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# Mental Health Self-Directed Care

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# Medicaid Self-Direction

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- The Centers for Medicare and Medicaid Services (CMS) encourages states to include person-centered practices, such as self direction, in their Medicaid programs.
- CMS piloted self direction in the successful national cash and counseling demonstration.
- Self direction can be provided under various Medicaid options (waiver and state plan).
- All states currently have at least one Medicaid program that allows for self-direction. A few are in the process of exploring MH self-direction.



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# Mental Health Self-Direction

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- Provides the individual with more choice and control over purchasing services and supports through:
  - personal (expanded) budget authority,
  - person-centered recovery planning process, and
  - information and assistance (advisors, fiscal intermediaries).
- Funds may be used for:
  - in-network outpatient mental health services,
  - out-of-network outpatient mental health services, and
  - non-traditional goods and services.
- Purchases must be related to recovery goals.



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# Dallas SDC Pilot

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- Two year randomized trial in the Dallas area in a managed behavioral healthcare system.
- The pilot included adult indigent and Medicaid participants receiving mental health rehabilitative services at a specific level of care (LOC)
- Budgets were based on the average annual cost of outpatient mental health services (\$4,000/year).
- The MCO provided funds and served as fiscal agent.
- Advisors helped participants develop and manage person-centered recovery plans/budgets.



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PI, Judith Cook, PhD, University of Illinois at Chicago  
Funded by NIDRR & SAMHSA, No. H133B100028

# Dallas SDC Outcomes

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- Significantly improved: self-esteem, coping mastery, autonomy support, somatic symptoms, employment, education
- High satisfaction and engagement
- No greater health costs
- Lower spending on mental health rehabilitation, case management, inpatient hospitalization, crisis services, SUD treatment, medication management and medications.



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Cook, J, Shore S., et. al. Mental Health Self-Directed Care Financing: Efficacy in Improving Outcomes and Controlling Costs for Adults with Serious Mental Illness. *Psychiatric Services in Advance*, 10.1176/appi.ps.201800337

# My Voice My Choice

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- Tested principles of mental health self direction in the integrated Medicaid managed care system
- Enrolled adult managed care members with serious mental illness (SMI) on a population basis (without targeting a specific subset such as those at a certain level of care)
- Two year randomized pragmatic trial
- Partnership of Texas HHSC, state universities, MCOs and stakeholders
- Guided by Stakeholder Advisory subcommittee of the Behavioral Health Advisory Committee (BHAC)



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# Partners

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- HHSC – direction, oversight
- Stakeholder advisory committee – design, oversight, review
- Medicaid managed care MCOs (United and Amerigroup) – financed self-directed services
- UT Health San Antonio – recovery advisors
- Texas Institute for Excellence in Mental Health Services (TIEMH) – independent evaluation
- Texas A&M Public Policy Research Institute (PPRI) participant recruitment & surveys



# Outcomes Evaluated

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- Physical and mental quality of life
- Potentially preventable events
- Service use
- Patient Activation Measures (PAM)
- Satisfaction with Healthcare
- Satisfaction with Social Participation & Activities
- Social determinants (education, transportation, employment, housing, food)
- Recovery goal progress



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# Findings

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- The MVMC interventions:
  - improved mental and physical well-being,
  - increased confidence, self-esteem, hope, motivation, and sense of purpose
- Participants improved over time and in comparison with the control group on:
  - Mental health (SF 12-MCS)
  - Active participation in mental health care (PAM-MH)
  - Social participation and activities (SSRA)
- There were no reliable differences in physical health scores
- MVMC was cost neutral - no greater Medicaid utilization costs, consistent with Dallas study
- Advisors were a key element of success



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# Recovery Advisors

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The collaborative relationship between participants and Recovery Advisors enabled people to:

