

## Illinois Financial Mapping Activities



**Illinois Department of  
Human Services  
Division of Alcoholism  
and Substance Abuse**






3/16/2009 1

## Fiscal Work Group Membership



**Co-Chairs**


Rick Nance	Illinois Dept of Human Services-Division of Alcoholism and Substance Abuse
Sam Gillespie	Illinois Dept of Children and Family Services

**Work Group Members**

Dan Blair	Illinois Dept of Human Services-Office of Community Health and Prevention
Judy Fried	Northern Illinois Council on Alcoholism and Substance Abuse CEO
Kathy Gazda	Illinois Office of the Courts
Ann Geraci	Illinois Dept of Public Health
Stephanie Hanko	Illinois Dept of Healthcare and Family Services
Jennifer Loudon	Chicago Public Schools
Gladys Taylor	Illinois Dept of Corrections/Dept of Juvenile Justice
Lara Thompson	Governor-s Office of Management and Budget Budget Analyst
Ken Wargo	Illinois State Board of Education
Albert Holmes	Illinois State Board of Education
Lindsay Huth	Illinois Dept of Human Services- Division of Mental Health

3/16/2009 2

## Group Mission /Goals




- 1) Identify what funds are being used
- 2) Identify what these funds are purchasing
- 3) Assess if funds are utilized efficiently and effectively
- 4) Assess how we can enhance or maximize the use of current funds
- 5) Identify additional potential funds for future services expansion
- 6) Enhance the coordination of the procurement of services across multiple state agencies and or Divisions

3/16/2009 3

## Initial Work Group Considerations

- # Identification of Key Stakeholders/Gatekeepers
- # Identification of Participants
- # Identification of Applicable Administrative Rules
- # Data and Billing Mechanisms
- # Key Baseline Definitions
- # Meeting Frequency and Locations
- # Systemic Investment(s)



3/16/2009 4

## The Road Map

### Mission for the Work Group

Data Definitions    ➔    Service Populations

➔    Service Categories


➔    Fiscal Year Constraints

Expenditure Clusters

Data Collection/Formats

Data Confirmation/ Revisions/Reviews


Presentation Format



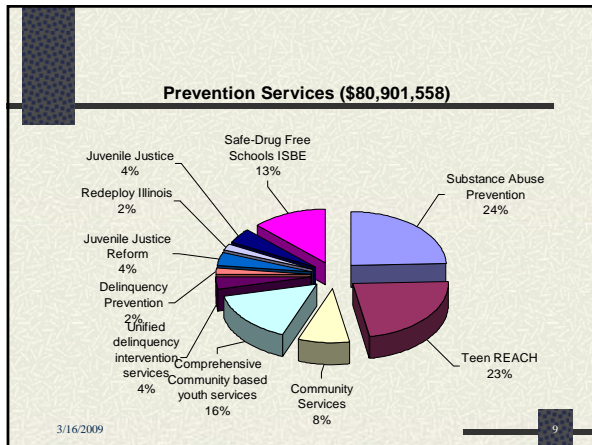
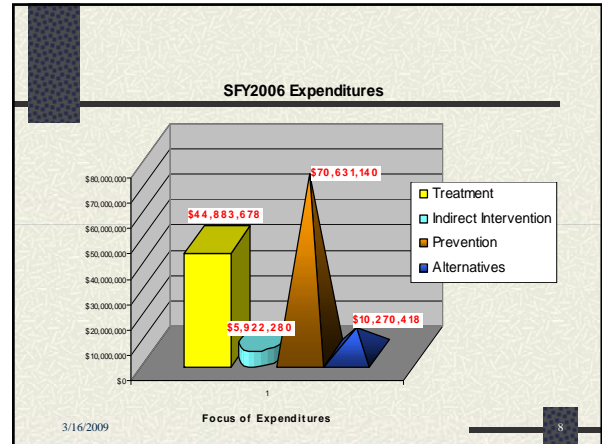
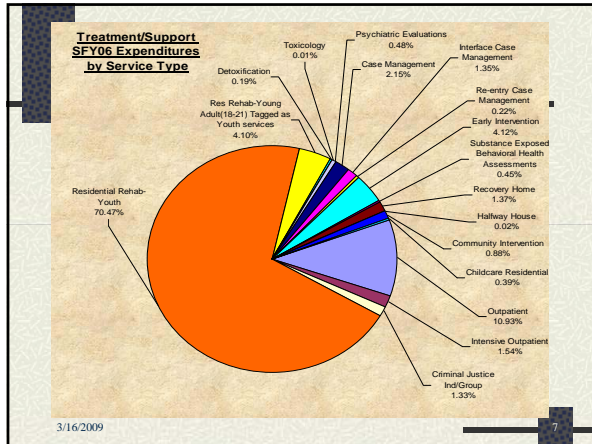
3/16/2009 5

