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

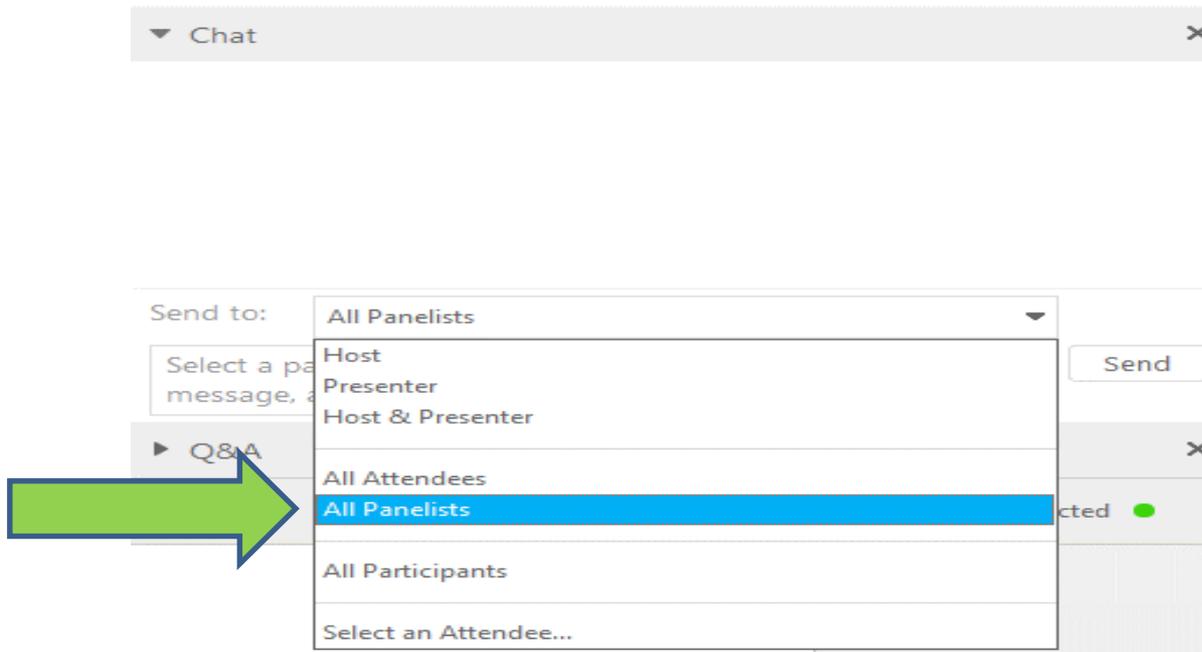
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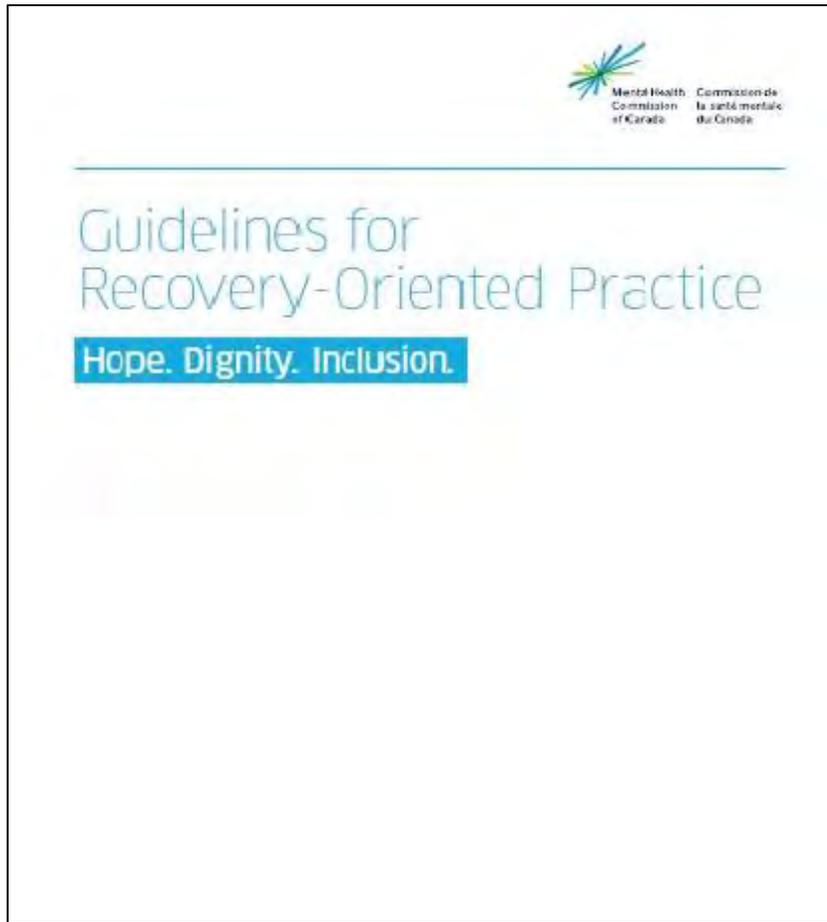
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June 7th, 2017

