Self-Direction through Personalized Budgeting

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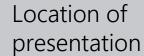
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Mental Health Self-Direction: Basic Principles and Research Evidence



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Presentation Overview

Basics of Mental Health Self-Direction



Evidence Base and Current Research



Selected Findings from Florida Self-Directed



Key Takeaways



Mental Health 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



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



3 Priorities from a 2015 International Learning Exchange



of 45 people from seven countries

Self-direction represents a culture shift for valuebased 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



Who is self-directing in the US?

More than 300 programs with over a million participants

In 2013, 700 individuals with serious mental health conditions were enrolled in mental health self-direction in seven states

~500 more expected to enroll 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



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 now

New York Self-Directed Services

- Began Fall 2017
- Financed through Medicaid 1115 Waiver Authority



Evidence Based: Mental Health Self-Direction

2014 Systematic Review

- 15 studies through2013
- Mental health selfdirection 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 selfdirecting participants in Pennsylvania
- Participants used "personal medicine" strategies to meet goals



Demonstration & Evaluation of Self-Direction in Mental Health: 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

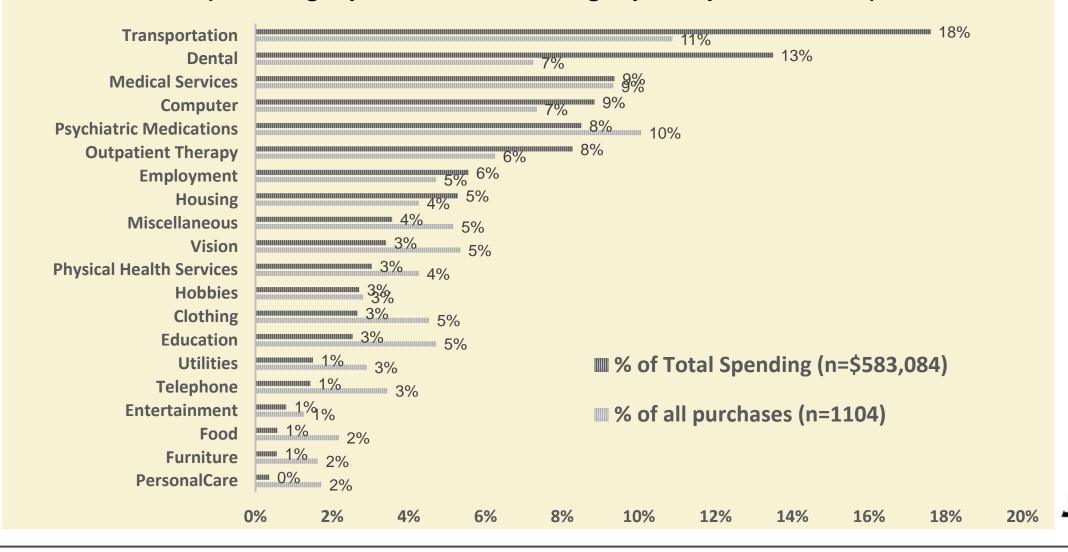


Individual-Level Local Outcomes Evaluation

 Look different in each state and involve collaborations with local researchers

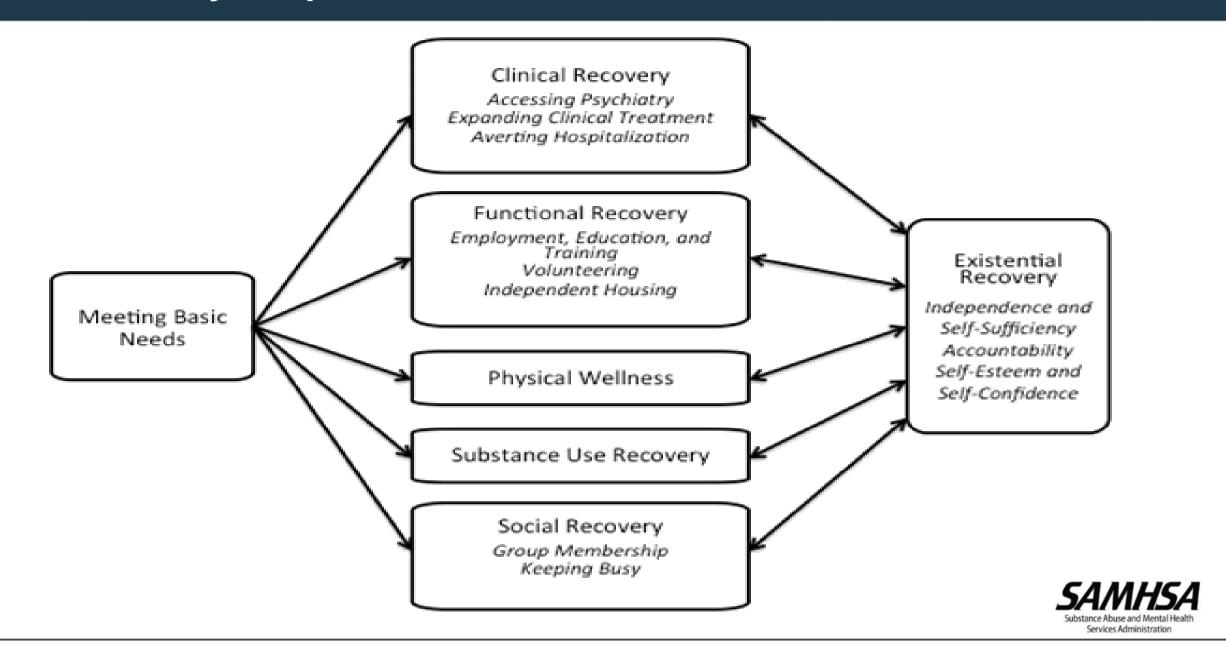
How do Participants Use Their Budgets?

FlorideSDC Spending by Purchase Category, July 2010 to April 2015



Services Administration

Recovery-Impact of Self-Direction



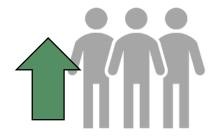
Compared to people with similar characteristics who did not self-direct, FloridaSDC participants were...



1.97 times more likely to experience a positive employment outcome



2.99 times more likely to experience a positive housing outcome



2.75 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



Policy Implications and Research Limitations



"In a Self-Directed
Care program, you can
only move forward.
There's no going back.
It's always forward."
JULIE

- 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

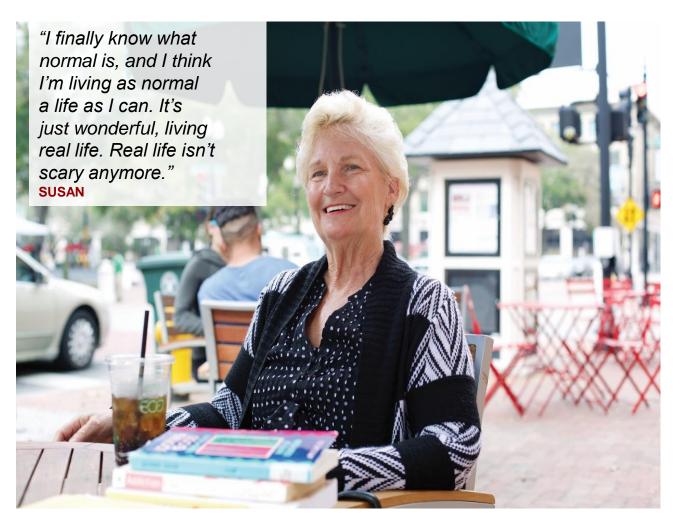
Limitations:

- Generalizability
- Administrative data
- Unobserved variables



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





More Takeaways



"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

 Self-directing participants more likely than nonparticipants to see positive outcomes related to days worked for pay, independent housing, and support group engagement



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"Self-Directed Care was truly recovery. It was about receiving care that encouraged, that nurtured, that met me where I was."

