

The Social Security Administration's Mental Health Treatment Study:

Methods, Results, and Next Steps

Presented to

ICDR Executive Committee and the Rehabilitation Services Administration

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Mental Health Treatment Study (MHTS) Webinar Presenters

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The Social Security Administration's Interest in Beneficiaries with Serious Mental Illness

Thomas Hale, Social Security Administration

SSDI Beneficiaries with Psychiatric Impairments

- Steady growth in the percentage of new awards
 - In 1970 → 2% of all new awards
 - In 2006 → 22% of all new awards
- Steady growth in the number of beneficiaries
 - The number of SSDI beneficiaries with a psychiatric impairment increased by 268,004 (38%) over the period from 1996 to 2009 (about 3% per year)

Timeline

- Contract to Westat Oct. '05
- Principal Investigators
 - William Frey, Westat
 - Robert Drake, Dartmouth
- Start-up activities Oct '05 to Sep '06
- Recruitment, enrollment and randomization Oct '06 to Aug '08
- 24-month intervention Oct '06 to Aug '10
- Analysis Aug '10 through July '11
- Final Report July '11

Research & Policy Questions

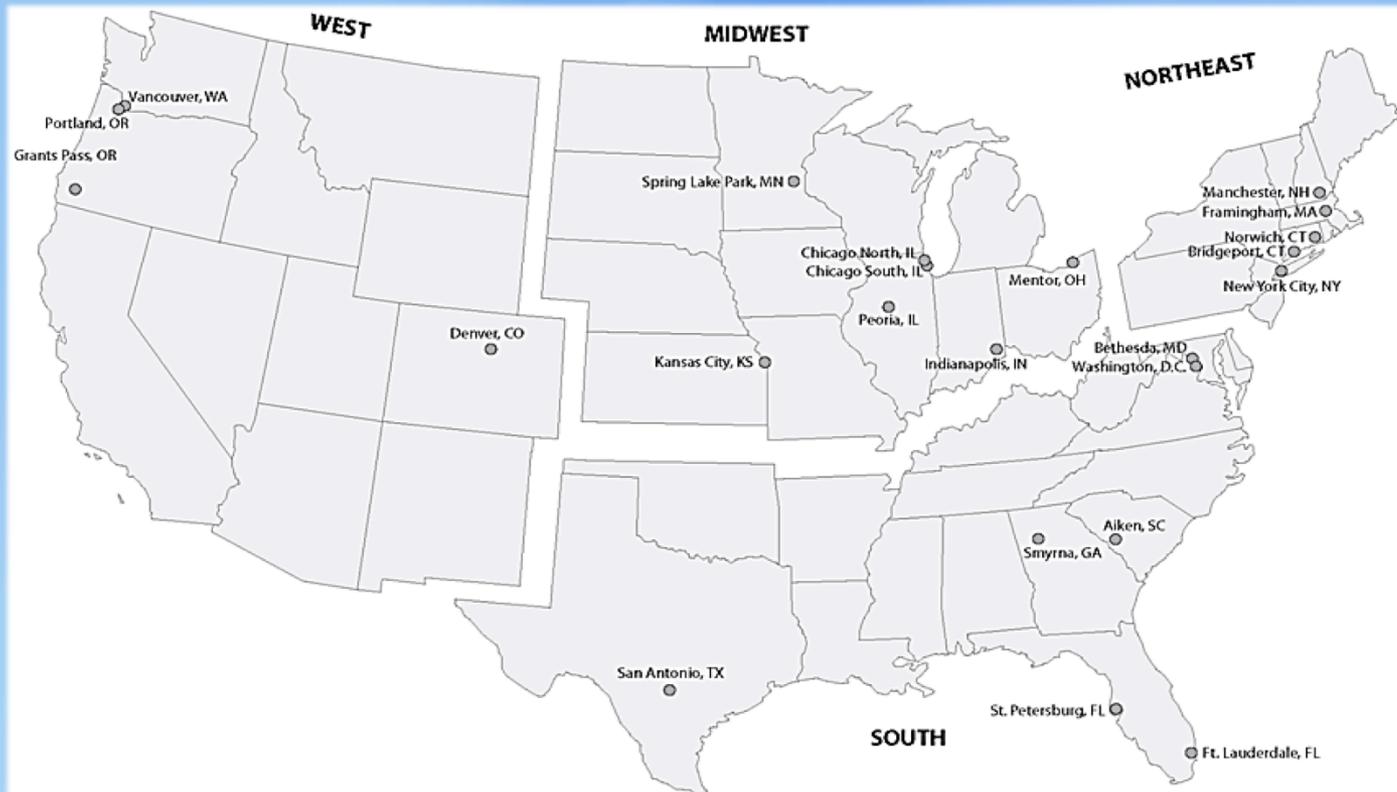
- To what extent does access to high quality mental health treatment and employment supports lead to better employment outcomes and other benefits?
- What are the characteristics of beneficiaries who elect to enroll in the study (insurance, demographics)?
- What are the characteristics of beneficiaries who choose not to enroll?
- What are the costs of the services provided?
- What programmatic disincentives exist that create barriers to return-to-work?
- What specific programmatic changes can be made to support efforts to sustain competitive employment?

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Study Design and Interventions

William Frey, Westat, Inc.

Study Design



Study Design (Con't.)

2. SSDI beneficiaries ages 18 through 55 with a primary diagnosis of schizophrenia or an affective disorder
3. Randomized Controlled Trial (RCT)
4. Intent-To-Treat (ITT) approach to data analysis

Intervention Package

Treatment Group (n=1121)

1. Supported employment and other behavioral health services
2. Systematic medication management (as needed)
3. Enhanced insurance coverage for behavioral health care (as needed)
4. Reimbursement of out-of-pocket behavioral health or work-related expenses (transportation, co-pays, etc.)
5. 3-year waiver of medical CDR

Control Group (n=1117)

1. "Services as usual"
2. Comprehensive manual of available community resources and services
3. Total payment of \$100 for completing 9 quarterly interviews

Mental Health Treatment Study Supported Employment Principles

Deborah Becker, Dartmouth

Definition of Supported Employment

- Mainstream job in community
- Pays at least minimum wage
- Work setting includes people without disabilities
- Service agency provides ongoing support
- Intended for people with most severe disabilities

IPS* Supported Employment Principles

- Eligibility is based on consumer choice
- Supported employment is integrated with treatment
- Competitive employment is the goal
- Personalized benefits planning is provided

***Individual Placement and Support**

IPS Supported Employment Principles (cont.)

