Defining Recovery as a Policy Concept and the Policy Context for Recovery Programs and Outcomes

Kenneth Wells MD MPH and Colleagues
UCLA Semel Institute
David Geffen School of Medicine,
Fielding School of Public Health
RAND Corporation
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• Collaborators/Slides:
  – Lisa Dixon & Susan Essock (Columbia); Kimberly Hoagwood (NYU); Joel Braslow, Jeanne Miranda, Sheryl Kataoka, Steve Marder, Bowen Chung, Bonnie Zima, Alex Young, & Enrico Castillo (UCLA, VA, DMH); Haiden Huskamp (Harvard)
  – Community Partners: Loretta Jones (Healthy African American Families); LAC Health Services leaders; Gary Belkin (NYC Commission on Health and Mental Hygiene/NYC THRIVE); Richard Van Horn (National Mental Health American)
Mental well-being and “recovery”

- WHO (1948): Mental health is not just the absence of mental disorder, but a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

- New Freedom Commission (2003): Recovery refers to the process in which people (with mental illness) are able to live, work, learn, and participate fully in their communities.
Definitions Vary

- **Clinical**: symptom remission; return to functioning; off maintenance medication (Torgalsbøen Res Evid and Implic for Pract 2005:1:302-15)

- **Research**: 2+ years sustained symptom remission, engagement in role activity (i.e., work, school), living independently, age-appropriate relations (Liberman and Kopelowicz. Int Rev Psychiatry 2002;14:245-55)

- **Consumer/Survivor**:
  - A *process*, rather than outcome. Strength-based: hope, respect, and empowerment
  - A *model* of patient-centered approach to treatment (Bellack et al., Schizophr Bull 2006;32:432-42)
Life Stage/Cultural Context

• Definition of disability for children not well-established thus a focus on context and social risk factors/social determinants is more critical.

• Racial/ethnic bias in determination of diagnosis and impairment across age groups

• Disparities in community and social context for healthy living, poverty as a context for assessing individual impairment

  – implications for meaning of recovery, design of programs and assessment of outcome
Policy History of Recovery

• Serious mental illness and Institutionalization/Deinstitutionalization/social programs
  – Community Mental Health Centers Act
  – Medicaid/Medicare, social welfare reform
  – Supplemental Security Income for the Aged, Disabled, and Blind and Social Security Disability Insurance History of coverage
  – Federal Mental Health Parity Act

• Coverage better but not implemented fully (Frank & Glied 2006, Grob 1994)
Mental Health Parity and Addiction Equity Act of 2008

- Applies to large private insurance plans and some government programs
- Extends federal parity to substance abuse, treatment limits, and financial requirements for in and out of network care
- Regulations require parity in “non-quantitative” treatment limits

(Barry and Huskamp, 2011)
Implementation Challenges (Parity)

- Limited early evidence of improved access but some financial relief
- Limited monitoring but some noted gaps
  - Limited specialty providers in networks
  - Apparent lack of parity in some plan descriptions
- Concerns that demand/stigma remains an issue
- Pending gaps: DISH payments for hospitals; Delayed Medicaid parity regulations
- Continuing gaps for justice-involved in coverage, jobs, housing benefits and services access on re-entry
  - High representation of SMI/SUD and minorities (Huskamp)
# Apparent discrepancies in application of federal parity in plans offered on two state exchanges

<table>
<thead>
<tr>
<th>Exemplar language in exchange plans’ summary documents</th>
<th>Concerns for parity regulation</th>
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<tbody>
<tr>
<td><strong>Medical/Surgical Benefits</strong></td>
<td><strong>Behavioral Health Benefits</strong></td>
</tr>
<tr>
<td>1 Inpatient visit requires copayment</td>
<td>Inpatient visit requires coinsurance</td>
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<tr>
<td>2 No charge for a combined total of 3 primary care or outpatient mental health care visits; additional visits are no charge after deductible.</td>
<td>No charge after deductible for substance use disorder outpatient services.</td>
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<tr>
<td>3 Medical office visit requires $30 copay. Outpatient surgery requires 30% coinsurance.</td>
<td>All behavioral health visits require 30% coinsurance.</td>
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<tr>
<td>4 For outpatient visits, no limitations and exceptions</td>
<td>For outpatient visits, prior authorization is required</td>
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</tbody>
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Source: Berry, Huskamp, Goldman, Barry, 2015
Many Efforts That May Affect Integration

