

HIGH COST INDIVIDUALS REPORT SUMMARY

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
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ISSUE BRIEF

SUMMARY

In its 2015 General Session, the Legislature passed intent language requiring the departments of Health, Human Services, and Workforce Services and the Utah State Office of Rehabilitation to provide a report regarding each agency's highest cost individuals and possible efficiencies through coordination, early intervention, and prevention. The report provided, titled [High Cost Individuals](http://le.utah.gov/interim/2015/pdf/00003929.pdf), can be found at: <http://le.utah.gov/interim/2015/pdf/00003929.pdf>. The report summarizes each agency's highest cost individuals and possible efficiencies through coordination, early intervention, and prevention with regard to individuals receiving services in excess of \$100,000 total funds annually. The four agencies identified 2,419 individuals for a total cost of \$396.2 million, or an average cost of \$163,800 per individual. The primary interaction between agencies regarding services for high cost individuals occurs between Health and Human Services. The State Office of Rehabilitation served only one individual with more than \$100,000 in services annually. Workforce Services had no single individual with more than \$100,000 in services annually.

For the Department of Health, all of the 1,658 high cost individuals were within the Medicaid program. Health describes its 20 most expensive individuals as having various medical issues such as preterm birth, cancer, and renal failure. None of these individuals received significant services from multiple agencies. The majority of high cost individuals receiving services from multiple agencies (primarily Human Services with 760 individuals) were those enrolled in the Medicaid program and were: 1) individuals with disabilities, 2) individuals at the Utah State Developmental Center, and 3) youth in the Utah State Hospital. The report poses at least two budget policy questions for Legislators.

Questions

- 1. Given the state is spending \$396 million to serve 2,419 individuals, would the Legislature like to know more detail about these individuals, the services they are receiving, and the amount spent for each individual?***
 - The Legislature may want to consider asking the four Social Services agencies, without individual identifying information, for additional detail regarding the 2,419 clients including services received, individual agency programs providing those services, amounts paid for each service by each agency program, and diagnosis and needs identified for each client.
 - The intent language required the four agencies to report a “summary, by program, of individuals receiving services in excess of \$100,000 total fund annually in any given agency [and] what percentage of total costs is spent on these individuals, . . . an assessment of these high cost individuals receiving services from multiple agencies, [and] a list of areas where agencies specifically coordinate on these high cost individuals.” Although providing department summary information, the agencies did not provide any detailed information for these two aspects of the intent language.
- 2. Given the Model of Care is described as a key component in improving services and efficiency in high cost situations, the Legislature may want to request a detailed update of the model's status as well as descriptions of future needs including: 1) pro-forma budget projections for the Model of Care through FY 2017 when it is anticipated to be fully implemented; 2) estimates of additional funding needed to fully implement the model; 3) and actual case examples from the Western Region of how clients are being financed using the new model.***

Overview

Background

The report summarizes the departments of Workforce Services, Health, Human Services, and the Utah State Office of Rehabilitation regarding each agency's highest cost individuals and possible efficiencies through coordination, early intervention, and prevention with regard to individuals receiving services in excess of \$100,000 total funds annually. The four agencies identified 2,419 individuals for a total cost of \$396.2 million, or an average cost of \$163,800 per individual. The primary interaction between agencies regarding services for high cost individuals occurs between Health and Human Services. The State Office of Rehabilitation served only one individual with more than \$100,000 in services annually. Workforce Services had no single individual with more than \$100,000 in services annually.

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With regard to possible efficiencies through coordination, early intervention, and prevention, the agencies indicate “there is significant coordination happening already and we are constantly identifying opportunities to improve [and]... coordination happens at many different levels. On a monthly basis, multiple child-serving agencies meet to discuss individual and system needs and how each agency can contribute and engage in finding solutions. At the local, regional and state level, professionals meet regularly to review high-cost placements, challenging cases, coordination of services and alternative services and supports to ensure clients are provided the appropriate level of care at the right time with the clinically indicated intensity of service.”

