SELF-DIRECTION IN BEHAVIORAL HEALTH: AN ENVIRONMENTAL SCAN*

Bevin Croft, Human Services Research Institute
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Overview

- What is self-direction?
- Self-direction in behavioral health
- An environmental scan of self-direction in behavioral health
- Findings from the program director survey and interviews
WHAT IS SELF-DIRECTION?

An introduction to basic program design, principles and value base, and an overview of the Cash & Counseling demonstration and evaluation
Self-Direction 101

- The right to decision-making and involvement in all aspects of a person’s life
- Also called self-directed care, participant-direction, consumer-direction, personalization, individual budgets
- A tool for recovery
- Elements:
  - Person-centered planning
  - Individual budgeting
  - Choosing and accessing services, supports, and goods that improve quality of life
# Self-Determination: The Value Base

<table>
<thead>
<tr>
<th>Value Base</th>
<th>Description</th>
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<tbody>
<tr>
<td>Freedom</td>
<td>to choose how to live one’s life</td>
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<tr>
<td>Authority</td>
<td>to control public dollars</td>
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<tr>
<td>Support</td>
<td>to create a unique support plan</td>
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<tr>
<td>Responsibility</td>
<td>to use public dollars wisely</td>
</tr>
<tr>
<td>Confirmation</td>
<td>that people with disabilities are a part of redesigning the human service system</td>
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Traditional Service Model
Mechanics of Behavioral Health Self-Direction

- Recovery Plan
- Monitoring & Implementation
- Budget
- Financial Management
The Cash & Counseling Demonstration and Evaluation

• Began in 1995 through a partnership with the Robert Wood Johnson Foundation, the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning, and Evaluation (ASPE), and Centers for Medicare and Medicaid Services (CMS) oversight

• 6,700 older adults and people of all ages with diverse disability-related needs in three states (not specifically mental health)

• Participants were randomized to either a self-directed or traditional (agency-based) program
Compared to traditional agency services, Cash & Counseling participants had…

<table>
<thead>
<tr>
<th>Benefits</th>
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<tbody>
<tr>
<td>Increased access and quality</td>
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<tr>
<td>Higher participant satisfaction and quality of life</td>
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<tr>
<td>Reduced unmet needs</td>
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<tr>
<td>Services better tailored to the individual</td>
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<tr>
<td>Minimal fraud and abuse</td>
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Cash & Counseling Costs

- Arkansas saved $5.6 million after nine years
- Clear reductions in the use of nursing homes, which is more costly than community-based care
- Medicaid costs for personal care were higher compared to the traditional system – but this was because these people weren’t getting the care they were entitled to

Over ten years out, the model is spreading…

- A new initiative in 2004 replicated Cash and Counseling in 12 states
- Programs tailor services for people with developmental disabilities, traumatic brain injury, children with autism, and many other groups
- Initiatives in the health reform law support self-direction
- National Health Service Pilots in the United Kingdom
- Veteran-directed programs in 34 states
Cash & Counseling – a Good Fit for Mental Health

• A second look at outcomes for participants who had a mental health diagnosis suggests a good fit:
  • The group fared as well as participants with no mental health diagnosis
  • The group fared better than those receiving traditional agency-based services on several measures, including participant satisfaction and quality of life

• But numbers were small, and the population wasn’t representative of all behavioral health service users

Sources:
SELF-DIRECTION IN BEHAVIORAL HEALTH

An introduction to the budget authority model in a behavioral health context and an overview of recent activities
Towards Self-Direction

Consumer/ Survivor Movement

• Advocated for increased self-direction and self-reliance


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

Patient-Centered Care

• Institute of Medicine: “Consumer is the "locus of control"
• Support for integrated medical homes in the Affordable Care Act (ACA)

