

Self-Directing Your Own Recovery by Controlling Your Own Service Dollars

**Presented at Alternatives 2010 – Promoting
Wellness Through Social Justice**

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A Word of Thanks to our Funders

- U.S. Department of Education, National Institute on Disability & Rehabilitation Research
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- Texas Department of State Health Services, Mental Health & Substance Abuse Division

Today's Presenters

- Walter Norris*
- Tommy Warnick*
- Luis Moreno*
- James Warren*
- Lisa Razzano**

*Texas SDC Program

**University of Illinois at Chicago

Workshop Agenda

- **Welcome and Introductions**
- **SDC Model Background**
- **SDC Program Director's Perspective**
- **SDC Advisors – What They Do and How They Work with Participants**
- **The Advisor-Participant Relationship – How it Helps People Recover**
- **Early Research Findings**
- **Questions and Discussion**



SDC Program Organization

Walter Norris, SDC Program Director

What is Self-Directed Care?

Funds ordinarily paid to service provider agencies are controlled by service recipients

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

How Texas SDC Works

- Participants have \$4,000/year to spend on goods, services, and supports for their recovery, regardless of Medicaid eligibility
- People must be willing to leave their current services in order to begin SDC
- Help navigating the program comes from SDC Advisors who are provided free of charge
- Program director approves participant budgets
- Must be willing to participate in UIC randomized study
- Braided funding: Medicaid, state general revenue, Mental Health Block Grant; state transformation grant dollars