The Department of Health gives the following as an example of coordination between its department of the Division of Child and Family Services:

One example of coordination involves the Fostering Healthy Children Program. The mission of the Fostering Healthy Children Program is to ensure ongoing medical, dental and mental health services are provided for children in DHS' Division of Child and Family Services (DCFS) custody. This is done by maximizing quality and timeliness of health care services for the children and ensuring access to providers.

Fostering Healthy Children Program is designed to assist DCFS in meeting the health care needs of Utah's children that are placed in foster care. Nurses and staff from the Utah Department of Health are co-located in offices with caseworkers from DCFS. They work in partnership to coordinate the foster child's health care while in custody. Members of this staff meet on a regular basis with UDOH Medicaid staff to discuss critical issues.

The Fostering Healthy Children Program nursing staff work in partnership with the DCFS caseworkers to coordinate health care services (including medical, dental and mental health) for Utah foster children. Each child's health care, including acute medical, mental health, dental health, preventive and when appropriate, specialty care are evaluated and tracked to ensure the child's optimum health. Nursing staff identify and work with the child/family's primary care health provider whenever possible, and where one is not available, help the child/family establish a medical home.

However, Health indicates that “if Medicaid coverage is expanded to additional adults, UDOH and Salt Lake County have recommended a pilot project where newly eligible individuals would receive physical and behavioral health services from an ACO” to allow the state to “determine the benefits of combining

services under one contract where currently they are provided through two contracts . . . It is hoped that by combining these services there will be better coordination between the physical and behavioral services."

Human Services indicates that it is "in the process of implementing a department-wide Model of Care where at the individual level, Care Managers assist families in identifying needs within the family. Care Managers work closely with Service Providers, DWS, Probation Officers, DCFS, the Courts and DJJS Case Managers to ensure services are delivered in a coordinated manner. Other states have demonstrated that this evidenced-based approach to coordinated assessment planning and service delivery is cost-efficient. This approach leverages multiple funding sources and reduces the risk of overlap and/or duplication."

Human Services also indicates that its "receipt of the federal System of Care 5 year implementation grant is allowing the new approach to inform a Department-wide Model of Care. The investment required to sustain these changes may not only require new use of existing resources, but also additional investment in the short-term to realize long-term value."

Human Services also identified the "next step in coordinating is to assure that policies and procedures that support a Model of Care approach are aligned across divisions and throughout the department. When coordination doesn't occur, it generally is due to restrictive funding sources and/or policy and/or rules that have at best discouraged or at worst prevented effective and efficient partnership across divisions."

2015 General Session Intent Language regarding High Cost Individuals

"The Legislature intends the Departments of Workforce Services, Health, Human Services, and the Utah State Office of Rehabilitation provide a report regarding each agency's highest cost individuals and possible efficiencies through coordination, early intervention, and prevention. The Legislature further intends these agencies provide a report to the Office of the Legislative Fiscal Analyst by September 1, 2015. The report shall include the following regarding high cost individuals: 1) a summary, by program, of individuals receiving services in excess of \$100,000 total fund annually in any given agency, what percentage of total costs is spent on these individuals, and what the agency is doing to manage these costs in an efficient manner, 2) an assessment of these high cost individuals receiving services from multiple agencies, 3) a description of agency coordination regarding high cost individuals accompanied by a list of areas where agencies specifically coordinate on these high cost individuals, 4) recommendations regarding how best to serve these high cost individuals in least restrictive settings where appropriate and consistent with choice, and 5) recommendation on how agency efforts might better be coordinated across programs." (S.B. 2, Item 81)

Implementation of the Department of Human Services Model of Care

In response to the question of when would the model of care be fully implemented and when results from people served under that model would be available, the Department of Human Services offered the following:

The DHS Model of Care is a framework to prioritize how the entire Department of Human Services will work collectively to impact the outcomes for individuals, children, youth and families served. The Model identifies measurable targets for progress in each of the priority areas of focus, called pillars. In total, this Model is Utah's application of the nationally recognized System of Care approach to breaking cycles of prolonged engagement with government. Rather, the focus of this work is to safely serve individuals, children and families in their homes, schools and communities; thereby reducing the amount and length of out of home treatment.