- Job search starts soon after a consumer expresses interest in working
- Employment specialists build employer relationships
- Follow-along supports are continuous
- Consumer preferences are important

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Implementation of IPS Supported Employment and Other Behavioral Health Services

Gary Bond, Dartmouth

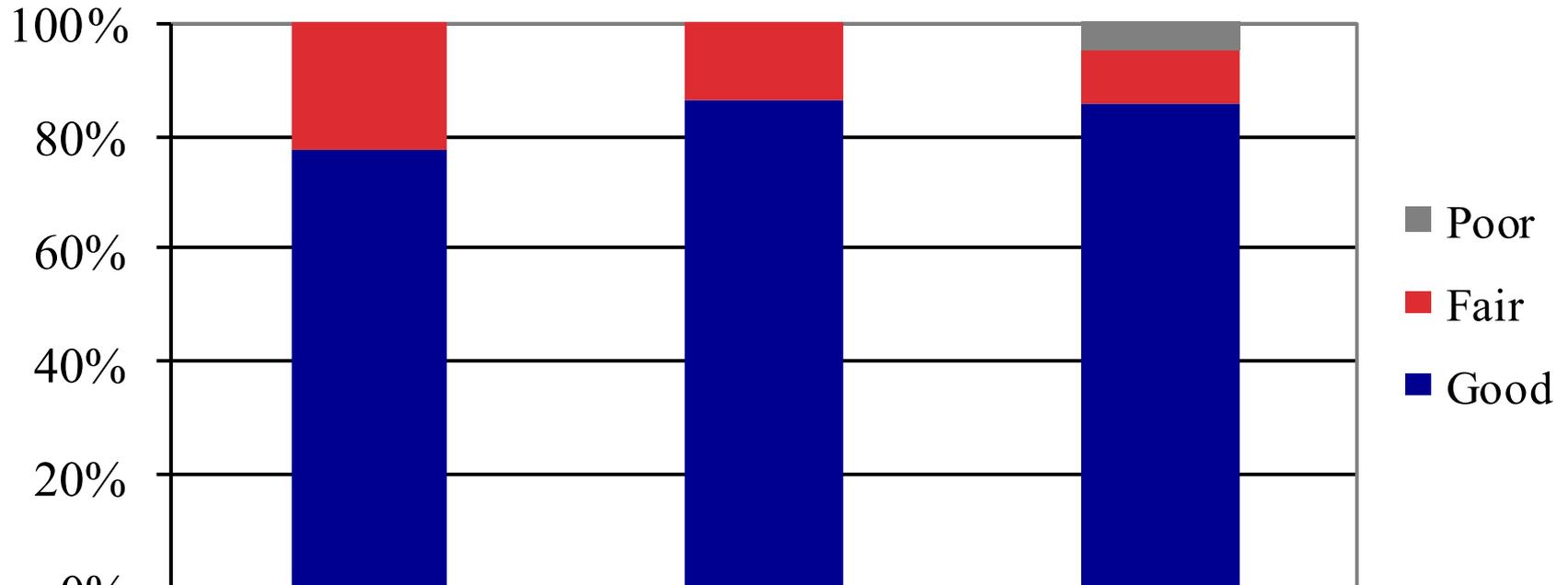
Overview of the Implementation of the IPS Model and Other Behavioral Health Services

- Were the interventions delivered as intended (with high fidelity)?
- What were the rates of receipt of interventions?

Implementation and Monitoring Plan

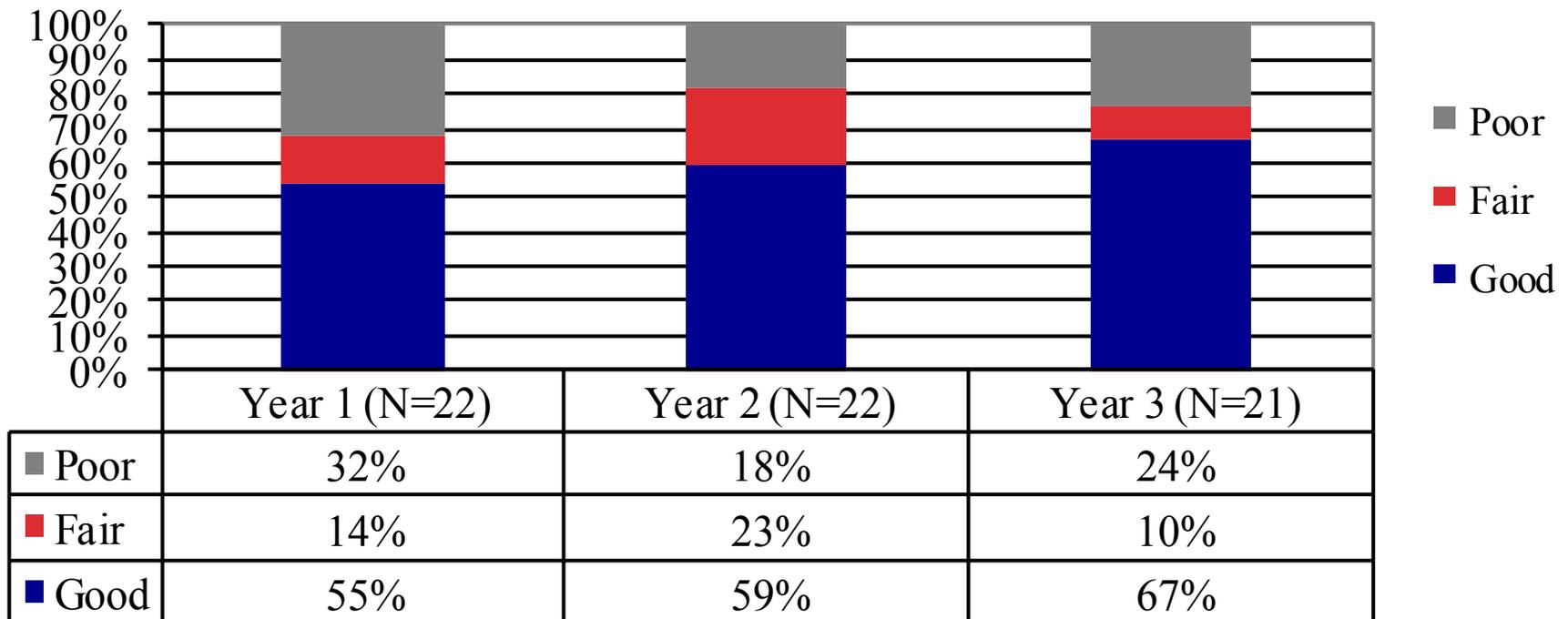
- **Site level:** Nurse-Care Coordinator
 - Monitored beneficiary engagement and receipt of services
 - Gave feedback to IPS team
- **National level:** 3 Quality Management Program Directors
 - Made weekly calls to Nurse-Care Coordinators and IPS program leaders
 - Conducted annual IPS fidelity reviews

