## Enhanced Services Package Implementation: Costs, Administrative Decision Making, and Agency Leadership

A presentation to the Joint Legislative Program Evaluation Oversight Committee

July 6, 2009

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**PROGRAM EVALUATION DIVISION** 



#### **Evaluation Team**

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#### **Overview**

• Project request

 Follow-up July 2008 report on implementation of the Department of Health and Human Services' Enhanced Services Package

• Project purpose

To extend and update the retrospective analysis of Enhanced Services Package implementation expenditures



### **Overview**

Total Enhanced Services Package expenditures (Apr. 2006 – Feb. 2009) = \$2.4 billion

North Carolina's share = \$827 million

- Controlled implementation could have avoided total costs of \$498 to \$635 million
  - North Carolina's avoided costs = \$177 \$226 million
- There were 10 changes in key agency leadership positions during implementation
- Lessons learned extend to other initiatives



## Background: Enhanced Services Package

- Part of broader mental health, developmental disabilities, and substance abuse system reform
  - Evidence-based, clinically proven, outcomefocused services
- Emphasize community-based services
- Leverage federal funding
- Approved Dec. 2005
  - Implemented Mar. 2006

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#### **Enhanced Services Package**

Individual Community Support Services

> Diagnostic Assessment

Community Support Team

> Ambulatory Detoxification

Psychosocial Rehabilitation

Social Setting or Non-Hospital Medical Detoxification

Outpatient Substance Abuse Programs **Intensive In-Home** 

Multi-Systemic Therapy

Assertive Community Treatment Team

**Day Treatment** 

Partial Hospitalization

Community Residential Substance Abuse Treatment Programs

> Substance Abuse Halfway House

Mobile Crisis Management

Facility-Based Crisis Services

Medically Supervised or Facility-Based Detoxification/ Crisis Stabilization

#### **SERVICE INTENSITY**

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## Background: Implementation Challenges

- July 2008 Program Evaluation Division report findings:
  - Short implementation timeframe
  - Insufficient forecasting and monitoring
  - Information did not alert decision makers to escalating costs



#### **Evaluation Questions**

Three research questions:

- What were expenditures for the Enhanced Services Package?
- 2. What key policy and program decisions were associated with expenditures?
- 3. Were major leadership changes prevalent during implementation?

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#### What Were Expenditures?

