

SAMHSA Adolescents Substance Abuse Treatment Coordination Grant: Financial Mapping



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

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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

- 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

Getting Started

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

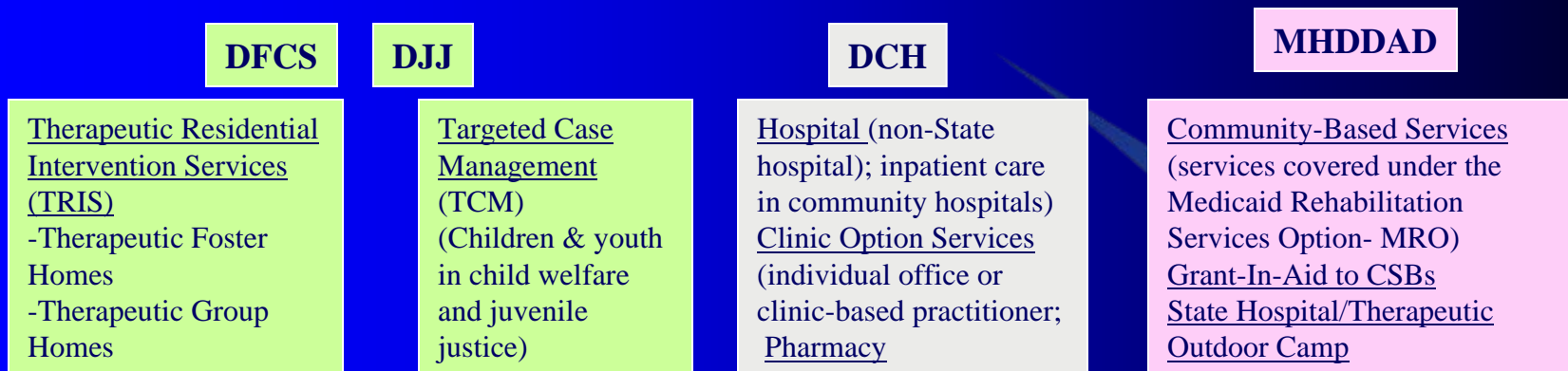
- Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD)
- Division of Family and Children's Services
- Department of Juvenile Justice
- Department of Community Health-Medicaid/PeachCare
- Division of Public Health
- Department of Education
- Department of Early Care and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

Georgia's Transforming System

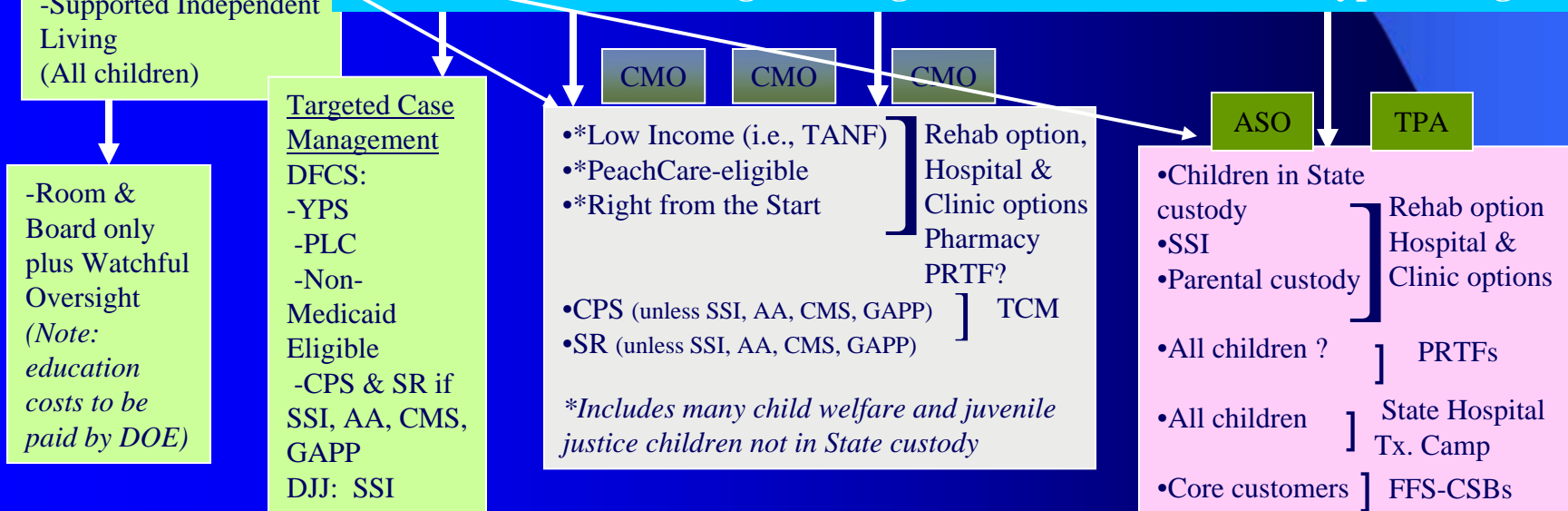
- Unbundling of Level of Care (LOC) due to Federal challenges
- Psych Under 21 Option and Psychiatric Residential Treatment Facility (PRTF) Demo
- Implementation of Physical Health/Behavioral Health (PH/BH) managed care (3 MCOs)
- Conversion from Grant-in-Aid to Fee-for-Service
- Reduction in Targeted Case Management due to Federal challenges