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

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



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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



Human Services
Research Institute



Mental Health Self-Direction in the United States

Bevin Croft, MPP, PhD

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Kevin Mahoney, PhD

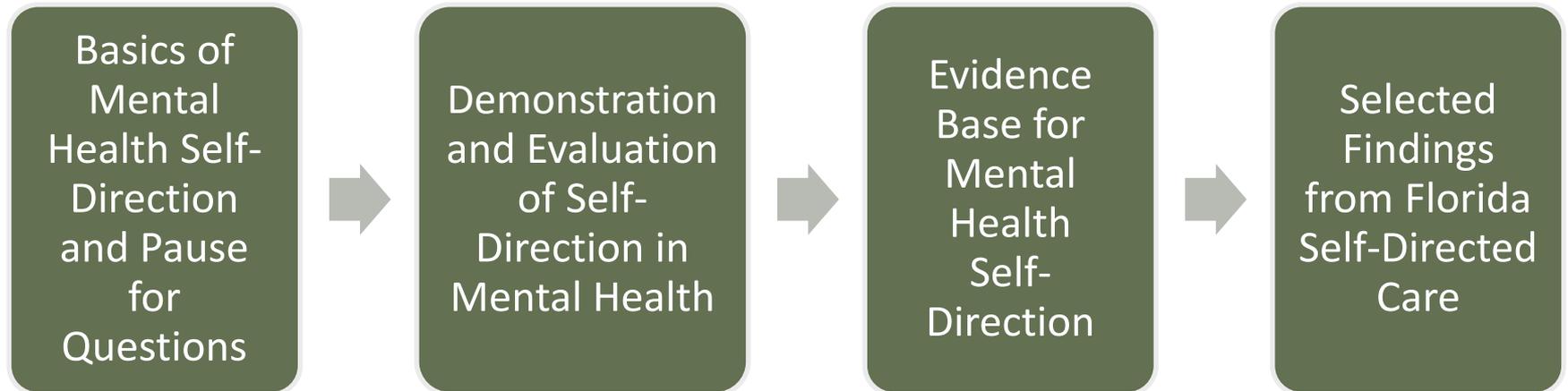
Professor, Boston College School of Social Work

Founding Director, National Resource Center for
Participant-Directed Services

June 7, 2017

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Substance Abuse and Mental Health Services Administration

Presentation Overview





Choice. Recovery. Independence.

