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Barriers and Facilitators for Self-Directed Care: Early Process Evaluation Findings from the Demonstration and Evaluation of Self-Direction in Behavioral Health

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Overview

Self-Direction Basics

Demonstration and Evaluation Description

Implementation Barriers and Facilitators

Description of self-direction, including value base, key elements, and use among different populations

Self-Direction Basics

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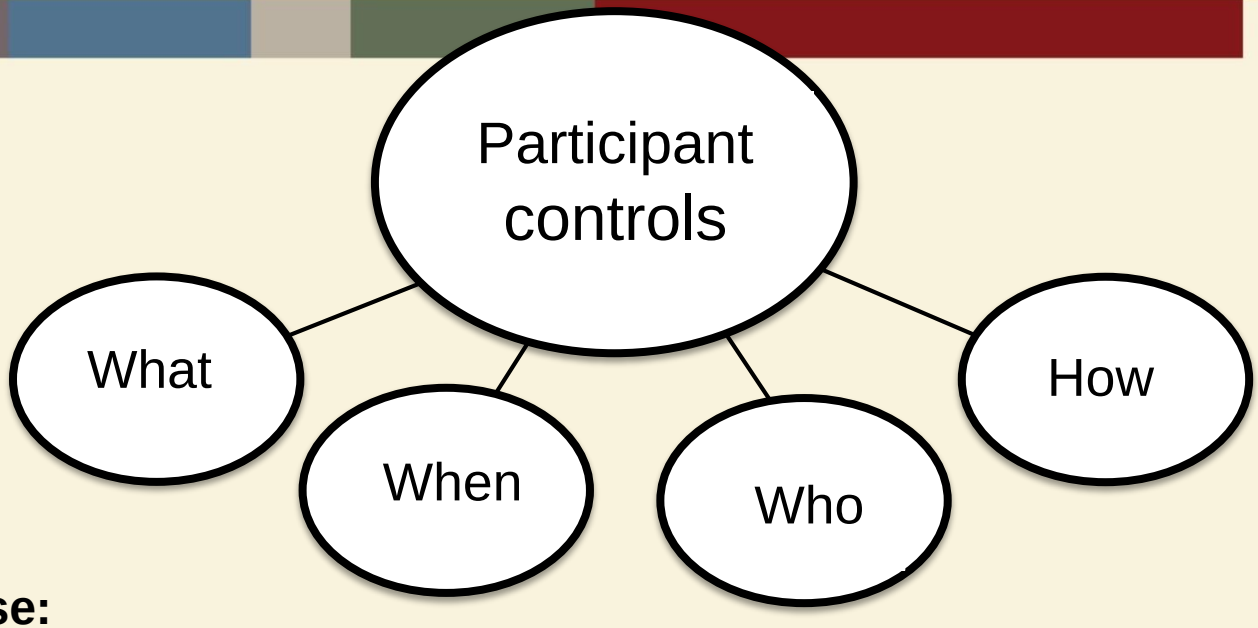
What is Self-Direction?



Value Base:

- **Person-Centeredness: Services that are respectful of and responsive to individual preferences, needs, and values and ensuring that the person's values guide the process**
- **Self-Determination: A set of concepts and values that people with disabilities should have the freedom and support to decide how they live and participate in the community**
- **Recovery: A self-defined, non-linear journey involving hope, social inclusion, and fostering psychological, physical, emotional, and spiritual wellness.**

Self-Direction Program Elements

Person-Centered Planning	Individual Budget	Brokerage Support	Financial Management Services	Quality Assurance & Improvement
Identifies participants' strengths and capabilities	Dollar amount often based on assessment and/or past spending	Supports with the development, implementation, and monitoring of the person-centered plan	Entity that assists with billing, preparing payroll taxes, writing checks, tracking budgets, monitoring expenditures, and handling documentation	Multi-faceted system to maintain a high level of quality through proven strategies
Participants convey their personal preferences and goals	Participant exercises flexibility and control within program guidelines	Peer counseling is an effective support		Quality is defined at the individual and systemic levels

Toward Self-Direction in Behavioral Health Systems

Consumer/ Survivor Movement	*Olmstead v. L.C. (1999)*	Mental Health Transformation	Patient-Centered Care and the ACA
• 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	• New Freedom Commission: "Mental health care is consumer and family driven" • Self-direction is part of a "good and modern" behavioral health system"	•Institute of Medicine: "Consumer is the "locus of control" •Affordable Care Act: Changes to 1915(i) state plan option

"A process of change through which individuals improve their health and wellness, live a **self-directed life**, and strive to reach their full potential.."