- Medicare ACO demonstration
- Medicaid health homes
- “Co-location” grants
- Funds to improve MHSUD capacity of FQHCs
- Dual eligible financial integration demonstration
- Medicaid expansion and waivers (integrated care, “whole person”)
- VA Integrated Care and Homelessness Initiatives
- Social and behavioral risk factors in EHRs for meaningful use (IOM)
- Performance-based financing (CMS)
- Community Behavioral Health Centers and regulations
- CMS Medicaid funding for Housing
- Accountable Health Communities Demonstration (CMMI)
- RWJF Culture of Health Initiative, civic action focus for equity
- Patient-Centered Outcomes (PCORI) patient-centered focus
State Insurance Expansions Initiatives

• Expanded/Universal Coverage may improve health/mental health (Massachusetts, Courtemance and Zepata, 2014)

• Oregon Medicaid Experiment effect of expanding Medicaid coverage on depressive symptoms but increased ER use (Baicker et al., 2013; Taubman et al., 2014)
California Mental Health Services Act (MHSA, 2004)

• Largest test of recovery-driven system transformation in US
• 1% tax on personal incomes over $1 million ($1+ billion/year)
• “Recovery-based” outpatient treatment
• Design: Full-Service Partnerships progress to lower levels of care to Wellness Centers

(MHSA and LAC DMH website; Braslow, 2013)
Implementation of MHSA in LAC

• Budget crisis led to rapid expansion (LAC DMH 2011, p. 15; 2012).

• Pre-post data (no controls) on FSP 67% decrease in homelessness, 35% decrease in jail days, and 15% decrease inpatient days” (LAC DMH)

• “Graduation or movement to lower levels of care, remains a challenge for many FSP providers” (LAC DMH)

(Braslow et al., 2013)
Children in MHSA

• To qualify for FSPs, SED + untreated or undertreated, or risk for suicide, violence, housing instability, justice involvement, or involuntary hospitalization.

• Services for mental health, social, economic and educational issues.

• Higher FSP enrollment in counties with greater need (e.g., crisis service rates) and economic vulnerability (Cordell and Snowden, 2016) (intent of legislation)
Local Initiatives (WHO)

Social Determinants of Health

- Environment
- Access
- Gender
- Control of resources
- Culture
- Jobs
- Racism
- Colonization
- Language
- Self-determination
- Early childhood education
- Justice
- School
- Away from home
- Home
Los Angeles County Health Neighborhood Initiative (DMH, 2014)

- Coordinate services for behavioral health clients (including SMI) and address local priorities for social determinants
- MHSA “innovations 2” $93 million for trauma secondary prevention (2016-2020)
- Partners: DPH Community Health Improvement Plan; DHS Housing for Health, Medicaid (LA Care) Homelessness Initiative

- [http://dmh.lacounty.gov/wps/portal/dmh/about_dmh/about_detail/?current=true&urile=wcm:path:/DMH+Content/DMH+Site/Home/about+dmh/about+dmh+detail/health+neighborhoods](http://dmh.lacounty.gov/wps/portal/dmh/about_dmh/about_detail/?current=true&urile=wcm:path:/DMH+Content/DMH+Site/Home/about+dmh/about+dmh+detail/health+neighborhoods)
New York City Mayor’s Office
ThriveNYC Initiative

