



UNIVERSITY *of* MARYLAND
SCHOOL OF SOCIAL WORK

Prince George's County's Investments in Children and Families

A Review of Financing for Prince George's
County Department of Health:

Cradle to Career and Behavioral Health Fund
Mapping: Fiscal Years 2011, 2013 & 2015

September 24, 2015

Fund Mapping: Agenda

- Highlight Opportunities and Recommendations Surfaced in Fund Mapping Process
- Report on Core Behavioral Health Investments, including
 - Inpatient & Outpatient Psychiatric Hospital Charges for County Residents Under Age 25
 - County Residents Under Age 20 Treated at State Psychiatric Centers
 - Local Agency Investments, Including Department of Health and Department of Family Services as well as Municipality Investments in Youth Services Bureaus & Clinical Services.
 - Beginning in FY 2015:
 - Medicaid Behavioral Health Provider Reimbursements; and
 - Psychological Services in Prince George's County Public Schools
- Report on Behavioral Health Fund Maps for FYs 2011, 2013 & 2015
 - Recognizes Interconnectedness of System of Care and Includes Core Behavioral Health Services and Support/Related Services & Programs
 - Report on Behavioral Health Fund Map Investments – Including Support Services
- Introduction to Fund Mapping
- Survey of Fiscal Years (FYs) 2011 & 2013 Cradle to Career Investments: \$2.7 and \$2.8 Billion in Actual Investments in County Children, Youth and Families.
- Review of \$3.1 Billion in Estimated FY 2015 Investments.
- Recap Recommendations and Opportunities to Delve Deeper into Data

Highlight Opportunities and Recommendations from Fund Maps

- Strengthen existing partnership with Prince George's County Public Schools – a core source of cradle to career spending and an important agency source of core behavioral health and related investments.
- Despite the recent transfer of behavioral health funding previously budgeted in the Prince George's County Department of Family Services - Mental Health and Disabilities Administration to the Department of Health, \$1.2 million in FY 2015 behavioral health spending remains budgeted in the Department of Family Services – Children, Youth and Family Division. Explore opportunities to further consolidate this behavioral health funding within the Department of Health.
 - \$687,100 in state Department of Juvenile Services funding for Multi-Systemic Therapy (MST);
 - \$175,400 in state Governor's Office for Children/Children's Cabinet Interagency Fund spending for MST; and
 - \$356,200 in GOC/CCIF funding for Youth Services Bureaus
- Recognizing the importance of stable housing to positive behavioral health outcomes, examine potential to transfer \$3.1 million in investments in housing and homeless services and prevention currently budgeted in the county Department of Social Services to the Department of Health.
 - \$1.5 million in federal money for Transitional Housing; \$500,000 federal for Permanent Housing for People with Disabilities; \$240,000 in state funds for Emergency and Transitional Housing; \$229,700 in federal funds for Transitional Maternity Group Homes; \$170,000 federal (FEMA) for Emergency Food and Shelter; \$143,100 state for Women's Services; \$125,000 federal for Transitional Center for Men; \$100,000 in state money for Service Linked Housing; \$61,800 federal for Continuum of Care Planning Project; and \$10,000 state for Point-In-Time Innovative Fund for homelessness prevention.

Highlight Opportunities and Recommendations from Fund Maps

- Review potential to consolidate funding for services that support positive behavioral health outcomes budgeted in the county Department of Family Services to the Department of Health.
 - \$259,800 for the Community Partnership Agreement, \$212,700 for the Local Access Mechanism, \$405,900 for School-Based Health Centers, \$364,900 for After School, \$275,000 from DHMH for Home Visiting, \$180,900 from MSDE for Healthy Families, \$130,900 for Truancy Prevention, \$73,200 for Gang Prevention, and \$60,000 for Teen Court.
- The Department of Family Services is currently designated as Prince George's County's Local Management Board and Local Access Mechanism agency. Most of the state funding for services related to behavioral health in the Department of Family Services is budgeted in the Maryland State Department of Education's Children's Cabinet Interagency Fund and administered by the Governor's Office for Children.
- Potential opportunity may exist to look into designating the Department of Health as the county's Local Management Board and Local Access Mechanism agency. Another option for facilitating the consolidation of this spending in the Department of Health would be a mechanism similar to the relationship at the state level, where the funds are budgeted in one agency and administered by another.

Opportunities and Recommendations: Behavioral Health Hospital Charges to County Residents Under 25

- Identify cost drivers in zip codes that had consistently high behavioral health charges in both FY 2011 and FY 2013.
 - The 10 zip codes with the highest charges accounted for 52.4% of total charges in FY 2011 and 49.2% of total charges.
 - 5 zip codes were among the 10 zip codes with highest charges in both fiscal years: 20743, 20785, 20774, 20706, and 20783.
- Identify clusters in charges or factors behind the cost trends in zip codes with large changes in behavioral health hospital charges.
 - Among zip codes with relatively high charges, between FY 2011 and FY 2013 behavioral health hospital charges dropped by 69.9% in 20781, 64.2% in 20744, 63.8% in 20721, 59.9% in 20737, and 49.3% in 20743, the zip code with the highest FY 2011 charges.
 - In the same period, charges went up 105.6% in 20715, 93.8% in 20707, and 72.3% in 20708.
- Focus on zip codes with behavioral health hospital charges to children under 10.
 - In FY 2011, 20784 had \$77,786 in psychiatric acute charges to children under 10 and \$162,094 in total charges to children under 10.
 - In FY 2013, 20782 had \$18,767 in psychiatric acute charges to children under 10 and \$25,238 in total charges.
- Explore the potential for multiple charges across age groups in a zip code to be sibling groups or members of the same family or household.
- Examine any relationship between Neonatal Intensive Care Unit charges and behavioral health hospital charges by zip code.

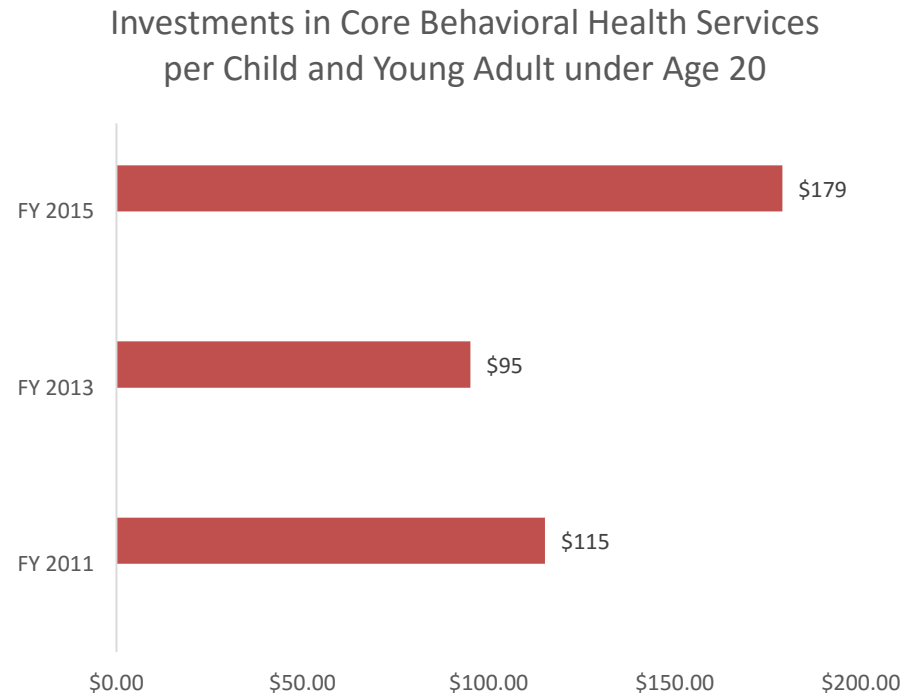
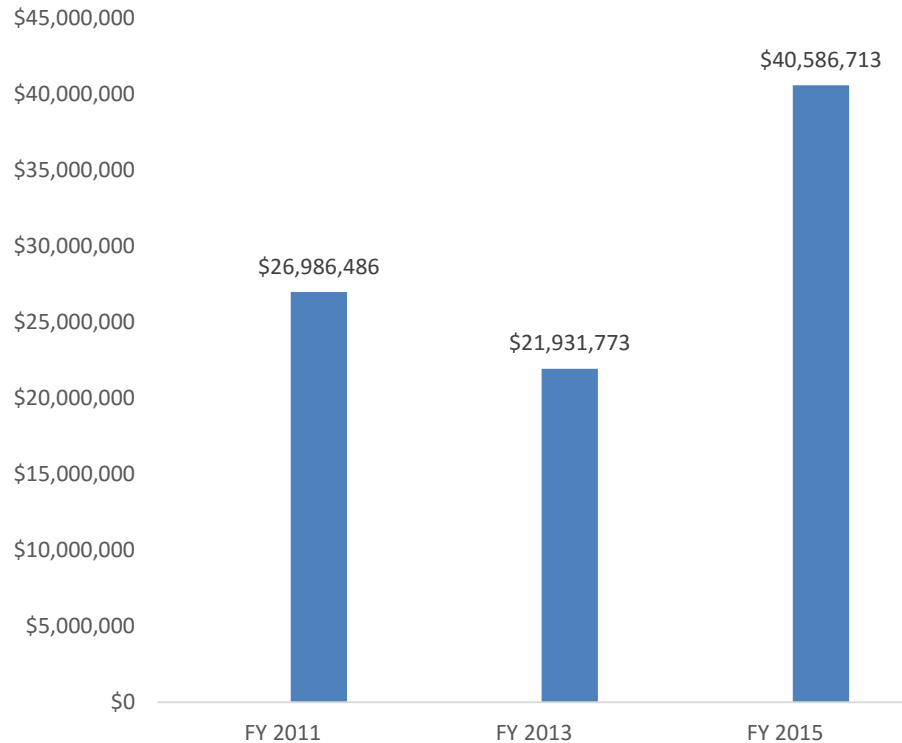
Opportunities and Recommendations: County Residents under 21 Placed in State Psychiatric Facilities

- Determine potential factors influencing the large drop in related spending from \$1,125,535 in FY 2011 to \$296,760 in FY 2013 and the subsequent increase in spending to \$838,126 in FY 2015.
- In both FY 2011 and FY 2015, the years with relatively high costs, RICA – Baltimore had far higher average utilization of bed days per patient compared to other state facilities, with an average of 182.2 in FY 2011 and 181.5 in FY 2015.
- In FY 2011, RICA – Baltimore received 24% of placements and accounted for 62% of costs, while in FY 2015 the facility received 25% of placements and accounted for 59% of costs. In FY 2013, the fiscal year with relatively low costs, only one county resident under the age of 20 was placed at RICA – Baltimore.
- In each fiscal year, more children and young adults were placed at Spring Grove than other facilities. In FY 2013, 12 of the 15 county residents under age 20 placed in state psychiatric facilities were placed at Spring Grove.
- Determine potential reasons for the high number of bed days for children placed at the Regional Institute for Children and Adolescents – Baltimore in FY 2011 and FY 2015.