- SAMHSA working definition of recovery

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Prevalence of Self-Direction

- **More than 300 programs with 800,000 participants self-directing**
- **All but six states have a budget authority**
- **Some countries moving towards extensive self-direction arrangements for all populations receiving social services**

Populations Self-Directing

- Older adults
- Veterans
- People with physical disabilities
- People with intellectual and developmental disabilities
- People with traumatic brain injury
- Families of children with autism
- More recently, people with mental health conditions

Description of the demonstration and evaluation effort and participating sites

Demonstration and Evaluation of Self-Direction in Behavioral Health

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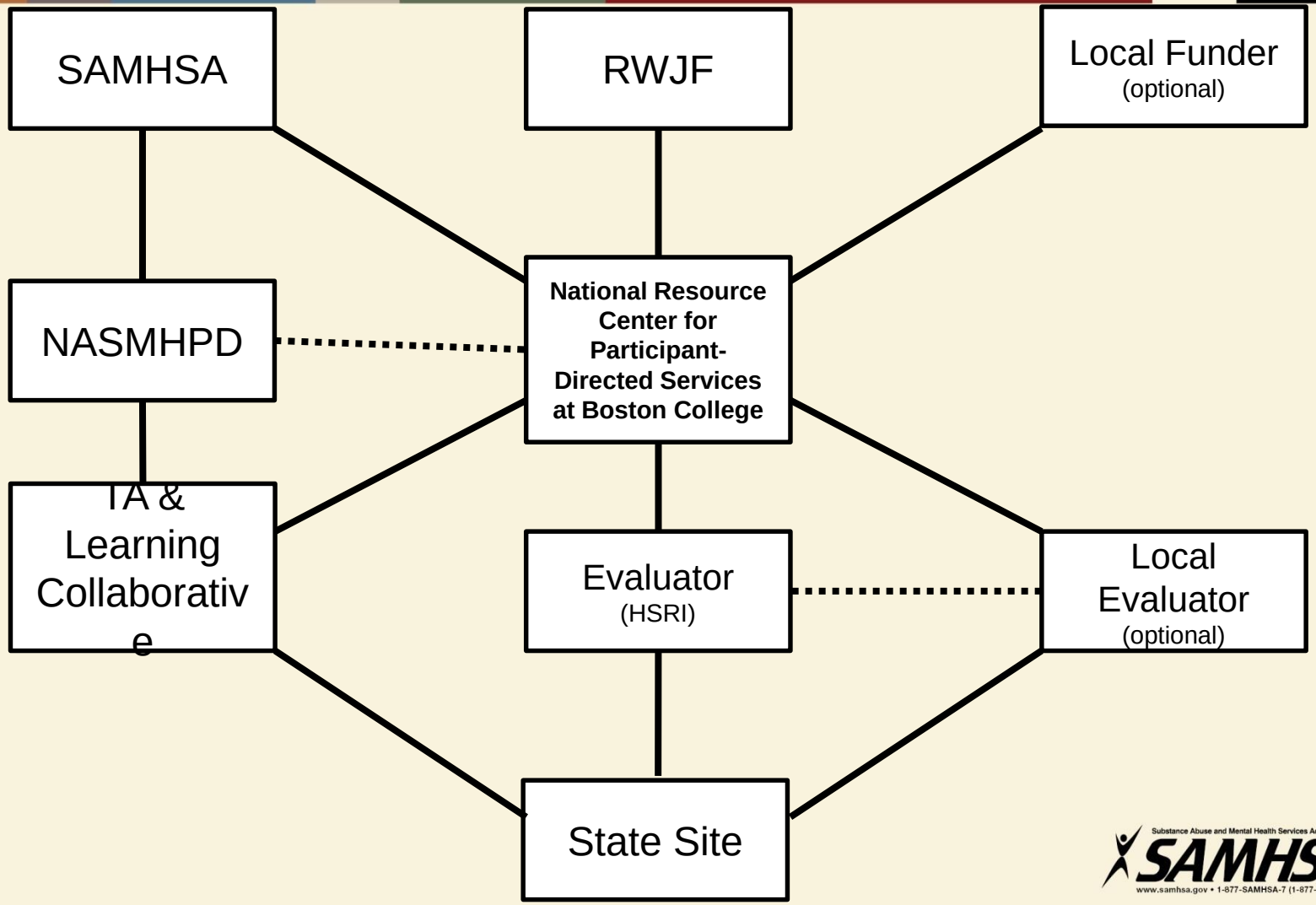
Participating Sites