## What did we find?

- # Variety of Service categories
- # Dept of Juvenile Justice has not maximized use of Federal Financial Participation (FFP)
- # Uniform/collaborative data sets are needed in expenditure tracking and services data reporting
- # More timely access to services and expenditure data is needed



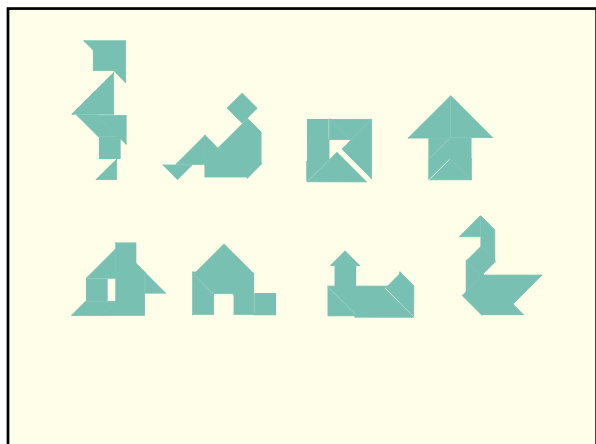
3/16/2009 6



- ### Key Challenges
- ❏ Differences in state department/legacy systems
  - ❏ Changes in state contracting methodology
  - ❏ Differences in data collection systems
  - ❏ Differences in payment/expenditure accounting systems
  - ❏ Competing priorities, SAPT priority populations, categorical appropriation funding, planning initiatives
  - ❏ Implementation of outcome and evidence based contracts
  - ❏ Uniform costing models/bands
  - ❏ Key data and accounting system changes for expenditures
- 3/16/2009

- ### Information/Areas for Discussion
1. Information versus Data: Differences and Similarity
  2. Systems versus Processes: Integration and Collaboration
  3. Access versus Availability: Services utilization and awareness
  4. Consumer Driven versus Business Driven: Impacts on Services provided
  5. DATA-Information Availability versus accessibility: Real time versus projections
  6. Multiple System versus Multi-systems approach: Multiple Visions versus One Vision
  7. ...and Lastlv ... "The Turtle Svndrome" of Svstems related activities
- 3/16/2009


- ### Systems Enhancement: Points of Opportunity
- Policy and programmatic/contract changes that support increased use of increased outpatient services for youth.
  - Implement quality of care reviews which focus on both clinical processes and outcomes as well as fee-for-services earnings requirements
  - Enhanced contracting that employs evidence-based practices and performance measures as a part of contracting
  - Implement state system monitoring and funding changes that utilize expenditure data as an indicator for system change and trends
  - Compare state utilization and expenditure data to national norms
  - Maximize multi-Department or Division budget Initiatives
- 3/16/2009



**Substance Abuse Mental Health Services Administration Adolescent Substance Abuse Treatment Coordination Grant**


---

**William H. Janes**  
 Project Director  
 Director, Florida Office of Drug Control  
 Assistant Secretary, Florida Department of Children and Families  
 Substance Abuse and Mental Health Program




**What Were the Funding Challenges?**

- System not well-coordinated
- Funding fragmented
- Mental health and substance abuse “stove pipes”
- High use of forensic and other deep end services
- High use of juvenile justice system for services
- Managed care system difficult to understand/access
- Low Medicaid reimbursement rates