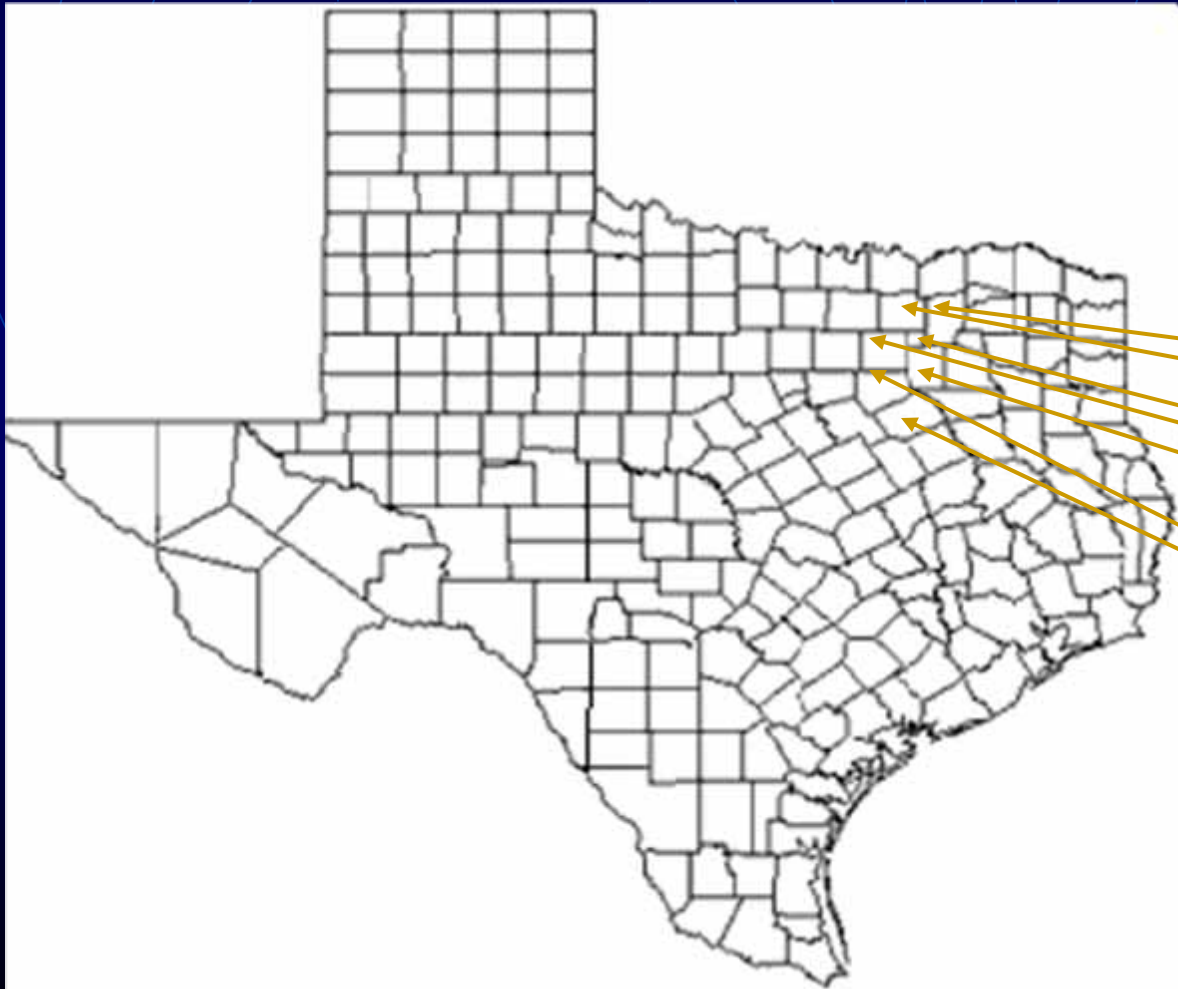
Underlying Values of SDC

- **Freedom of Choice** – people pick their own services & hire/fire their own providers
- **Conflict of Interest Free** – the program has no vested interest in what services or providers are used
- **Firewall Between SDC Components** – ideally, the program “home,” fiscal intermediary, & providers are not organizationally related
- **Personal Responsibility** – participant assumed to be able to make good choices & take responsibility for own recovery

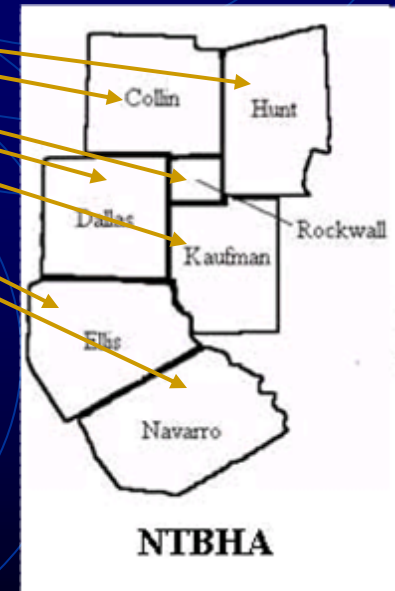
North Texas Behavioral Health Authority (NTBHA)

- NTBHA is the local behavioral health authority for Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties
- NTBHA manages healthcare delivery services for people eligible for Medicaid/or public behavioral health funds in the North Star Region
- SDC is a pilot program of the NTBHA

Texas SDC Location



NorthSTAR Region



North Texas Behavioral Health Authority

SDC Stakeholders

- SDC is a Collaborative Effort of Four Agencies
 - North Texas Behavioral Health Authority
 - Texas Department of State Health Services
 - University of Illinois at Chicago
 - Value Options



Texas SDC Advisors



Luis Moreno



Cheryl Gayles



Dong Tran



Tommy Wornick

SDC Service Delivery Model

- o 60/40 Model
- o Traditional Treatment (60%)
 - Psychiatrist
 - Case Management
 - Groups
 - Counseling



Non-Traditional Services

o Non-traditional items and services (40%)

- Allowable Purchases
 - Physical Health
 - Transportation
 - Education
 - Employment
- Non-allowable Purchases
 - Legal Expenses
 - Clothing Accessories
 - Prescription Co-pays
 - Cosmetic Services