 Total Enhanced Services Package expenditures (Apr. 2006 – Feb. 2009) =

#### **\$2.4 billion**

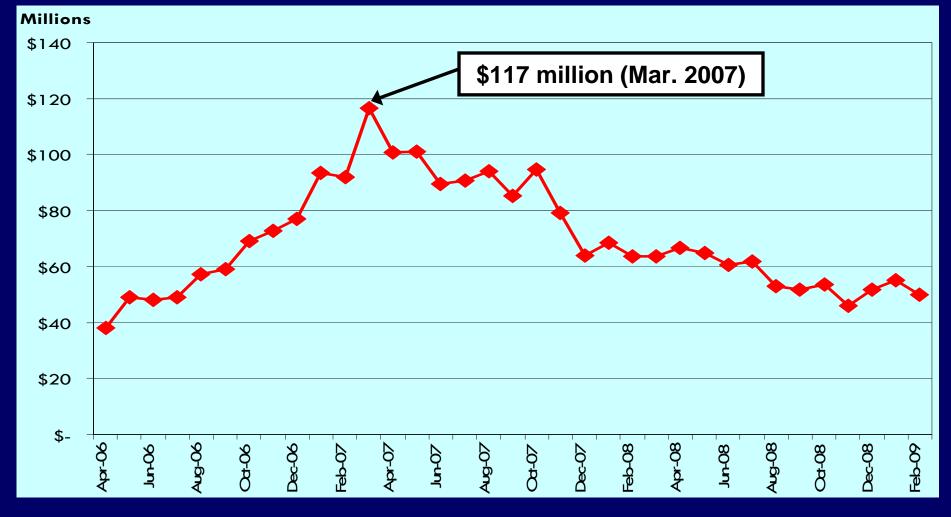
• North Carolina's share =

\$827 million

Report Page 6, Exhibit 2

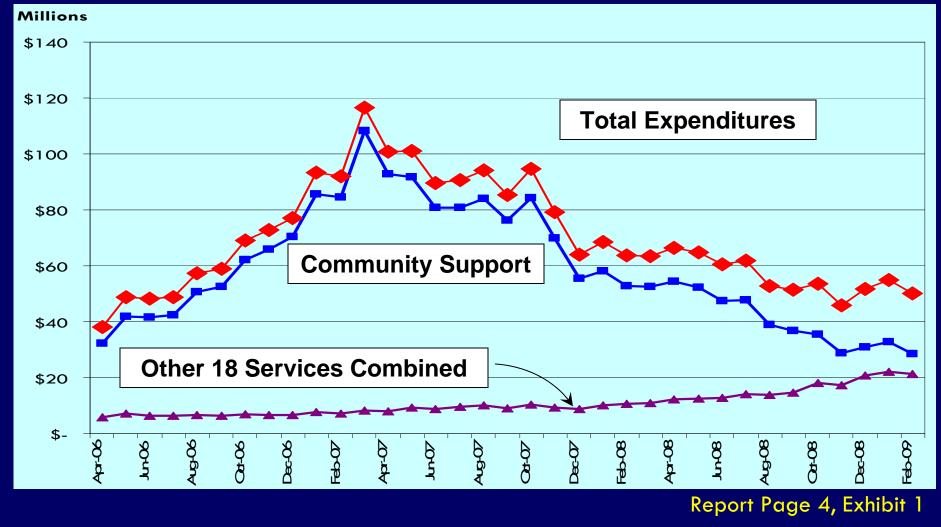


## Total Monthly Enhanced Services Expenditures, Apr. 2006 – Feb. 2009



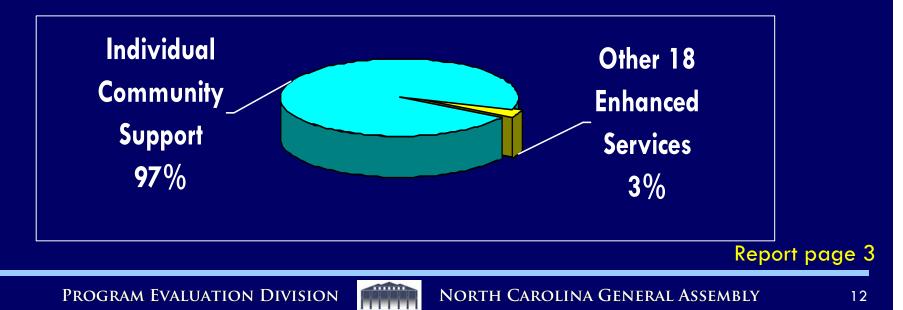
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## Total Monthly Enhanced Services Expenditures, Apr. 2006 – Feb. 2009



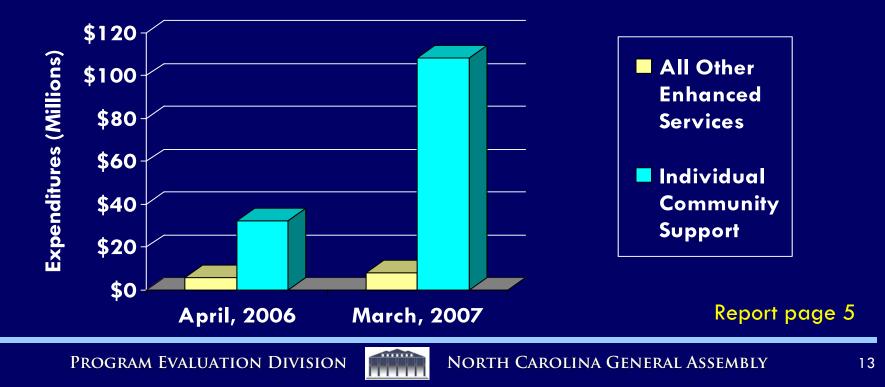
#### Expenditures: Individual Community Support Services

- Individual Community Support services accounted for 97% of monthly expenditures in the first year of implementation (Apr. 2006 – Mar. 2007)
  - The other 18 enhanced services accounted for 3% of total expenditures



#### Expenditures: Individual Community Support Services

- From April 2006 to March 2007, individual Community Support utilization grew by 235%
  - Utilization of all other enhanced services combined grew by 44%



#### What Cost-Related Decisions Were Made?

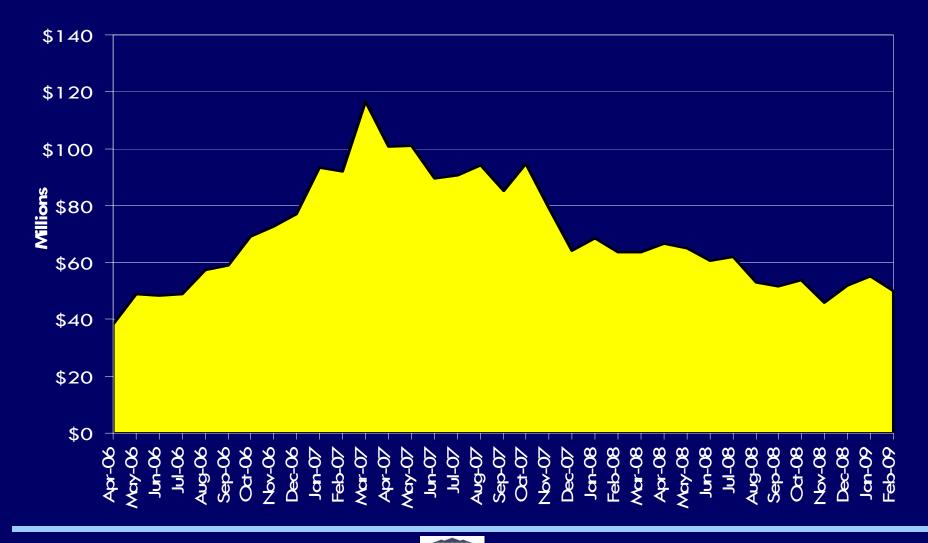
- Department of Health and Human Services was alerted to problems in the fall of 2006
- First key decision to control costs made in February 2007
  - Many cost-control decisions followed