IPS Fidelity for 23 MHTS Sites



	Year 1 (N=22)	Year 2 (N=22)	Year 3 (N=21)
■ Poor	0.0%	0.0%	4.8%
■ Fair	22.7%	13.6%	9.5%
■ Good	77.3%	86.4%	85.7%

Site Integration of IPS and Behavioral Treatment (from IPS Fidelity Scale)



Engagement in IPS Services in MHTS

Beneficiary Group	6 to 12 months	12 to 18 months	18 to 24 months
Unemployed but Engaged	452 (46%)	524 (53%)	478 (49%)
Employed	346 (35%)	356 (36%)	354 (36%)
Unengaged/ Missing	183 (19%)	101 (10%)	149 (15%)

Receipt of Other Behavioral Health Services in MHTS

	% Received Service
Mental Health Case Management	54%
General Medical Care	53%
Social Skills Training	21%
Financial Assistance	16%
Housing Assistance	15%
Substance Abuse Treatment	13%
Family Counseling	8%
Legal Assistance	7%

Summary of Key Points

- IPS implemented at most sites with excellent fidelity
- Assertive outreach not provided at all sites
- Behavioral health services delivered with great variability across sites
- Integrated behavioral health services not always accessible to beneficiaries

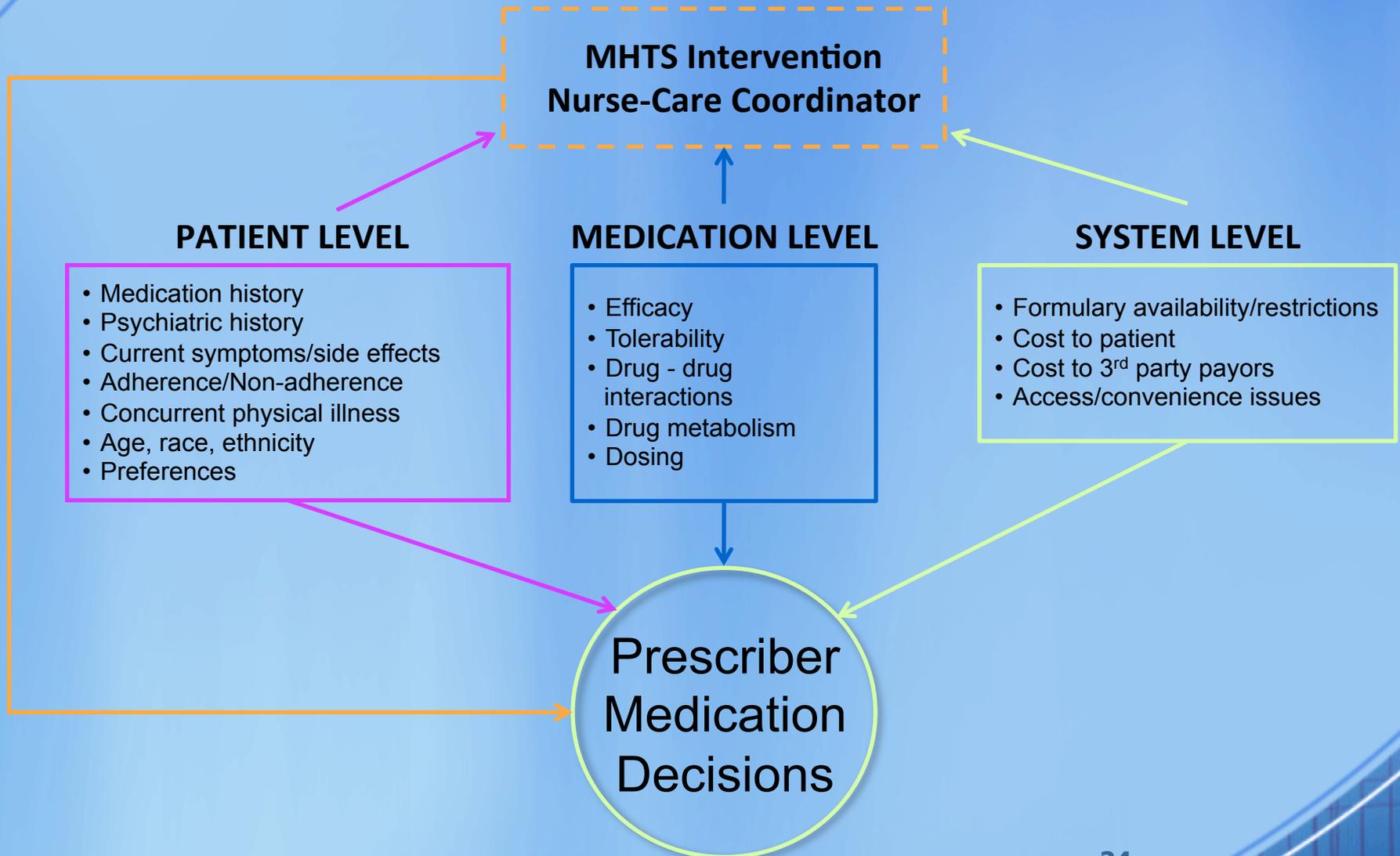
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Systematic Medication Management