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



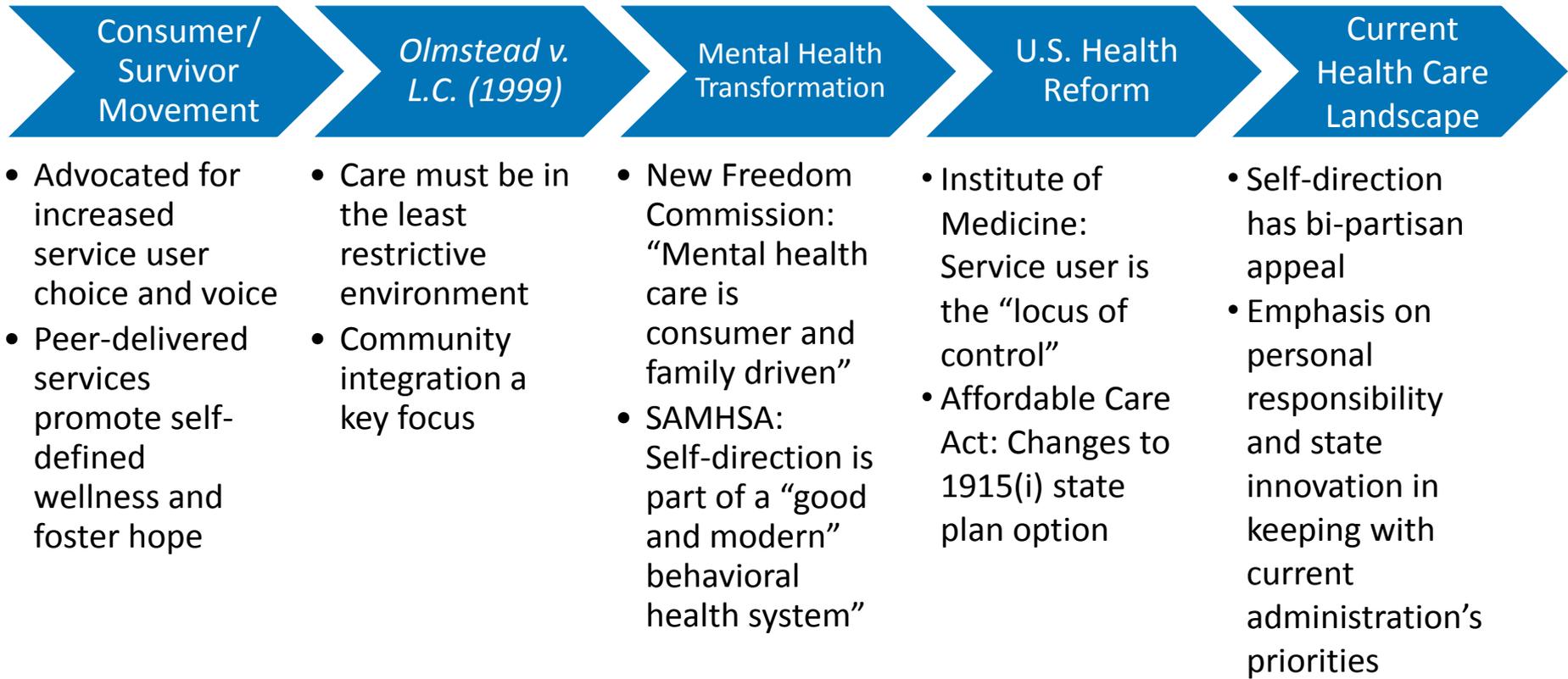
of 45 people from seven countries

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



US Mental Health Self-Direction Efforts

Florida Self-Directed Care

- Established in state legislature
- Largest and longest-standing effort to date

Michigan Self-Determination

- Certified Peer Specialists are Independent Support Brokers
- Financed through Medicaid Managed Care Waiver

Utah Mental Health Access to Recovery

- Established in Salt Lake County in 2014
- Based on Access to Recovery for substance use populations

Pennsylvania Consumer Recovery Investment Fund-SDC

- Brokers and leadership are Certified Peer Specialists
- Financed through managed care reinvestment funds

Texas SDC and Wellness Incentives Navigation Program

- WIN study has physical health and wellness focus
- Both randomized trials; new effort rolling out in 2017

New York Self-Directed Services

- Anticipated to begin summer 2017
- Financed through Medicaid 1115 Waiver Authority