Investments in Core Behavioral Health Services

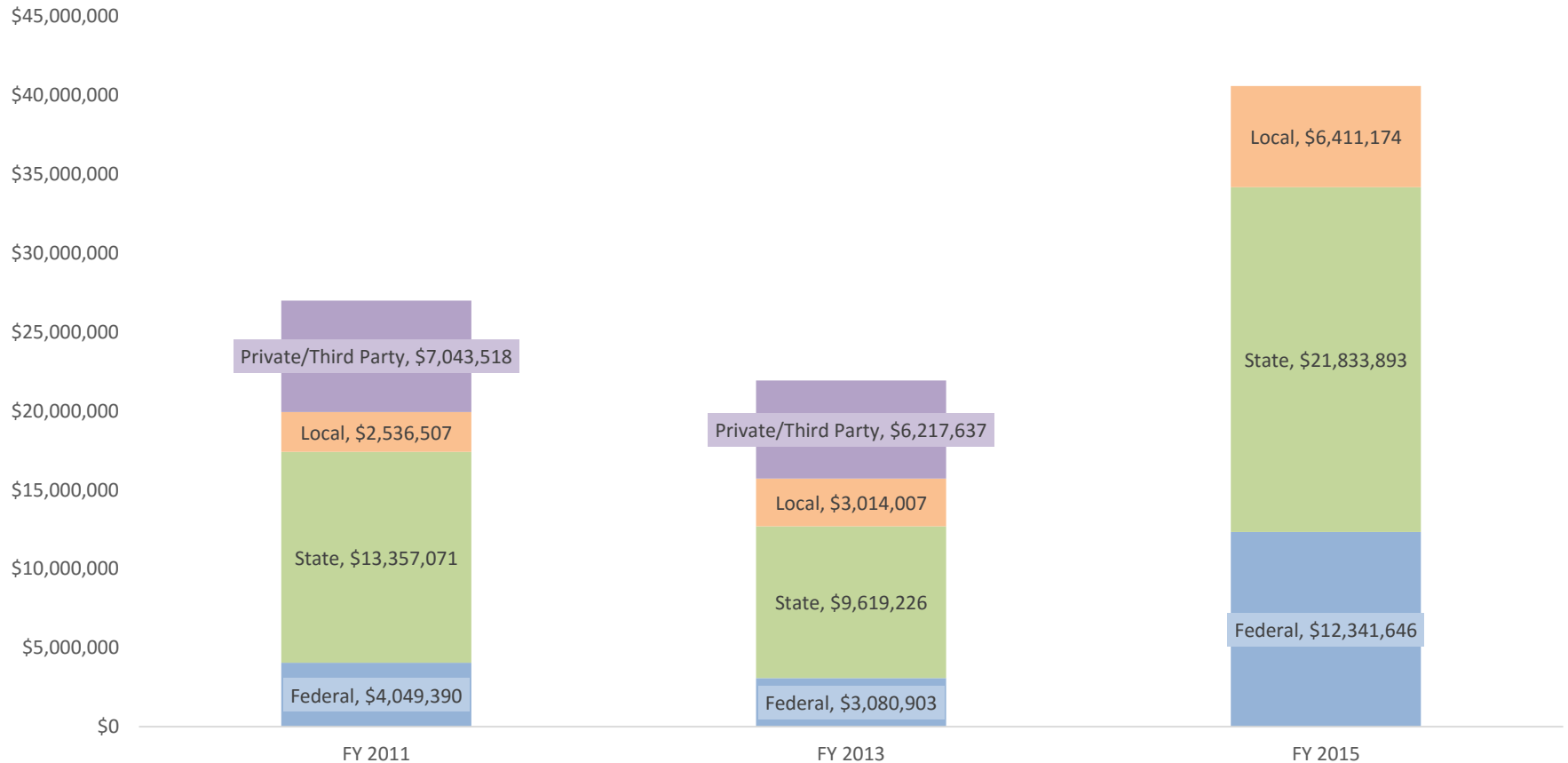
PRINCE GEORGE'S COUNTY BEHAVIORAL HEALTH FUND MAP

Core Behavioral Health Investments



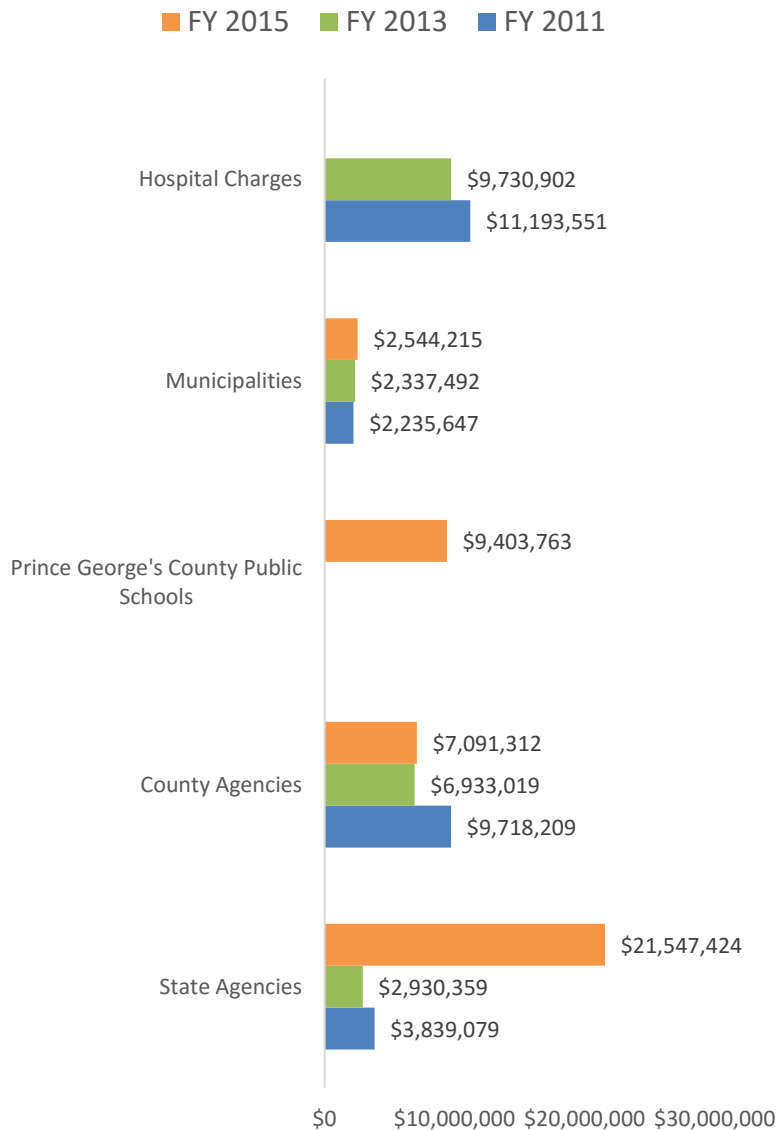
Investments in core behavioral health services include FY 2015 Medicaid behavioral health provider reimbursements, behavioral health hospital charges to county residents under 25, spending on county residents under age 20 placed at state psychiatric facilities, state early childhood mental health spending on county residents, and behavioral health spending in the state Department of Juvenile Services on county residents. Behavioral health investments also includes spending in DOH Division of Addictions and Mental Health, the previous DFS Mental Health and Disabilities Administration, spending on MST and Youth Services Bureaus in DFS Children, Youth and Families Division, and PGCPs FY 2015 spending on psychological services. Municipality investments in core behavioral health services include Greenbelt CARES, the Youth Services Bureau in Bowie and District Heights, and clinical services in the College Park Department of Youth, Family and Senior Services.

Core Behavioral Health Investments By Funding Source



Similar to the overall fund map, core behavioral health services are funded mainly with a mix of state and federal funds. The reporting of Medicaid behavioral health provider reimbursements that began with FY 2015 boosted state and federal funding for core services. State and federally funded services also include psychiatric hospital charges with an expected payer of either Medicaid or Medicare. All private/third party funds are psychiatric hospital charges with an expected payer of either charity/self pay, commercial or all other. Local funds include County General Fund spending in county agencies and municipality investments in Youth Services Bureaus.

Core Behavioral Health Investments By Agency Source



- Spending in county agencies includes:
 - Department of Health: FY11=\$6.2 million; FY13=\$4.1 million; & FY15 est.=\$5.9 million.
 - Dept. of Family Services: FY11=\$3.6 million; FY13=\$2.8 million; & FY15 est.=\$1.2 million.
- PGCPSS reported spending on psychological services beginning in FY15 at \$9.4 million, or \$2.3 million higher than budgeted behavioral health spending in the Department of Health and Department of Family Services combined.
- In FY15, DHMH began reporting separately on Medicaid behavioral health reimbursements. The fund map includes \$17.3 million in estimated spending for county residents under 20.
- Other behavioral health spending flowing through state agencies includes:
 - DJS: FY11=\$2.7M; FY13=\$2.6M; FY15=\$3.3M;
 - State Psychiatric Centers: FY11=\$1.1M; FY13=\$297K; FY15=\$838K; and
 - MSDE reported \$141,000 in Early Childhood Mental Health spending for each year.
 - DHMH spending on residents with Intellectual Disabilities is currently reported as a separate spending category and not included as a core behavioral health investment. Project staff can easily include this spending as behavioral health.
- Municipality investments in core behavioral health services are the Youth Services Bureaus in Bowie and District Heights, Greenbelt CARES and clinical services in the College Park Department of Youth, Family and Senior Services.

Behavioral Health Hospital Charges – Residents Under Age 25

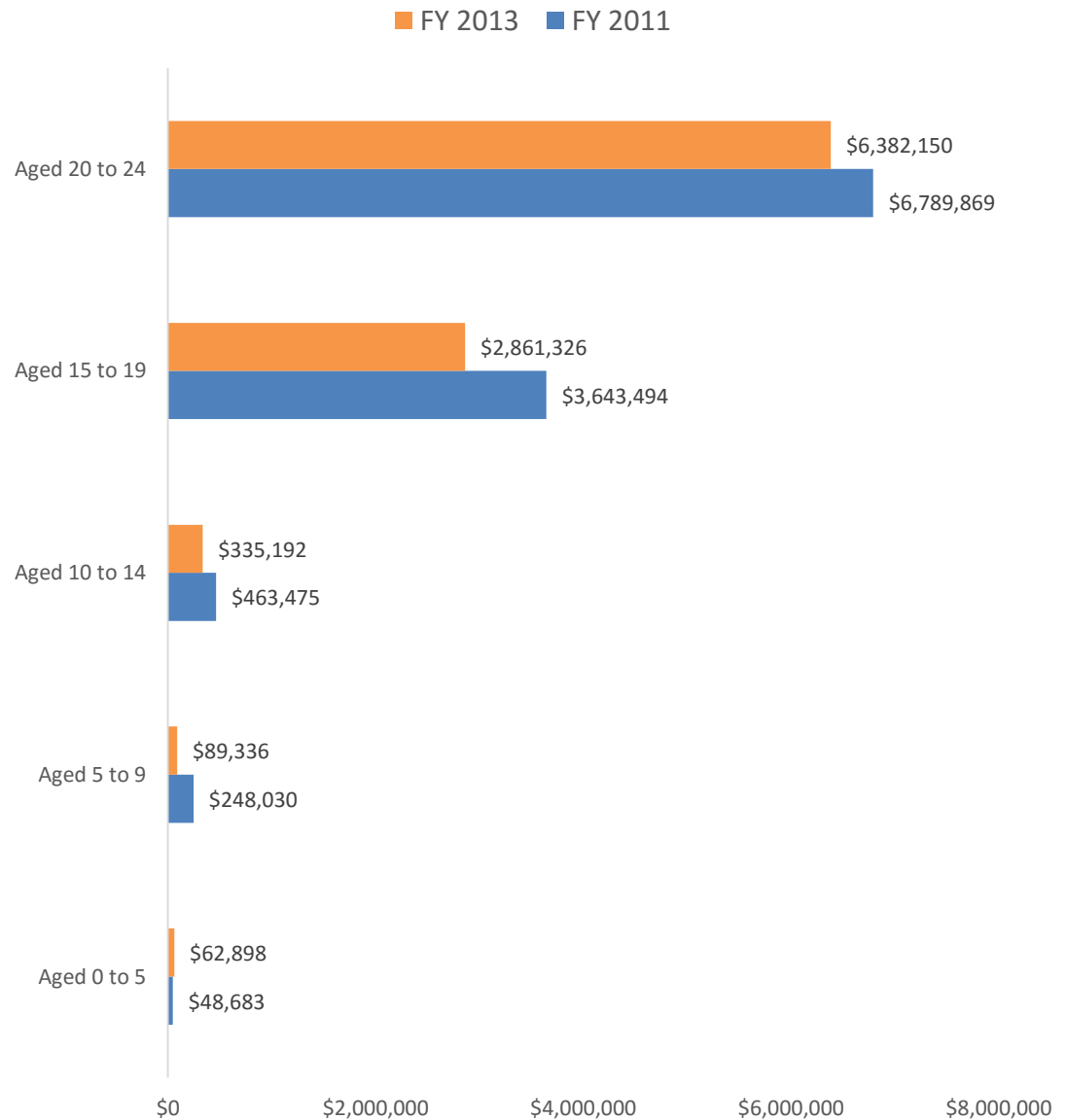
All Payers – Total Charges By Service Type

| | FY 2011 | FY 2013 | Percent Change |
|--|---------------------|--------------------|----------------|
| <i>Psychiatric Inpatient</i> | \$8,972,256 | \$7,244,643 | -19.3% |
| Psychiatric Acute | \$4,818,013 | \$3,756,965 | -22.0% |
| Drugs - Behavioral Health Primary or Secondary Diagnosis | \$4,097,505 | \$3,348,603 | -18.3% |
| Psychiatric Day Night | \$5,598 | \$27,272 | 387.2% |
| Recreation Therapy | \$51,140 | \$111,803 | 118.6% |
| <i>Psychiatric Outpatient</i> | \$2,221,295 | \$2,486,259 | 11.9% |
| Drugs - Behavioral Health Primary or Secondary Diagnosis | \$1,628,667 | \$2,037,893 | 25.1% |
| Psychiatric Day-Night | \$592,628 | \$448,366 | -24.3% |
| Total Psychiatric Hospital Charges | \$11,193,551 | \$9,730,902 | -13.1% |

- DHMH – Health Services Cost Review Commission (HSCRC) provided hospital charges at all state hospitals with a psychiatric or behavioral health rate center for County residents under age 25. These FY 2011 and FY 2013 charges were reported by age group, zip code and expected payer.
- For the Drugs rate center, charges were filtered by charges with a behavioral health primary or secondary diagnosis code.
- From FY 2011 to FY 2013, total behavioral health hospital charges decreased by 13.1%. Inpatient charges comprise more than three-quarters of total charges and were down by 19.3%; while outpatient charges increased by 11.9%.

