



Self-Directed Care Outcomes

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NYS' Mental Health Self-Directed Care Pilot: Outcomes

Introduction

Since 2017, New York State has been implementing Mental Health Self-Directed Care (SDC) using NYS Office of Mental Health funds. It is being piloted as part of a Medicaid 1115 Waiver Demonstration, which is designed to help states test new approaches to service delivery for people on Medicaid.

What's SDC? Self-Directed Care is about autonomy and choice. It's based on the idea that people are experts in their lives and should determine their own recovery pathways. With Self-Directed Care, people use public funds to purchase goods and services or hire service providers. All purchases are linked to specific recovery goals set by the person with support from a specially trained advisor.

Who self-directs? To take part in the SDC pilot, people had to be eligible for Medicaid Health and Recovery Plans (HARPs). These plans are designed for people with significant behavioral health needs. The SDC pilots are taking place in two sites: New York City with Community Access, Inc. and the Hudson Valley region with Independent Living, Inc.

Participants

As of May 2019, 219 participants were enrolled in SDC. Participants were:

- Between the ages of 23 and 66; average age of 45
- 50% female
- 50% white, 40% black, 18% Hispanic

Participants experienced a high level of financial need and often lacked social supports.

- 42% held a high school diploma or equivalent
- 40% lived in supportive housing and 13% had unstable housing or experienced homelessness
- 19% were employed (mostly part-time)

Many participants reported substance use disorders, physical health problems, and histories of trauma, and on average, participants rated their quality of life as just above "fair."

Outcomes

What were we looking for?

Quantitative and qualitative studies of self-direction in other states have demonstrated improvements in housing, employment, quality of life, self-esteem, and other measures of well-being, often at the same or lower cost than traditional arrangements.¹ SDC evaluators in New York were interested in understanding whether SDC resulted in these types of outcomes for participants in New York.

Evaluators looked at information entered in the SDC data portal, quarterly mental health assessments, and data from a participant survey.

What did the data show?

Every quarter, participants and SDC staff completed an assessment of their quality of life. After 3 months we saw a significant increase in self-esteem and access to transportation. After 6 months, we saw significant improvements in seven quality of life domains:

- involvement in work
- access to transportation
- participation in community activities
- personal relationships
- ability to have fun and relax
- independence
- self-esteem



Before and after of room/workspace furnished with SDC funds

Participant ratings of overall quality of life were also significantly higher after 6 months in SDC. People also reported improvements in day-to-day factors—sometimes called the social determinants of health:

- 10% increase in the number of people involved in educational activities
- 11% increase in the number of people in stable housing
- Significant decreases in financial difficulties associated with utilities, transportation, and healthcare

Participants described what SDC means for them

Researchers from OMH conducted focus groups with 22 participants. Participants said SDC has:

- Changed their perspective on their lives
- Opened opportunities for more social connection and meaningful activities
- Led to improvements in their environment, health, and mental health
- Resulted in more self-care
- Helped them to pursue employment and education

“The opportunity to practice self-care... like acupuncture... trying to put together an outfit to go on an interview... to build a business... this has given me a great deal of hope.”

What does it mean?

These findings are preliminary, but they show promise. And they are echoed in studies of other self-direction efforts. In the future, evaluators will look at additional outcomes, including service use and cost.

They'll also use more rigorous scientific designs to generate deeper knowledge about the impact of SDC on New Yorkers with significant behavioral health needs.

What's next?

The pilot will continue through 2021. If the pilot is successful, SDC will transition from a state-funded to a Medicaid-funded program. The state will also expand the number of SDC sites to other regions in the state and involve Managed Care Organizations in the expansion effort. It will also work with MCOs to create a plan for fiscal management. An additional independent evaluation will examine these expanded pilot activities. Once that evaluation is complete, OMH will decide whether and how to make SDC a statewide program.

“I’m able to meet new people, but also I feel better about myself... There are things I can do that I never thought of that are possible at this age.”



*SDC participant artwork;
class enrolled in with SDC funds*

Source

Content for this brief was drawn from the August 2019 *NYS Behavioral Health Self-Directed Care Pilot Program Implementation Evaluation Report*, written by the OMH Office of Performance Measurement and Evaluation. The project was funded by the New York State Health Foundation and is part of the Demonstration and Evaluation of Self-Direction in Behavioral Health, conducted by the Human Services Research Institute and funded by the Robert Wood Johnson Foundation. For more information, visit www.mentalhealthselfdirection.org.

¹ For more information on these studies, visit mentalhealthselfdirection.org/research