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

RWJF-Funded Project

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

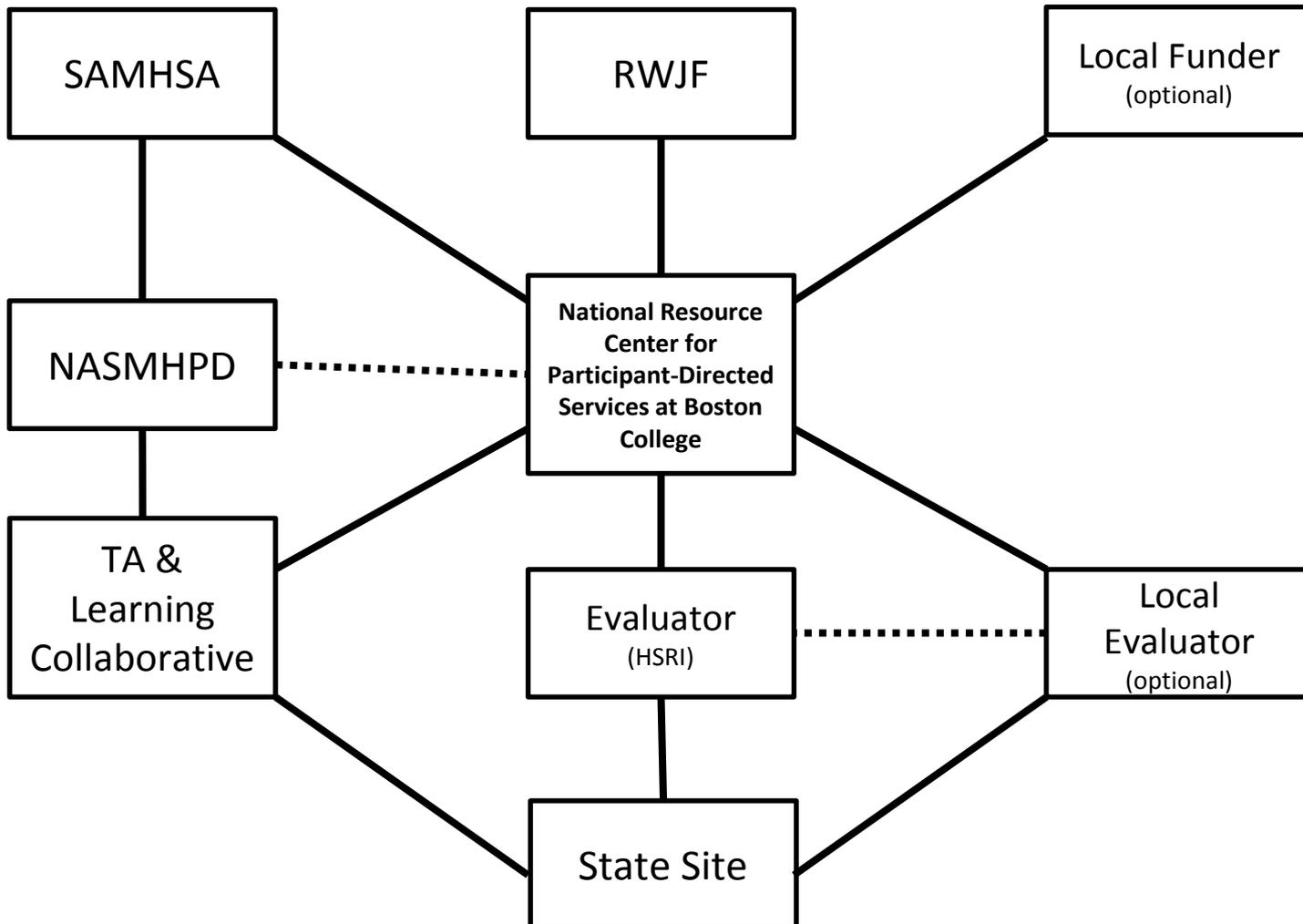
Learning Collaborative – 2014 and Ongoing

- 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



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...





The Data

Current Evidence Base and Some Preliminary Findings

Evidence Base: Mental Health Self-Direction

2014 Systematic Review

- 15 studies through 2013
- Mental health self-direction associated with choice and control, increased quality of life
- Significant methodological limitations

Personal Health Budgets Pilot

- Greater care-related quality of life and psychological wellbeing
- Reductions in inpatient and primary MH care costs for MH group (n=412)
- Choice and flexibility associated with improved outcomes

2016 Goods and Services Analysis

- Explored types of goods and services purchased by 60 self-directing participants in Pennsylvania
- Participants used “personal medicine” strategies to meet goals