Florida Self-Directed Care	• Established in state legislature in 2003 • 330 participants in two program sites
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 ATR 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	• Both randomized trials • WIN study has physical health and wellness focus
New York Self-Directed Services	• Anticipated to start summer 2016 • Financed through Medicaid 1115 Waiver Authority

Demonstration and Evaluation Structure



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

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

Preliminary Process Evaluation Findings

Key Challenges and Facilitators

Data Sources and Approach

- **Data collected in 2014 and 2015**
  - *In-depth interviews with participants, support brokers, providers, financial management services, state and county behavioral health authority administrators, and advocates*
  - *Three site visits*
  - *In-person meetings and teleconferences with self-direction implementers, providers, participants, and other stakeholder groups*
- **IRB Approval**
- **Content Analysis approach**
  - *Organized interview transcripts and meeting notes into a series of themes related to each of the RE-AIM elements*

The RE-AIM Framework: What are the challenges and facilitators for the reach, efficacy, adoption, implementation, and maintenance of self-direction?

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

Process Evaluation Findings: Key Challenges and Facilitators

Challenges

- Lack of understanding and awareness among participants and providers
- Unclear eligibility criteria and purchasing policies (e.g. participant concern that budgets will affect current benefits)
- Attitudes about capabilities of mental health service users to self-direct
- Transportation and accessibility barriers for participants
- Implementers not developing relationships with referral sources (e.g. providers, advocacy community)
- Implementation delays (e.g. participant frustration with slow start-up)
- Case managers not sharing information about program, even when it was required

Facilitators

- Flexible & multi-pronged outreach, training, & education for participants & providers
- Promoting word of mouth among participants
- Peer advocacy groups hosting outreach and education efforts
- Promotional materials with clear definition of self-direction, including examples of expenditure and budget information with an emphasis on flexible use of funds
- Repetition and reinforcement of outreach and education efforts

Process Evaluation Findings: Key Challenges and Facilitators

Challenges

- Impact hinges on good implementation (self-direction "fidelity")
- Clear understanding of self-direction among implementers, provider community, and participants
- Ensuring participants are supported to exercise choice and flexibility in purchasing
- Ensuring lasting benefits, outcomes sustained over time

Facilitators

- If participants are empowered to use budgets creatively and try new things, they are likely to reach personal goals
- Involvement of participants' natural supports as well as paid staff to facilitate planning and budgeting process

Process Evaluation Findings: Key Challenges and Facilitators

Challenges

- Behavioral health leadership not understanding what self-direction is
- Lack of experience and administrative infrastructure
- Stakeholders missing from the table may derail an initiative later on
- Self-direction perceived as a threat to provider sustainability
- Advocacy community not engaged in promoting self-direction
- Turnover among leadership
- Competing initiatives make leadership reluctant to try self-direction

Facilitators

- Recognition of existing disparities and potential benefit of self-direction
- Supportive leadership who embrace innovative service delivery options
- Target population is increasing due to Medicaid expansion or other factors
- Advocacy community and providers pushing for self-direction
- Availability of technical assistance to close knowledge gaps
- Infrastructure already in place for other populations (e.g. I/DD system)
- Early adopters are catalysts

Process Evaluation Findings: Key Challenges and Facilitators

Challenges

- Conflicting understanding of purchasing policy between behavioral health authority, program implementers, and participants
- Minimizing conflict of interest in support broker role
- Establishing financial management service infrastructure
- Ensuring adequate documentation and communication between participants, support brokers, fiscal intermediary, and service providers
- Participants can experience documentation and planning as burdensome
- Inadequate levels of oversight from program leadership
- Bundled services make it difficult to calculate individualized budgets

Facilitators

- Peers well-positioned to perform broker role
- Full participant engagement in all self-direction processes
- Engaging with an experienced financial management service
- Ensuring a crisis plan to address fluctuating support needs
- Extensive support and training for support brokers