Controlled Implementation Could Have Avoided High Expenditures

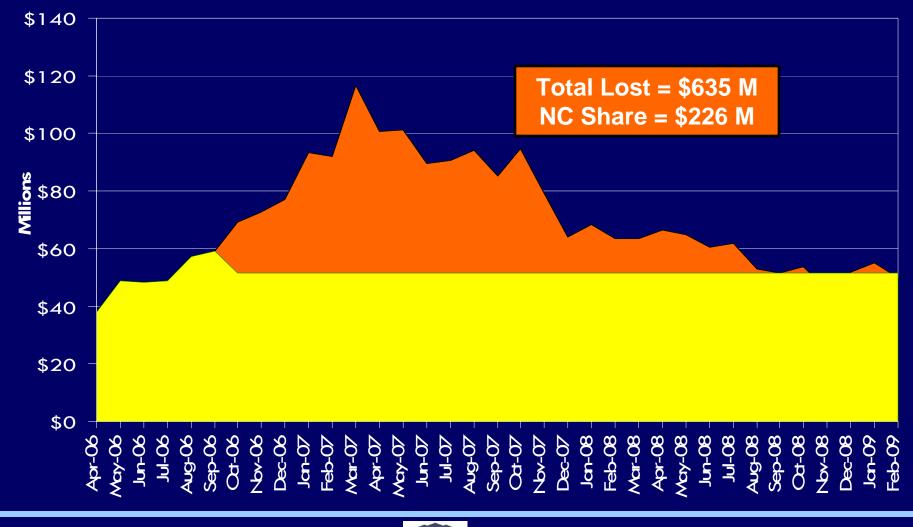
- Scenario A (Ideal): Controls in place and operational before implementation
  - Total cost avoidance = \$635 million
  - North Carolina's share = \$226 million

## **Total Actual Expenditures of \$2.4B**



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## Hypothetical Scenario A (Ideal): Controls in Place At the Start



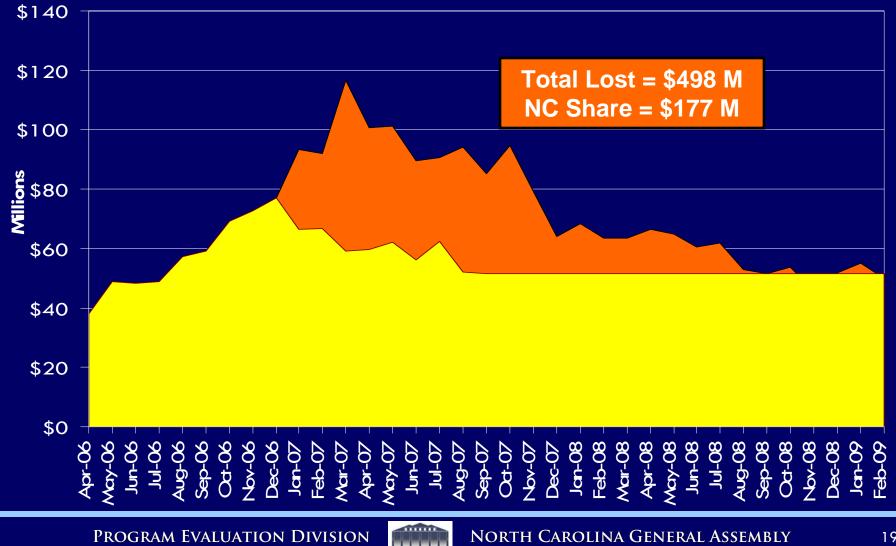
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## Stronger Implementation Could Have Avoided High Expenditures

- Scenario A (Ideal): Controls in place and operational before implementation
  - Total cost avoidance = \$635 million
  - North Carolina's share = \$226 million
- Scenario B: Earlier detection and reaction to soaring expenditures
  - Total cost avoidance = \$498 million
  - North Carolina's share = \$177 million



## **Hypothetical Scenario B: Better Oversight in Place At the Start**



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#### Were Changes in Leadership Associated with Implementation?

- There were 10 changes in key agency leadership positions in the three years following implementation (2006 – 2009)
- By contrast, there were 6 changes in the five years before implementation (2001 – 2006)

Report pages 11-12, Exhibits 4 and 5



## Summary

- Total Enhanced Services Package expenditures (Apr. 2006 – Feb. 2009) = \$2.4 billion
  - North Carolina's share = \$827 million
- Controlled implementation could have avoided total expenditures of \$498 to \$635 million
  - \$177 to \$226 million in state funds



## Summary

# Implementation lessons extend beyond this initiative

- Take time for planning
- Use pilot programs to test systems
- Develop benchmarks
- Conduct exception analyses
- Ensure effective data reporting to inform decision makers



### **Report Available Online**

#### www.ncleg.net/PED/Reports/Topics/Health.html

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