I. Availability of Data for Decision-Making

Since 1995 the Tracking Project has explored the extent to which adequate data are available in managed care systems to guide decision-making regarding children's behavioral health services. In both impact analyses, key stakeholders in most states reported that management information systems (MIS) were insufficient to meet the accountability needs of managed care systems. They also cited problems with obtaining encounter data from managed care organizations (MCOs), a lack of electronic data reporting systems, and a lack of resources to manage and analyze data in a timely manner for either decision-making or quality assurance purposes.

According to the *2000 State Survey*, which was based on a sample of 35 managed care systems in 34 states, adequate data were available to guide decision making in 59% of the reforms, leaving 41% of the reforms without adequate data. The survey also found that adequate data related to child behavioral health services are more likely to be available in carve outs (63%) than in integrated reforms (43%).

In reforms without adequate data to guide managed care decision-making, the most frequently cited reasons for data inadequacies, as shown on **Table 2**, were inadequate MIS systems and lack of encounter data from MCOs.

Table 2
Reasons for Lack of Adequate Data in Reforms without Adequate Data

	2000		
	Carve Out	Integrated	Total
Lack of encounter data	50%	50%	50%
Lack of staff capacity to analyze data	40%	25%	36%
Inadequate MIS system	50%	75%	57%
No tracking children's behavioral health services	20%	25%	21%
Other	30%	0%	21%

Promising Approaches for Making Data Available for Decision Making

• Delaware's Family and Child Tracking System (FACTS)

Delaware's Department of Services for Children, Youth, and their Families is an integrated state agency for children's services. The Department includes four divisions: (1) child mental health services, (2) child welfare, (3) juvenile justice, and (4) a support division. The MIS system is situated within the support division and is used by the children's mental health, child welfare, and juvenile justice divisions. Development of the **Family and Child Tracking System** (**FACTS**) was initiated in 1993. Three quarters of the development and

startup costs for FACTS were paid by **Statewide Automated Child Welfare Information Systems** (**SACWIS**), an initiative authorized by Congress in 1993 to help states meet data collection and reporting requirements of the Social Security Act. SACWIS continues to fund half the maintenance costs for FACTS.

The data indicators for FACTS include demographic information, identified problems, screening data, level of care recommendations, service providers, and service utilization and cost data. The system includes a service admission form (with specific goals), screening information, treatment progress notes, and service plans. Care managers become familiar with a newly-assigned case by reviewing FACTS data (e.g., the service admission form includes previous service history, previous contacts with child welfare and/or juvenile justice, and whether the child is active now in either system). Although behavioral healthcare providers develop treatment plans that are not entered into FACTS, they are expected to incorporate the service plan goals that appear in FACTS into their treatment plan. In addition, the service plan is used for service authorization, and counselors from the child welfare and juvenile justice divisions are able to access the progress notes for children who are on their caseloads. Multi-division access to client data is designed to enhance service integration for the child and family receiving services.

In addition to its use as a management information system, FACTS is also a care management tool. Care managers receive automatic reminders of due dates for Progress Reviews, Clinical Necessity Reviews (certification of medical necessity), etc. Delinquency reports are sent to supervisors on a regular basis.

In Delaware, the **Division of Child Mental Health Services** (**DCMHS**) serves as the managed care organization for children in the public sector who use more than a basic behavioral health benefit (defined as 30 hours of mental health and/or substance abuse services annually). Providers who are members of the Division's provider network submit data to FACTS on a monthly basis and receive a bundled case rate of $4,239/client/month. If data are not submitted on a client, the provider does not receive payment for that client.

DCMHS uses FACTS to submit cost recovery claims to Medicaid. The division receives division-wide reports and team-level reports on cost and service utilization from FACTS on a quarterly basis.

FACTS data entry is PC (personal computer) based. According to users, data entry is easy, and it takes about 20 minutes to enter data on a new child. Data can be submitted 24 hours a day, 7 days a week, including through a remote access *CITRIX* system. Delaware is exploring transition to a web-based format using the *Enterprise* system, however there are concerns about confidentiality of data. There are routine reports for use in system management and there is also an ad hoc reporting capability where staff and providers can request specific or one-time reports from FACTS but the process is slower than desired due to the limited number of staff who have the training and experience to query the system. Providers can request a limited number of reports from FACTS, but the process reportedly is cumbersome.

FACTS is available free-of-charge to other states and communities. In Maryland, juvenile justice uses FACTS as its MIS system.

Advice to other states and communities regarding data management systems:

- Make the system PC-based for data entry and distributed via a client server system which is not dependent on Local Area Networks.
- Include an easy way for users to correct errors and maintain database integrity.
- Get advice from potential users during system development.
- Make sure that users can easily retrieve data and reports.
- Provide training and support to users during implementation.
- Include funds for a maintenance budget (e.g., funds are needed to make FACTS compliant with the new HIPAA requirements).