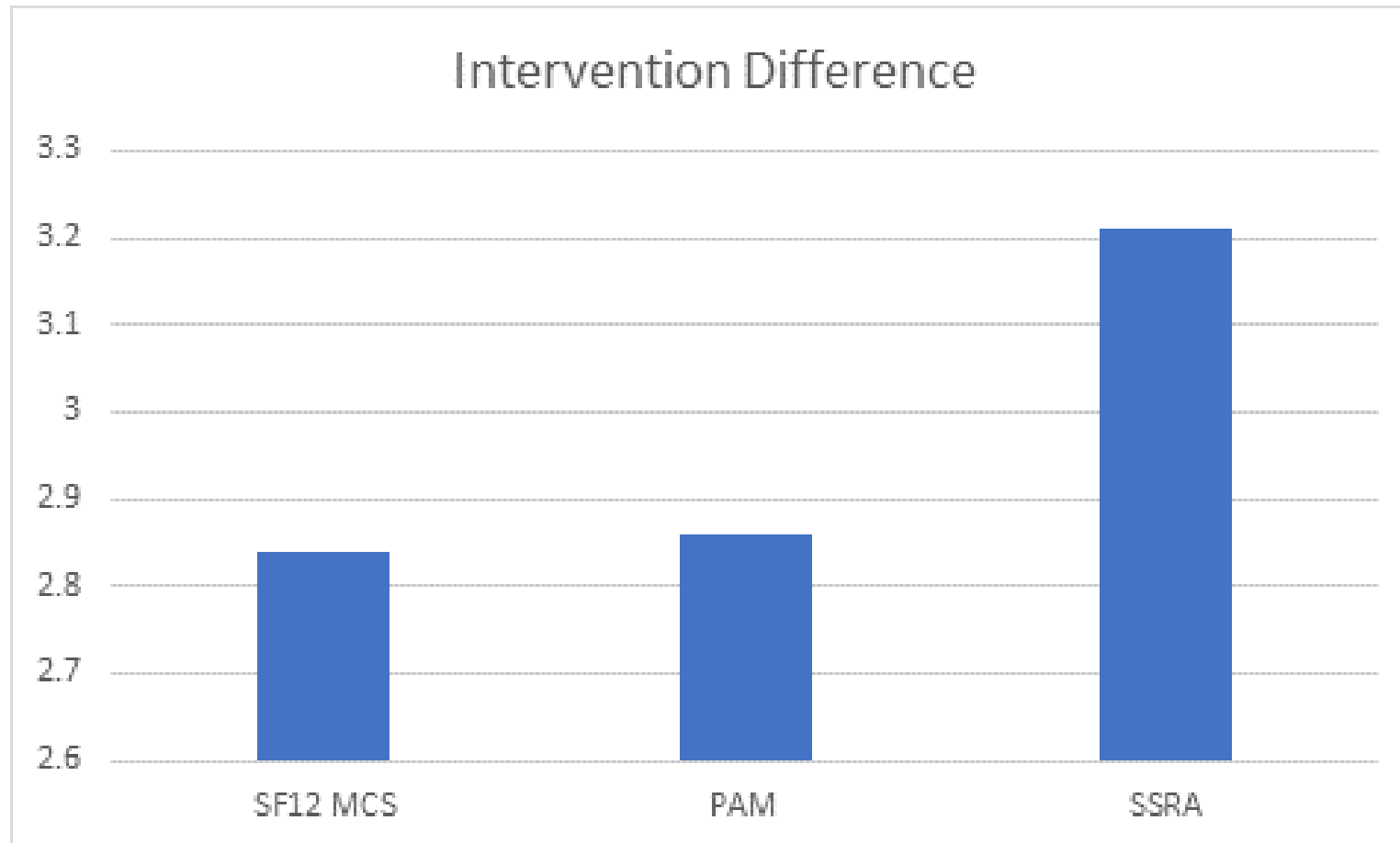
- Define their goals
- Develop person-centered plans
- Purchase good and services to support their plans
- Achieve positive outcomes (e.g., improved mental health, social and mental health engagement)



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# Improvement

- Displays the significant improvement of the intervention group compared to the control group at 24 months.