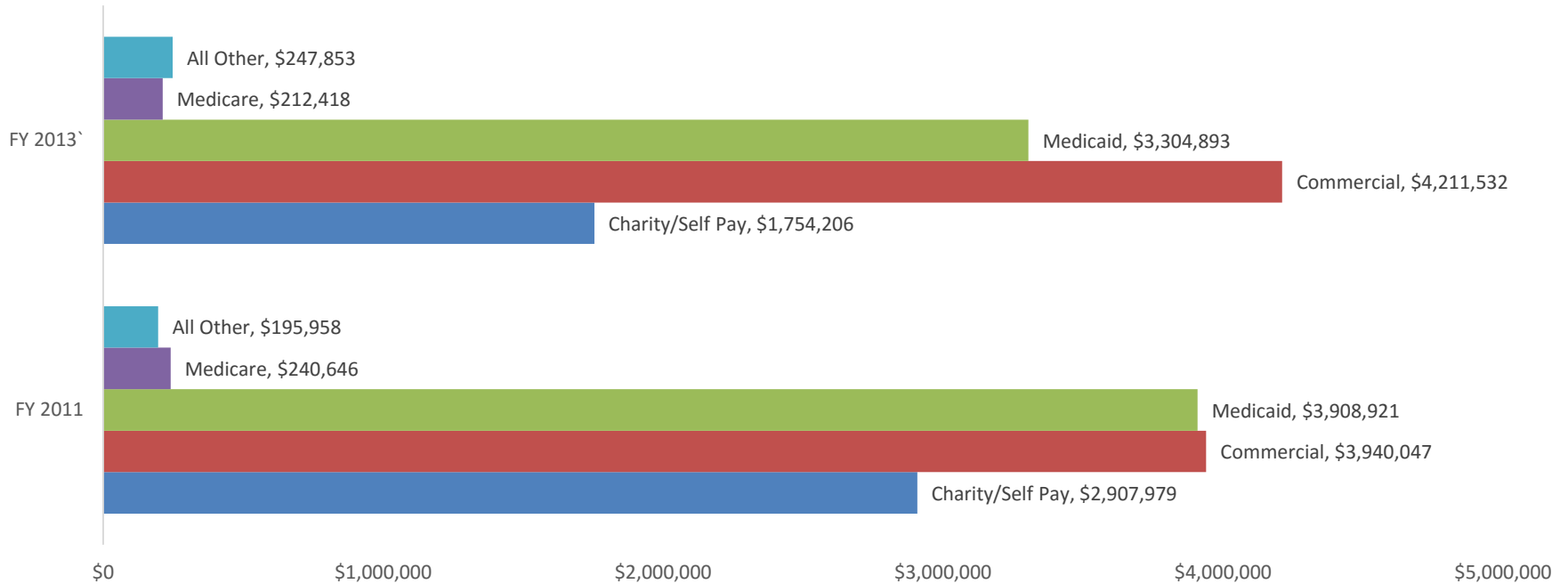
Behavioral Hospital Charges By Age Group

- The large majority of charges are for residents over age 15 – and predominantly young adults aged 20 to 24.
- A potential opportunity exists to explore the prevalence of sibling groups with multiple charges in zip codes with a high concentration of charges across multiple age groups.
- The cradle to career fund matrix and behavioral health fund map track investments for children and young adults under age 20 – with the exception of psychiatric hospital charges, which were requested and reported for county residents under age 25.



Behavioral Health Hospital Charges By Expected Payer

Behavioral Health Hospital Charges By Expected Payer



- HSCRC reports that hospital charges are reported prior to final payment; therefore hospitals report anticipated payers, which may be different from the final, actual payer.
- Charges with anticipated private or third party payers account for a bit less than two-thirds of total charges in each fiscal year.
- Charges with expected payer of Medicaid account for just over one-third of total charges.
- With the implementation of ACA health care exchanges and Medicaid expansion in 2014, both commercial-paid and Medicaid-paid charges would be expected to account for a larger share of total charges in future fiscal years.

| | FY 2011 | FY 2013 | Percent Change |
|-------|-----------|-----------|----------------|
| 20607 | \$47,264 | \$62,309 | 31.8% |
| 20608 | \$712 | \$0 | -100.0% |
| 20613 | \$157,825 | \$214,586 | 36.0% |
| 20623 | \$102,477 | \$71,835 | -29.9% |
| 20703 | \$2,388 | \$0 | -100.0% |
| 20704 | \$8,041 | \$0 | -100.0% |
| 20705 | \$364,749 | \$334,110 | -8.4% |
| 20706 | \$479,896 | \$426,692 | -11.1% |
| 20707 | \$295,931 | \$573,659 | 93.8% |
| 20708 | \$240,199 | \$413,866 | 72.3% |
| 20709 | \$0 | \$2,910 | |
| 20710 | \$174,617 | \$155,826 | -10.8% |
| 20712 | \$37,207 | \$46,177 | 24.1% |
| 20715 | \$277,225 | \$569,915 | 105.6% |
| 20716 | \$172,750 | \$240,200 | 39.0% |
| 20717 | \$0 | \$10,486 | |
| 20718 | \$1,280 | \$286 | -77.7% |
| 20720 | \$392,154 | \$380,888 | -2.9% |
| 20721 | \$451,068 | \$163,148 | -63.8% |
| 20722 | \$93,559 | \$37,328 | -60.1% |
| 20725 | \$970 | \$0 | -100.0% |
| 20731 | \$774 | \$0 | -100.0% |
| 20735 | \$340,965 | \$246,471 | -27.7% |
| 20737 | \$318,737 | \$127,723 | -59.9% |
| 20740 | \$271,715 | \$460,376 | 69.4% |
| 20741 | \$681 | \$0 | -100.0% |
| 20742 | \$10,993 | \$18,283 | 66.3% |
| 20743 | \$801,734 | \$406,777 | -49.3% |
| 20744 | \$738,358 | \$264,329 | -64.2% |
| 20745 | \$482,996 | \$287,886 | -40.4% |
| 20746 | \$360,270 | \$355,901 | -1.2% |
| 20747 | \$367,576 | \$437,064 | 18.9% |
| 20748 | \$587,075 | \$376,328 | -35.9% |
| 20749 | \$10,016 | \$1,066 | -89.4% |
| 20762 | \$37,132 | \$1,377 | -96.3% |
| 20768 | \$2,336 | \$677 | -71.0% |
| 20769 | \$53,995 | \$137,233 | 154.2% |
| 20770 | \$270,939 | \$293,620 | 8.4% |
| 20771 | \$0 | \$55,326 | |
| 20772 | \$419,048 | \$349,157 | -16.7% |
| 20773 | \$0 | \$9,904 | |
| 20774 | \$669,818 | \$503,274 | -24.9% |
| 20775 | \$1,450 | \$0 | -100.0% |
| 20781 | \$218,699 | \$65,928 | -69.9% |
| 20782 | \$270,246 | \$334,766 | 23.9% |
| 20783 | \$463,526 | \$442,719 | -4.5% |
| 20784 | \$518,982 | \$289,281 | -44.3% |
| 20785 | \$673,831 | \$556,467 | -17.4% |
| 20787 | \$0 | \$310 | |
| 20788 | \$0 | \$4,438 | |
| 20791 | \$1,347 | \$0 | -100.0% |

Behavioral Health Hospital Charges By Zip Code

- HSCRC reports that zip codes are assigned one county code in their data system. Therefore, charges to Prince George's County residents in shared zip codes with the majority of residents in another jurisdiction, e.g. Montgomery County, would not be captured in these reported data.
- The 10 zip codes with the highest charges accounted for 52.4% of total charges in FY 2011 and 49.2% of total charges.
- 5 zip codes were among the 10 zip codes with highest charges in both fiscal years: 20743, 20785, 20774, 20706, and 20783.
- Among zip codes with relatively high charges, between FY 2011 and FY 2013 behavioral health hospital charges dropped by 69.9% in 20781, 64.2% in 20744, 63.8% in 20721, 59.9% in 20737, and 49.3% in 20743, the zip code with the highest FY 2011 charges. In the same period, charges went up 105.6% in 20715, 93.8% in 20707, and 72.3% in 20708.
- More years of data would add to the ability to identify trends and isolate potential reasons for either increases or decreases over time by zip code.

Behavioral Health Hospital Charges By Zip Code to County Residents Under Age 10

| | FY 2011 | FY 2013 |
|-------|-----------|-----------|
| 20607 | \$0 | \$1,301 |
| 20613 | | \$735 |
| 20705 | \$18,103 | \$5,298 |
| 20706 | \$1,273 | \$9,073 |
| 20707 | \$4,532 | \$7,258 |
| 20708 | \$11,317 | \$11,373 |
| 20710 | | \$220 |
| 20715 | \$8,430 | \$28,112 |
| 20716 | | \$1,619 |
| 20720 | \$7,958 | \$3,292 |
| 20721 | \$7,226 | \$144 |
| 20722 | \$260 | \$4,900 |
| 20735 | \$3,448 | |
| 20737 | \$3,992 | \$767 |
| 20740 | | \$12,132 |
| 20743 | \$7,036 | \$561 |
| 20744 | \$25,299 | |
| 20745 | \$7,020 | |
| 20746 | \$4,436 | |
| 20747 | \$97 | \$5,893 |
| 20748 | \$5,970 | \$3,918 |
| 20762 | | \$1,377 |
| 20769 | | \$160 |
| 20770 | \$169 | |
| 20772 | \$4,033 | |
| 20774 | \$493 | \$9,626 |
| 20782 | \$7,726 | \$25,238 |
| 20783 | \$4,261 | \$10,492 |
| 20784 | \$162,094 | \$1,654 |
| 20785 | \$1,540 | \$7,091 |
| TOTAL | \$296,713 | \$152,234 |

- In FY 2011, 20784 had \$77,786 in psychiatric acute charges to children under 10 and \$162,094 in total charges to children under 10.
- In FY 2013, 20782 had \$18,767 in psychiatric acute charges to children under 10 and \$25,238 in total charges.
- Charges in other zip codes were for Drugs – Inpatient and Drugs – Outpatient rate centers with a behavioral health diagnosis code.
- Zip codes with relatively high charges in FY 2011 were 20705, 20708, 20744, and 20715.
- Zip codes with relatively high charges in FY 2013 were 20708, 20715, 20740, 20774, and 20783

| | FY 2011 | FY 2013 | % Change |
|------------|--------------|--------------|----------|
| 20607 | \$28,300 | \$81,735 | 188.8% |
| 20608 | \$81,352 | \$0 | -100.0% |
| 20613 | \$298,180 | \$177,376 | -40.5% |
| 20623 | \$0 | \$14,597 | |
| 20703 | \$5,361 | \$0 | -100.0% |
| 20704 | \$205,770 | \$0 | -100.0% |
| 20705 | \$520,776 | \$1,015,973 | 95.1% |
| 20706 | \$1,835,458 | \$1,520,751 | -17.1% |
| 20707 | \$1,595,927 | \$2,325,633 | 45.7% |
| 20708 | \$1,943,241 | \$540,120 | -72.2% |
| 20709 | \$0 | \$37,279 | |
| 20710 | \$479,908 | \$156,894 | -67.3% |
| 20712 | \$48,464 | \$211,554 | 336.5% |
| 20715 | \$844,069 | \$1,253,345 | 48.5% |
| 20716 | \$682,459 | \$622,746 | -8.7% |
| 20720 | \$697,638 | \$1,291,999 | 85.2% |
| 20721 | \$1,275,264 | \$401,389 | -68.5% |
| 20722 | \$53,029 | \$482,828 | 810.5% |
| 20725 | \$0 | \$3,100 | |
| 20735 | \$440,535 | \$749,829 | 70.2% |
| 20737 | \$892,203 | \$334,142 | -62.5% |
| 20740 | \$566,218 | \$556,281 | -1.8% |
| 20741 | \$114,008 | \$0 | -100.0% |
| 20742 | \$0 | \$60,286 | |
| 20743 | \$1,166,063 | \$1,631,114 | 39.9% |
| 20744 | \$618,186 | \$532,854 | -13.8% |
| 20745 | \$198,369 | \$186,812 | -5.8% |
| 20746 | \$448,264 | \$637,041 | 42.1% |
| 20747 | \$1,613,847 | \$1,682,193 | 4.2% |
| 20748 | \$1,341,494 | \$429,894 | -68.0% |
| 20757 | \$97,031 | \$0 | -100.0% |
| 20762 | \$65,142 | \$3,448 | -94.7% |
| 20769 | \$109,700 | \$103,318 | -5.8% |
| 20770 | \$596,344 | \$1,743,745 | 192.4% |
| 20772 | \$938,254 | \$851,622 | -9.2% |
| 20774 | \$1,061,741 | \$1,549,916 | 46.0% |
| 20781 | \$651,725 | \$451,830 | -30.7% |
| 20782 | \$845,203 | \$825,615 | -2.3% |
| 20783 | \$1,956,589 | \$1,370,098 | -30.0% |
| 20784 | \$1,459,228 | \$1,162,955 | -20.3% |
| 20785 | \$1,680,832 | \$1,334,670 | -20.6% |
| 20787 | \$5,876 | \$74,816 | 1173.2% |
| 20791 | \$227,795 | \$0 | -100.0% |
| 20792 | \$0 | \$56,809 | |
| TOTAL NICU | \$27,689,843 | \$26,466,607 | -4.4% |

Neonatal Intensive Care Unit Charges By Zip Code

- HSCRC reported total Prince George’s County NICU charges were \$27.7 million for FY11 and \$26.5 million for FY13 – a 4.4% decrease.
- NICU charges with a Medicaid payer were \$16.4 million in FY11 and \$14.4 million in FY13.
- The 10 zip codes with the highest charges accounted for 53.3% of total charges in FY 2011 and 57.3% of total charges in FY 2013.
- 5 zip codes were among the 10 zip codes with highest charges in both fiscal years: 20706, 20707, 20743, 20747, and 20785.
- Among zip codes with relatively high charges in both years, FY 2013 NICU charges dropped 72.2% in 20708, 68.5% in 20721, and 68% in 20748; and FY 2013 NICU charges increased by 192.4% in 20770, 95.1% in 20705, and 85.2% in 20720.
- NICU charges per case are relatively high. Therefore, small changes in the number of cases in a zip code can amplify changes in charges for a zip code.
- While insufficient data exists to establish any correlation, 3 zip codes were among the ten highest in both FY 2011 and FY 2013 for NICU and behavioral health charges: 20706, 20743, and 20785.
- Other zip codes with high NICU charges also had relatively high psychiatric hospital charges, including 20707, 20743, 20744, 20747, 20748, 20774, 20783 and 20784.
- Other factors, such as higher population or population density, could account for the prevalence of NICU and psychiatric charges. More years of data could add to the ability to do trend analyses.