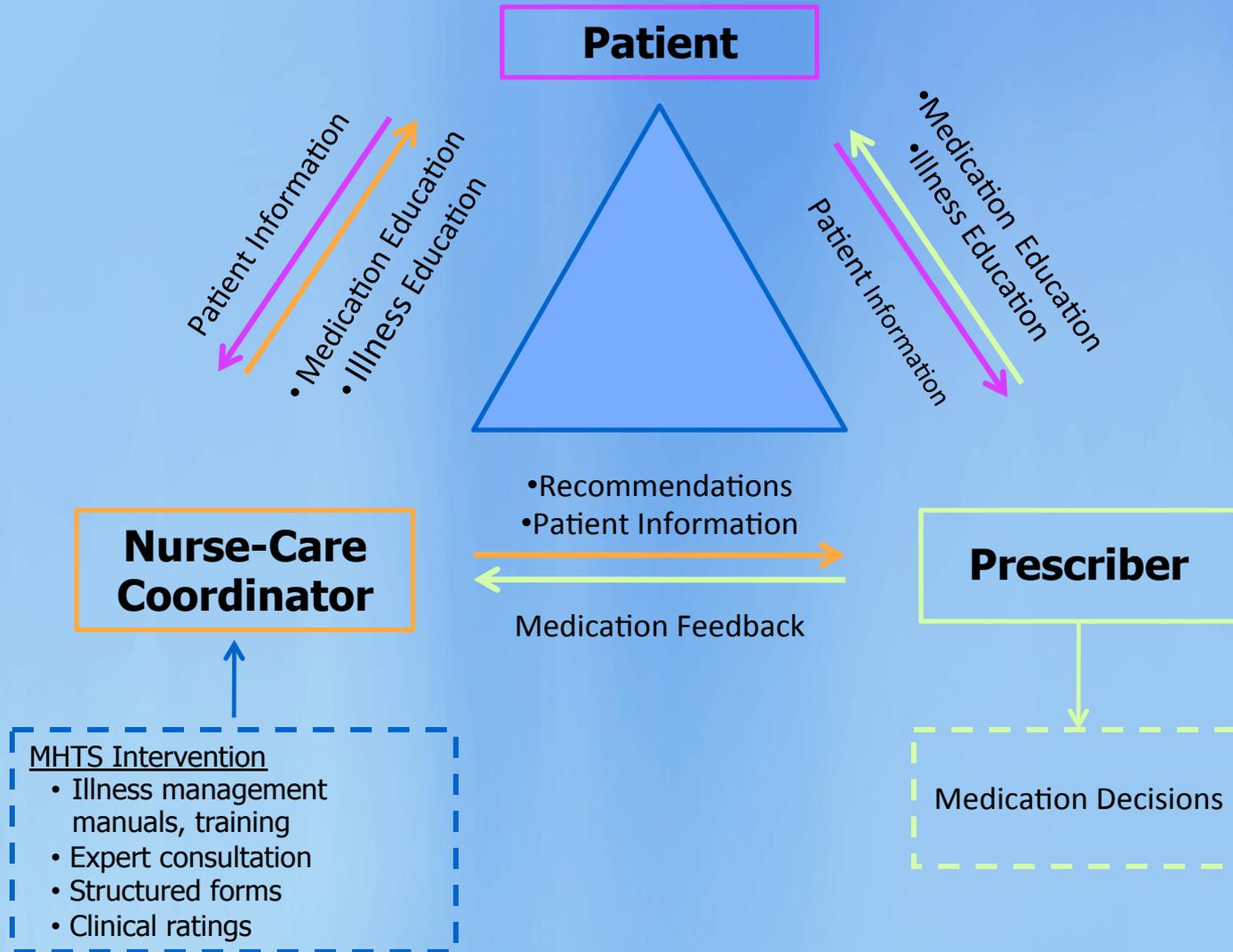
Troy A. Moore, The University of Texas Health Science
Center at San Antonio

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Factors Influencing Prescriber Medication Decisions in SMM