Process Evaluation Findings: Key Challenges and Facilitators

Challenges

- Financing mechanisms can limit flexibility of purchasing policies
- Embedding self-direction infrastructure into behavioral health system (can be a challenging fit with existing billing structures such as bundled payments)
- Perception self-direction is merely a means to connect people with goods
- Reliance on time-limited funding
- Successes often depend on individual champions; how to maintain self-direction's impact when a champion leaves

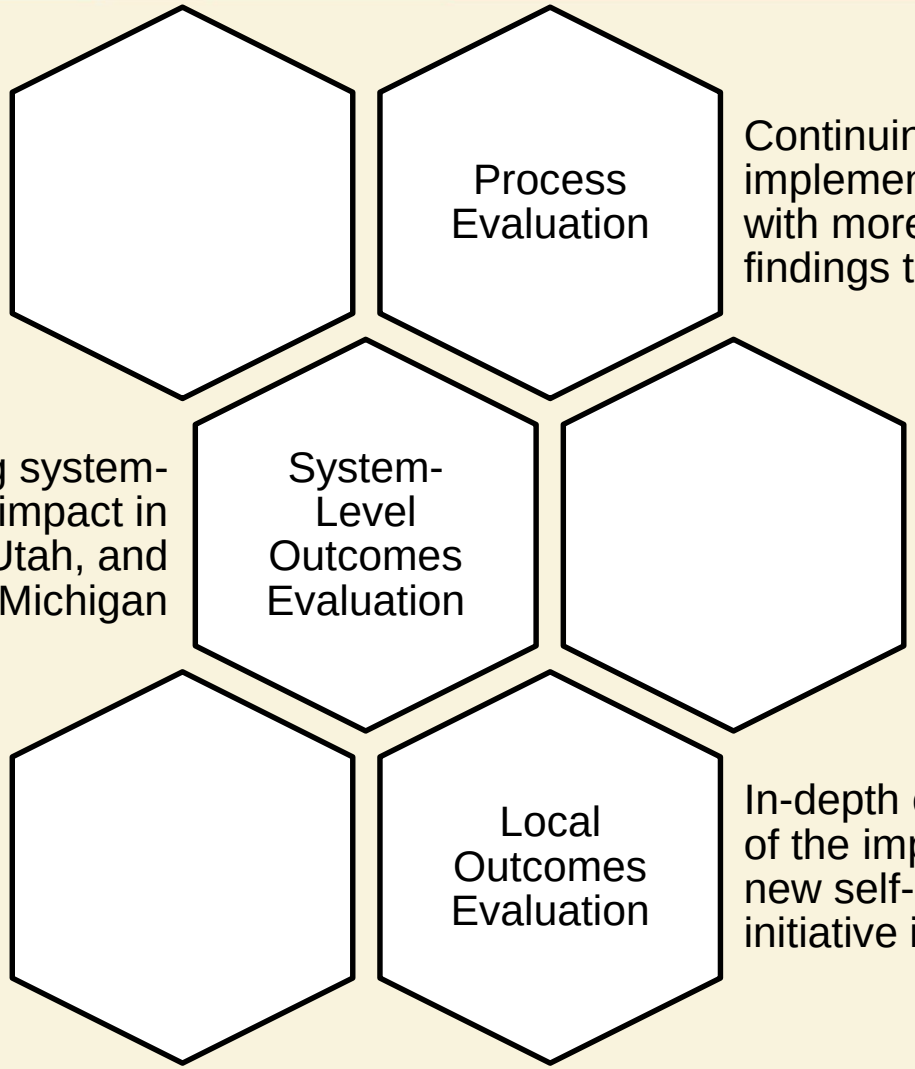
Facilitators

- Begin planning for sustainability from the start
- State and local behavioral health leadership buy-in is critical
- Ensuring commitment of mid-level management – not just leadership
- Establishing a network of practice to overcome implementation barriers
- Strong, ongoing, statewide advocacy support
- Use of data support systems to track expenditure and outcome data

Summary of Findings: Key Ingredients of Self-Direction

Defining and operationalizing self-direction	Clarity in policies and procedure	Choice, flexibility, and creativity in planning and purchasing	Peer support
Visionary leadership	Broker support and training	Engagement with advocacy community	Provider outreach and education
Service user outreach and education	Fiscal intermediary infrastructure	Infrastructure to support communications and linkages	Full participant engagement

What's next?



Continuing to collect implementation data with more detailed findings to come

Examining system-level impact in Florida, Utah, and Michigan

In-depth examination of the impact of a new self-direction initiative in New York

For more information…

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