Behavioral Health Hospital Charges – Pending Data Requests

- The strategic planning team requests the project staff to expand the geographic scope of the analysis of behavioral health hospital charges.
- The team directed staff to request behavioral health charges for county residents under 25 by payer, by age group and by zip code from hospitals in the District of Columbia as well as Children's Hospital in Alexandria, VA.
- Project staff followed up with DHMH HSCRC leadership and requested contact information for their DC colleagues. Staff requested the information from the referred colleague – the Chief Regulatory Counsel at the District of Columbia Hospital Association and forwarded the request to the DCHA Executive Director. When DCHA did not reply with the requested data, staff made a follow up request that remains pending.
- Project staff also followed up with staff at Alexandria's Children Hospital; and that request also remains pending.

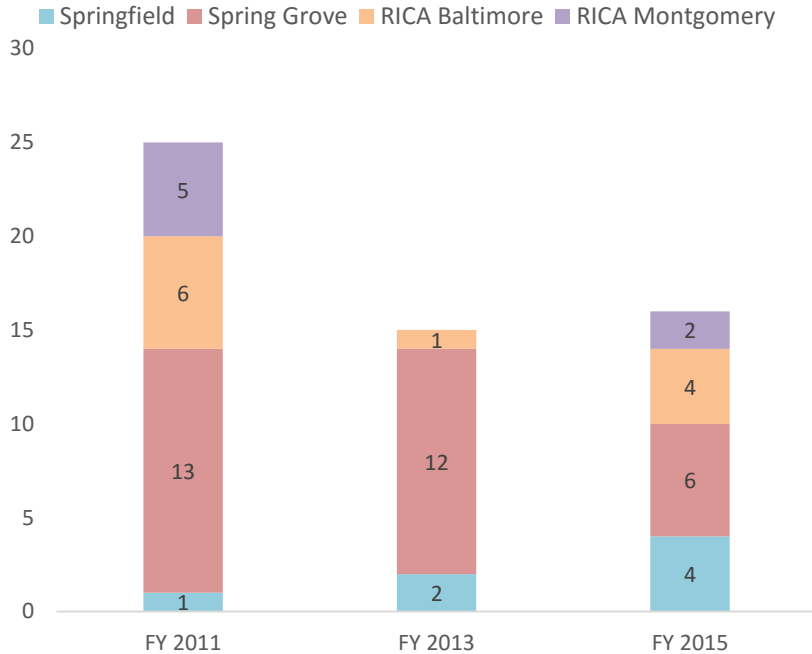
NICU Hospital Charges With Primary Diagnosis Codes of Substance Abuse Affecting Newborn

| Zip Code | FY 2011 | FY 2013 |
|--------------|------------------|------------------|
| 20706 | \$58,744 | |
| 20735 | | \$95,271 |
| 20743 | \$140,829 | |
| 20746 | | \$25,260 |
| 20747 | | \$42,542 |
| 20748 | \$84,153 | |
| 20772 | \$34,273 | |
| 20783 | | \$39,892 |
| 20785 | \$34,891 | |
| TOTAL | \$352,890 | \$202,966 |

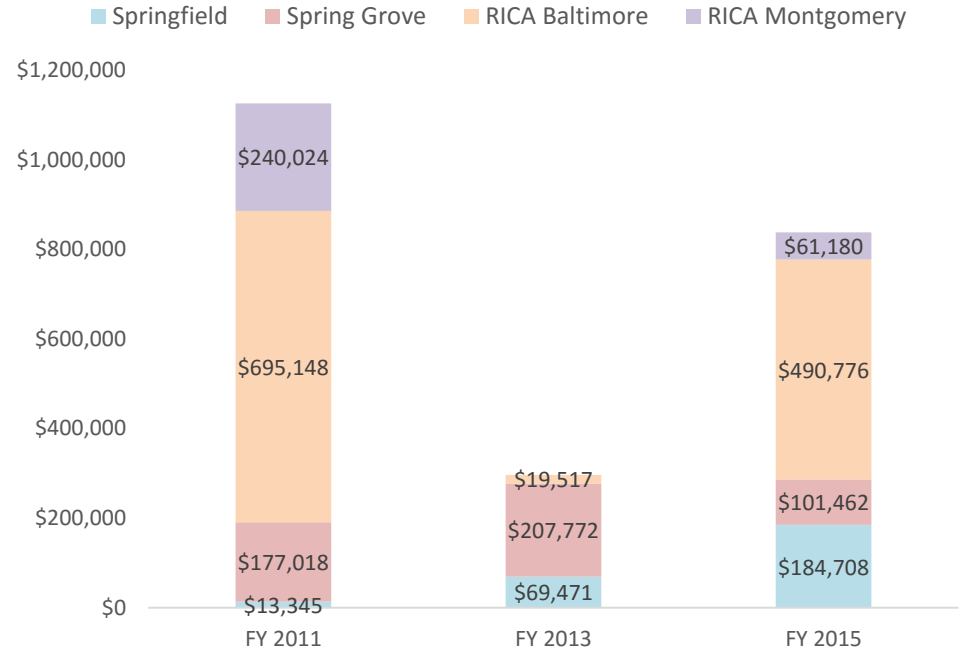
- County Department of Health staff requested the project team to drill down on NICU charges to identify NICU cases and charges by zip code where the mother was experiencing substance abuse involvement.
- At the direction of HSCRC, The Institute for Innovation and Implementation contracted with The St. Paul Group to determine NICU cases and charges by zip code with a primary diagnosis code indicating maternal substance abuse affecting the newborn.
- The St. Paul Group reported \$352, 890 in related FY 2011 NICU charges and \$202,966 for FY 2013.
- The reported cost per case was \$50,413 in FY 2011 and \$50,741 in FY 2013.

County Residents Under Age 20 in State Psychiatric Facilities

Number of Patients Treated



Total Cost



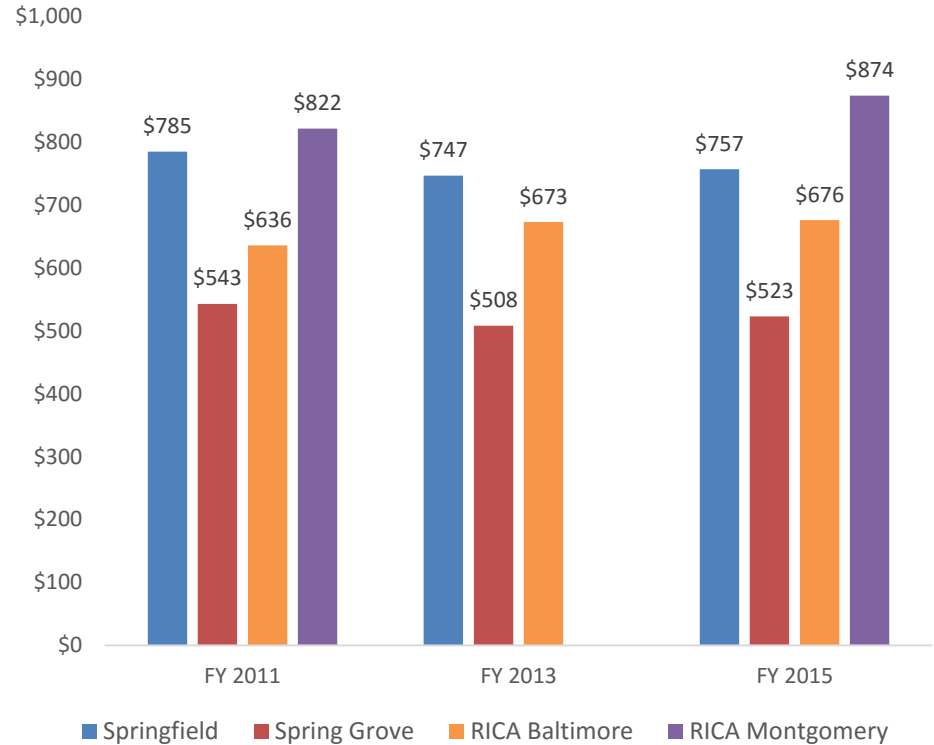
- DHMH Behavioral Health Administration (BHA) reported actual charges for FY 2011 and FY 2013. FY 2015 charges were reported by DHMH BHA and were estimated with actual data through March 30, 2015 – or three-quarters of FY 2015. The total cost to care for Prince George’s County children and young adults was \$1,125,535 in FY 2011 and \$296,760 in FY 2013. DHMH BHA estimated FY 2015 spending at \$838,126.
- In FY 2011, RICA – Baltimore received 24% of placements and accounted for 62% of costs, while in FY 2015 the facility received 25% of placements and accounted for 59% of costs.
- In all three fiscal years, Spring Grove had the highest number of county residents under age 20 placed among all facilities. In FY 2013, the year with the lowest costs, Spring Grove admitted 12 of the 15 county residents under age 20 placed statewide and RICA-Baltimore admitted one.

County Residents Under Age 20 in State Psychiatric Facilities

Number of Bed Days

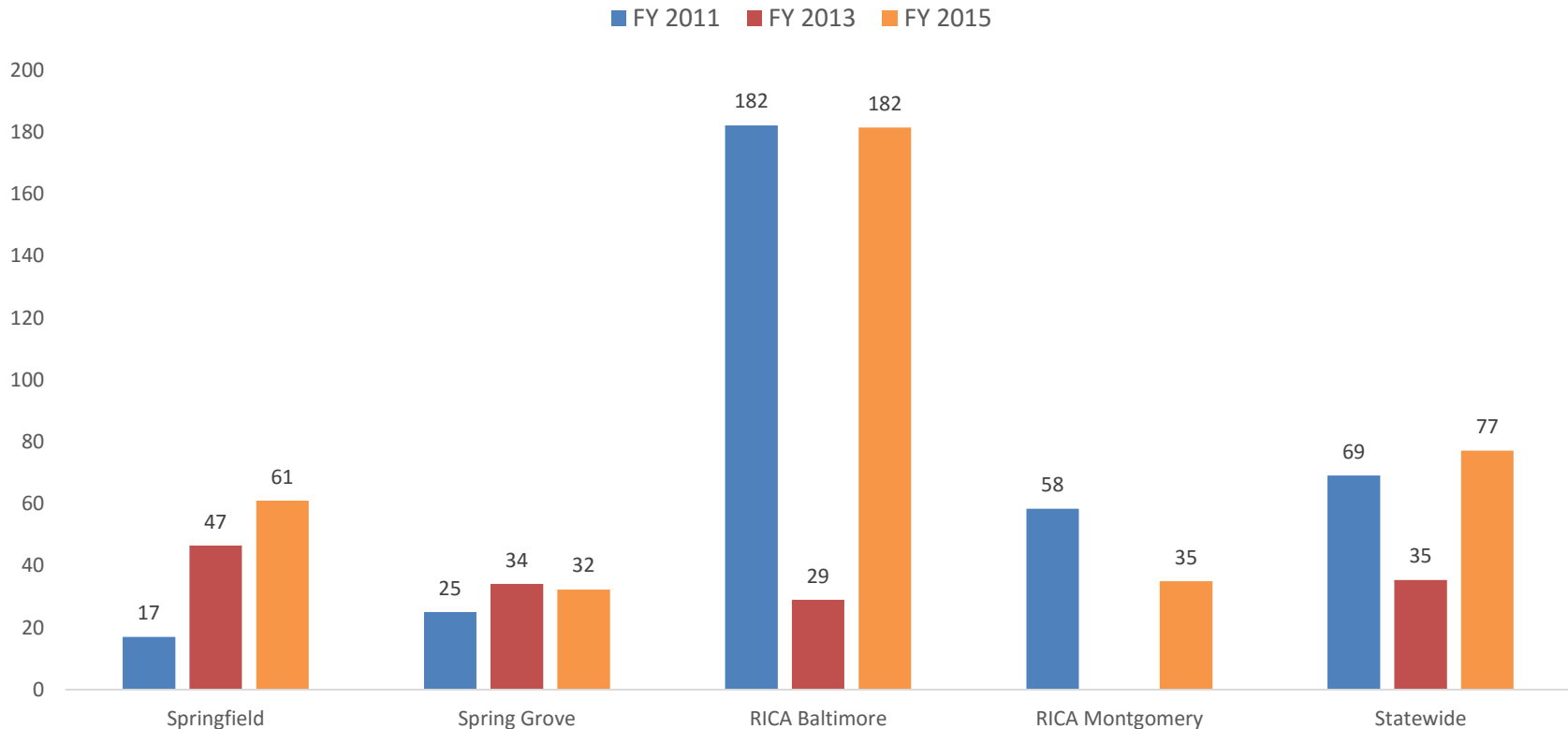


Per Diem Rate



- The relatively high FY 2011 and FY 2015 cost corresponded with a high number of bed days for children placed at RICA-Baltimore in both fiscal years.
- While in FY 2013, the majority of bed days were spent at Spring Grove.
- The per diem rate is not a fixed cost associated with the respective facility. DHMH BHA calculates the per diem rate for a specific data set using the total cost and the number of bed days for that facility for that fiscal year.