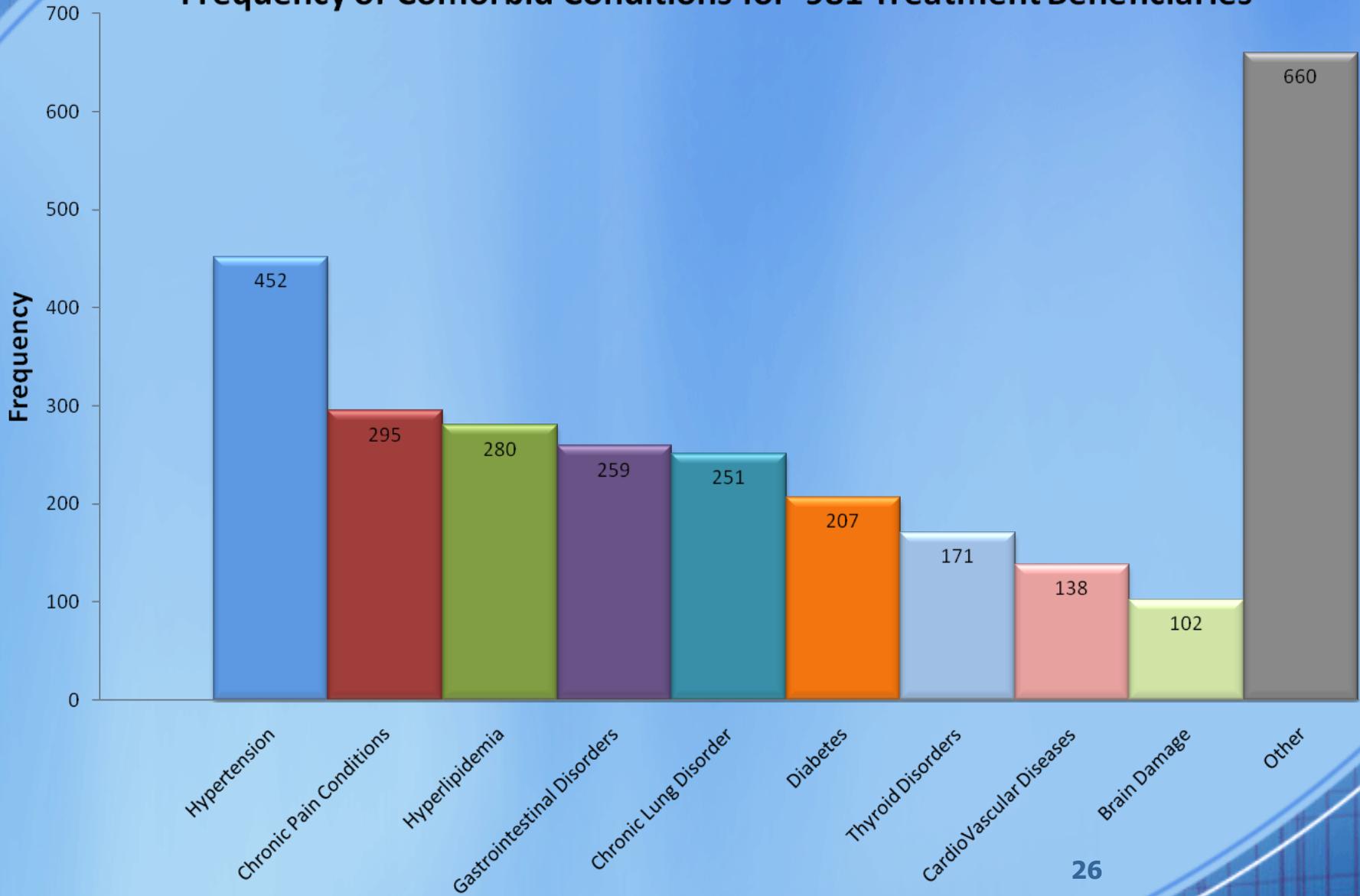


Role-based Functions in the Systematic Medication Management (SMM) Program



Physical Health Conditions

Frequency of Comorbid Conditions for 981 Treatment Beneficiaries



Beneficiary Distribution Across Prescriber Engagement Levels

Relationship	Not at all engaged		Minimally engaged		Moderately engaged		Fully engaged		Total N
	N	% Total	N	% Total	N	% Total	N	% Total	
On-site	5	0.7	37	4.9	69	9.2	334	44.7	445
Off-site	82	11.0	129	17.2	61	8.2	31	4.1	303
Total	87	11.6	166	22.2	130	17.4	365	48.8	748

QA Ratings of Poor SMM in MHTS

- Treatment guided by outcomes
- Side effect documentation
- Annual summary of medication history
- Review of need for side effect medications
- Adequate frequency of visits