Julie Schnepp Consumer Recovery Investment Fund Self-Directed Care (CRIF-SDC)





Self-Directed Care: The Michigan Experience



Michigan Department of Health & Human Services

Self-Directed Care The Michigan Experience

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

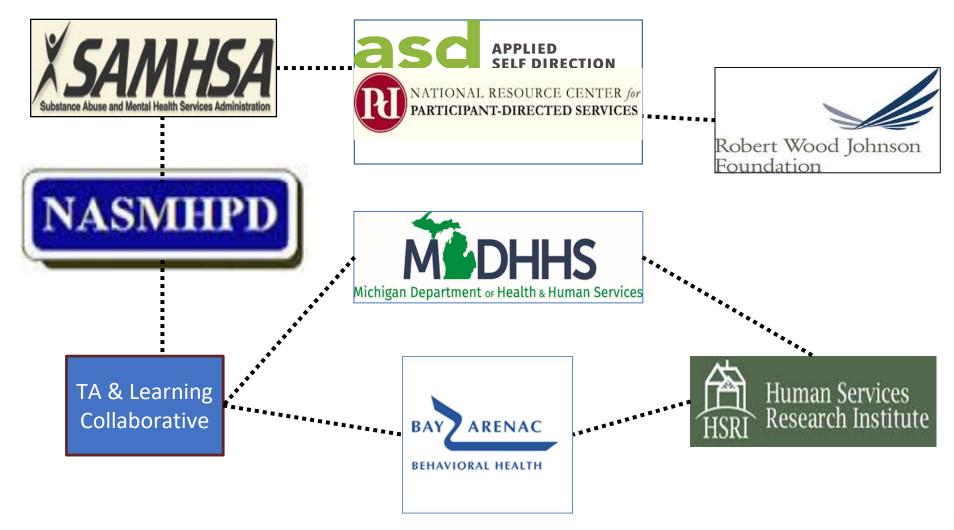


"From the beginning, selfdetermination has been built on a bedrock of improved quality through responsible freedom, and, fiscal conservatism."

Tom Nerney, Founder, Center for Self-Determination Nerney, T., Conroy, J. & Carver, P. (2017). Threshold of Freedom. The Revolutionary Promise of Self-Determination. Saarbrücken, LAP Lambert Academic Publishing.