Mental Health Transformation

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

“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, 2012
## Self-Directed Mental Health Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Key Information</th>
</tr>
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<tbody>
<tr>
<td>Florida SDC</td>
<td>- Largest and longest-standing&lt;br&gt;- Good preliminary outcomes – reduction in crisis services</td>
</tr>
<tr>
<td>Delaware County, Pennsylvania</td>
<td>- Randomized study with 75 people self-directing&lt;br&gt;- Partnership with Magellan Behavioral Health</td>
</tr>
<tr>
<td>Texas Northstar</td>
<td>- Uses braided Medicaid, state, and local funding&lt;br&gt;- ValueOptions serves as fiscal intermediary</td>
</tr>
<tr>
<td>Michigan Self-Determination</td>
<td>- Available to all mental health service users in Michigan&lt;br&gt;- Minimal take-up thus far</td>
</tr>
<tr>
<td>Other Demonstrations</td>
<td>- Little information available&lt;br&gt;- Fewer than 50 participants</td>
</tr>
</tbody>
</table>
Funding Self-Direction in Behavioral Health

- Medicaid
  - Medicaid waivers: 1915(c)
  - State Plan Options: 1915(i) and 1915(k)
- State general revenue
- SAMHSA block grants
- Managed care: reinvestment funds
- Most programs use braided funding
AN ENVIRONMENTAL SCAN OF SELF-DIRECTION IN BEHAVIORAL HEALTH

Next steps in understanding how to promote self-direction for people who use behavioral health services and supports.
Purpose of the Environmental Scan

Add to the existing knowledge of self-direction and behavioral health

Outline key issues, barriers, and facilitators to self-direction

Ascertain appropriate next steps (e.g. technical assistance, a demonstration and evaluation)

Adapt the model to fit the needs of the behavioral health community
The Multi-Disciplinary Research Team

Supported by the Robert Wood Johnson Foundation

Based at the National Resource Center for Participant-Directed Services
Some Issues to Consider

<table>
<thead>
<tr>
<th>Financing</th>
<th>Role of peers</th>
<th>Person-centered planning</th>
<th>Psychiatric advance directives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating service systems</td>
<td>Risk and liability</td>
<td>Shared decision-making</td>
<td>Training</td>
</tr>
<tr>
<td>Culture change</td>
<td>Medical model</td>
<td>Service availability</td>
<td>Stigma</td>
</tr>
<tr>
<td>Needs changing over time</td>
<td>Co-occurring MH and SU</td>
<td>Transition Age Youth</td>
<td>Older Adults</td>
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Environmental Scan – Four Components

- Literature Review
- Work with Program Directors
- Work with Stakeholders
- Final Report
• Review and synthesize what we already know about self-direction, including…
  • A close look at ways to finance self-direction
  • Self-directed programs in other parts of the world
  • Self-direction in domestic pilot programs

• Gather information about key issues, outcomes, barriers, and bridges
• **Webinar**
  - Describing self-direction, the budget authority model, the Cash & Counseling Demonstration and Evaluation
  - Orienting and educating policymakers

• **Survey**
  - Understanding feasibility of this approach
  - Ascertaining interest and identify concerns

• **Interviews**
  - Going into greater detail
  - Learning what behavioral health policymakers think of self-direction
- Stakeholders are peers, providers (including peer providers), advocates, and others
- Conduct focus groups and individual interviews
- Explore key issues, concerns, and barriers
- Identify outcome measures
• Write reports detailing recommendations for implementing self-direction on a large scale
• Identification of key issues and resources for addressing them
• Disseminate to all stakeholder groups
PROGRAM DIRECTOR SURVEY RESULTS

Some preliminary findings from the mental health and substance use program director survey
The Webinar: A Breakthrough Model for Independence and Choice

- Invited all state and county mental health and substance use program directors nationwide
- Speakers included…
  - Paolo del Vecchio, SAMHSA Center for Mental Health Services
  - Bob Glover, National Association of State Mental Health Program Directors
  - Ron Manderscheid, National Association of County Behavioral Health and Developmental Disability Directors
  - Kathryn Poisal, Centers for Medicare and Medicaid Services
  - Patrick Hendry, Mental Health America, formerly of Florida SDC
- Recording available at [www.participantdirection.org](http://www.participantdirection.org)
The Respondents and their Agencies

- All webinar attendees invited to take the survey
- Webinar attendees represented 35 states and the District of Columbia
- 50 webinar attendees took the survey

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>%</th>
<th>n</th>
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<tbody>
<tr>
<td>State Program</td>
<td>59</td>
<td>29</td>
</tr>
<tr>
<td>County Program</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Office of Consumer Affairs</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Mental Health Program</td>
<td>82</td>
<td>41</td>
</tr>
<tr>
<td>Substance Abuse Program</td>
<td>44</td>
<td>22</td>
</tr>
<tr>
<td>Other Agency*</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
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*Other agencies represented (n=7): Contracted peer support agency, managed care organization, independent contractor, community non-profit service provider, Office of Community Services, State Core Service Agency, university
In-Depth Interviews