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Outcomes

Robert Drake, Dartmouth

Outcomes of Interest

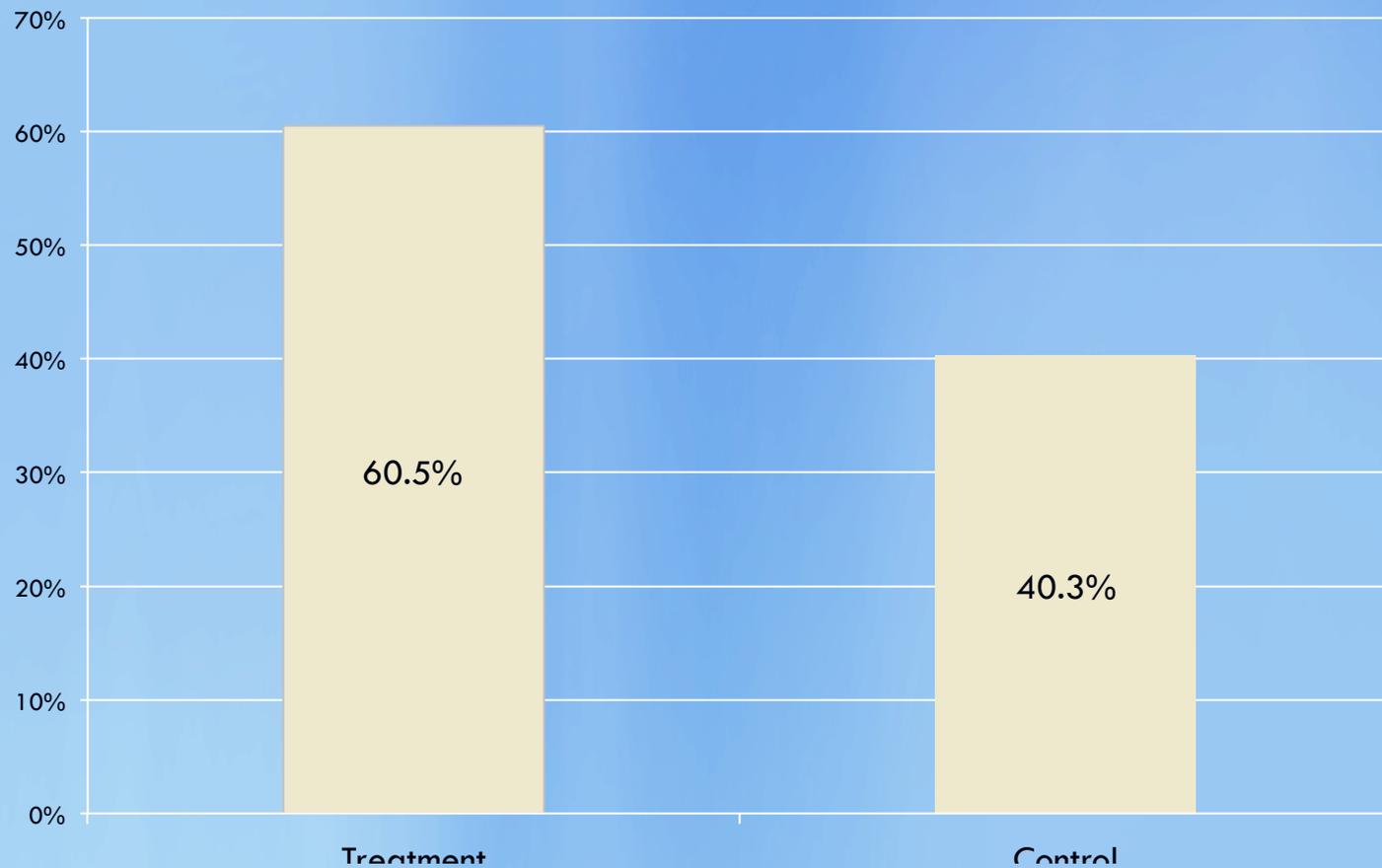
Primary Outcomes

1. Employment rate
2. Health status
3. Quality of life

Secondary Outcomes

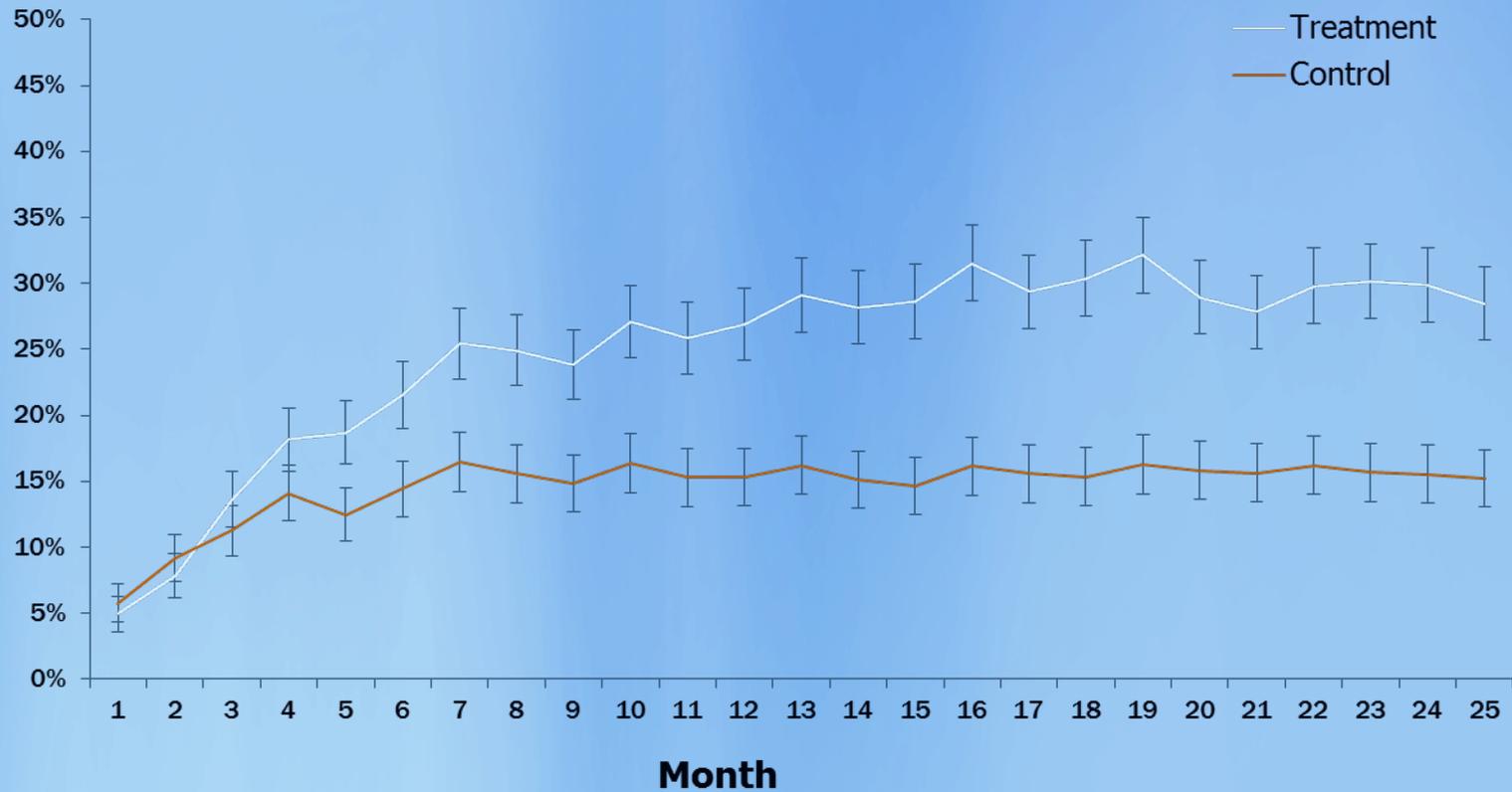
4. Employment characteristics
5. Earnings and income
6. Utilization of services