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

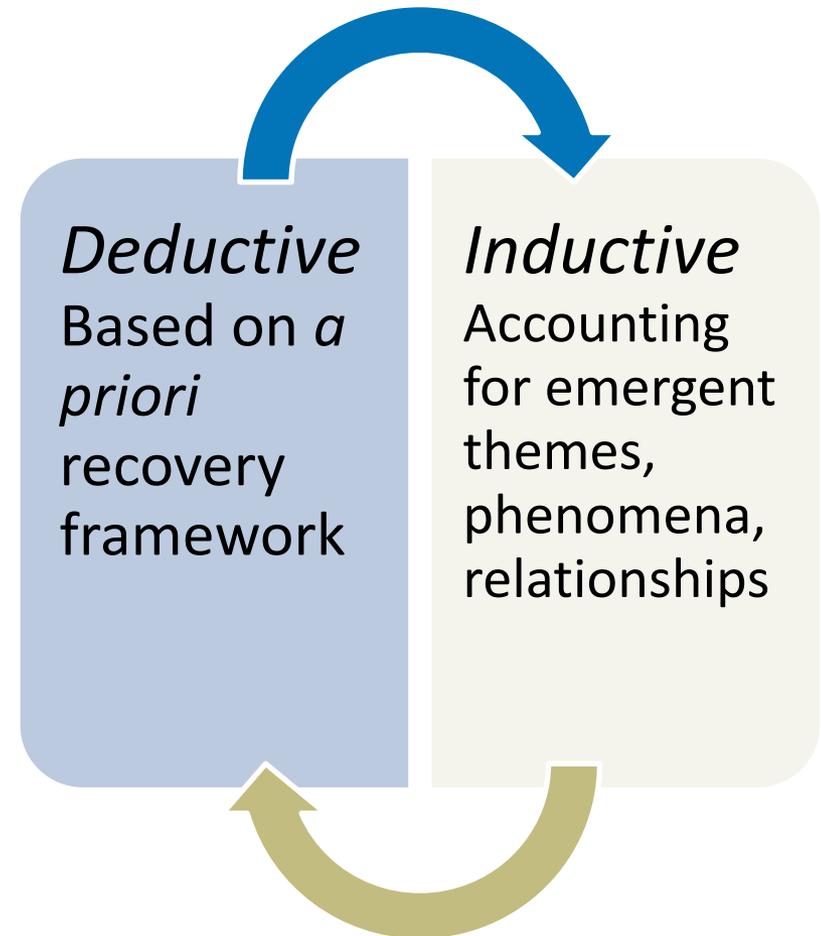
- Examine relationship between self-direction and employment, independent housing, and self-help group engagement

Aim 3: Quantitative exploration of system-level factors

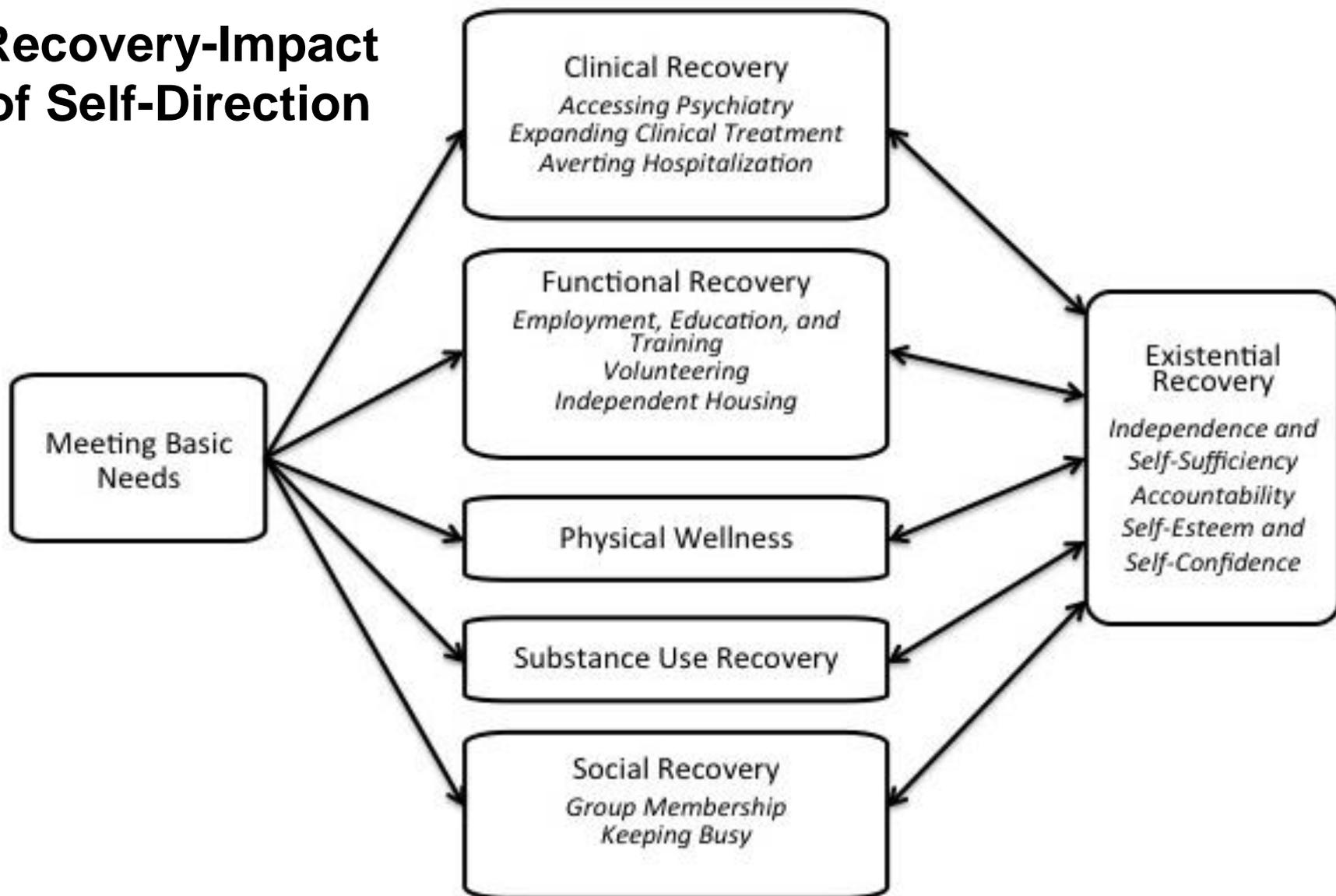
- Describe how FloridaSDC participants spend their budgets
- Examine the impact of self-direction on mental health service use and cost (results forthcoming)