Average Bed Days Per County Resident Under Age 20 Placed at State Psychiatric Facilities



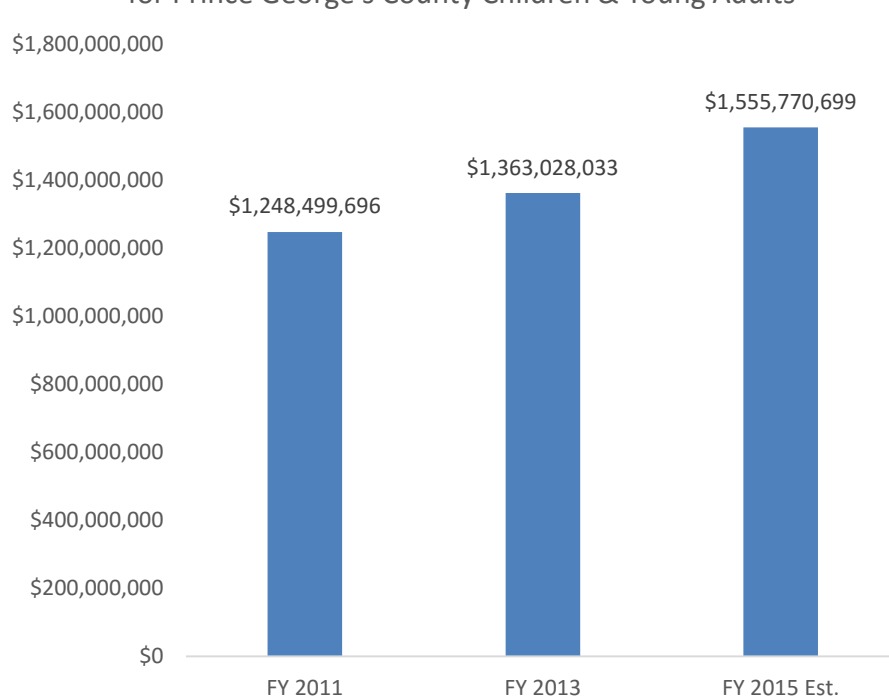
- In FY 2011 and FY 2015, average utilization of bed days per patient under age 20 at RICA-Baltimore was far higher than the average at other state facilities as well as the average of all facilities statewide.
- In both FY 2011 and FY 2013, average bed days for residents under age 20 at RICA – Baltimore was 182 days, compared to average bed days per resident under 20 at all facilities of 69 days for FY 2011 and 77 days for FY 2015.

Investments in Core Behavioral Health Services and Related and Support
Services and Programs

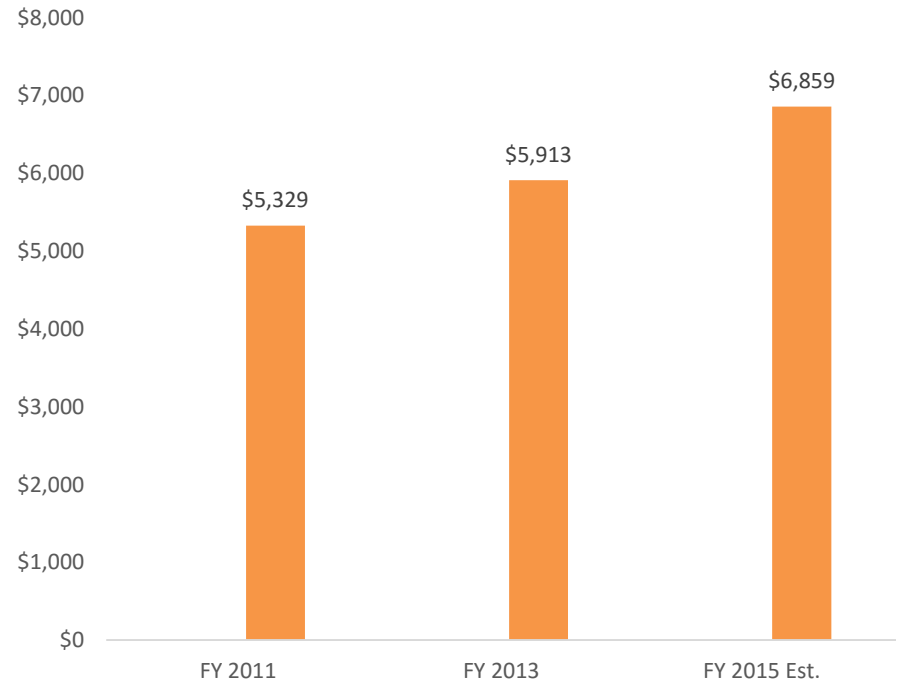
PRINCE GEORGE'S COUNTY BEHAVIORAL HEALTH FUND MAP

Behavioral Health Fund Map

Core Behavioral Health & Related/Support Investments
for Prince George's County Children & Young Adults

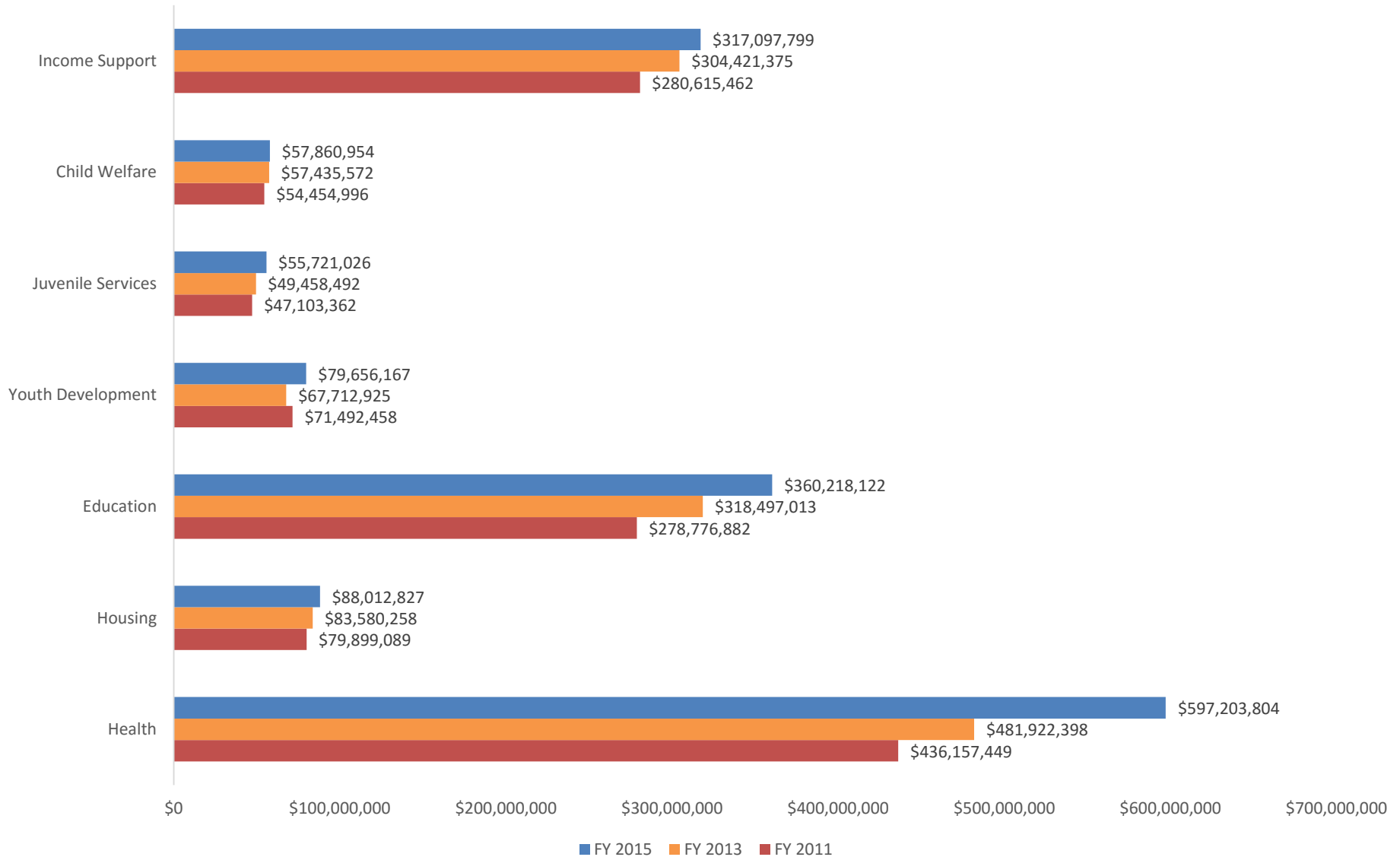


Spending Per Child and Young Adult Under 20



- To recognize the interconnectedness of the behavioral health system of care, the fund map incorporates investments on core behavioral health services as well as spending on related and support services or programs.
- Investments increase 9.2% from FY 2011 to FY 2013, 14.1% from FY 2013 to FY 2015 estimated, and 24.6% from FY 2011 to FY 2015 estimated.
- The FY 2015 increase is partially due to changes in reporting and policy/regulation at both PGCPs and DHMH. The upcoming slide on fund map spending by agency source has more detail on the changes.