Overall Employment Rate*



* Chi-square: p -value < 0.001

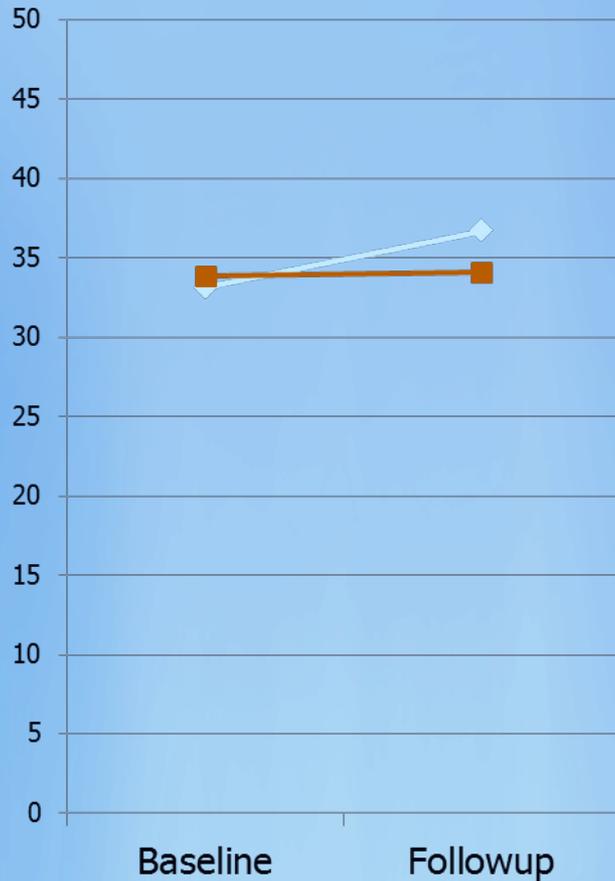
Monthly Employment Rates



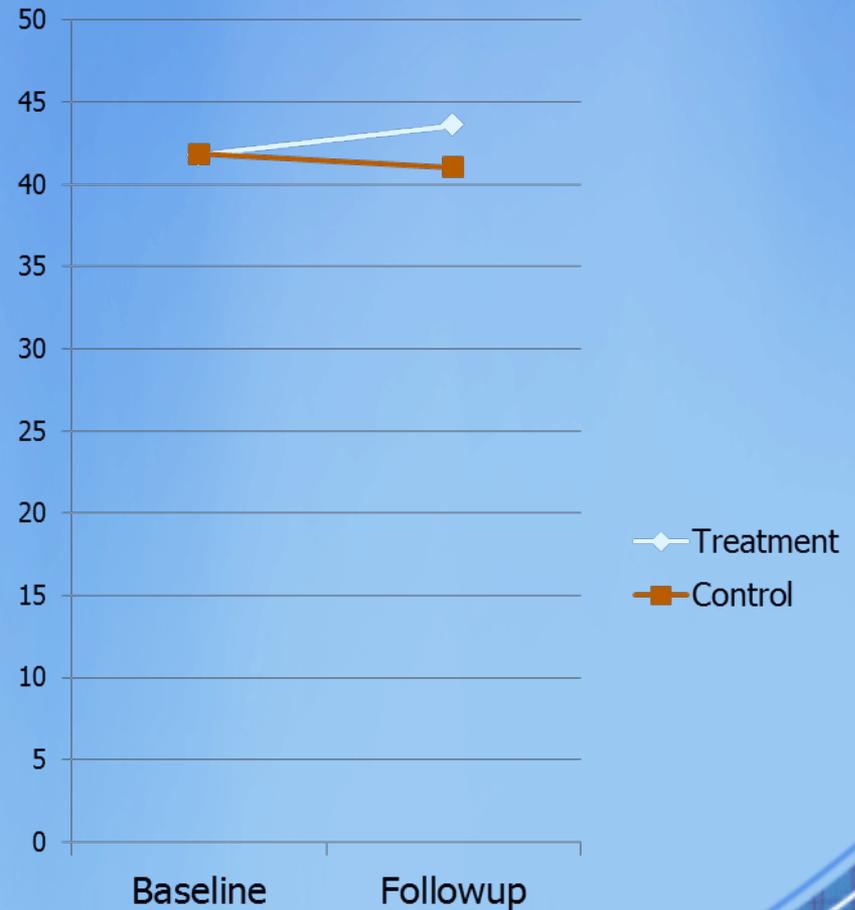
Mental Health Status

(Norms: M=50, SD=10)

Affective Disorder*



Schizophrenia*

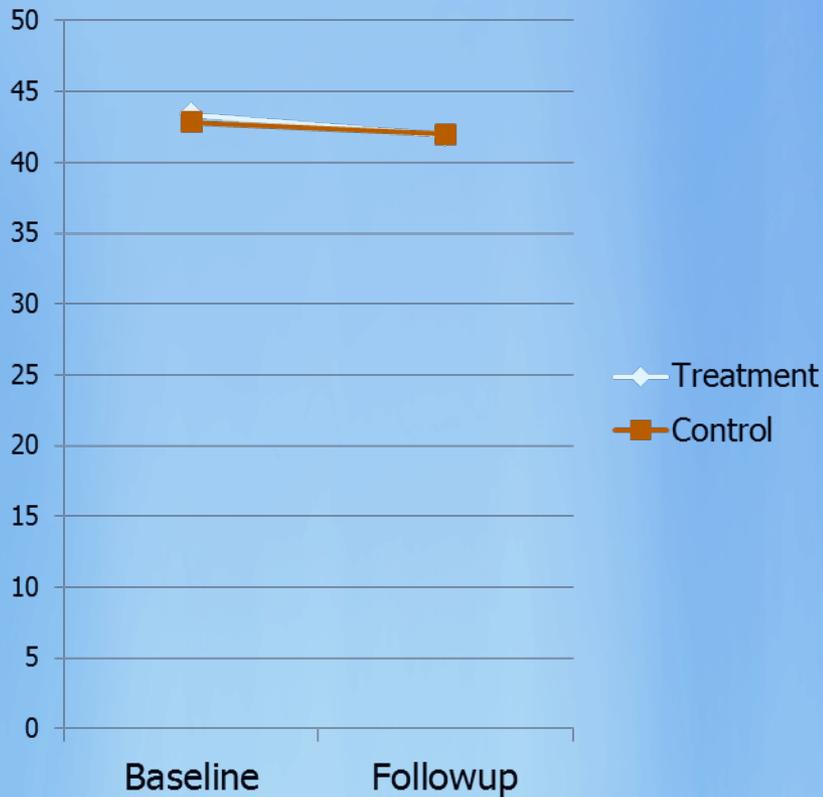


*Wilcoxon test: AD: p -value < 0.001; S: p -value = 0.029

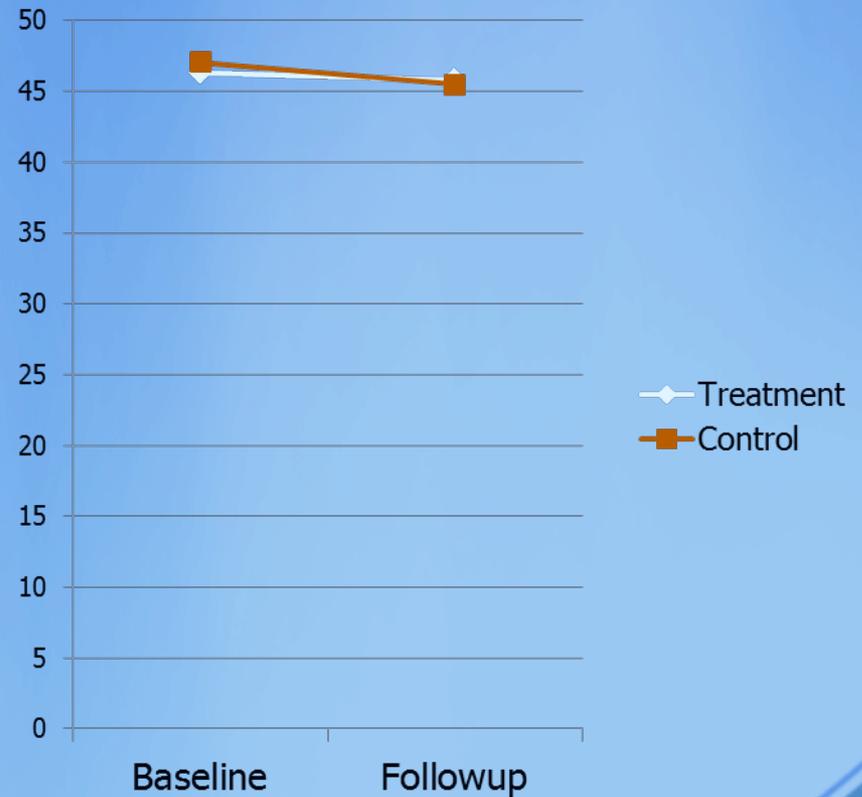
Physical Health Status

(Norms: M=50, SD=10)