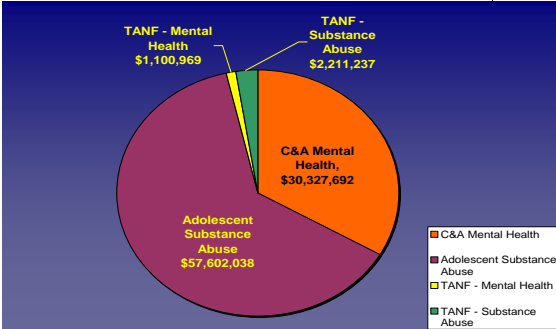
**Challenges - Continued**

- Low incentive to bill for Medicaid
- Conflicting regulatory requirements
- Mental health Medicaid in a managed care/medical model system
- Substance abuse/direct billing/recovery model
- Recruiting and retaining credentialed staff
- System of care not co-occurring capable
- Inflexible funding streams
- High administrative costs from multi-layered and disjointed system




**Florida Department of Children and Families Service Utilization 2006-2007**  
 Source: Florida Department of Children and Families 2008

- DCF intended to be payer of last resort




Category	Amount
Adolescent Substance Abuse	\$57,602,038
C&A Mental Health	\$30,327,692
TANF - Substance Abuse	\$2,211,237
TANF - Mental Health	\$1,100,969
TANF - Substance Abuse (Small)	~\$100,000




**Florida Medicaid – A Snapshot**

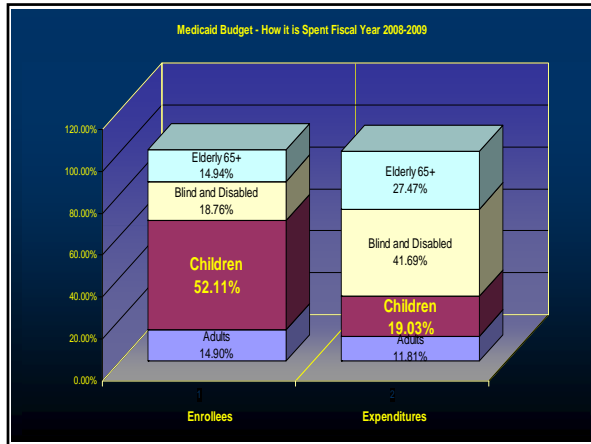
- \$15.7 billion estimated Medicaid spending 2007-2008
- \$92.4 million reimbursed for child and adolescent mental health services 2006-2007
- \$1.8 million reimbursed for adolescent substance abuse 2006-2007
- 2.4 million Florida citizens eligible for Medicaid



**Medicaid – A Complex System of Programs and Coverage**

- 4<sup>th</sup> largest Medicaid population in the nation
- 23 Medicaid managed care plans -16 Health Maintenance Organizations (HMO's) and 7 Provider Service Networks (PSN's)
- Mental Health services are primarily provided through Prepaid plans through HMO's
- Substance abuse services are predominantly provided on a fee-for-service basis





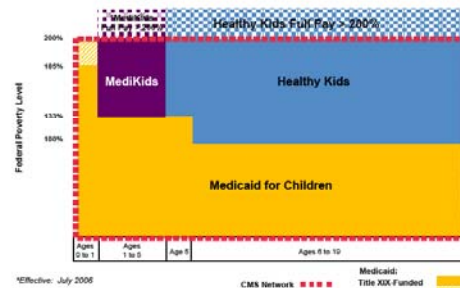
### Florida KidCare State Children's Health Insurance Program (SCHIP)

- Provides children's health insurance for uninsured children under age 19
- Florida KidCare contains four parts:
  - **MediKids (Under age 2)**
  - **Healthy Kids (Low cost health insurance)**
  - **Children's Medical Services (CMS) Network**
  - **Medicaid for children (SSI/TANF)**
- 1,513,073 children currently enrolled in Florida KidCare (December 2008)
- Healthy Kids reimbursed behavioral health services for only 483 children in 2006-2007

