Self-Direction through Personalized Budgeting

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Disclaimer:

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Mental Health Self-Direction: Basic Principles and Research Evidence

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Presentation Overview

1. Basics of Mental Health Self-Direction
2. Evidence Base and Current Research
3. Selected Findings from Florida Self-Directed
4. 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
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.

of 45 people from seven countries
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
<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
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| **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 |

*SAMHSA* Substance Abuse and Mental Health Services Administration
### Evidence Based: 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
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

- Transportation: 18% of Total Spending, 16% of all purchases
- Dental: 13% of Total Spending, 12% of all purchases
- Medical Services: 11% of Total Spending, 10% of all purchases
- Computer: 10% of Total Spending, 9% of all purchases
- Psychiatric Medications: 9% of Total Spending, 8% of all purchases
- Outpatient Therapy: 8% of Total Spending, 7% of all purchases
- Employment: 8% of Total Spending, 7% of all purchases
- Housing: 7% of Total Spending, 6% of all purchases
- Miscellaneous: 6% of Total Spending, 5% of all purchases
- Vision: 5% of Total Spending, 5% of all purchases
- Physical Health Services: 5% of Total Spending, 4% of all purchases
- Hobbies: 4% of Total Spending, 3% of all purchases
- Clothing: 3% of Total Spending, 3% of all purchases
- Education: 3% of Total Spending, 3% of all purchases
- Utilities: 3% of Total Spending, 2% of all purchases
- Telephone: 2% of Total Spending, 2% of all purchases
- Entertainment: 2% of Total Spending, 1% of all purchases
- Food: 2% of Total Spending, 1% of all purchases
- Furniture: 2% of Total Spending, 1% of all purchases
- Personal Care: 2% of Total Spending, 1% of all purchases

% of Total Spending (n=$583,084)
% of all purchases (n=1104)
Recovery - Impact of Self-Direction

- Meeting Basic Needs
  - Clinical Recovery
    - Accessing Psychiatry
    - Expanding Clinical Treatment
    - Averting Hospitalization
  - Functional Recovery
    - Employment, Education, and Training
    - Volunteering
    - Independent Housing
  - Physical Wellness
  - Substance Use Recovery
  - Social Recovery
    - Group Membership
    - Keeping Busy

- Existential Recovery
  - Independence and Self-Sufficiency
  - Accountability
  - Self-Esteem and Self-Confidence
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

- 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

“In a Self-Directed Care program, you can only move forward. There’s no going back. It’s always forward.”

JULIE
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
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 non-participants to see positive outcomes related to days worked for pay, independent housing, and support group engagement
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

www.mentalhealthselfdirection.org
“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, self-determination has been built on a bedrock of improved quality through responsible freedom, and, fiscal conservatism.”

Tom Nerney, Founder, Center for Self-Determination
Self-Direction in Michigan


1996: Robert Wood Johnson Foundation - eight Michigan sites

2003: Certified Peer Support Specialist as a Medicaid covered service

2006: Michigan Self-Determination Policy & Practice Guideline

2011: MDHHS Cost of Services annual requirement

2012: Self-Determination Technical Advisory issued

2013: Michigan Self-Determination Policy & Practice Guideline updated

2014: TTI /Self-Directed Care grant awarded to MDHHS
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
Self-Directed Care Roadmap

1. Referral to Self-Directed Care Form
2. 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

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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 be taken
- Convey the message to providers that SDC process does not need to be overly complicated
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

Data as of 12/19/2017

Non-Vet CPSS  Veteran CPSS
• 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

- Community Support
- Education
- Employment
- Housing
- Wellness & Self-Care
Self-Directed Care INCREASED

- Choice
- Engagement
- Productivity
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
  

- **Self-Determination Technical Advisory** 2013
  

- **Self-Determination Policy and Practice Guideline** 2012
  