PaycardUSA



- A prepaid credit card
- Decreases stigma from using vouchers or checks with program name on them
- Increases participant familiarity with use of debit/credit cards
- Allows participant responsibility for funds
- Program can restrict purchases (no alcohol, guns, pornography, etc.)
- Staff can monitor expenses on daily basis

SDC Participant Learning Community

- o Supported Educational Methods and Tools
- o Monthly Meetings
- o Urban League of Greater Dallas



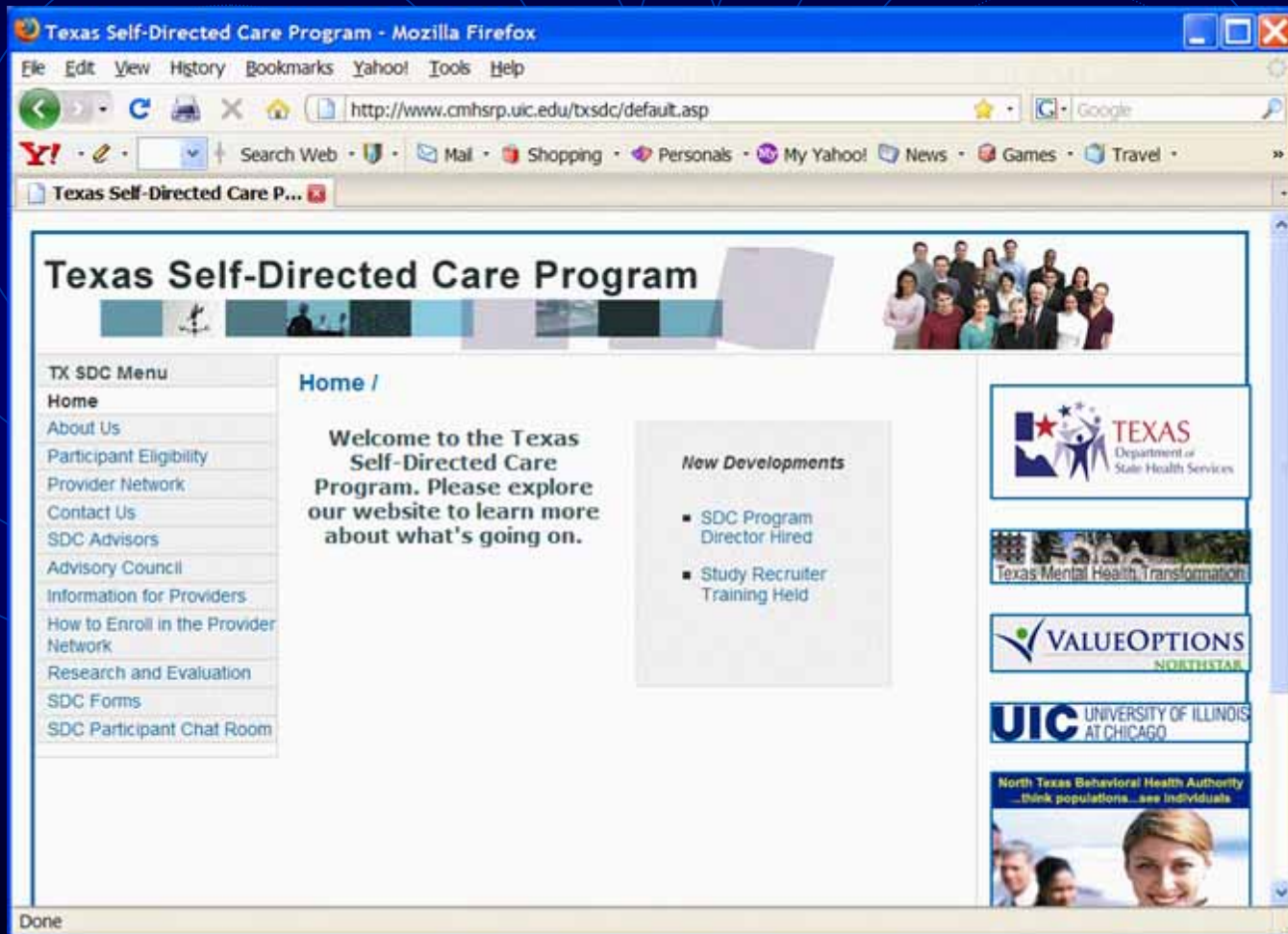
SDC Advisory Committee

- o Interim Committee
- o Final Committee



Texas SDC Website

keeps participants, staff, funders, & public informed



<http://www.texasdc.org/default.asp>

Advisor-Participant Dialogue



SDC Advisor: Luis Moreno

Participant: James Warren



Tommy Wornick

Texas SDC Advisor

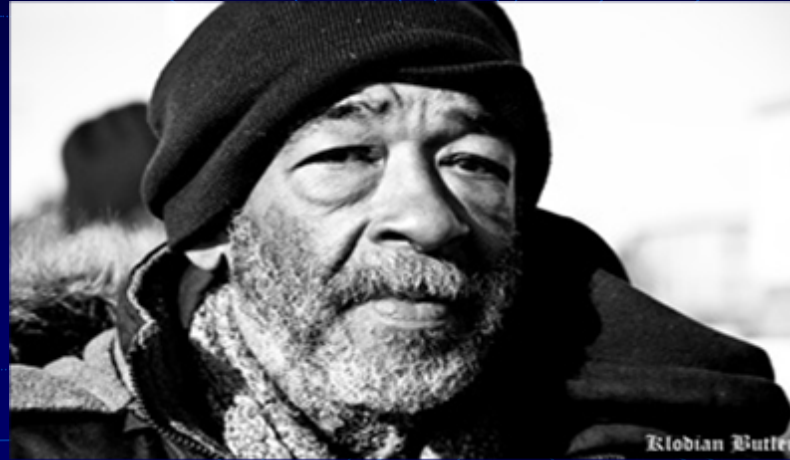
The Advisor

- ? Why I became an Advisor
- ? What were the qualifications
- ? What is the difference between an advisor and a case manager



Picture by Klodian Butler

A New Model of Care



Picture by Klodian Butler

- Orientation to the program
 - ? Who I am
 - ? Who are you
 - ? What is SDC
 - ? Personal history and life goals

SDC Advisor Helps Participants Make Important Life Choices



Thinking “outside the box”

- What is “the box”?
 - Medical model of care
 - Institutionalization