Shifts in Financing Responsibilities for Child/Adolescent Behavioral Health Services

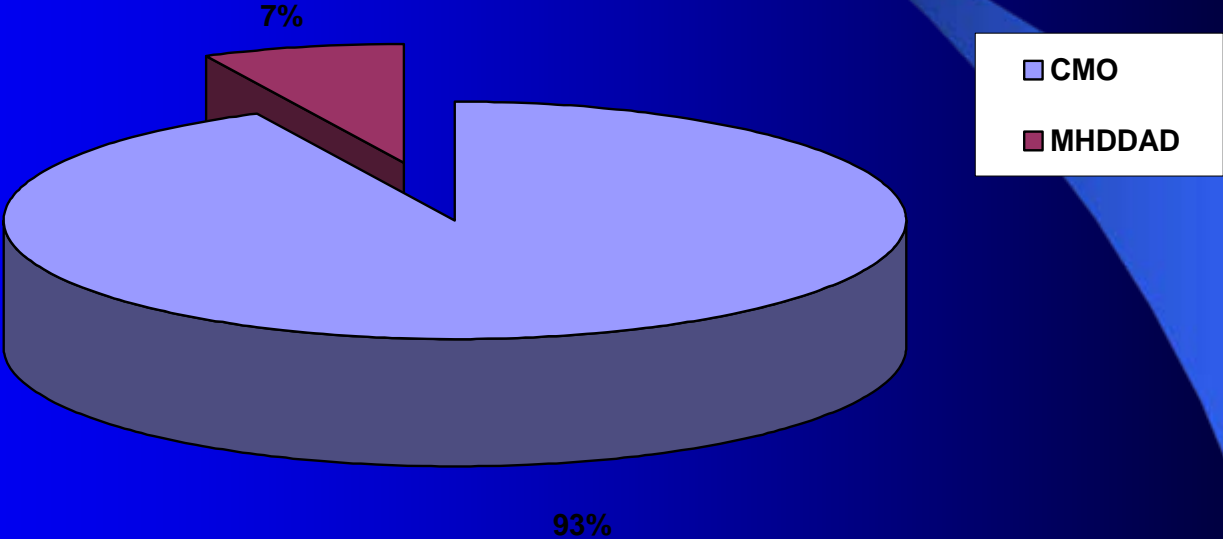
Pre-Changes: Assignment of Risk/Responsibility Based on Type of Service



With Changes: Assignment of Risk Based on Type of Eligibility



**Children's Service Responsibility
Behavioral Health Services
(Excludes State-Funded Children)**



Pushing Ahead

Some Challenges

- Data Limitations- Different collection formats
- Multiple funding sources involved- Own regulations and requirements
- 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 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.

Each State that has undertaken this initiative deserves credit but their 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 grant efforts

Contact Information

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