

Policy Recommendation:

The Health and Human Services Commission and the Department of State Health Services should develop a pilot for self-directed mental health services in the integrated managed care system. The pilot should be developed with the goal of maximizing consumer choice and personal responsibility for achieving recovery.

Self-Directed Services Overview

Self-directed services (SDS), sometimes referred to as consumer-directed services, is an alternative approach to the traditional delivery of community services for individuals with mental health conditions.¹ Mental health treatment has traditionally focused on a medical model that primarily considers an individual's illness and accompanying deficits intending to eliminate their symptoms. With this model, participants receive services based on a limited menu of treatment options, services and supports with limited choice and control over their treatment plan. Self-directed services shifts attention from eliminating symptoms to a focus on goals that use an individual's strengths to achieve recovery.

According to research published in *Psychiatric Rehabilitation Journal*, the four core values of self-directed care are:

1. Participant control
2. Participant responsibility
3. Participant choice, and
4. Avoidance of conflict of interest.²

In a self-directed service delivery model a person-centered planning process helps an individual identify recovery goals and the specific services and supports needed to accomplish those goals. A portion of the anticipated service budget may be used for non-traditional services not typically included in mental health service packages. This allows flexibility to purchase goods and services that the individual needs to reach their recovery goals (see example below). It also allows for consumers to select providers that they can therapeutically connect with rather than having to settle for a provider they are assigned to.

An important component of this model is the service broker available to assist an individual to set their recovery goals, develop a recovery plan, identify services and supports, assist with hiring service providers and purchasing, and provide other support services requested by the individual. After the treatment plan is developed, participants develop a budget for the purchase of goods and services to meet their goals. A self-directed individualized budget is typically a pre-determined amount calculated based on an average cost of care and the individual's assessed level of need. A portion of the individual's budget must be used on traditional treatment and services with a specified percentage available for non-traditional services identified in the

Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their potential

(SAMHSA - Substance Abuse/Mental Health Services Administration)

Self-Directed Care

In self-directed care programs, individuals have the flexibility to spend some of the money allocated for their care in new ways, based on an individualized plan and budget.

(Bazelon Center for Mental Health Law & Univ. of Penn. Collaborative on Community integration)

recovery plan. Purchased services and goods must be directly related to recovery plan goals. The individualized budget cannot exceed the amount that would have been spent in the traditional service delivery model. **The goal of self-directed services is to achieve recovery while requiring budget neutrality, greater consumer choice, and personal responsibility.**

An example of self-directed provision of services...

Henry has been living with bipolar disorder for a number of years. His typical treatment plan includes case management services, medication management and individual and group therapy. He has had difficulty in maintaining his mental wellness in this traditional services delivery model.

As a result of the development of the self-directed service delivery model, Henry was able to create a person-centered recovery plan that allowed him to take responsibility for his recovery. With the help of his service broker and treatment team, he developed a recovery plan with several goals including the opportunity to obtain gainful employment and improve his overall health and wellness. While Henry continued to use 60% of his mental health services budget on traditional mental health services, he was able to use 40% of his budget to purchase goods and services that directly related to his recovery goals. With these funds, Henry attended a community college class on resume building and job interviewing. He also used his funds to join an exercise class to help improve his overall health and wellness. Finally, Henry used a small portion of his budget to purchase appropriate clothing for his interviews.

Henry's service broker assisted him in identifying his recovery goals, identifying the treatment, supports and services that would best help him reach those goals, and is supporting him as he continues down his road to recovery. Henry is actively involved in his recovery and not simply complying with a medical treatment plan.

Self-Directed Services Programs in Texas

Texas currently offers a consumer-directed service delivery model in all the physical disability/developmental disability waivers administered by the Department of Aging and Disability Services, as well as in Medicaid managed care programs that provide long term services and supports. Consumer-directed service delivery is available statewide in these programs. In the Texas mental health services system the only self-directed service provision available is through a pilot implemented in seven north Texas counties in 1999. Although significant positive results have been evidenced, the state has not expanded self-direction in mental health thereby denying many individuals with serious mental illness access to treatment, goods, and services that can help them meet their recovery goals.

The Texas self-directed care pilot program in north Texas was created through a public and academic partnership between the University of Illinois at Chicago and the Texas Department of State Health Services.³ Outcomes identified through a comprehensive evaluation of the project indicate the following results:⁴

1. Lower somatic symptoms
2. Higher levels of coping mastery
3. Higher self-esteem
4. Higher levels of self-perceived recovery

5. Greater ability to ask for help
6. Greater reliance on social support from others
7. Greater willingness to pursue recovery goals
8. Greater perception of their services delivery system as client-driven.