Behavioral Health Fund Map: Investments By Major Function

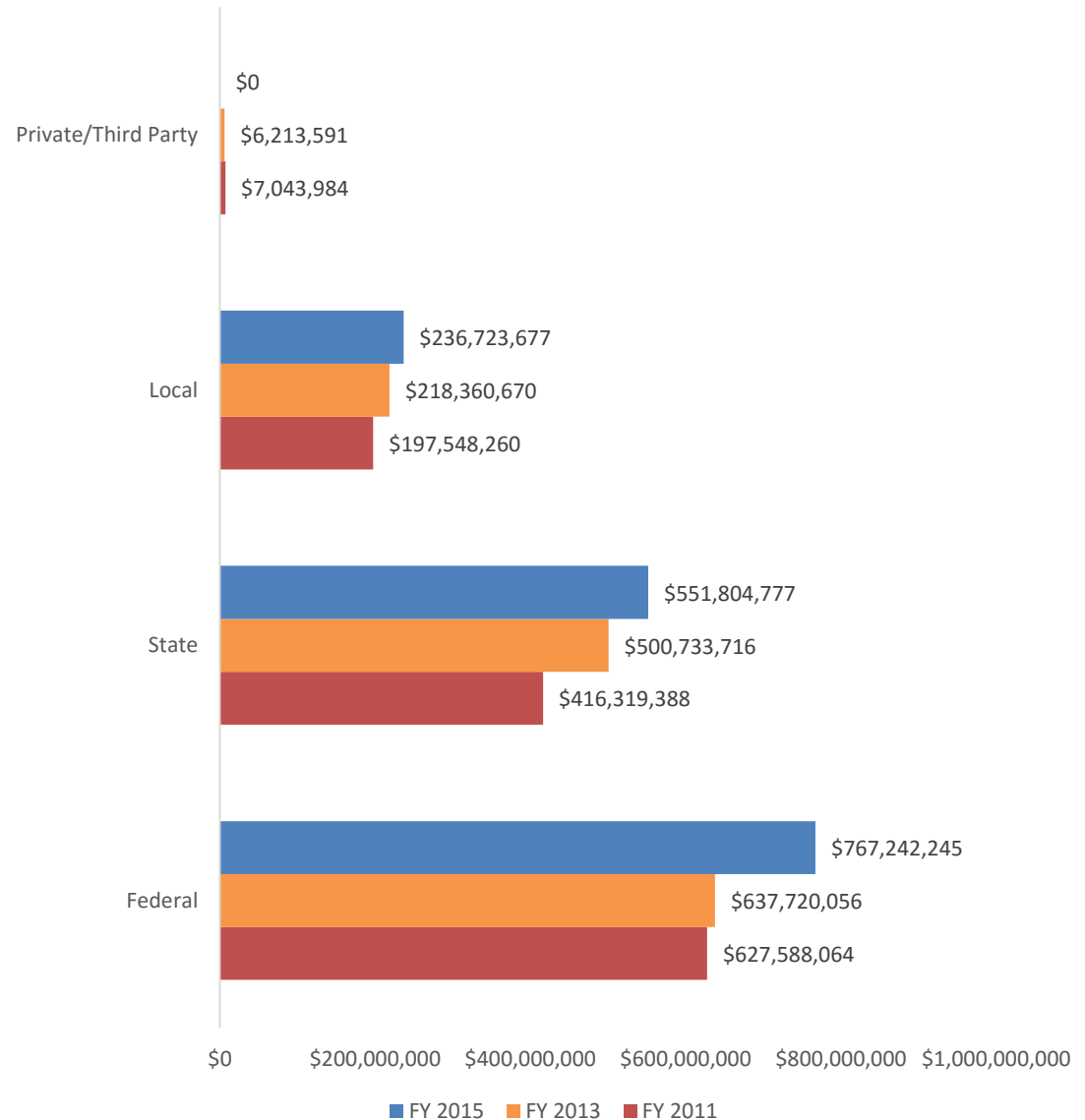


Behavioral Health Fund Map: Investments By Function

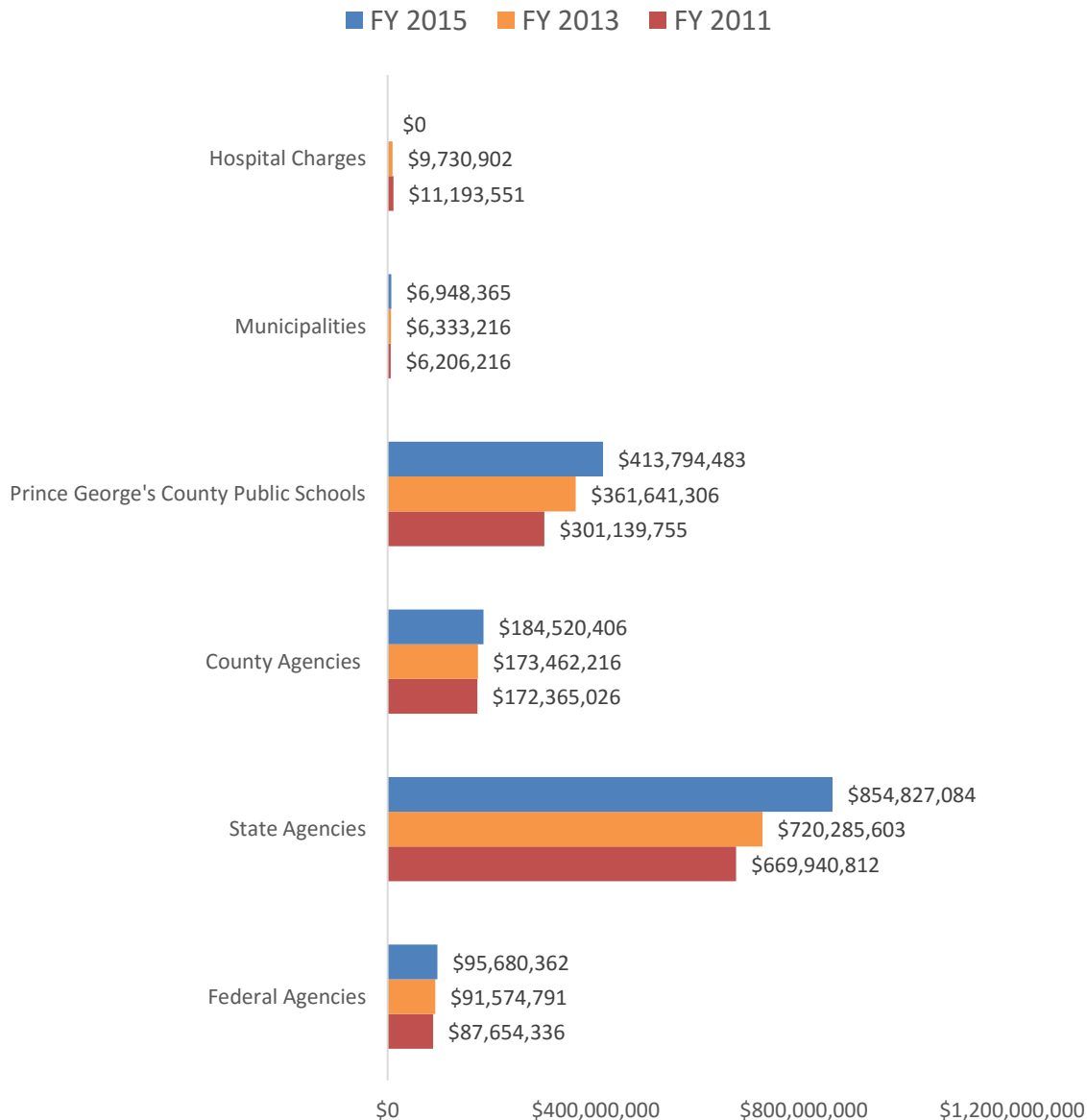
| | FY 2011 | FY 2013 | FY 2015 |
|--|------------------------|------------------------|------------------------|
| Behavioral Health | \$27,127,486 | \$22,072,773 | \$40,736,713 |
| Intellectual Disabilities | \$31,297,597 | \$34,874,888 | \$38,057,985 |
| Somatic Health/Medicaid | \$341,408,496 | \$389,224,063 | \$483,365,035 |
| Maternal & Child Health | \$29,060,568 | \$28,859,720 | \$28,813,968 |
| Public Health/Administration | \$7,263,302 | \$6,890,954 | \$6,230,102 |
| Housing | \$79,899,089 | \$83,580,258 | \$88,012,827 |
| Special Education | \$233,803,378 | \$242,441,634 | \$266,915,642 |
| Education - Guidance/Health Education | \$2,385,879 | \$36,230,524 | \$35,409,545 |
| Early Education & Child Care | \$42,587,624 | \$39,824,854 | \$57,892,935 |
| Youth Development - Recreation and Parks | \$49,430,792 | \$45,345,404 | \$52,588,695 |
| Youth Development - After School/Summer Learning | \$10,875,193 | \$10,398,342 | \$11,187,327 |
| Youth Development - Arts/Library/Mentoring | \$11,186,473 | \$11,969,179 | \$15,880,145 |
| Juvenile Services | \$47,103,362 | \$49,458,492 | \$55,721,026 |
| Child Welfare | \$54,454,996 | \$57,435,572 | \$57,860,954 |
| Nutrition | \$128,928,330 | \$156,770,115 | \$165,980,900 |
| Income Support - Other | \$151,687,132 | \$147,651,260 | \$151,116,899 |
| TOTAL | \$1,248,499,696 | \$1,363,028,033 | \$1,555,770,699 |

Behavioral Health Fund Map: Investments By Fund Source

- Private/Third Party sources are expected payers for behavioral health hospital charges and include Charity/Self Pay; Commercial and All Other.
- In each year, federal funds paid for about half of total investments and state funds accounted for roughly one-third of total spending.
- Spending from local sources, including municipalities and PGCPs, accounted for about one-sixth of total spending.



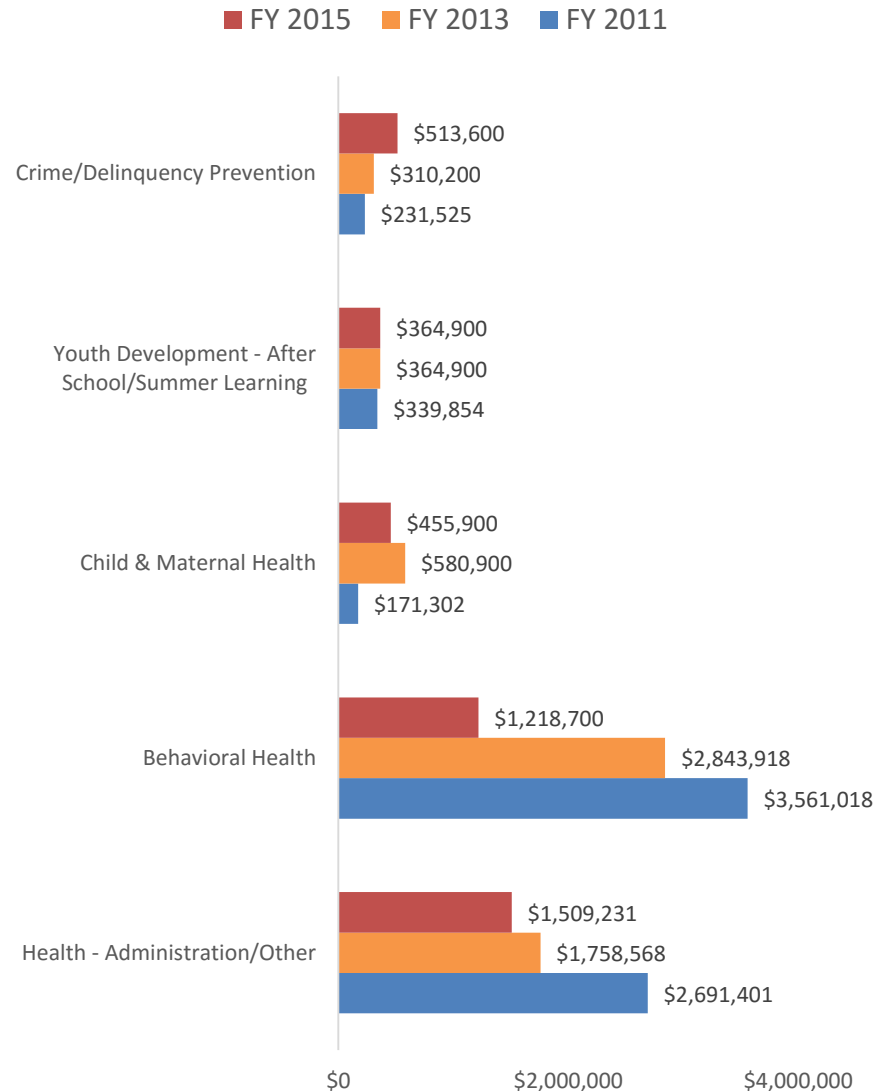
Behavioral Health Fund Map: Investments By Agency Source



- The increases in PGCPSS investments are partially related to more detailed reporting of spending by program in the program matrix in the PGCPSS budget.
- For example, the program matrix began reporting spending on guidance services in FY 2013 and spending on psychological services in FY 2015.
- Beginning in FY 2015, DHMH “carved out” behavioral health provider reimbursements from the Medicaid fee-for-service system and reports these reimbursements as a separate appropriation statement in the state budget.

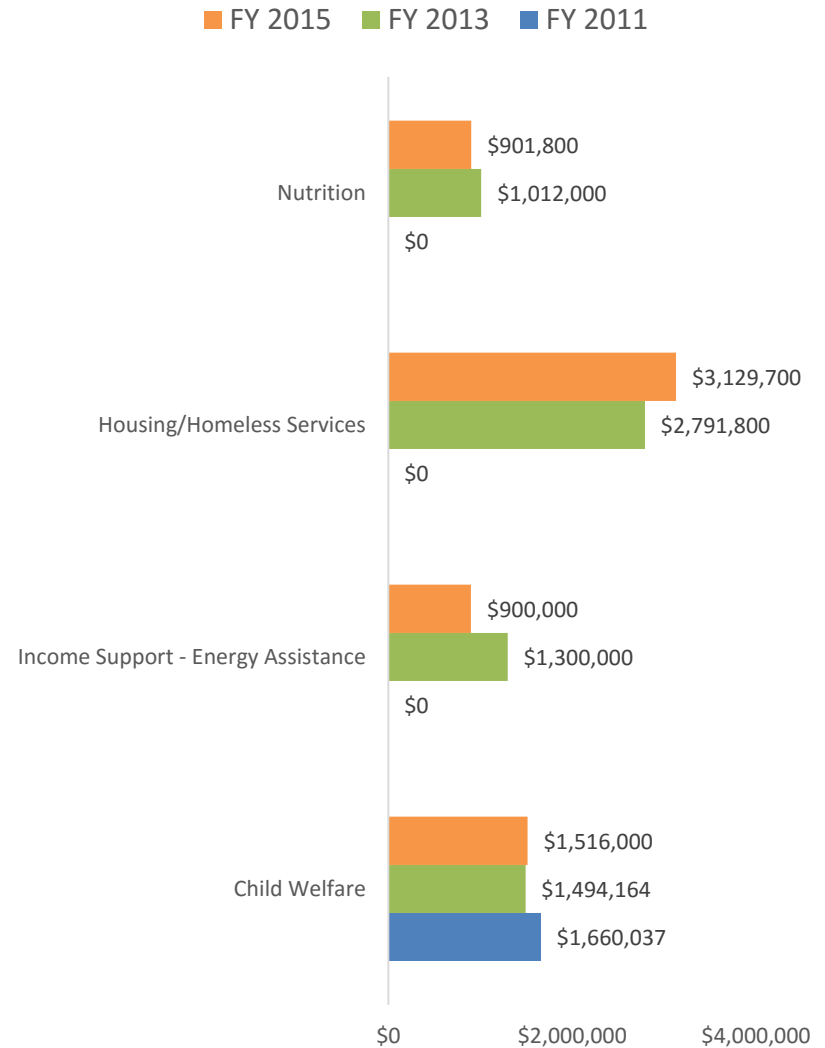
Behavioral Health Fund Map: Department of Family Services (DFS) Investments By Function

- Despite the recent transfer of most behavioral health funding from DFS to DOH, \$1.2 million in behavioral health spending remains budgeted in DFS Children, Youth and Families Division.
 - \$687,100 in DJS funding for Multi-Systemic Therapy (MST) ;
 - \$175,400 in GOC/CCIF funding for MST; and
 - \$356,200 in GOC/CCIF funding for Youth Services Bureaus
- Other related funds that are still budgeted in DFS include \$259,800 for the Community Partnership Agreement, \$212,700 for the Local Access Mechanism, \$405,900 for School-Based Health Centers, \$364,900 for After School, \$275,000 from DHMH for Home Visiting, \$180,900 from MSDE for Healthy Families, \$130,900 for Truancy Prevention, \$73,200 for Gang Prevention, and \$60,000 for Teen Court.
- DFS is currently designated as Prince George’s County’s Local Management Board and Local Access Mechanism agency. And most of this DFS funding is state funds budgeted in MSDE Children’s Cabinet Interagency Fund (CCIF) and administered by the Governor’s Office for Children.
- Potential opportunity to further consolidate funding at DOH, either through a pass-through mechanism or a similar model to the state CCIF, where funds are budgeted in one agency and administered by another.



Behavioral Health Fund Map: Department of Social Services (DSS) Investments By Function

- The importance of housing to successful behavioral health outcomes can not be overlooked, as evidenced by solutions like the Housing First program.
- In FY 2015, \$3.1 million in housing and homeless services and prevention spending is budgeted in DSS Community Services, including:
 - \$1.5 million in federal money for Transitional Housing;
 - \$500,000 federal for Permanent Housing for People with Disabilities;
 - \$240,000 in state funds for Emergency and Transitional Housing;
 - \$229,700 in federal funds for Transitional Maternity Group Homes;
 - \$170,000 federal (FEMA) for Emergency Food and Shelter;
 - \$143,100 state for Women’s Services;
 - \$125,000 federal for Transitional Center for Men;
 - \$100,000 in state money for Service Linked Housing;
 - \$61,800 federal for Continuum of Care Planning Project; and
 - \$10,000 state for Point-In-Time Innovative Fund for homelessness prevention.
- Potential opportunity to explore consolidated funding within DOH of housing and homelessness investments.