### KidCare Behavioral Health Programs

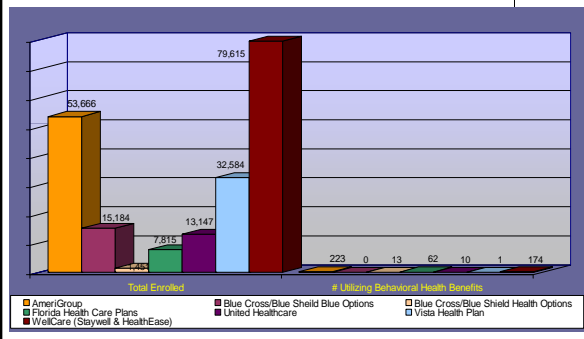
- Medicaid Fee for Service (Substance abuse and services not provided through HMO's, PSN's)
- Medicaid Prepaid Mental Health (HMO's)
- Medicaid Reform Pilot Project
- Behavioral Health Network (B-Net)
- Targeted Case Management
- Statewide Inpatient Psychiatric Program (SIPP)
- Behavioral Health Overlay Services (Through with the Florida Department of Juvenile Justice)
- Medicaid County Match Program

### Florida KidCare Eligibility



### S-CHIP: Florida Healthy Kids Behavioral Health Benefits Utilization 2006-2007

Source: Florida Healthy Kids 2008



### What Have We Done to Address Adolescent Substance Abuse and Mental Health Funding?

- Office of Drug Control secured early cooperation of stakeholders through Advisory Board and workgroups
- Participants who were involved were in a position to influence organizational change
- Collaboration and shared vision evidenced by:
  1. Adolescent Treatment Grant participation
  2. Juvenile Justice Blueprint Commission
  3. Leifman Report
  4. Renewed emphasis on coordination of services with child welfare system

### What Have We Done to Address Adolescent Funding? - Continued



- Adopted more cost effective and accessible service system through **Comprehensive Continuous Integrated Systems of Care** initiative
- Promoted evidence-based treatment to support funding requests to support co-occurring system of care
- Improved data systems for co-occurring disorders capable services that will help support funding requests
- Identified third party reimbursement sources for co-occurring disorders to reduce demand on public funding
- Supporting a Children's Mental Health Initiative for integrated systems of care for children with severe emotional disturbances and co-occurring disorders

### Identification of Underutilized Resources



- **Healthy Kids**
  1. Promoted evidence-based assessment and treatment
  2. Promoted behavioral health benefits among enrollees
- **Medicaid County Match Program**
  1. Promoted provider participation
  2. Identified new substance billing codes
- **Behavioral Health Network (B-Net)**
  1. Co-occurring training participation
  2. Mental health providers becoming co-occurring capable
  3. Adoption of evidence-based assessment instruments to identify co-occurring disorders

### Funding Challenges and Opportunities



- Florida shares in the nations' economy crisis – the state is heavily dependent upon tourism
- The economic crisis makes it challenging to meet state Medicaid/SCHIP match, there is hope that the Stimulus Package will help
- As adolescent substance Abuse treatment providers become co-occurring capable/enhanced they will have greater incentive to bill Medicaid
- Infrastructure development for co-occurring disorders will invariably face some resistance.

### Infrastructure Development for Co-Occurring Disorders



- Legislative Budget Request (LBR) has been submitted for \$6.9 million to support co-occurring disorders capable system of care
- Florida has contracted with Zialogic (Kenneth Minkoff, M.D. and Christie Kline, M.D.) to help Florida develop a co-occurring capable/enhanced system of care
- Training and service infrastructure support for co-occurring system of care
- Co-occurring outpatient services to 1,058 adults and 338 children and adolescents
- Expand accessibility to psychotherapeutic medications
- Promote adoption of evidence-based assessment instruments and practices for co-occurring services

### Contact Information



William H. Janes, M.A., M.A., M.M.A.S.  
Assistant Secretary, Mental Health and Substance Abuse Program  
Florida Department of Children and Families  
1317 Winewood Blvd., Building 1, Room 312  
Tallahassee, FL 32399-0700  
Phone: (850) 414-9064  
Fax: (850) 922-4996  
E-Mail: [bill\\_janes@dcf.state.fl.us](mailto:bill_janes@dcf.state.fl.us)