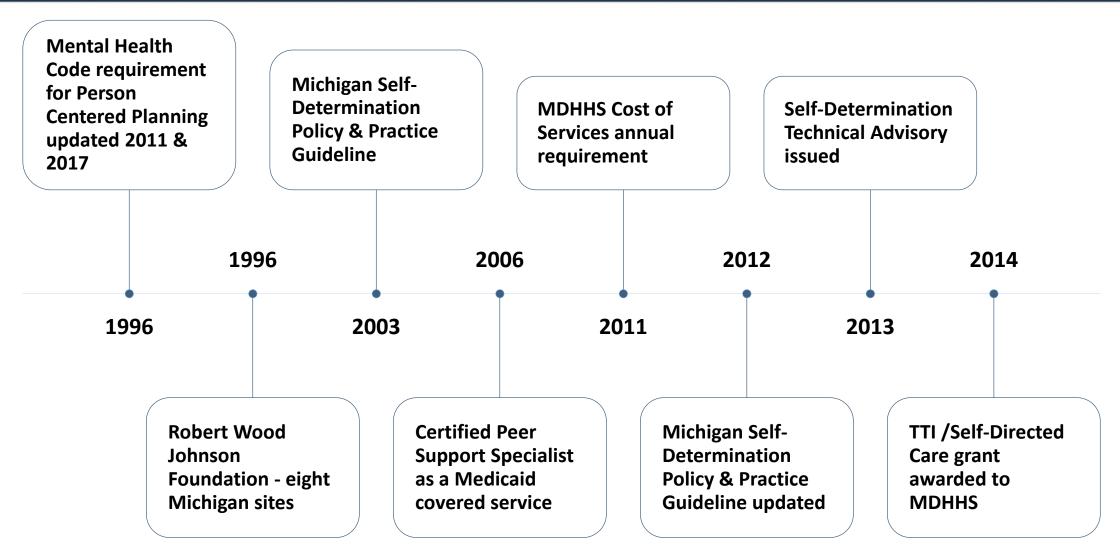


TTI Demonstration & Evaluation Structure





Self-Direction in Michigan





Michigan Self-Directed Care

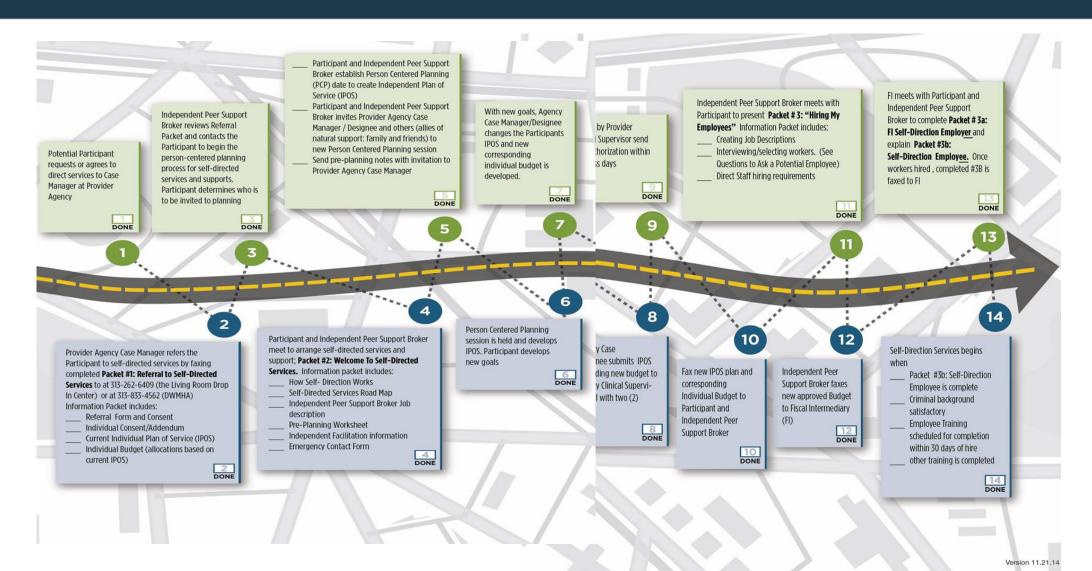


- Certified Peer Support Specialists (CPSS) as Independent Support Brokers
- Brokering an array of services i.e. person centered planning; linking & coordinating of services; assisting with employment & financial management services; monitoring & advocating responsibilities regarding the needs of individuals with mental health and other chronic conditions, as well as substance use disorders
- Highly trained workforce with natural skills & abilities to provide brokerage services
- Shared history of recovery & ability to gain trust & respect



Road Map: Self-Directed Care

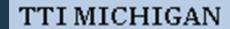
TTI MICHIGAN







Self-Directed Care Roadmap



- Referral to Self-Directed Care Form
- Welcome to Self-Directed Care Services packet
- 3. How Self-Direction Works
- 4. Self-Direction Roadmap
- 5. Independent Peer Support job description
- 6. Pre-Planning worksheet
- 7. Independent Facilitation information

- 8. Hiring My Employees
- 9. Creating job descriptions
- 10. Interviewing and selecting workers
- 11. Direct staff hiring requirements
- 12. Employee & Employer Fiscal Intermediary information





Benefits of Road Map



- Simplify & visualize the implementation process
- Developed with stakeholders
- Everyone knows what to do & when steps need to be accomplished
- To quickly communicate plans & expectations
- To generate a shared understanding
- To communicate plans with other stakeholders
- Emphasizes that SDC is a journey & the map is a guide
- Straightforward steps needed to taken
- Convey the message to providers that SDC process does not need to be overly complicated







Peer Support Specialist as Support Brokers Support brokers work closely with participants to develop, implement, monitor, & adapt their life plans as their circumstances change.