Qualitative Approach

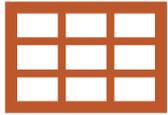
- Semi-structured in-depth interviews with 30 purposively sampled FloridaSDC participants
- Content analysis of transcribed interviews



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

	Time Period	SDC N		Comparison N	
		Pre-Match	Post-Match	Pre-Match	Post-Match
Program A	7/1/10 –4/30/15	173	161	8,181	1,585
Program B	7/1/12 – 6/30/15	230	203	4,128	1,074
Total	-	403	364	12,309	2,659

Exploring changes from first to last assessment in three areas:



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

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

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



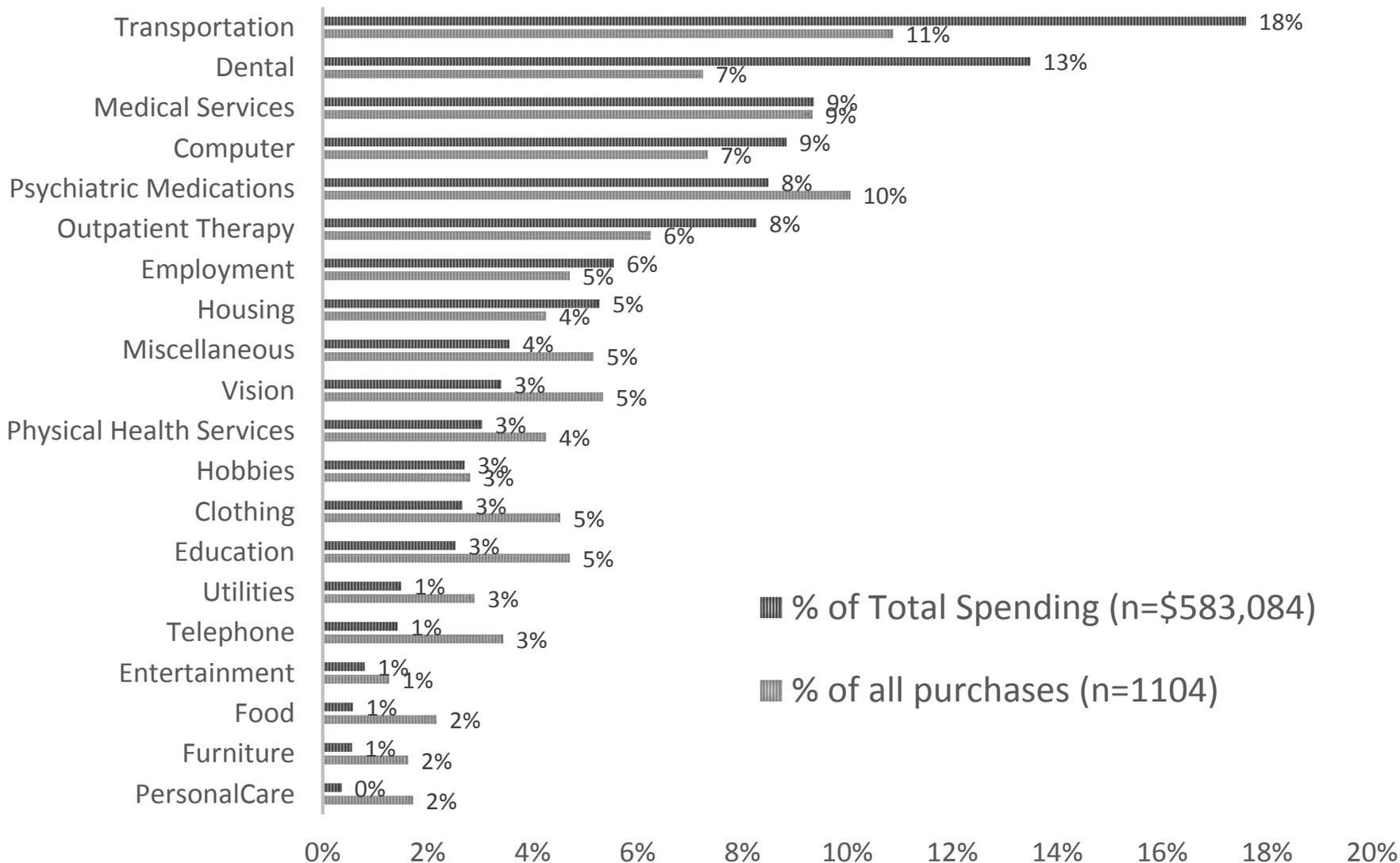
2.97 times more likely to experience a positive **housing** outcome



