

*OVERVIEW OF FINANCIAL MAPPING COMPONENT  
COLLABORATIVE ON  
ADMINISTRATION & FINANCING  
OF ADOLESCENT SUBSTANCE ABUSE SERVICES*



*REPORT TO COUNCIL ON CHILDREN'S MENTAL HEALTH  
GOVERNOR'S OFFICE OF CHILDREN'S CARE COORDINATION  
July 22 2008*



## OBJECTIVES OF THE COLLABORATIVE

- Develop a common vision for a comprehensive substance abuse service system for children/youth and their families.
- Agree on a set of principles intended to support a shared vision.
- Plan service system development for the respective department programs from a common framework of expectations for
  - provider networks
  - provision of evidence based treatment
  - maximizing cost containment
  - maximizing revenue streams
- Develop a set of recommendations to strengthen the service system and serve more children/youth and their families appropriately.

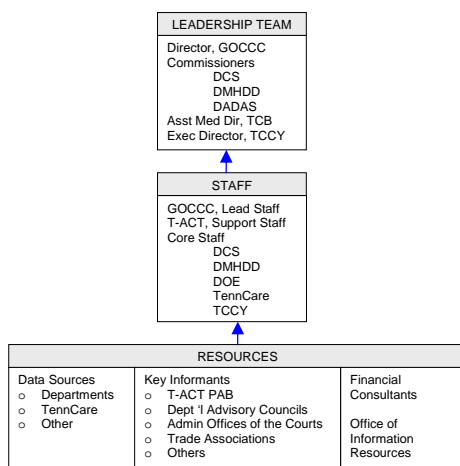


## SCOPE OF THE COLLABORATIVE

- Infrastructure: Planning and Advisory Functions  
Facilities Licensure Rules  
Workforce Development
- Provider network: Inventory of Services  
Service Utilization  
Comprehensive Service Array  
Implementation of Best Practices
- Funding & Administration: Financial Mapping  
Reimbursement Structures  
Data Management



## STRUCTURE FOR COLLABORATIVE





## FINANCIAL MAPPING

- Total Funds by Source
- Expenditures by Service Type
- Number of Children/Youth Served by age range

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## WHY DO FINANCIAL MAPPING?

- Identify what funds are being used
- Identify what the funds are purchasing
- Assess if funds are utilized efficiently and effectively
- Assess how to enhance or maximize use of current funds
- Identify additional potential funds for future services
- Enhance potential for coordination of procurement of services across multiple agencies

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## PREREQUISITES FOR MAPPING

- Identification of Key Stakeholders
- Identification of Key Gatekeepers
- Identification of applicable Administrative Rules
- Recognition of Data and Billing Mechanisms
- Key Baseline Definitions
- Work Group Participation in Developing Information
- Recognition of Limitations of the Information

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## DATA PARAMETERS AGREED TO FOR FY 07

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SERVICE TYPE	SERVICE UNIT DEFINED
<ul style="list-style-type: none"> <li>■ <b>Prevention</b> <ul style="list-style-type: none"> <li>■ Includes state appropriations; SAPT Block Grant; SPF-SIG; DOE/NCLB; other</li> <li>■ Does NOT include DCS custody prevention</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ # of adolescents svd/# of programs per fund source</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Early Intervention</b> <ul style="list-style-type: none"> <li>■ Includes state appropriations; SAPT Block Grant; SPF-SIG; DOE/NCLB; other</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Encounters</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Screening, Assessment, Evaluation</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Encounters</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Outpatient</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Encounters</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Intensive Outpatient</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Days (generally of 3+ hrs/day or up to 9 hrs/wk)</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Partial Hospitalization</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Days (intensive treatment from 15-20 hrs/wk)</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Residential Treatment</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Days in residence</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Hospitalization</b> <ul style="list-style-type: none"> <li>■ Inpatient hospitalization coded for medical detox and substance abuse for rehabilitation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Days hospitalized</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Mental Health Case Management</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Level 1: unit by month</li> <li>■ PACT Teams: unit by day</li> <li>■ Comprehensive Child/Family Treatment (CCFT): unit by month</li> <li>■ Continuous Treatment Team (CTT) ages 18-24: by month</li> <li>■ Level 2: unit by month</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Targeted Case Management</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Unit by month</li> </ul>
<ul style="list-style-type: none"> <li>■ <b>Crisis Services</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Encounters</li> </ul>



## LIMITATIONS

- ❑ Limited to accepted service billings
- ❑ Limited to targeted SA services billing codes, or to identified expenditures by age, service type, fund source
- ❑ Limited to State Fiscal Year 2007 expenditures/services payments



## CHALLENGES

- ❑ Differences in agencies'
  - ❑ information systems
  - ❑ contracting methodologies
  - ❑ data collection systems  
(duplicated vs unduplicated counts)
  - ❑ payment/expenditure accounting systems
- ❑ Competing priorities, different priority populations, categorical appropriation funding, planning initiatives

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## CURRENT STATUS

- ❑ Substance Abuse Prevention & Treatment Block Grant expenditures have been finalized.
- ❑ Expenditures in Regional Mental Health Institutes have been finalized.
- ❑ Expenditures in DCS are being developed for Juvenile Justice and for Dependent/Neglected children/youth.
- ❑ Data has been finalized statewide for TennCare and is being developed by grand regions.
- ❑ Data has been developed for Juvenile Drug Courts.
- ❑ OIR has been engaged to integrate the data.

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## PATH TO COMPLETION

- Finalize data development and collection.
- Work with OIR to assure their complete understanding of the agencies' collection processes.
- Respond to any queries from OIR thereafter.
- Review and critique results of OIR work products by Core Staff and Leadership Team.
- Revise if needed to assure information is in the appropriate contexts.
- Gain agreement among the Departments on final results and potential uses of the information.

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