Public Investments in Services and Programs for Children, Youth and Families

PRINCE GEORGE'S COUNTY CRADLE TO CAREER FUND MATRICES: FY 2011 & FY 2013 ACTUAL & FY 2015 ESTIMATED

Introduction to Fund Mapping: Family Budgets

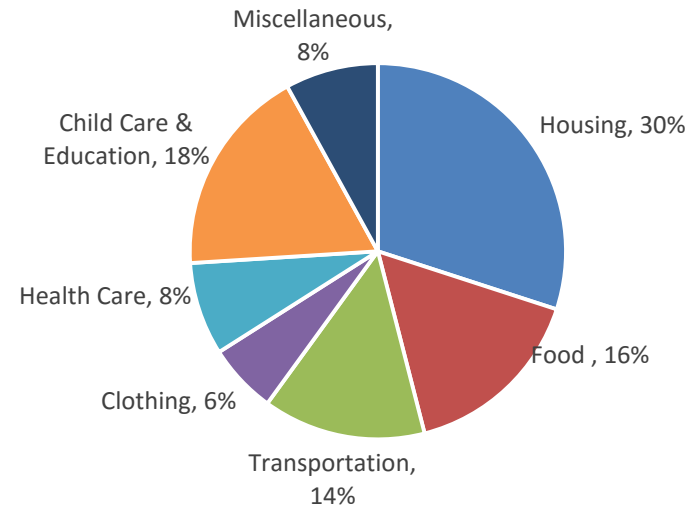
- As any parent knows, raising a child from diapers to diplomas is a journey full of hope and love, along with plenty of time and money.
- Regardless of family income, providing a child with the basics, like safe housing, nutritious food, and quality child care and education costs money.
- Without tracking monthly spending and monthly income, a family can't effectively manage their money in the short-term, or save for future priorities, like college tuition or retirement.
- A budget gives the family a financial roadmap to meeting the costs of basic needs and saving for the future as well as any unexpected "rainy day" events.

| Nov-14 | | | | |
|-------------------------------|-------------|-------------|----------|---------|
| | Budget | Actual | Variance | |
| Income | | | | |
| Salary 1 (Take Home Pay) | \$ 3,750.00 | \$ 3,750.00 | \$ | - |
| Salary 2 (Take Home Pay) | 2,750.00 | 2,750.00 | | - |
| Child Support | 750.00 | 750.00 | | - |
| <Other Income> | - | - | | - |
| Total Income | \$ 7,250.00 | \$ 7,250.00 | \$ | - |
| Expenses | | | | |
| Mortgage / Rent Expense | \$ 1,000.00 | \$ 1,000.00 | \$ | - |
| Car /Transportation | 850.00 | 850.00 | | - |
| Credit Card Payment(s) | 250.00 | 250.00 | | - |
| Insurance - Car | 100.00 | 100.00 | | - |
| Insurance - Homeowner's | 75.00 | 75.00 | | - |
| Childcare | 1,000.00 | 1,000.00 | | - |
| Total Fixed Costs | \$ 3,275.00 | \$ 3,275.00 | \$ | - |
| Semi Variable Costs | | | | |
| Electric / Gas Expense | \$ 400.00 | \$ 378.00 | \$ | 22.00 |
| Telephone Expense | 75.00 | 73.55 | | 1.45 |
| Cable / Internet Expense | 175.00 | 150.00 | | 25.00 |
| Food (Dining Out & Groceries) | 750.00 | 770.56 | | (20.56) |
| Gasoline | 400.00 | 384.00 | | 16.00 |
| Pet Supplies | 50.00 | 36.54 | | 13.46 |
| Medical / Healthcare | 75.00 | 104.23 | | (29.23) |
| Personal Care | 75.00 | 70.59 | | 4.41 |
| Total Semi Variable Costs | \$ 2,000.00 | \$ 1,967.47 | \$ | 32.53 |
| Highly Variable Costs | | | | |
| Entertainment | \$ 150.00 | \$ 204.89 | \$ | (54.89) |
| Gifts | 50.00 | 42.33 | | 7.67 |
| Clothing | 150.00 | 175.85 | | (25.85) |
| Miscellaneous | 100.00 | 105.00 | | (5.00) |
| Total Highly Variable Costs | \$ 450.00 | \$ 528.07 | \$ | (78.07) |
| Total Expenses | \$ 5,725.00 | \$ 5,770.54 | \$ | (45.54) |
| Net Income | \$ 1,525.00 | \$ 1,479.46 | \$ | (45.54) |

Introduction to Fund Mapping: USDA Expenditure Report

- Along with wise families who follow a household budget, the federal government calculates the money needed to raise a child.
- Each year since 1960, the United States Department of Agriculture (USDA) has estimated both annual child-rearing expenses by age and the cumulative cost of raising a child from birth through age 17.
- These spending data are made up of annual estimates for the cost of providing housing, food, transportation, clothing, health care, child care and education and miscellaneous expenses.
- In its most recent August 2014 report, USDA estimates that 3 largest spending categories of housing, food and transportation account for 60% of total expenses.
- USDA calculates that 2013 annual expenses to raise a child ranged between \$12,800 and \$14,970 annually in a middle-income, married-couple household and ranged from \$8,090 to \$9,560 annually in a middle-income, single-parent family.
- The report also estimated the cumulative expense to raise a child from birth to age 18 at \$176,550 for a married-couple household and \$164,160 for a single-parent family.

Cumulative Expenses by Category to Raise a Child from Birth through Age 17- Percent of Total Expenditures, 2013

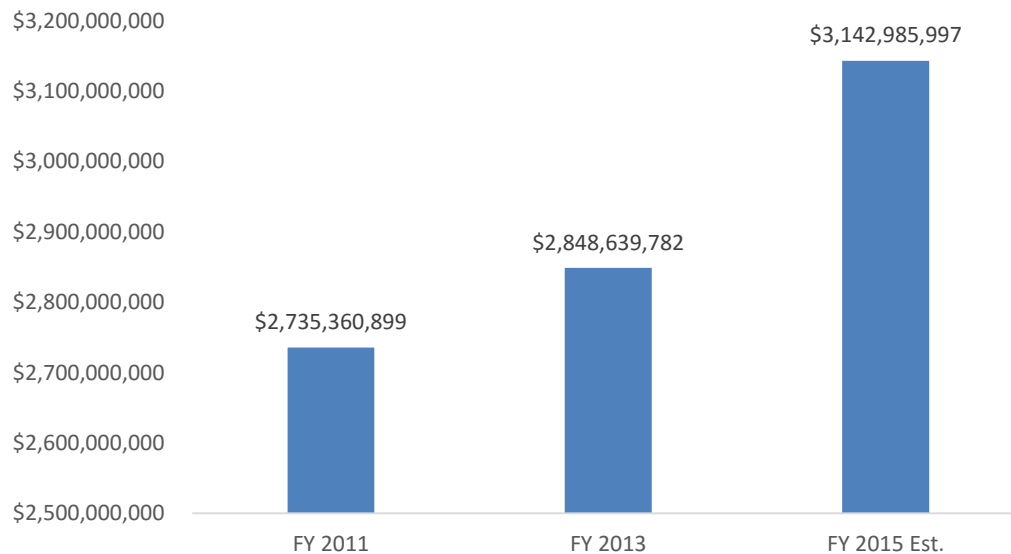


Introduction to Fund Mapping: Cradle to Career Investments

- According to the USDA, the report and its child-rearing expenditure estimates could be helpful in establishing state foster care and other institutional care rates and child support guidelines.
- These advised uses point out that families often pay the bills with money from sources in addition to their paycheck, like child support, alimony, or for some families, public work supports, such as temporary cash assistance or child care subsidies.
- And that not all children can always rely on their families as they reach adulthood. For these children, for example those in foster care, public support steps in to pay for the child's basic needs and support their path towards family reunification, adoption or independence as a career-ready young adult.
- In other examples, the family is unable to meet the special needs faced by the child or young adult or fully address those challenges without help from public programs, for example behavioral health services or juvenile delinquency prevention programs.
- A cradle to career fund matrix is essentially a family or household budget for a community, an inventory of public and private spending on behalf of children and young adults.
- To identify fiscal trends, the fund matrix surveys funding sources, in addition to spending.
- Similar to the Street View tool on Google Maps, a fund map zooms in on investments for a particular outcome area, e.g. behavioral health or school readiness.

Cradle to Career Investments in Prince George's County

Cradle to Career Investments in Prince George's County



- \$2.7 billion in spending on children, youth and families in FY 2011.
- Steady increase of \$113.3 million, or 4%, from FY 2011 to \$2.8 billion in FY 2013.
- FY 2015 estimated spending of \$3.1 billion, up \$294.3 million, or 10%, from FY 2013, including a budgeted increase of \$145.5 million in counted Prince George's County Public Schools (PGCPS) spending; and an estimated increase of \$111.5 million in Medicaid spending, related to the Affordable Care Act's Medicaid expansion.

Cradle to Career Spending Per Child & Young Adult Under Age 20

- Between July 2011 and July 2013 [Census estimates](#), the overall Prince George's County population increased by 15,952 people, while the population under age 20 dropped by 3,750.
- The decrease in the children and young adult population coupled with the cradle to career spending increase resulted in a per child spending increase from FY 2011 to FY 2013 of \$681.
- In both the 2011 and 2013 Census data, 4% of Maryland's population were Prince George's County residents under the age of 20.
- In 2011 and 2013 respectively, county residents under age 20 were 26.8% and 25.9% of total county population.

Cradle to Career Spending Per Child & Young Adult Under Age 20

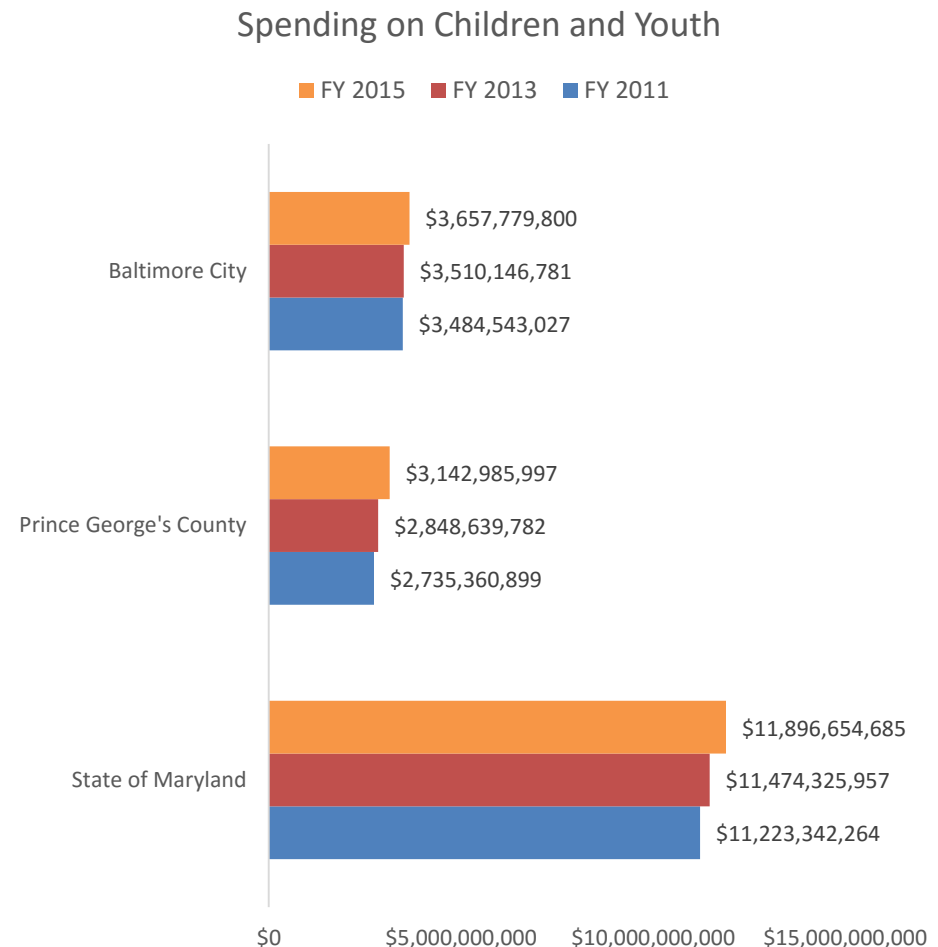


Data Sources & Methodologies

| ACTUAL SPENDING | ACTUAL SPENDING ALLOCATED WITH ACTUAL CASELOAD/FACILITY DATA | ACTUAL SPENDING ALLOCATED WITH PERCENT OF COUNTY OR STATE POPULATION UNDER 20 |
|---|--|---|
| Pre-K – 12 Education: Prince George’s County Public Schools Budget | Medicaid Payments for Residents Under Age 21: MD Department of Health and Mental Hygiene | State Budget: Governor’s Office of Crime Control & Prevention; Governor’s Office of Children; Developmental Disability Community Services & State Intellectual Disability Centers. |
| Juvenile Services: Maryland Department of Juvenile Services (DJS) | Social Security Payments to Residents Under Age 18: Social Security Administration | County Health Department: Administration; Addictions & Mental Health (not specified for youth); Environmental Health; Epidemiology & Disease Control: County Budget |
| Early Childhood Care & Education: Maryland State Department of Education (MSDE) | Correctional Services: State Budget | County Budget: DFS Administration & Mental Health & Disabilities (not specified for youth); DHCD Administration & Community Planning & Development; Memorial Library; Police; Homeland Security; State’s Attorney; Judicial Branch/Circuit Court; |
| Child Welfare, Family Investment, Child Support & Supplemental Nutrition Assistance Program (Food Stamps): Maryland Department of Human Resources | Maryland Schools for Deaf & Blind & State Grants to Educational Agencies: State Budget | Maryland-National Capital Planning and Parks Commission: Prince George’s County Park, Recreation and Enterprise Funds: MNCPPC Budget |
| WIC Check Redemptions; State Psychiatric Centers; Hospital Charges -- NICU & Inpatient & Outpatient Psychiatric: Maryland Department of Health and Mental Hygiene (DHMH) | Office of the Public Defender: State Budget | Direct Federal Grants to Community & Municipalities: Police: Federal Assistance Awards Data System |
| County Budget: Maternal & Child Health; Drug Court; OASIS; Operation Safe Kids; Project Launch; Lead Paint Outreach; DFS- Children, Youth & Families; Youth Suicide Prevention; Transition-Aged Youth; DSS- Community Services; Child & Family Services & Family Investment; DHCD-Housing & Rental Assistance; Sheriff-Child Support. | | Independent Municipalities: Recreation & Parks; Library/Arts & Police: Town or City Budgets |
| Direct Federal Grants to Community & Municipalities: K-12 Education & Housing Subsidies: Federal Assistance Awards Data System | | |
| Independent Municipalities: Education; After School; Youth Grants & Youth Services Bureaus: Town or City Budgets | | |