• Identifies key new strategic directions that align multiple stakeholders to advance a public health approach to mental health by a city
• >50 programs to exemplify and advance these new directions- New agencies and programs of city government estimated to cost $850m over first 4 years
• Mental Health Innovation Lab through Department of Health and Mental Hygiene

www.nyc.gov/thrivenyc
Community Coalitions: Community Partners in Care

- Randomized demonstration of Community Engagement and Planning to build multi-sector coalitions compared to expert assistance to implement depression QI programs (Wells et al., 2013; Miranda et al., 2013; Chung et al., 2014)

- Noted in Cochrane Collaborative review (Anderson et al., 2015) as only study internationally of added value of community coalitions over an alternative to affect health of under-resourced communities
Community Partners in Care Design

Community Engagement and Planning

Resources for Services

Church

Mental health agency

Primary care clinic

Substance abuse clinic

Community health services agency

Mental health agency

Primary care clinic

Substance abuse clinic

Community health services agency
Summary of 6-month Outcomes

Client mental health quality of life improved in CEP & RS but CEP more effective than RS: (Wells et al., 2013)

- Improved mental health quality of life, physical activity and mental wellness (Patient priority)
- Reduced homelessness risk (homeless, food insecurity, eviction, financial crisis) (Community priority)
- Reduced behavioral health hospitalizations (System priority)
Summary

- Recovery is a broad concept, affected by perspective of stakeholder and potentially influenced by a range of changes in health insurance and services delivery/organization policy as well as social policy and community culture, programs and their integration across federal, state and local levels.
Words of Wisdom: Lisa Dixon

• Shared decision-making models, partnership and peer-based programs may provide a solid framework to promote recovery in clinical care
  – Measures of approach not just outcomes

• Family members and other caregivers who might benefit from increased involvement in care should be identified and engaged through outreach.
Bowen Chung

• OECD international panel surveys use happiness and Angus Deaton and other economists are looking at these measures with health status, social capital and disability to examine socioeconomic gradients in relationship to health

– Measure wellness and happiness/life satisfaction
For a measure to address policy, it needs great external validity: such as population-level data (HEDIS-type measures, school attendance, claims-based data, criminal justice data).

Trade off is less nuance.

Given expense and biases often inherent in sampled data, there’s a lot to be said for feasible, population-level proxies augmented by resource-intensive special studies

– Dual strategy of BIG DATA and targeted client-outcomes
Kimberly Hoagwood

• In the child area, the term recovery is rarely used. Constructs that are analogous are prevention and early intervention—For kids symptoms wax and wane and change dramatically with development, time, and new experiences.

• The issue of context shaping development and the expression of "disorders", "conditions" or "problems" is critical to understanding how to intervene to prevent negative trajectories that often catapult children into the adult system or the justice system.

• For the majority of kids, school attendance is a great ‘floor’ measure. Note Kelleher’s work in Ohio where health systems had real-time electronic feed of child school attendance so clinicians could monitor attendance as an outcome.
  
  – *Exploratory approach for kids focusing on developmental indicators and social determinants*
Integration: Alex Young

• The relative lack of routine measurement makes implementation of meaningful performance measures difficult. It is hard to know how far systems are from providing care that is consumer-centered, and recovery-oriented.

• It’s hard to imagine performance driven policy for people with SMI until we know routinely what people want when they are informed about what is possible, are really offered it, based on their situation, and everything that we know about measuring recovery.

• It would be great if NAM could use this to drive past the usual discussion, towards a vision of what’s actually possible now, given technology, treatment and recovery measurement.
Appendix: Some Recovery Measures

- Recovery Assessment Scale (RAS) Used in 222 articles, 77 with psychometric data
  - Positive associations with related constructs, negative associations with symptoms
  - 20-item version
- Mental Health Recovery Measure (MHRM)
  - Positively correlated with QOL, negatively with depression; 10-item version
- MARS (SAMSHA domains); 27 items (Drapalski et al., Psychiatr Serv 2012;63:48-53) including recovery processes and self-efficacy

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