- All survey respondents invited to take part in in-depth interviews following the survey
  - 29 individuals agreed to be contacted
  - 17 interviews conducted
- Interviewees represented:
  - 10 states and four counties
  - Offices of Consumer Affairs/peers (four interviews)
- Diverse perspectives, significant differences state to state
Priority Given to Self-Direction

Question: In general, how high a priority is self-direction for your agency in the coming years?

- High: 50%
- Moderate: 26%
- Low: 12%
- Unsure: 12%

n=50
Interest in Implementing

Question: How interested would you be in implementing a self-directed program in your state/county?

- Very interested: 64%
- Somewhat interested: 11%
- Moderately interested: 11%
- Unsure: 9%
- Somewhat disinterested: 5%

**Note that no respondents indicated that they were “very disinterested”**
Expected Impact

Question: What kind of impact do you think self-directed programs will have on the mental health and substance use systems in the coming years?

- Moderate: 46%
- High: 42%
- Limited: 6%
- Unsure: 6%

n=50
Potential Benefits of Self-Direction

Percent rating “high” or “very high” benefit (n=50):

- Stronger consumer voice and choice: 94%
- Greater flexibility: 88%
- Enhanced recovery: 88%
- Increased community integration: 86%
- Improved quality: 82%
- Greater access: 76%
- Decreased unmet needs: 66%
- Lower costs: 54%
Potential Challenges of Self-Direction

Percent rating “high” or “very high” level of challenge (n=50):

- Less control for providers: 54%
- Less control for payers: 32%
- Safety and risk concerns: 28%
- More complex to manage: 24%
- Potential for misuse: 23%
- Higher costs: 20%
- Equity concerns: 14%
Other Benefits and Challenges

**Benefits**
- Increased…
  - quality of life
  - hope
  - empowerment
  - health and wellness
- People getting what is actually needed
- Paradigm shift
- Incentives to improve services
- New opportunities for peer support work

**Challenges**
- Fear of change
- Obtaining provider buy-in
- Changing old patterns of doing things
- Increased training and education needs (peer workforce, case managers, and participants)
- Public perception/stigma
Facilitators to Implementing Self-Direction

Percent rating “important” or “very important” (n=50):

- Systems emphasis on self-determination and recovery: 96%
- Increased demand due to Medicaid expansion: 44%
- Consumer interest/demand: 42%
- Potential for cost-effectiveness: 40%
- Coordination with managed care: 34%
- Mental health parity: 29%
- Changes to the 1915(i): 28%
- Potential for cost avoidance: 27%
Barriers to Implementing Self-Direction

Percent rating “important” or “very important” (n=50):

- Provider resistance: 86%
- Policy maker resistance: 74%
- Managed care resistance: 58%
- Obtaining consumer interest: 26%
- Cost: 24%
## Other Facilitators and Barriers

<table>
<thead>
<tr>
<th>Facilitators</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Politically attractive – emphasis on autonomy, personal choice and responsibility</td>
<td>• Too many other changes, overwhelming</td>
</tr>
<tr>
<td>• Could help address provider shortage</td>
<td>• Lack of clear information (e.g. Medicaid rules)</td>
</tr>
<tr>
<td></td>
<td>• Ensuring a qualified workforce</td>
</tr>
<tr>
<td></td>
<td>• Public perception/stigma</td>
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Limitations

- Survey respondents were already interested in self-direction
  - Selection bias – those more enthusiastic about self-direction more likely to take the survey
- Some states over-represented
- State and County behavioral health authorities and Medicaid programs are all different, face different issues and challenges
Next Steps

• Focus groups and interviews with participants and providers in Massachusetts, Florida, and Michigan, and elsewhere
• Stakeholder interviews – recruiting soon!
• Report-writing and dissemination of final results
Thank You!
For more information, please contact:

Lori Simon-Rusinowitz, National Resource Center on Participant-Directed Services, lasr@umd.edu

Bevin Croft, Human Services Research Institute, bcroft@hsri.org