluator (HSRI)**
- **State Site**
- **RWJF**
- **Local Funder (optional)**
- **Local Evaluator (optional)**
Evaluation Components

• Formative Process Evaluation
  – Document implementation activities
  – Develop guidelines for replication and expansion

• Systems-Level Outcomes Evaluation
  – Cost and service use implications
  – Analysis of administrative data in some sites

• Individual-Level Local Outcomes Evaluation
  – Look different in each state
  – Examine impact on participant health and recovery
RE-AIM Framework:
What are the challenges and facilitators for self-direction in relation to...

- **Reach** - Rates of participation and representativeness of the population
- **Efficacy** - Factors influencing the impact of self-direction on important outcomes
- **Adoption** - Adoption context, including stakeholder roles in driving or hindering self-direction
- **Implementation** - Program design and implementation strategies
- **Maintenance** - Sustaining self-direction over time and establishing it as part of the system
Current Evidence Base and Some Preliminary Findings
## Evidence Base: Mental Health Self-Direction

<table>
<thead>
<tr>
<th>2014 Systematic Review</th>
<th>Personal Health Budgets Pilot</th>
<th>2016 Goods and Services Analysis</th>
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<tr>
<td>• 15 studies through 2013</td>
<td>• Greater care-related quality of life and psychological wellbeing</td>
<td>• Explored types of goods and services purchased by 60 self-directing participants in Pennsylvania</td>
</tr>
<tr>
<td>• Mental health self-direction associated with choice and control, increased quality of life</td>
<td>• Reductions in inpatient and primary MH care costs for MH group (n=412)</td>
<td>• Participants used “personal medicine” strategies to meet goals</td>
</tr>
<tr>
<td>• Significant methodological limitations</td>
<td>• Choice and flexibility associated with improved outcomes</td>
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Preliminary Findings from Florida Self-Directed Care (FloridaSDC)

Aim 1: Qualitative
- Explore relationship between self-direction and recovery
- Describe range of participant experiences in the FloridaSDC program, including benefits and challenges, the most important features of the program, and comparisons with traditional service arrangements

Aim 2: Quantitative exploration of individual-level factors
- Examine relationship between self-direction and employment, independent housing, and self-help group engagement

Aim 3: Quantitative exploration of system-level factors
- Describe how FloridaSDC participants spend their budgets
- Examine the impact of self-direction on mental health service use and cost (results forthcoming)
Qualitative Approach

- Semi-structured in-depth interviews with 30 purposively sampled FloridaSDC participants
- Content analysis of transcribed interviews

Deductive
Based on a priori recovery framework

Inductive
Accounting for emergent themes, phenomena, relationships
Recovery-Impact of Self-Direction
Quantitative Approach

• Administrative Data: Demographics, mental health outcomes, service utilization

• Analytic dataset includes variables for all SDC participants and all publicly funded mental health service users who were eligible for SDC

• Coarsened exact matching: Constructed a stratum for each observed set of covariates and matched individuals according to those strata
  – Days between first and last services, age, female, Hispanic ethnicity (Program A), white race (Program B), high school completion, married, substance use disorder diagnosis, schizophrenia diagnosis, county of residence, and receipt of income for a psychiatric disability
Quantitative Approach

Logistic regression for individual-level outcomes and two-stage modeling (logistic and ordinary least squares regression) for service utilization

<table>
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<th>Time Period</th>
<th>SDC N</th>
<th>Comparison N</th>
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<tr>
<td></td>
<td>Pre-Match</td>
<td>Post-Match</td>
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<tr>
<td>Program A</td>
<td>7/1/10 – 4/30/15</td>
<td>173</td>
</tr>
<tr>
<td>Program B</td>
<td>7/1/12 – 6/30/15</td>
<td>230</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>403</td>
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Exploring changes from first to last assessment in three areas:

**Employment**
- Increasing days worked in past 30 days, or maintaining days worked at 20 or more in the past 30 days

**Housing**
- Attaining or maintaining independent residential status

**Support Group Engagement**
- Increasing engagement in support groups or continuing to engage at the same rate if already engaged

When I finally found myself working full-time, I received benefits and insurance that I’d never had before, and all of that on my own. I was making enough to sustain myself. I had achieved it.” — Wesley
Compared to people with similar characteristics who did not self-direct, FloridaSDC participants were...

1.97 times more likely to experience a positive employment outcome

2.97 times more likely to experience a positive housing outcome

2.72 times more likely to increase or continue to engage in support groups

The above figures are odds ratios from logistic regressions predicting a positive outcome from SDC enrollment, controlling for observed factors. All findings were statistically significant at p < 0.001
Florida Self-Directed Care Purchases, July 2010 - April 2015 (n=173 participants)

- Transportation: 18%
- Dental: 13%
- Medical Services: 9%
- Computer: 9%
- Psychiatric Medications: 10%
- Outpatient Therapy: 8%
- Employment: 6%
- Housing: 5%
- Miscellaneous: 5%
- Vision: 5%
- Physical Health Services: 4%
- Hobbies: 3%
- Clothing: 3%
- Education: 5%
- Utilities: 3%
- Telephone: 3%
- Entertainment: 3%
- Food: 2%
- Furniture: 2%
- Personal Care: 2%

% of Total Spending (n=583,084)

% of all purchases (n=1104)
Limitations and Policy Implications

• Limitations
  – Generalizability
  – Administrative data
  – Unobserved variables

• Implementation and program design have critical implications for person- and system-level outcomes

• Clearer program implementation/fidelity standards needed

• Poverty and system inadequacies are critical contextual factors
Key Takeaways

• Wide variation in purchasing, including services and goods not traditionally considered “mental health treatment”

• Established positive relationship between self-direction and recovery, with circular gains in independence, self-esteem, and self-confidence

“I finally know what normal is, and I think I’m living as normal a life as I can. It’s just wonderful, living real life. Real life isn’t scary anymore.”

SUSAN
Key Takeaways (cont.)

- Self-directing participants more likely than non-participants to see positive outcomes related to days worked for pay, independent housing, and self-help engagement

“In the 55 years I’ve been on this planet, this is the best I’ve felt, being in this program. It’s given me what I’ve been looking for all my life: a way and a means of feeling accepted, feeling like I could be me. And when I feel that, I can excel.”

JOHN
For more information…

Bevin Croft
Research Associate
Human Services Research Institute
2336 Massachusetts Avenue
Cambridge, MA 02140
617-844-2536
bcroft@hsri.org
References and Resources


Questions?
Upcoming Webinars

Employment & Recovery
Wednesday, August 30th at 12:00pm to 1:00pm ET

Implementation of good practices in suicide prevention in Quebec: an innovative project *(French only)*
Thursday, September 21st at 12:00pm to 1:00pm ET

To rewatch or share this webinar visit:
www.mentalhealthcommission.ca/English/recovery
How did we do?

Please fill out the survey that opens after you leave the webinar.
Thank you!

Aimee LeBlanc, Manager, Prevention and Promotion
aleblanc@mentalhealthcommission.ca

Laura Mullaly, Program Coordinator
lmullaly@mentalhealthcommission.ca

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Human Services Research Institute

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