 - Care as prescribed by a doctor
 - Medication
 - Limited choice



Thinking “outside the box”

- What is “outside the box”?
 - Self-Directed Care
 - Choosing your doctor
 - Choosing what care you receive from which providers
 - Replace services with goods
 - Recovery through alternative means
 - WRAP and Peer to Peer services
 - Alcoholics Anonymous
 - Narcotics Anonymous
 - Dual Recovery Anonymous



Challenges

The institution of
medical care and
medicine

Unpredictability of the
Diagnoses

Public policy and
funding

Not getting too close to
the participants

Rewards



- ✓ Knowing you made a difference in another persons life is a very nice feeling
- ✓ I keep what I have by giving it away

Pictures by Klodian Butler



Some Early Research Findings

Lisa Razzano

University of Illinois at Chicago

Characteristics of 206 SDC Study Participants

SDC Participants (n=110) & Services as Usual (n=96)

| | |
|---|----------|
| Female | 66% |
| Caucasian | 36% |
| African American | 41% |
| High School/GED | 67% |
| Unmarried | 86% |
| Parents | 66% |
| Annual income < \$10,000 | 50% |
| Ever treated overnight for MH | 56% |
| Ever treated for substance use | 49% |
| Physical condition/impairment | 48% |
| Currently working | 12% |
| See self holding job in next year | 58% |
| Average age | 41 years |
| Average household size (inclu. participant) | 3 |