Affective Disorder*



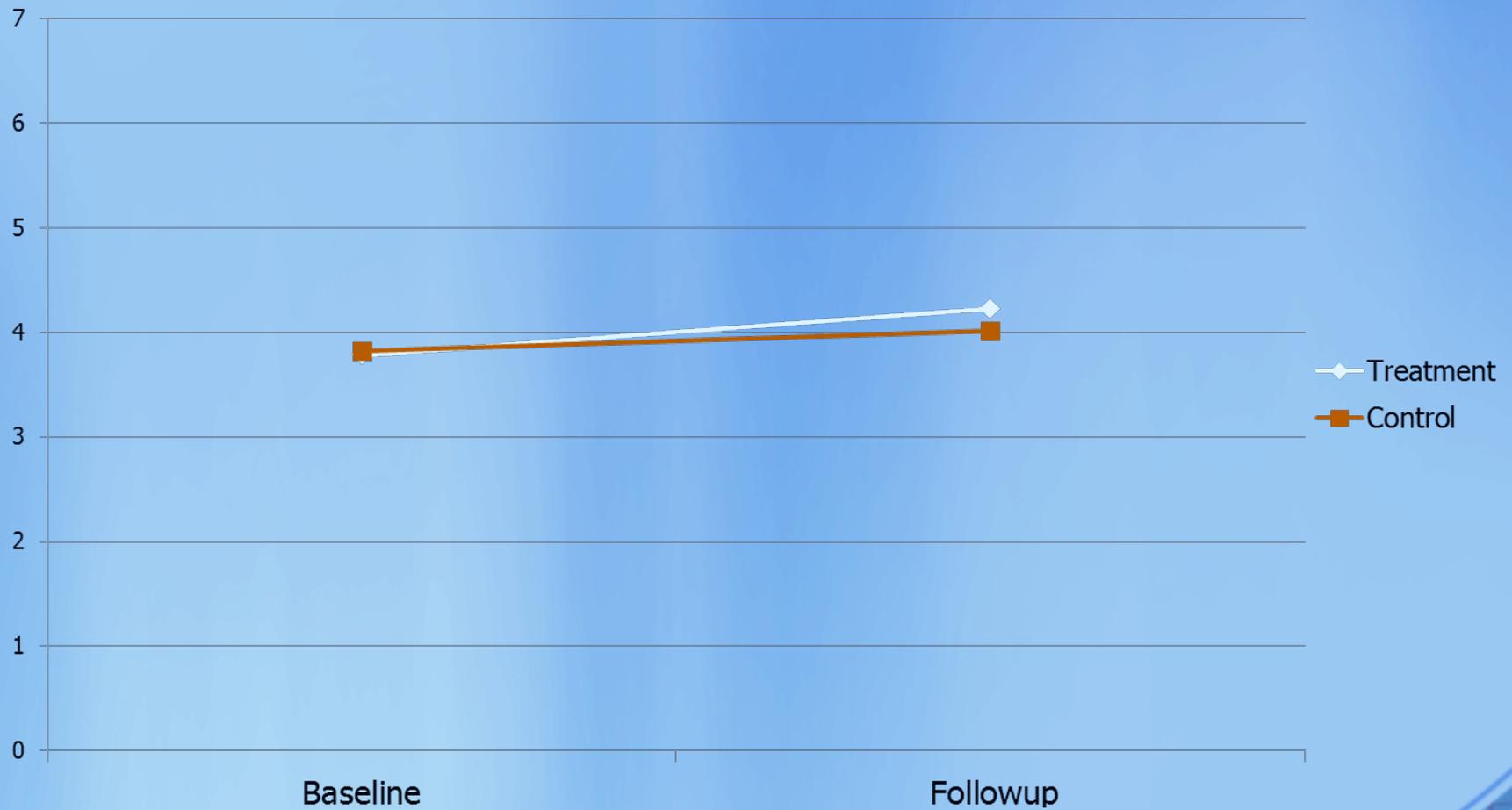
Schizophrenia*



*Wilcoxon test: AD: p -value = 0.378; S: p -value = 0.232

Quality of Life*

(1 = Terrible; 4 = Mixed; 7 = Delighted)



*Wilcoxon test: p -value < 0.001

Average Weekly Earnings at Main Job*



*Wilcoxon test: p -value < 0.001

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Next Steps: Follow-up Research

Thomas Hale, Social Security Administration

Next Steps: Follow-up Research

SSA entered into Gratuitous Services Agreements with 26 investigators who worked on the MHTS.

Examples from the 35 potential research areas:

- Extend analysis of MHTS impacts on employment and implications of these impacts on length of employment, job stability, level of work participation, and types of jobs.
- Extend the analysis of intervention impacts on physical and mental health and functioning.

Follow-up Research (cont.)

- Investigate match between beneficiary job interests and types of jobs obtained.
- Investigate the relationship between knowledge and perceptions of SSA benefits and employment.
- Develop a clearer picture of the concept of “access” to treatment, what it means, how it plays a role in improving functioning.

Follow-up Research (cont.)

- Analyze data on beneficiary engagement (prescriber visits, contacts with Nurse-Care Coordinator) with Systematic Medication Management activities.
- Further investigate the role the Nurse-Care Coordinator in beneficiary medication adherence.

Additional Activities:

Briefing other Federal agencies and non-profits to encourage follow-up research and potential implementation of evidenced-based practices

Web sites for IPS/MHTS Materials

www.dartmouth.edu/~ips/index.html

<http://ssa.gov/disabilityresearch/mentalhealth.htm>