

Self-Directed Care (SDC)

Self-Directed Care (SDC) is a person-centered model of care that allows individuals to be responsible for managing their own health service delivery.¹



SDC has long been used by people with disabilities to live independently. It can also establish a recovery path for those with severe mental illness.

SELF-DIRECTED CARE INCLUDES PERSON-CENTERED THINKING, PLANNING, AND PRACTICES.

Thinking

The participant and their loved ones are viewed as experts in their own lives



Planning

The participant directs the planning with support from chosen individuals, ensuring that their preferences and interests remain prioritized. Advance directives are a common component of SDC planning.

Practices

The participant has the full benefits of community living through alignment of services and systems delivered to help achieve their desired outcomes.²

In previous SDC models, the results were overwhelmingly positive. Those in the program had “fewer unmet needs, the same or better health outcomes, and higher satisfaction with their everyday lives than people who did not.”³

Fundamentals of SDC

SDC participants are provided with a budget based on the cost of the publicly funded services that they would have received under provider-managed services. Participants can change services as needed within the limits of their budgets.

A support broker works with the participant to develop, implement, monitor, and adapt their SDC plan, and provide additional financial management services as needed.

1. https://www.hsri.org/files/uploads/publications/SDC_CostImplications_Final_071619.pdf <https://www.hsri.org/project/national-center-on-advancing-person-centered-practices-and-systems>

2. <https://www.mentalhealthselfdirection.org/>

3. Same as note 4, p.5.

4. <https://pb.appliedselfdirection.com/api/files/xdr1oqesscyfjmm/in7b3sblr611ru/SD%25%32%30in%25%32%30MH%25%32%30Brochure.pdf>

5. Same as note 4, p.5.

Self-Directed Care

Maryland's 2024 Self-Directed Care Bill: [SB988](#)

SDC encourages autonomy and can improve quality of life by increasing self-esteem, fostering meaningful relationships, and encouraging community participation.⁴



PARTICIPANTS RECEIVE:

- An annual budget for the creation, management, and implementation of their SDC plan;⁵
- A support broker, elected by the participant and authorized by the State;
- A fiscal intermediary to ensure costs remain in budget and are paid;
- Peer support for mentorship and guidance;
- Services, medication, and other supplies included in the SDC plan;
- Administrative support.

EDUCATION AND OVERSIGHT

- **Coordinators of community services** educate participants on all models of service available, at the onset of services and annually, and report to MDH.
- MDH collects outcomes and utilization data, and assesses the efficacy of the self-directed services relative to traditional services.

SELF-DIRECTED CARE RECOGNIZES THAT EFFECTIVE SUPPORTS ARE NOT "ONE SIZE FITS ALL". EVERY PERSON IS UNIQUE SO EVERY RECOVERY PLAN SHOULD BE AS WELL.

**5 STATES HAVE ADOPTED SDC:
FLORIDA,
MICHIGAN,
NEW YORK,
TEXAS
& UTAH.**

**Estimated cost according to MDH:
\$1 million/year for FY 26-28.**

Average personal budget per pilot participant: \$10,605/year.

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