Implementing this Model is possible due to DHS's receipt of a federal System of Care implementation grant that supports this approach with youth at risk of prolonged out of home treatment who are in families that touch multiple divisions. Utah believes that beginning this approach with people requiring support from multiple, and often the most complex aspects, of our care will provide us with

experience, lessons and solutions that can then influence DHS achieving the best results for all whom we serve.

DHS has dedicated System of Care care managers who will work with directly with children, youth and their families. A family-driven plan for safety, health and well being will guide the services provided to achieve sustainable success and prevent long-term government involvement. The System of Care approach is currently active in the Western Region, with a state-wide presence of care managers planned in every region by September 2017.

DHS is gathering data and results from those served by our System of Care approach for reporting at the conclusion of each federal fiscal year, beginning with FFY15. Data will be collected and analyzed to inform our progress, adjustments and outcomes. Also, corresponding reports on the results will be shared publicly.

DHS is finalizing the development of our Model of Care as we gather feedback across divisions and roles within DHS, in addition to engagement of key external partners. Roll-out of the Model is planned for late fall 2015 and will identify targets and goals through 2025.

DHS's Model of Care focuses on safely strengthening individuals and families within their homes, schools and communities because we know through research and measured results that the outcomes of this approach are more sustainable and reduce long-term government involvement. Consequently, the earlier, more coordinated and community-based we are in delivering support - - it is not only more effective in breaking generational cycles of hurt, dependence and isolation; but it is also more cost efficient. Historically, public human services have been financed and guided by policies that have positioned intervention at the deepest end of a crisis - - often referred to as a last-resort, safety-net. Interestingly, though, the voices of those served, research, science and nation-wide lessons learned from testing different approaches reveal that prevention and earlier intervention have much greater success. Utah's DHS wants to invest in what works and recognizes key aspects of our system need to be adjusted to work in the most optimal manner.

A critical element of the DHS Model of Care is partnership. This approach requires partnership not only with those in need, but also with other public and private service agencies. Together we can leverage the resources of one another much further than working in duplicative or contrary ways. The governance of Utah's Model of Care calls for purposeful bottom up and top down engagement of service providers.

It is a tremendous time of alignment in Utah's public social services arena with the Departments of Health, Human Services and Workforce Services sharing a vision and commitment to focus on prevention and early intervention break cycles of intergenerational poverty, and recognizing the importance of trauma-informed care.

The brain science that informs our partnership with schools also from early childhood development through to post-secondary education to support youth transitioning to adulthood is also a key asset.

Working cooperatively on family-driven service plans and delivering resources in nontraditional settings also underscore the cross-departmental work occurring in Utah.

Data Sharing

The Department of Human Services provided the following statement regarding data sharing, which was a recommendation from the Utah State Office of Rehabilitation regarding working with these high cost clients who have needs that cross agencies:

Data-sharing is a vital element of effective service delivery, particularly for people receiving multiple public services. Moreover, shared data is required to clearly track our progress and identify the impact these system and practice changes are having toward the intended outcomes.

Appendix A – Summary Data Chart from High Cost Individuals Report

		Agency that Provided More than \$100,000 in Services			
		UDOH	DHS	DWS	USOR
Number of Individuals		1,658	760	0	1
Services Provided by Other Agencies	UDOH	NA	65	0	*
	DHS (non-Medicaid)	59	NA	0	*
	DWS (non-Medicaid)	629	136	NA	0
	USOR (non-Medicaid)	156	39	0	NA

		Agency that Provided More than \$100,000 in Services			
		UDOH	DHS	DWS	USOR
Cost of Services (in millions)		\$291.8	\$104.3	\$0.0	\$0.1
Services Provided by Other Agencies	UDOH	NA	\$0.6	\$0.0	*
	DHS (non-Medicaid)	\$0.6	NA	\$0.0	*
	DWS (non-Medicaid)	\$1.5	\$0.1	NA	\$0.0
	USOR (non-Medicaid)	\$0.5	\$0.2	\$0.0	NA
Total Cost of Services Provided		\$294.4	\$105.2	\$0.0	\$0.1

Notes – NA = Not Applicable, * = Unknown because client did not authorize release of information

Tables 1 and 2

Source: High Cost Individuals, Utah departments of Health, Human Services, and Workforce Services and Utah State Office of Rehabilitation