

# Texas



## **FY2014 TTI PROJECT:**

Document the elements of a sustainable Self-Directed Care (SDC) Program for people with serious mental illness.

## **KEY OUTCOMES:**

Purpose of the *Texas Transformation Transfer Initiative Project for Self-Directed Care in Texas* is to document the elements of a sustainable Self-Directed Care (SDC) Program for people with serious mental illness. Building on experience gained from pilot programs in the Dallas and Houston metro areas, TTI funds were used in collaboration with the state's SDC training and research partner, the Center for Mental Health Services Research and Policy at the University of Illinois at Chicago (UIC). The Initiative established a key stakeholder workgroup in the Greater Austin area that includes representatives from the State Medicaid Agency, Medicaid Managed Care Organizations, the Department of Aging and Disability, provider organizations, Texas Catalyst for Empowerment (a statewide consumer network), Mental Health America, National Alliance for Mental Illness, the Consumer Direction Workgroup, the Hogg Foundation, consumers and other community stakeholders.

A series of community meetings and teleconferences were convened in the Austin area in June through August 2014, at which stakeholders learned about the SDC model of service delivery and the results of prior pilot program evaluations in Texas. Subsequent formation of subcommittees laid the groundwork for potential future SDC pilot programs in the Medicaid system by initiating definition of inclusion and exclusion criteria, recruitment and retention strategies, program staffing, purchasing policies, service provider network, fiscal management entities, quality assurance and monitoring, participant outcomes and program evaluation, and consumer involvement in program design and operation. These activities will help to further the State's legislative mandate to promote self-direction and its efforts to create a recovery-oriented Medicaid service delivery system.

### Selected accomplishments:

- DSHS staff members were educated about the SDC model.
- The State Medicaid Office and Medicaid managed care organizations in the proposed pilot area were educated about the SDC model and previous pilot program evaluations. They agreed to work with DSHS and UIC on the planning project.
- A comprehensive list of community stakeholders was developed to engage in the planning process, including consumer and family advocacy groups, disability advocacy organizations, behavioral health providers, primary care providers, the DSHS Medical Director, DSHS program policy and state Medicaid policy and managed care operations management staff.
- Two meetings were held with community stakeholders, during which they received education

and technical assistance about the SDC model and the Texas pilot programs.

- Five SDC planning subcommittees were formed and met to finalize their mission, goals, and specific planning activities in: program personnel, purchasing policy, program operations, provider network, and information technology. Texas/UIC held weekly planning meetings and conference calls.
- A participatory framework was developed for the Austin SDC Program planning process. This framework includes a subcommittee structure, detailed mission statements, goals, and specific activities.
- Legislation for SDC was introduced in committee which included a randomized trial.
- UIC is performing additional analysis on the impact of Medicaid population on SDC.

Lessons learned:

- Considerable interest in SDC model to improve outcomes and control costs was generated with the Texas State Medicaid Office and the two Medicaid managed care organizations in the proposed pilot area.
- A broad range of community stakeholders expressed interest and enthusiasm for developing the SDC model in the Austin-Travis county area.
- Involvement of consumers and family members was ensured via outreach through existing peer networks.
- State government officials were recruited from existing interagency relationships and existing legislatively mandated planning councils.
- The TTI project proved to be an excellent complement to the State's general consumer-direction legislative direction. In addition, the project dovetailed nicely with a current initiative which is transforming Texas Medicaid.

Future developments: We anticipate that the Austin-Travis SDC planning process will continue during the coming year as subcommittee recommendations are formulated and studied.

Value of the federal investment: The TTI initiative provided a framework around which to rally a wide group of stakeholders in the Austin area. It provided an impetus for DSHS staff to work in a concerted fashion with staff from the State Medicaid Office who in turn cooperated with the area's two managed care organizations. The planning process was transparent and facilitated the involvement of a wide range of primary and secondary consumers. Funding to convene community meetings and ongoing deliberations of planning subcommittees will produce recommendations from the "bottom-up" upon which program infrastructure can be built. The endorsement of the SDC model by the federal government through NASMHPD funding legitimized this approach in the public's eye and further enhanced notions of self-determination and recovery for this often marginalized population.

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