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My Voice My Choice: Mental Health Self-Direction in Texas

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Texas Medicaid Context

- Primarily a capitated managed care system.
- STAR+PLUS:
 - ▶ Is the state's managed care program for adults who are aging or have disabilities.
 - ▶ Includes health, behavioral health, and long-term services and supports.
 - ▶ Members have complex conditions.
 - ▶ Provides an environment conducive to integration of services and innovation.



Mental Health Self-Direction

- 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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My Voice My Choice

- 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 in central Texas (Travis) managed care service delivery area.
- Informed by previous scientific research in the state mental health system, which demonstrated better recovery outcomes at no greater cost than traditional services (Dallas SDC Pilot).



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Texas Partners

- **State HHS**– Direction, Oversight
- **Stakeholder advisory committee** – Design, Oversight, Review
- **Medicaid managed care organizations (MCOs)**
– 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



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Persons with Lived Experience

MVMC Project
Design and
Implementation

SDC Stakeholder
Committee

SDC Toolkit

Review and
feedback

PCRP Toolkit

Review and
feedback



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Outcomes Evaluated

- Physical and mental quality of life
- Potentially preventable events
- Service use
- Activation measures
- Satisfaction with healthcare
- Satisfaction with social participation
- Social determinants (education, transportation, employment, housing, food)
- Recovery goal progress



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Participant Recovery Goals

"Get back into a positive path to be part of my community again."

"I would like to be more social and possibly start a relationship."

"Return to work to engage with the world more fully."

"I want to have a family again."

"Get out and do more activities with my son."

"To help others helps me stay motivated and gives me purpose."

Person-Centered Recovery Planning



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Findings

- Positive outcomes for a broad range of participants.
- 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); and
 - ▶ Social participation and activities (SSRA).
- No reliable differences in physical health scores.
- Cost neutral - no greater Medicaid utilization costs, consistent with Dallas study.



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Recovery Advisors

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; and
- Achieve positive outcomes (e.g., improved mental health, social and mental health engagement).



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Potential

- 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 percent decrease in hospitalization; and
 - ▶ 2 percent increase in medication use.
- A Medicaid benefit, which would provide SDC over a longer time period than the study, could have a greater impact on recovery outcomes



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Some Considerations

- Defining clear program / purchasing policies
- Involving people with lived experience
- Developing infrastructure to support MH SDC



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Options

- Texas is exploring how mental health self direction might be incorporated into Medicaid in the future.
- There are various ways that states might consider including Mental Health SDC in Medicaid. Some ideas include:
 - ▶ Under HCBS State Plan or 1115 waiver authority;
 - ▶ As an MCO quality improvement program;
 - ▶ As an MCO value-added benefit; and /or
 - ▶ As a value-based purchasing strategy.



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Thank you

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