Funding for Self-Directed Mental Health Services

Cost neutrality in service provision is one of the major benefits of consumer-directed services – consumers are able to access more appropriate services while not costing the state additional dollars. Start-up costs for the state should be minimal as we have self-directed services in various programs in existence and have learned much from those experiences. Additionally, a pilot plan for mental health self-direction in integrated managed care was developed with a group of stakeholder in the fall of 2014 through a grant from the National Association of Mental Health Directors. The funding needed to design, develop and implement the project should only include:

1. Cost of FTE(s) to manage program development and implementation
2. Cost of data collection for evaluation (should be minimal as we are already collecting data on these individuals in the traditional service delivery model).
3. Cost of support brokers specially trained in self-directed planning and facilitation. These costs can be included in the individual’s budget thereby not creating an additional expense.

Evaluation

Evaluation of a pilot is important and will provide valuable information on how to expand this service delivery system into the integrated managed care environment. Support from foundations should be sought to ensure meaningful analysis of the outcomes while not costing the state significant resources.

Summary

People living with serious mental illness could benefit from an expansion of self-directed services into the integrated managed care environment. While individuals with physical and developmental disabilities have had the advantage of consumer/self-direction for more than a decade, individuals with mental health conditions have not. It is time for Texas to expand self-directed opportunities in the state and make the self-directed services option available to individuals outside of the NorthStar pilot.

Components of a mental health self-directed services pilot in integrated managed care.

1. Develop a pilot for self-directed mental health services in the integrated managed care system. The pilot program should be developed with the goal of maximizing consumer choice and encouraging personal responsibility for achieving recovery. Essential components include:
 - a. Eligible participants - adults with serious mental illness
 - b. Services and supports based on goals identified through person-centered planning

- c. Individualized budget that relates to the goals identified in the person-centered plan
 - d. A pre-determined portion of the individual’s mental health budget allowed to be used for flexible goods and services including:
 - i. Replace formal services with informal services
 - ii. Replace services with “normal” community activities
 - iii. Replace public services with private services
 - iv. Replace services with goods
 - e. Include the option for the services of a life coach to provide support , including but not limited to:
 - i. Assistance with person-centered planning and budgeting
 - ii. Assistance identifying and navigating community services
 - iii. Assistance with recruiting, hiring and releasing service providers
 - iv. Assistance with crisis planning
 - v. Assistance with the fiscal management agency and billing for goods and services
 - f. Specified qualifications for life coaches; must include opportunities for certified peer specialists
 - g. Fiscal intermediary (provides financial management and billing support)
 - h. Budget neutrality (cost of individual’s recovery plan cannot exceed the cost of traditional services). Program neutrality by the end of the 2nd year.
2. The pilot site should be selected through a competitive application process that allows for selection of a site with high commitment to the project and the potential to succeed. The selected site should demonstrate a strong partnership with the local mental health authority, the managed care organization(s) local providers. Proposed plans should include evidence of strong consumer and peer specialist participation in the planning process.
 3. The pilot plan should be developed with meaningful input from relevant stakeholders including consumers, advocates, managed care organizations, providers and local mental health authorities.
 4. Program rules will be developed by HHSC with input from consumers of mental health services, certified peer specialists, and other interested stakeholders.
 5. Data collection should include:
 - a. Recovery focused outcome metrics
 - b. Cost data
 6. The pilot should be evaluated for cost-effectiveness and recovery-focused outcomes. The department shall seek private/foundation support for the evaluation of the pilot.

¹ Bazelon Center for Mental Health Law and Univ. of Pennsylvania Collaborative on Community Integration. (2008, April). *In the driver’s seat: a guide to self-directed mental health services*. Retrieved from <http://www.bazelon.org/LinkClick.aspx?fileticket=OZIEirtDYx4%3D&tabid=104>

² Cook, J.A., et al. Participatory action research to establish self-directed care for mental health recovery in Texas. 2010. *Psychiatric Rehabilitation Journal*, 2010. No. 2, 137-144.

³ Cook, J.A., et al. Participatory action research to establish self-directed care for mental health recovery in Texas. 2010. *Psychiatric Rehabilitation Journal*, 2010. No. 2, 137-144.

⁴ Cook, J.A., Self-directed financing of services for people with serious mental illness. (2014) PowerPoint presentation, Department of State Health Services.