Larry J. Kearley, LCSW, CPP  
Adolescent Treatment Grant Coordinator  
Department of Children and Families  
Substance Abuse Program Office  
1317 Winewood Blvd., Building 6, Room 312  
Tallahassee, Florida 32399-0700  
Phone: (850) 488-9210  
Fax: (850) 414-7474  
E-Mail: [larry\\_kearley@dcf.state.fl.us](mailto:larry_kearley@dcf.state.fl.us)

**SOC for Children's MH Research  
Conference  
Tampa, 2009  
Using Finance to Improve Access &  
Quality of Tx for Adolescents**



Georgia Division of Mental Health,  
Developmental Disabilities, & Addictive  
Diseases

Travis Fretwell  
Program Chief/Deputy Director  
Georgia Office of Addictive Diseases

1

**Financial Mapping**

2

**Why Undertake This Analysis**

3

- Georgia wanted to take a more systematic look at behavioral health funding for children and their families
- Gain a better understanding of a complex picture of multiple funding streams to better inform policy and decision making

4

- SAC and CASIG – SA and MH
- Population crosses multiple systems
- Multiple systems pay for BH services
- Helps to identify areas of strength, gaps, duplication and inefficiency
- Disparities and disproportionality in spending and use
- Better more efficient/effective use of dollars through cross-agency strategic financing plan

5

**Getting Started**

6

*Expenditure and Utilization Questions:*

1. Which State agencies spend dollars on BH services for children and youth?
2. How much do they spend?
3. What types of dollars are spent (e.g., Fed'l, State)?
4. What services are financed?
5. How many children and youth use services?
6. What are the characteristics of these children and youth (e.g., by age, gender, race/ethnicity, severity of disorder)?
7. What services do they use?

7

*Contextual Questions:*

1. What issues are raised by expenditure and utilization data?
2. What changes are occurring in Georgia that have implications for expenditures and utilization in the future?

8

*Agencies Involved with Mapping*

- Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD)
- Division of Family and Children's Services
- Department of Juvenile Justice
- Department of Community Health-Medicaid/PeachCare
- Division of Public Health
- Department of Education
- Department of Early Care and Learning
- Department of Labor-Vocational Rehabilitation Program
- Department of Corrections
- Children's Trust Commission

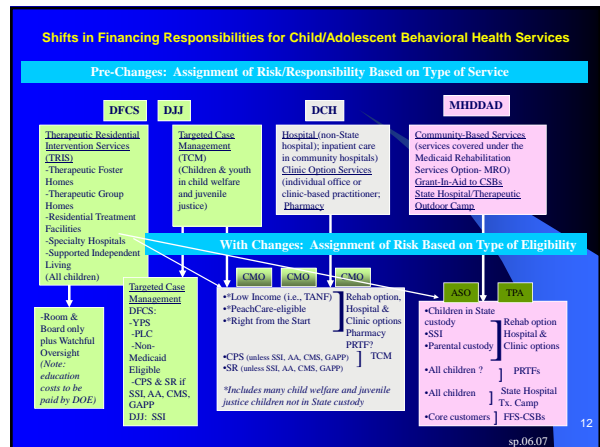
9

**Georgia's Transforming System**

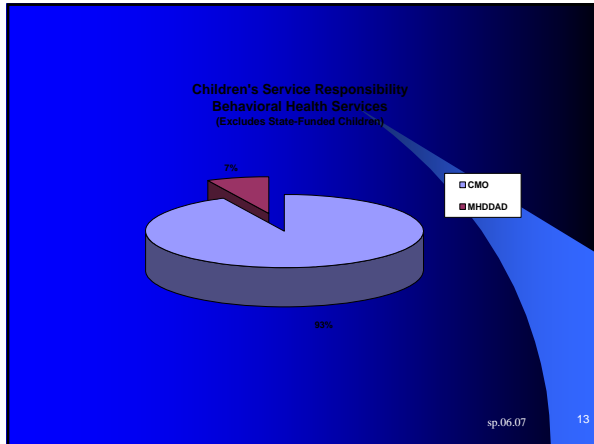
10

- Unbundling of LOC due to Federal challenges
- Psych Under 21 Option and PRTF Demo
- Implementation of PH/BH managed care (3 MCOs)
- Conversion from Grant-in-Aid to FFS
- Reduction in Targeted Case Management due to Federal challenges

