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FISCAL IMPACT STATEMENT

LS 6415
BILL NUMBER: SB 489

NOTE PREPARED: Jan 8, 2004
BILL AMENDED:

SUBJECT: Data Collection for Mental Health and Developmental Disability Services.

FIRST AUTHOR: Sen. Antich
FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill requires providers of mental health, addiction, mental retardation, and developmental disability services to compile data on the number of individuals returning to the service provider for additional services and to forward the data to the Office of the Secretary of Family and Social Services.

Effective Date: July 1, 2004.

Summary of Net State Impact: This bill requires the Division of Disability, Aging, and Rehabilitative Services (DDARS), and the Division of Mental Health and Addictions (DMHA) to collect data from service providers relative to individuals who are returning for additional services. In addition, the bill requires the Divisions to use the data to evaluate the effectiveness of services provided.

Neither Division currently collects data pertaining to the number of persons leaving or returning for services. As a result, the number of individuals falling under the requirements of this bill is unknown. However, DDARS reports that very few people leave its system after entering. The majority of data will be collected from the DMHA clients. Currently, both Divisions collect minimal data from a small portion of those served. It is assumed that similar methods of collection can be used to fulfill the requirements of this bill. A need for additional staff is not anticipated. Any increases in expenditures are likely small.

Explanation of State Expenditures: This bill would affect two divisions of the Family and Social Services Administration (FSSA): the Division of Disability, Aging, and Rehabilitative Services (DDARS) and the Division of Mental Health and Addictions (DMHA). The bill would require the divisions to collect information from service providers pertaining to individuals who have previously received services,

discontinued service reception, and subsequently returned for additional services from the same provider. At this time, neither division has a definition for “leaving services.”

Types and Number of Service Providers:

Service Provider	Number	Note
State Institutions	6	
Licensed Private Psychiatric Hospital*	–	Included Below
Community Mental Health Centers*	–	Included Below
Community Mental Retardation and Other Developmental Disabilities Centers	0	–
Service Providers Certified by DMHA to Provide Substance Abuse Treatment Programs*	166	Includes 19 private psychiatric hospitals
Service Providers or Programs Receiving Money from or Through the Division	Unknown	–
Any Other Service Providers, Hospitals, Clinics, Programs, Agencies, or Private Practitioners If the Individual Receiving Mental Health Services or Developmental Training Was Admitted Without the Individual’s Consent	Unknown	–
Managed Care Providers	35	Includes 31 Community Mental Health Centers

* Some service providers offer multiple services. As a result, there is some overlap in category numbers.

** Unknown: The number of service providers in this category is so broad that any accurate estimation of the number of providers would be impossible. *See Numbers.*

Numbers: The DMHA provides services to approximately 28,000 people on any given day. This number includes those treated at community mental health centers, addiction treatment programs, managed care providers, and in-patient psychiatric units. This number is, however, only a snapshot and, thus, is limited in its scope. Managed care providers alone will serve approximately 95,000 people in CY 2004.

The DDARS clientele falling under the requirements of this bill are those receiving waivers and residing in state hospitals.

Types of Waivers, No. of People Currently Served, and Waiting List Numbers (as of Aug 2003)		
Waiver	Number of People Currently Served	Waiting List Number (duplicated)
Support Services	3,000	6,800
Autism	321	2,145
Developmental Disabilities	4,300	6,000
Aged and Disabled	3,800	400
Assisted Living	50	0
Medically Fragile Child	139	765
Traumatic Brain Injury	168	201
Total	11,778	16,311

Fort Wayne and Muscatatuck Numbers (as of January 2004)	
Facility	Number of Residents
Fort Wayne State Developmental Center	274
Muscatatuck State Developmental Center	127

Two other categories of service providers exist: (1) a service provider or program receiving money from or through the division; and (2) any other service provider, hospital, clinic, program, agency, or private practitioner if the individual receiving mental health services or developmental training was admitted without the individual's consent. Neither category is quantifiable due to the fact that it is impossible to identify all service providers.

(1) Medicaid waivers make Medicaid funds available for home and community-based services as an alternative to institutional care. There are thousands of providers certified through the DDARS to provide Medicaid waiver services. This number continues to increase annually.

(2) Current statute allows commitment of a person to an "appropriate facility." As a result, individuals are occasionally committed to places other than state psychiatric facilities. Thus, the number of providers that might fall under this category is unknown, however, it should be noted that the number of individuals committed to such facilities is likely small.

Numbers Leaving: The DDARS reports that the majority of its clients stay within the system after entering. The one exception is that some individuals become incarcerated. At that time they are forced to leave the system because they are no longer Medicaid-eligible. The Division reports that data pertaining to this is not available. At this time, the DMHA does not collect data on the information of persons leaving services.

Current Data Collection: Currently, the DMHA collects data from individuals receiving Hoosier Assurance

Plan (HAP) assistance. The HAP is the primary funding system used by the DMHA for mental health and addiction services. The DMHA contracts with managed care providers who offer an array of care for individuals who meet diagnostic, functioning level, and income criteria. HAP individuals are only eligible to receive services from managed care providers. Thus, this population only represents a small portion of the individuals served by the DMHA. Upon entering the program, HAP beneficiaries receive an identification number for tracking and to protect confidentiality.

The Indiana Administrative Code requires that all DDARS service providers collect information from clientele pertaining to satisfaction. Collection of this data varies by service provider. This includes both method of collection and data identified for collection.

Data Collection: Data is currently unavailable relative to the number of individuals returning for services. Neither the DMHA nor the DDARS collect information on the number of persons leaving or returning. The DDARS, however, reports that the number of individuals returning is minimal. In addition, as was mentioned above, the number of individuals that (1) a service provider or program receiving money from or through the division; and (2) any other service provider, hospital, clinic, program, agency, or private practitioner if the individual receiving mental health services or developmental training was admitted without the individual's consent are unknown, but likely small in number. The majority of data collection will occur from the DMHA service providers and clients. However, due to unavailability of data, it is impossible to assign an accurate figure to this.

The number of individuals that data is collected from may be affected by several other factors. First, the bill requires data be collected from persons returning to the **same** service provider for additional services. A portion of individuals returning for services may seek services from a different provider. Second, participation in the study is voluntary; some people may opt not to participate.

It is assumed that systems similar to those that are currently being used for data collection, data forwarding, and data analysis can be used by both service providers and the Divisions. Any increase in expenditures would likely be minimal. Data can be collected from individuals when they return for services during intake. The need for additional staff to facilitate the data collection is not anticipated. Any increase in expenditures would be dependent on legislative and administrative action.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: Family and Social Services Administration.

Local Agencies Affected: Local DDARS and DMHA service providers.

Information Sources: Kristin Schunk, DDARS, 234-1142; Suzanne Clifford, DMHA, 232-7845; Willard Mays, DMHA, 232-7894; *Indiana Family and Social Services Administration Overview*, 2003; Kathy Gregory, DMHA, 232-7942; FSSA, Getting Services, <http://www.in.gov/fssa/shape/hap.html>.

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