Self-Directed Care Implementation Manual: A Comprehensive Mental Health Program Guide

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## A Word of Thanks to our Funders

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- Center for Mental Health Services, Substance Abuse & Mental Health Services Administration

# Self-Directed Care: The Basics

What is Self-Directed Care? Funds ordinarily paid to service provider agencies are controlled by service recipients

- Participants develop person-centered recovery plans
- 2. They then create individual budgets allocating dollar amounts to achieve the plan's goals
- Support brokers are available to help people purchase services & goods named in their plans
- Fiscal intermediary provides financial management services such as provider billing & payroll taxes

#### **Person-Centered Plan**

Helps people to identify...

& Who they are & how they want to live ⊕ Future goals based on how they want to live
 Strengths they bring to goal achievement Supports & services that can facilitate success 

## Individual Budget

Budget flows from the person-centered plan

Budget line items relate directly to goals specified in the plan

Must demonstrate a direct connection between achievement of goals & budgeted goods & services

Participant & broker monitor budget on an ongoing basis

#### **Role of the Support Broker**

Helps participants develop person-centered plans & budgets Helps navigate community resources Assists with managing the budget providers Intermediary 

(Adapted from My Voice/My Choice, Idaho Dept of Health & Welfare)

#### Who Runs MH SDC Programs?

- PA SDC: mental health advocacy organization
- Texas SDC: regional behavioral health authority
- FloridaSDC Circuit 20: mental health advocacy organization
- FloridaSDC Circuit 4: not-for-profit community agency
- Oregon Empowerment Initiatives: peer-run notfor-profit organization
- Iowa SDC: not-for-profit community agency
- MD SDC: peer-run, not-for-profit program

## **Replacement vs. Add-On?**

- In some SDC programs, individuals replace all traditional out-patient services with those purchased through SDC budgets
  - FL, PA, TX
- In other SDC programs, SDC budgets are used to add-on chosen recovery services, while original traditional services remain intact
  - MD, IA, OR

#### Participants Can Choose Service Substitutions

Less restrictive, more flexible goods & services that the participant chooses in order to achieve recovery goals

Replace formal services with informal services

- Replace services with "normal" community activities
- Replace public services with private services
- Replace services with goods

## How are Mental Health SDC Programs Funded?

Medicaid

- State general revenue (tax \$)
- State general revenue combined with Medicaid in some manner:
  - Add-on to Medicaid: Medicaid beneficiaries receive additional funds through 1) state GR, 2) grant
  - Total Cash-Out: Medicaid funding pooled with other funds such as: 1) state GR; 2) grant; 3) private foundation; 4) community reinvestment funds

(http://www.cmhsrp.uic.edu/download/sdsamhsaconfsentver3.pdf)

## The Ultimate Goal – Cost Neutrality i.e., SDC costs the same as traditional services



# Self-Directed Care: The Evidence

## Does MH SDC Work?

- Pretest/Posttest Study of original FloridaSDC Program for people with psychiatric disabilities
- Participants spent significantly higher number of days in the community in the year after joining the program
- They scored significantly higher on global functioning in the year after program entry
- At follow-up, 33% held paid employment, 19% receiving job skills training, 16% in volunteer activities, 7% enrolled in postsecondary education, & 3% in GED classes.
- Of direct expenditures over 19 months of operation, 47% was spent on traditional psychiatric services, 13% on service substitutions for traditional care, 29% on tangible goods, 8% on uncovered medical care, and 3% on transportation.

(Cook, Russell et al., Psychiatric Services, 2008)

**Texas SDC Randomized Controlled Trial** Compared SDC (n=102) vs. controls (n=114) at baseline, 12- & 24-months using random regression analysis\* & found that SDC participants had...

- Lower somatic symptoms
- Higher levels of coping mastery
- Higher self-esteem
- Higher levels of self-perceived recovery
- Greater ability to ask for help
- Greater reliance on social support from others
- Greater willingness to pursue recovery goals
- Greater perception of their service delivery system as client-driven
- Greater likelihood of employment



### Mean (s.d.) Service Costs: Years 1, 2 & combined

	SDC		ontrols
Year 1	\$2,998	Year 1	\$3,189
	(3128)		(4608)
Year 2	\$2,241	Year 2	\$2,303
	(2960)		(4266)
Combined	\$5,240	Combined	\$5,493
	(5500)		(8268)

#### **SDC Participant Satisfaction Survey**

How satisfied are you with your SDC Advisor?

Very dissatisfied 0%
Somewhat dissatisfied 13%
Somewhat satisfied 16%
Very satisfied 71%

How do the MH services you're buying now compare to those you got before SDC?

Worse 7%
About the same 19%
Better 74%

> Are the rules for allowable purchases fair?

10%

90%

No

Yes

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#### Chapters

- Chapter 1: What is Self-Directed Care?
- Chapter 2: Getting Started
- Chapter 3: Being Participant Driven
- Chapter 4: SDC Program Structure
- Chapter 5: Self-Directed Life Planning
- Chapter 6: Budgeting & Purchasing
- Chapter 7: Recruitment, Eligibility, & Enrollment
- Chapter 8: SDC Support Brokers
- Chapter 9: SDC Program Evaluation & Fidelity

#### Resources

- FL SDC State Legislation
- Job Descriptions: Program Director & Support Broker
- Enrollment Forms
- SDC Life Plan
- What's My Goal?
- Your SMART Goal Worksheet
- SDC Participant Rights
- SDC Allowable Purchases

- SDC Plan & Budget Forms
- Quarterly Review Form
- Invoice for Non-Tradition Services
- SDC Fidelity Assessmen
- Guidelines for SDC Debit Card Purchases
- Relapse Prevention Plan
- SDC Satisfaction Survey
- Personal Life History Form

#### **Content Overview**

 UIC manual showcases tips & tools from several successful programs for implementing SDC from the ground up

Use the manual to learn how to:

- mobilize your local community or State
- develop planning committees
- create an SDC program model based on your unique assets and needs
- staff & implement the program
- evaluate its impact

## Tips for Using the Manual

- Read the entire manual to understand the dynamics of what you're undertaking
  - Be ready to address common concerns with facts & figures presented in the manual
- Build a supportive SDC community, nurture allies, be as inclusive as possible
  - Chapter 1 is designed as a series of handouts to share in the community or with committees
- Regularly check your process and progress against the SDC values described in Chapter 2; reorient as needed
- Learn about the various funding mechanisms that can support an SDC initiative in your community
- Train and nurture a recovery-oriented staff that embraces SDC values and principles
- Be ready for ups and downs, but enjoy the ride!



#### Genoveva's Story

#### When Inspiration is Needed

SDC testimonials can be used to inspire not only the community but also your planning team



Guiseppe's Story



Chelsea's Story



**Cleveland's Story** 

http://www.texassdc.org/

## Ways to Tap UIC's Expertise

- UIC's new Center on Self-Directed Recovery & Integrated Health Care will offer a podcast & webinar about implementing SDC programs & provide related telephone TA
- More in-depth telephone & on-site consultation on model development & implementation is available for a fee

How to Access the UIC SDC Implementation Manual

 Visit our website & click on Planning a Self-Directed Care Program? in the News & Features section

http://www.center4healthandsdc.org/sdc-

manual.html