11







Pushing Ahead

14

- Some Challenges*
- Data Limitations- Diff. collection formats
  - Multiple funding sources involved- Own regs. and req.
  - Turf and \$\$ guarding  
but  
It only takes one agency to get the ball rolling
- 15

- Georgia's SAC & CASIG Collaborative:  
KidsNet Georgia*
- The First Lady's Children's Cabinet – Oversight body
  - KidsNet Georgia Collaborative- Operational body, reps. of major child serving agencies, stakeholders, advocates and family and youth
  - Steering Committee -Leadership and oversight of collaborative, organize work to promote efficiency
- 16

- First Lady's Children's Cabinet*
- Mary Perdue, Georgia's First Lady, Chair
- Commissioner, Department of Human Resources (DHR)
  - Commissioner, Department of Juvenile Justice (DJJ)
  - Commissioner, Department of Community Health
  - Commissioner, Bright from the Start
  - State Superintendent of Schools
- 17

- Director, Office of the Child Advocate
  - Director, Children and Youth Coordinating Council
  - Director, Children's Trust Fund Commission
  - Director, Office of Child Fatality Review
  - Director, Division of Family and Children Services, DHR
  - Director, Division of Mental Health, Developmental Disabilities, & Addictive Diseases, DHR
  - Director, Division of Public Health, DHR
- 18

### *Collaborative Continued*

Implementation is assigned to 1 of 4 workgroups:

1. Workforce Development
2. Family & Youth
3. Finance
4. Interagency Collaboration

19

## Some of What We Learned

20

- Excluding the schools, the four agencies that spent the most on behavioral health services were, in order: DFCS, MHDDAD, DCH, and DJJ.
- Together, these four agencies alone spent an estimated \$590.8m in FY 06.
- The majority of expenditures for behavioral health services across the four agencies were comprised of State general revenue (or TANF), followed by Federal Medicaid financing. Federal Title IV-E and Federal block grant and formula grant funding played a critical role.
- 17% of total MHDDAD spending is for SA services.
- SA spending per youth served is higher than for MH but total SA spending for youth is low.
- Multiple Data Challenges

21

## The Big Picture



22

- In Ga., it is in the interest of all of the child serving agencies to come together to better understand historic behavioral health utilization and expenditures, how responsibility is to be co-shared in the future, and, most importantly, how to implement a more individualized, strengths-based, outcomes-oriented approach to care.
- This is especially critical to implement for the populations of children who historically have used LOC services. In the absence of a collaborative approach to the changes that are underway in Georgia, cost-shifting is bound to occur across these agencies, creating unintended consequences both for the agencies and for the populations of children and families that rely on them for services and supports.

sp.06.07

23

Each State that has undertaken this initiative deserves credit but there analysis is far from complete and should be viewed as a starting point for proceeding strategically to fill in missing data and improve existing data.

Review of behavioral health spending is not a one-time exercise, but one that should be undertaken regularly as part of a bigger strategic planning process.

It is not just about the financial mapping or the valuable information you gain but where it takes you as a state that matters. Mapping is a tool that opens the door to a wealth of resources/ treasures

24

## Next Steps

- Phase 2 Financial mapping
  - Sustainability of SAC and SIG grant efforts
  - Georgia's System Continues to Change
1. DHR- DMHDDAD
  2. DBH- MHAD
  3. DHS- DFCS, CSS, PH and AGING

25

## Contact Information

Travis Fretwell, MAC, NCAC II, CCS  
Addictive Diseases Program Chief/Deputy  
Department of Human Resources  
Division of MH, DD and AD  
2 Peachtree Street, N.W. Suite 22-293  
Atlanta, GA 30303-3171  
404-657-2315 office  
404-657-6417 fax  
tfretwell@dhr.state.ga.gov

26