Clinical Characteristics of SDC Program Participants

Most recent Principal Diagnosis (from DSHS Data Warehouse) (n=104)

| | |
|------------------|-----|
| Bipolar I | 52% |
| Bipolar II | 13% |
| Major Depressive | 17% |
| Schizoaffective | 16% |
| Schizophrenia | 2% |

Global Assessment of Functioning (from DSHS Data Warehouse) (n=104)

| | |
|--------------------------------------|-----|
| Serious symptoms and/or impairment | 50% |
| Major impairment in soc-cog function | 43% |
| Dysfunctional most areas, delusions | 3% |

Global Symptom Severity Index (from study) (n=110)

Mean = 1.8

Significantly higher ($p < .01$) than Adult Psychiatric Outpatient norm

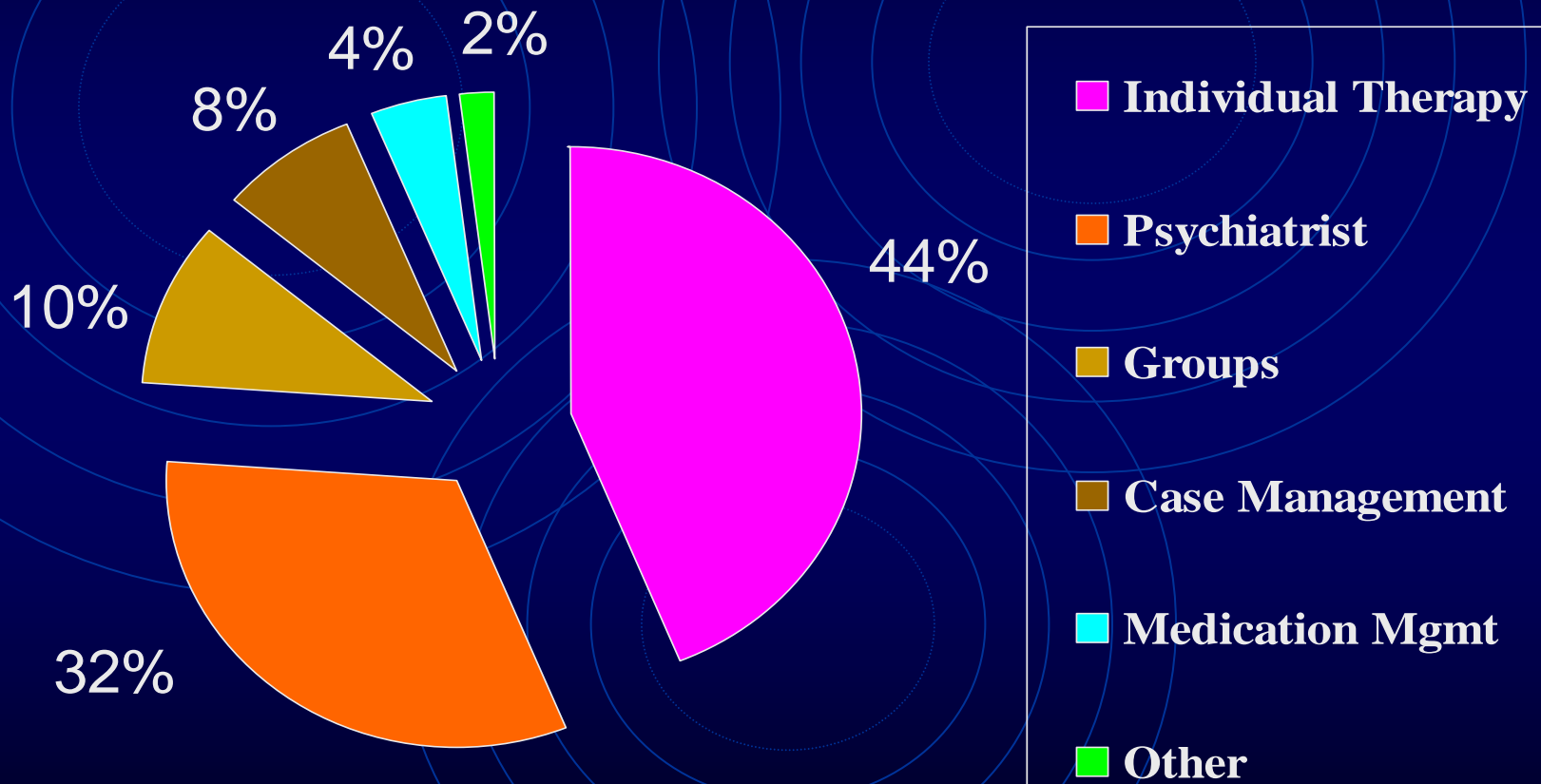
Example of One SDC Participant's Recovery Goals