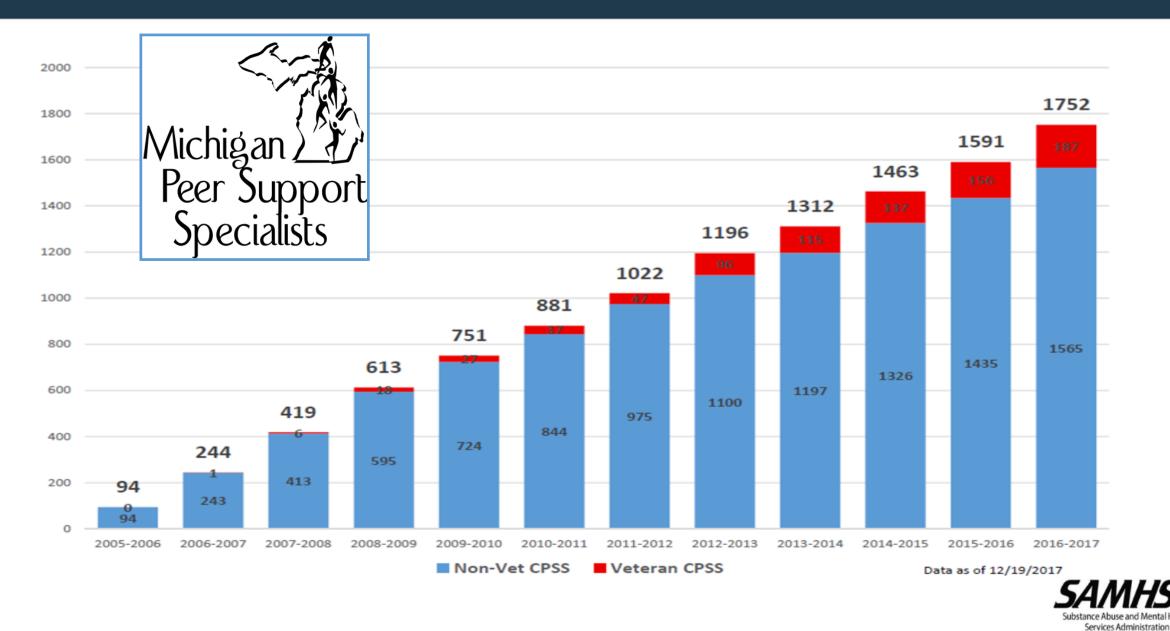
Certified Peer Support Specialists (CPSS) are often employed as Independent Support Brokers.

These peer support brokers frequently forge powerful relationships with participants, who, perhaps for the first time, have someone in their lives who both understands where they are coming from & respects and encourages their independence.

From Mental Health in Self-Direction www.mentalhealthselfdirection.org



Peer Support Specialists Certified & Trained 2005-2017





Background Information

- Self-Determination arrangements offered for 15 years
- Primary focus on individuals with I/DD
- Joined TTI Self-Directed Care project Jan 2016
- First participant enrolled in Self-Directed Care April 2016
- Updated Strategic Leadership & Board of Directors May 2017
- Enrolled participants with mental health conditions
- Initially, seven budgets decreased, two budgets increased & two budgets stayed neutral





Outcomes from Oct 2016 to Sept 2017

- Successfully implement & sustain Self-Directed Care for individuals with mental health conditions
- 13 individuals currently participating
- Estimated cost savings from claims data: \$35,030.00
- Estimated cost savings from initial person-centered plan: \$92,354.78
- Individual budgets do not include cost savings in emergency services, crisis planning and/or inpatient care
- Hospital reductions: 63 days
- Nine budgets decreased, two budgets increased, three were neutral
- Individual outcomes demonstrated a higher level of physical & behavioral health integration as a result of budget & employer authority



