Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
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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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
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
- Identifies participants' strengths and capabilities
- Participants convey their personal preferences and goals

Individual Budget
- Dollar amount often based on assessment and/or past spending
- Participant exercises flexibility and control within program guidelines

Brokerage Support
- Supports with the development, implementation, and monitoring of the person-centered plan
- Peer counseling is an effective support

Financial Management Services
- Entity that assists with billing, preparing payroll taxes, writing checks, tracking budgets, monitoring expenditures, and handling documentation

Quality Assurance & Improvement
- Multi-faceted system to maintain a high level of quality through proven strategies
- Quality is defined at the individual and systemic levels
“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
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
<table>
<thead>
<tr>
<th>Participating Sites</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Florida Self-Directed Care</strong></td>
<td>Established in state legislature in 2003</td>
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<td></td>
<td>330 participants in two program sites</td>
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<td><strong>Michigan Self-Determination</strong></td>
<td>Certified Peer Specialists are Independent Support Brokers</td>
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<td></td>
<td>Financed through Medicaid Managed Care Waiver</td>
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<tr>
<td><strong>Utah Mental Health Access to Recovery</strong></td>
<td>Established in Salt Lake County in 2014</td>
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<td></td>
<td>Based on ATR for substance use populations</td>
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<td><strong>Pennsylvania Consumer Recovery Investment Fund-SDC</strong></td>
<td>Brokers and leadership are Certified Peer Specialists</td>
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<tr>
<td></td>
<td>Financed through managed care reinvestment funds</td>
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<tr>
<td><strong>Texas SDC and Wellness Incentives Navigation Program</strong></td>
<td>Both randomized trials</td>
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<tr>
<td></td>
<td>WIN study has physical health and wellness focus</td>
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<tr>
<td><strong>New York Self-Directed Services</strong></td>
<td>Anticipated to start summer 2016</td>
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<td></td>
<td>Financed through Medicaid 1115 Waiver Authority</td>
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Demonstration and Evaluation Structure

- SAMHSA
- RWJF
- Local Funder (optional)
- NASMHPD
- TA & Learning Collaborative
- National Resource Center for Participant-Directed Services at Boston College
- Evaluator (HSRI)
- State Site
- Local Evaluator (optional)
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
Reach

Efficacy

Adoption

Implementation

Maintenance

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
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
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
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

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<thead>
<tr>
<th>Ingredient</th>
<th>Description</th>
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<tr>
<td>Defining and operationalizing self-direction</td>
<td>vision of leadership, clarity in policies and procedure, choice, flexibility, and creativity in planning and purchasing</td>
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<td>Peer support</td>
<td>vision of leadership, clarity in policies and procedure, choice, flexibility, and creativity in planning and purchasing</td>
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<td>Visionary leadership</td>
<td>vision of leadership, clarity in policies and procedure, choice, flexibility, and creativity in planning and purchasing</td>
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<td>Broker support and training</td>
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<td>Engagement with advocacy community</td>
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<td>Provider outreach and education</td>
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<td>Service user outreach and education</td>
<td>vision of leadership, clarity in policies and procedure, choice, flexibility, and creativity in planning and purchasing</td>
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<tr>
<td>Fiscal intermediary infrastructure</td>
<td>vision of leadership, clarity in policies and procedure, choice, flexibility, and creativity in planning and purchasing</td>
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<td>Infrastructure to support communications and linkages</td>
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<td>Full participant engagement</td>
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What’s next?

- Process Evaluation: Continuing to collect implementation data with more detailed findings to come
- System-Level Outcomes Evaluation
- Local Outcomes Evaluation
- 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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