- Find a prescribing psychiatrist with whom I feel comfortable
- Participate in supportive psychotherapy to enhance my ability to cope
- Improve my health & physical fitness
- Better manage my feelings of depression
- Lower my stress level
- Prepare myself for a job

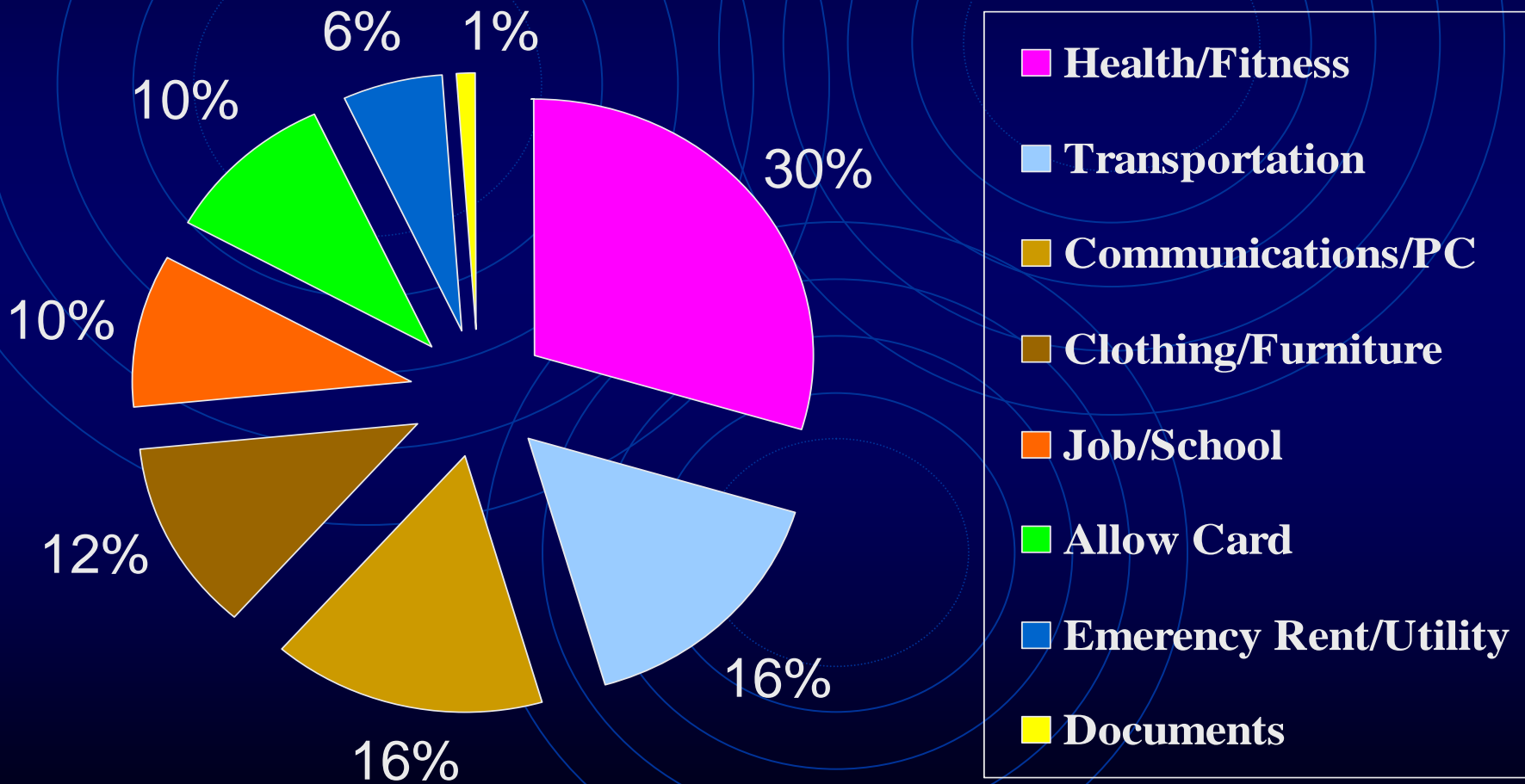
Purchases Made by Participant

| <u>Purchase</u> | <u>Total cost of Purchase</u> |
|--|-------------------------------|
| Individual Therapy | \$910.00 |
| Psychiatrist | \$332.50 |
| Initial MH Assessment | \$90.00 |
| Fitness Expenses | \$273.34 |
| Massage Therapy | \$300.00 |
| Tuition (12 hours) | \$250.00 |
| Books for School | \$250.38 |
| Debit Card Fees | \$3.95 |
| <hr/> | |
| Total Non-Traditional Goods & Services = \$1,092.67 (45%) | |
| Total Traditional Services = \$1,332.50 (55%) | |
| Grand Total Purchases = \$2,425.17 (100%) | |

As of May 2010, Types of Traditional Clinical Purchases Authorized



As of May 2010, Types of Non-Traditional Purchases Authorized



Ratio of Traditional to Non-Traditional Purchases

(among those with approved budgets for 2+ months)

- 58% traditional/42% non-traditional across all participants (with an average of 40% of total budgets allocated)
- Traditional % range from 20%-98%
- Non-traditional % range from 2%-80%
- % adhering to 60/40 split = 61%
- Average monthly expenditure (est.) = \$302/person (median=\$290, sd=154)