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)

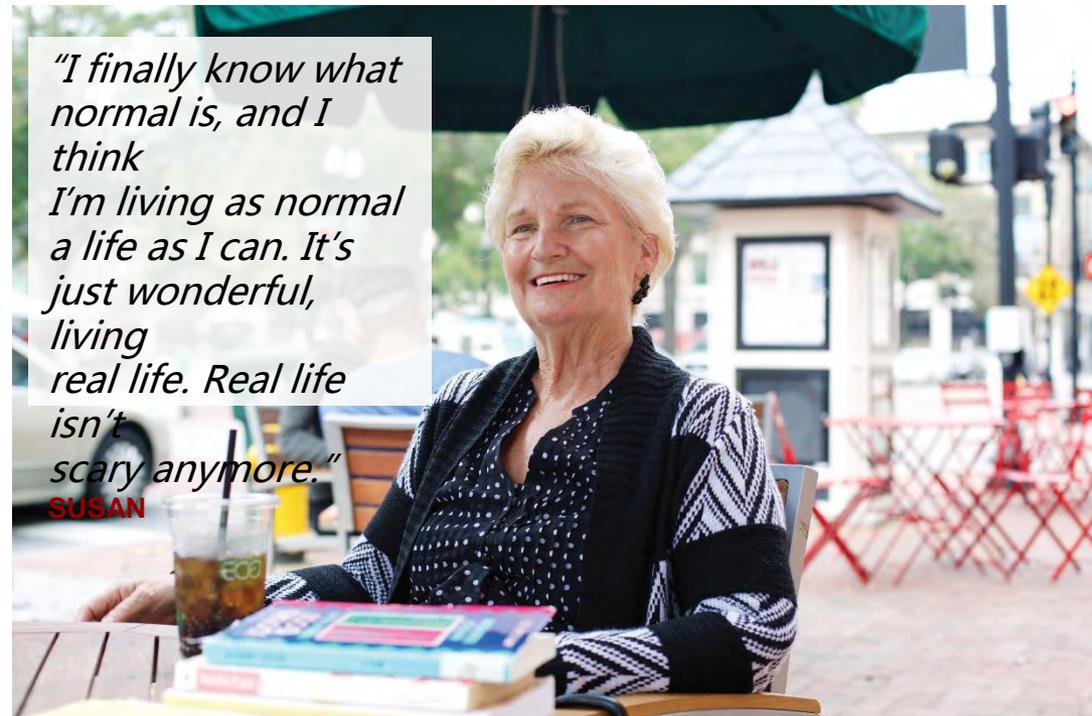


Limitations and Policy Implications

- 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



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...

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References and Resources

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Questions?





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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





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

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