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# Issues

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- Expanded budget authority was challenging, taking time, effort and intense coordination to fully implement.
- Network issues in the service delivery area affected participant choice (e.g., mental health therapists, pain management specialists).
- Study design limitations affected participant satisfaction, (e.g., dental benefits were not included as an option).
- Social determinant of health issues such as food insecurity and inadequate housing were associated with poorer study outcomes.



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# Future Design, 1 of 3

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- Participants improved most during year two of the study. A future Medicaid benefit, which provided SDC over a longer time period, would likely have a greater impact on recovery outcomes.
- Increased active participation in mental health may result in cost savings over time.
- Research suggests that every point increase in active participation could potentially result in a:
  - 2% decrease in hospitalization, and
  - 2% increase in medication use.



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# Future Design, 2 of 3

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- There are various ways that SDC might be implemented in Medicaid. Some ideas include:
  - under a value-based purchasing model,
  - under a model similar to Consumer-directed Services in STAR+PLUS), or
  - as an MCO-specific quality improvement program or value-added benefit.



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# Future Design, 3 of 3

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- MVMC was the first mental health self-direction study to use Medicaid data to enroll people with SMI on a population basis.
- The program achieved positive outcomes for a broad range of participants.
- Future SDC programs could be population-based or target people with:
  - high need / high service use (to reduce need / use of high cost services); or
  - lower need / lower service use (to prevent future need, more intense service use, and costs).



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# Toolkits

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- MH Self-Direction Toolkit
- PCRP Toolkit



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# MH SDC Toolkit, 1 of 4

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- UTHSA developed a *Recovery Advisor Toolkit for Practicing Self-Direction in Mental Health Care*
  - Developed for practitioners (recovery advisors) supporting individuals with mental health challenges in a SDC program.
  - Provides recovery advisors with guidance, resources and recommendations for best practices in SDC support.



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# MH SDC Toolkit, 2 of 4

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Recovery Advisor Toolkit, Chapter Summaries:

- **Chapter 1: What is Self-Directed Care?**
  - Fundamental aspects of SDC, including its roots in the recovery model
  - What is a recovery Advisor?
- **Chapter 2: What is Person-Centered Recovery Planning in Self-Directed Care?**
  - Process of creating a person-centered recovery plan (PCRP) and self-directed care (SDC) spending plan.



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# MH SDC Toolkit, 3 of 4

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- **Chapter 3: The Role of the Recovery Advisor in Supporting SDC**
- **Chapter 4: Best Practices**
- **Appendix: Tools for Recovery Advisors**
  - Informational handouts, forms, and planning tools that can be used to facilitate SDC



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# MH SDC Toolkit, 4 of 4

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## Recommended Stages of SDC Delivery

- Stage 0: Preparing to deliver SDC
- Stage 1: Initial engagement with people
- Stage 2: Introducing SDC and building rapport
- Stage 3: Assisting people define recovery goals
- Stage 4: Developing a person-centered recovery plan (PCRP)
- Stage 5: Developing a spending plan based on the PCRP
- Stage 6: Purchasing goods & services to support PCRP goals
- Stage 7: Monitoring progress
- Stage 8: Conducting yearly reviews with people
- Stage 9: Supporting long-term planning



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# TIEMH: PCRCP Toolkit

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- Designed to support organizational implementation and assessment of PCRCP
- Organized by the domains to consider in effective implementation (5 domains)
- Includes descriptions of lessons learned in each domain, along with tools and resources that can be used to support implementation and ongoing assessment.
- Includes direct links to tools in the appendix or on the web, along with the staff that might benefit from using them.
- Allows navigation through the toolkit.



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# SDC Next Steps

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- February 2021 – Final meeting of SDC subcommittee – review findings, provide feedback
- May 2021 – Final update from SDC subcommittee to BHAC
- BHAC Policy Subcommittee assumes self-direction as a topic area



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