Participant Outcomes

Personal responsibility

Meaningful engagement

Long-term community involvement

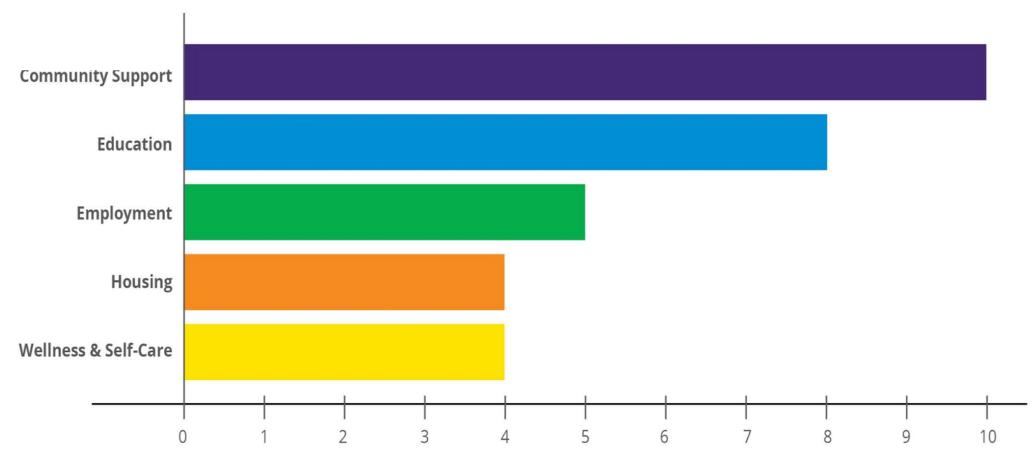
Decreased dependence on the system





13 Participant Goals

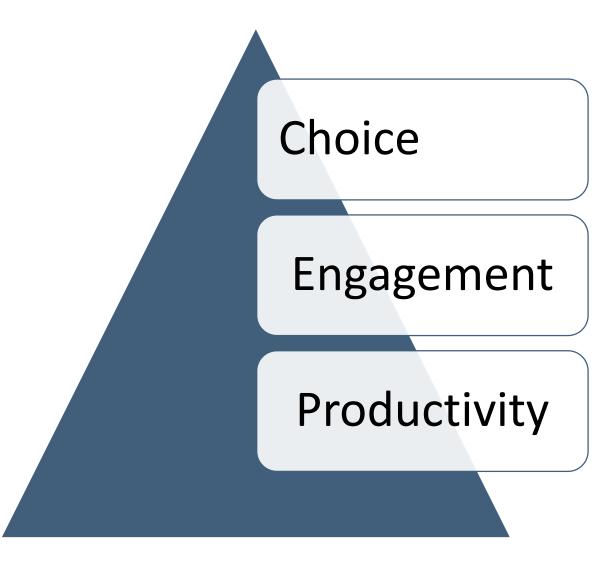
MICHIGAN SELF-DIRECTED CARE PILOT PROJECT PARTICIPANT GOALS







Self-Directed Care INCREASED





Self-Directed Care INCREASED

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Self Direction Resources

Mentalhealthselfdirection.org 2017

http://hsri.us2.list-manage2.com/track/click?u=abe97fa7a35fb4137a263a13a&id=9c07ccfc23&e=ce77012cf9

Person-Centered Planning Policy and Practice Guideline 2017

http://www.michigan.gov/documents/mdch/PersonCentered_Planning_Revised_Practice_Guideline_367086_7.pdf

Self-Determination Technical Advisory 2013

http://www.michigan.gov/documents/mdch/Self_Determination_Technical_Advisory_Final_420433_7.pdf

Self-Determination Policy and Practice Guideline 2012

http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf

