Illinois Financial Mapping Activities

Illinois Department of Human Services
Division of Alcoholism and Substance Abuse

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

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

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 Blake Illinois Dept of Human Services - Office of Community Health and Prevention
Judy Fried Northern Illinois Council on Alcoholism and Substance Abuse - CEO
Kathy Gads Illinois Office of the Courts
Ann Geraci Illinois Dept of Public Health
Stephanie Henke Illinois Dept of Healthcare and Family Services
Jennifer Leidner Chicago Public Schools
Gladys Taylor Illinois Dept of Corrections/Dept of Juvenile Justice
Larry Trimaine Governor's Office of Management and Budget Analyst
Ken Wargo Illinois State Board of Education
Albert Holmes Illinois State Board of Education
Linda Ford Illinois Dept of Human Services - Division of Mental Health

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)

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
Treatment/Support SFY Expenditures by Service Type

- Residential Rehab - Youth: 70.47%
- Outpatient: 10.93%
- Residential Rehab - Youth
- Halfway House: 0.02%
- Criminal Justice Ind/Group: 1.33%
- Intensive Outpatient: 1.54%
- Childcare Residential: 0.39%
- Community Intervention: 0.88%

- Prevention Services ($80,901,558)

- Substance Abuse Prevention: 24%
- Juvenile Justice: 4%
- Safe-Drug Free Schools ISBE: 13%
- Juvenile Justice Reform: 4%
- Delinquency Prevention: 4%
- Teen REACH: 23%
- Community Services: 8%
- Community based youth services: 16%

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

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 Lastly ... “The Turtle Syndrome” of Systems related activities

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
Illinois Financial Mapping Activities
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

- DCF intended to be payer of last resort

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

- 4th 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
22nd Annual RTC Conference Presented in Tampa, March 2009

### 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

<table>
<thead>
<tr>
<th>Medicaid Fee for Service</th>
<th>Medicaid Prepaid Mental Health</th>
<th>Medicaid Reform Pilot Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>20%</td>
<td>30%</td>
</tr>
</tbody>
</table>


Source: Florida Healthy Kids 2008

<table>
<thead>
<tr>
<th>Service</th>
<th>Utilization 2006-2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>10,000</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>12,000</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
<td>14,000</td>
</tr>
<tr>
<td>Total Enrolled</td>
<td>36,000</td>
</tr>
</tbody>
</table>

### 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 system of care 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

Assistant Secretary, Mental Health and Substance Abuse Program
Florida Department of Children and Families
1317 Winewood Blvd., Building 1, Room 312
Tallahassee, FL 32309-0700
Phone: (850) 414-3094
Fax: (850) 922-4996
E-Mail: bill.janes@dcf.state.fl.us

Larry J. Kearley, LCSW, CPP
Adolescent Treatment Grant Coordinator
Substance Abuse Program Office
1317 Winewood Blvd., Building 6, Room 312
Tallahassee, Florida 32399-0700
Phone: (850) 408-0270
Fax: (850) 414-7474
E-Mail: larry_kearley@df.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

Financial Mapping

Why Undertake This Analysis

- 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

Getting Started

- 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
**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?

**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?

**Agencies Involved with Mapping**

- Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD)
- Division of Family and Children’s Services
- 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

**Georgia’s Transforming System**

- 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

**Shifts in Financing Responsibilities for Child/Adolescent Behavioral Health Services**

_Pre-Changes: Assignment of Risk-Responsibility Based on Type of Service_**

<table>
<thead>
<tr>
<th>DECE</th>
<th>DJJ</th>
<th>DCH</th>
<th>DCM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCF (Mental Health Care) Division</td>
<td>Medicaid Family Division</td>
<td>Medicaid Children and Youth Services Division</td>
<td>Medicaid Adult Services Division</td>
</tr>
<tr>
<td>Targeted Case Management (TCM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Health Plan (CHP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support Options (FSO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Low Income (i.e., TANF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PeachCare-eligible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right from the Start (RFTS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in State custody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental custody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core customers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Post-Changes: Assignment of Risk Based on Type of Eligibility**

<table>
<thead>
<tr>
<th>DECE</th>
<th>DJJ</th>
<th>DCH</th>
<th>DCM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCF (Mental Health Care) Division</td>
<td>Medicaid Family Division</td>
<td>Medicaid Children and Youth Services Division</td>
<td>Medicaid Adult Services Division</td>
</tr>
<tr>
<td>Targeted Case Management (TCM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Health Plan (CHP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support Options (FSO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Low Income (i.e., TANF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PeachCare-eligible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right from the Start (RFTS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in State custody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental custody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core customers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

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

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

- 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
Collaborative Continued

Implementation is assigned to 1 of 4 workgroups:

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

Some of What We Learned

- 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

The Big Picture

- 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 LQC 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.

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.
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

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