SDC Participant Satisfaction Survey

- 42 participants with 3+ month tenure; 31 completed the survey for a 74% response rate with no refusals
- How would you rate the SDC program?
 - Poor 0%
 - Fair 10%
 - Good 32%
 - Excellent 58%
- Would you recommend the SDC program to a friend?
 - No 0%
 - Not sure 3%
 - Yes 97%

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?

- No 10%
- Yes 90%

SDC Participant Outcomes

Living in own home or apartment 84%

Working for pay 26%

In school/taking a class 19%

Psychiatric hospitalization 6%

Physical health now vs. before SDC

Worse 10%

About the same 35%

Better 55%



"Ownership of one's life...is a physical, mental, spiritual, and responsible connection or reconnection to life for an individual who seeks his or her own destiny."

Nancy Fudge, Florida SDC Participant

Informational Materials About Self-Directed Care

SDC Fact Sheet

<http://www.cmhsrp.uic.edu/download/SDCResearchFactSheet.pdf>

Funding Options

<http://www.cmhsrp.uic.edu/download/sdsamhsaconfsentver3.pdf>

Planning Guide

<http://www.bazelon.org/issues/mentalhealth/publications/DriversSeat.pdf>

Managed Care & SDC

http://www.magellanprovider.com/MHS/MGL/about/whats_new/providerfocus/new/archives/fall06/clinical/article1.asp

For more information, see <http://www.cmhsrp.uic.edu/nrtc/default.asp>

Thank You!!!

- Questions
- Comments