Trends in County Investments Align with Changes in Spending on Children and Young Adults in Baltimore City and the State of Maryland

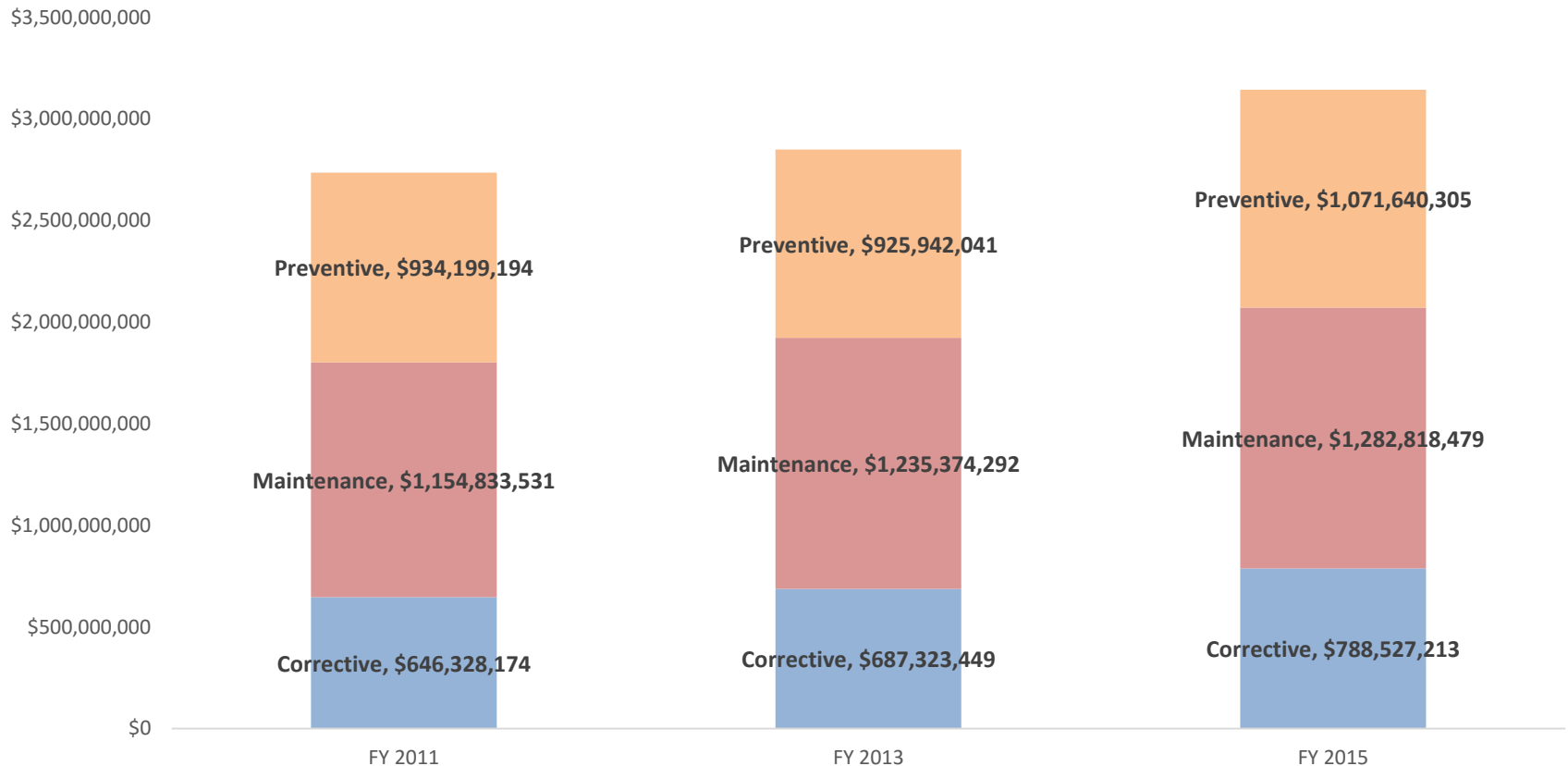
- Institute prepared cradle to career fund matrices for FYs 2011, 2013 & 2015 in Baltimore City.
- Appendix K of Maryland budget is an estimate of spending in the state budget on children and youth.
- Baltimore City's spending is higher, driven mainly by higher K-12 enrollment utilization and boosted spending on entitlements and housing subsidies.
- Compared to Prince George's County, spending per child and young adult was just over \$11,000 higher in Baltimore City in both FY 2011 & FY 2013.



Investments by Major Function: Corrective, Maintenance & Preventive Spending

| CORRECTIVE | MAINTENANCE | PREVENTIVE |
|---|--|--|
| Education (Special Education & Services) | Income Support (Includes Nutrition) | Education (Regular Instruction) |
| Health (Treatment) | Education (Enabling Costs: Transportation & Food Service) | Early Childhood Care and Education |
| Child Welfare (Child Protective Services; Foster Care; Kinship Care; Subsidized Adoption) | Education (Indirect Costs: Administration, Plant & Fixed Charges) | Health (Maternal and Child Health & Medicaid Payments to Managed Care Organizations) |
| Police | Housing & Homeless Services (including Housing Assistance & Rental Assistance) | Youth Development |
| Judiciary | | Employment Services |
| Detention & Corrections | | Crime & Delinquency Prevention; Detention Alternatives; Disproportionate Minority Representation |

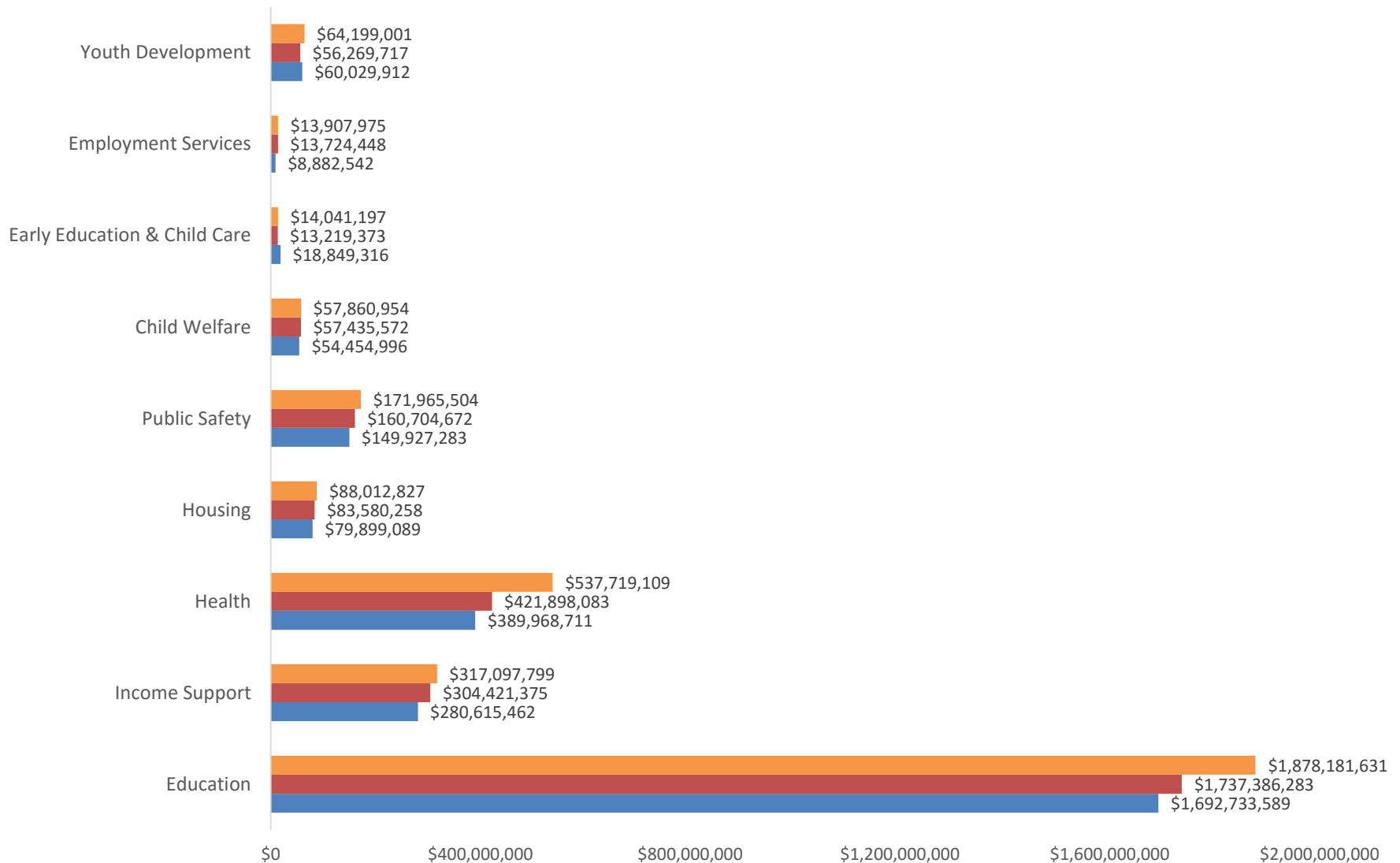
Spending by Major Function



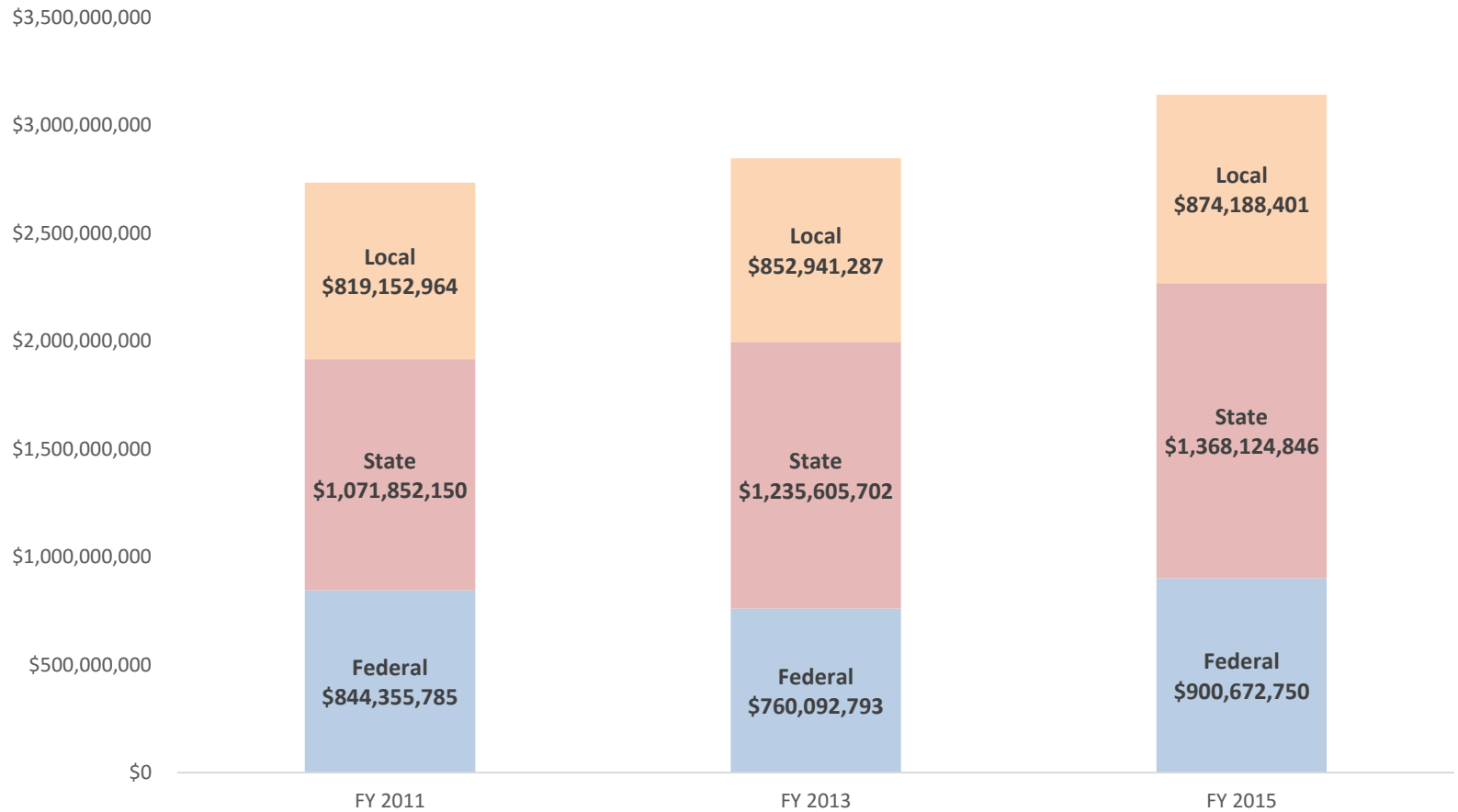
FY 2015 estimated Preventive spending accounts for 34% of total Cradle to Career investments, up from 32.5% in FY 2013. Spending on K-12 Education regular instruction is budgeted to increase \$74.2 million. And spending on preventive health, including Medicaid MCO payments, is estimated to increase \$60.9 million.

Cradle to Career Spending by Function

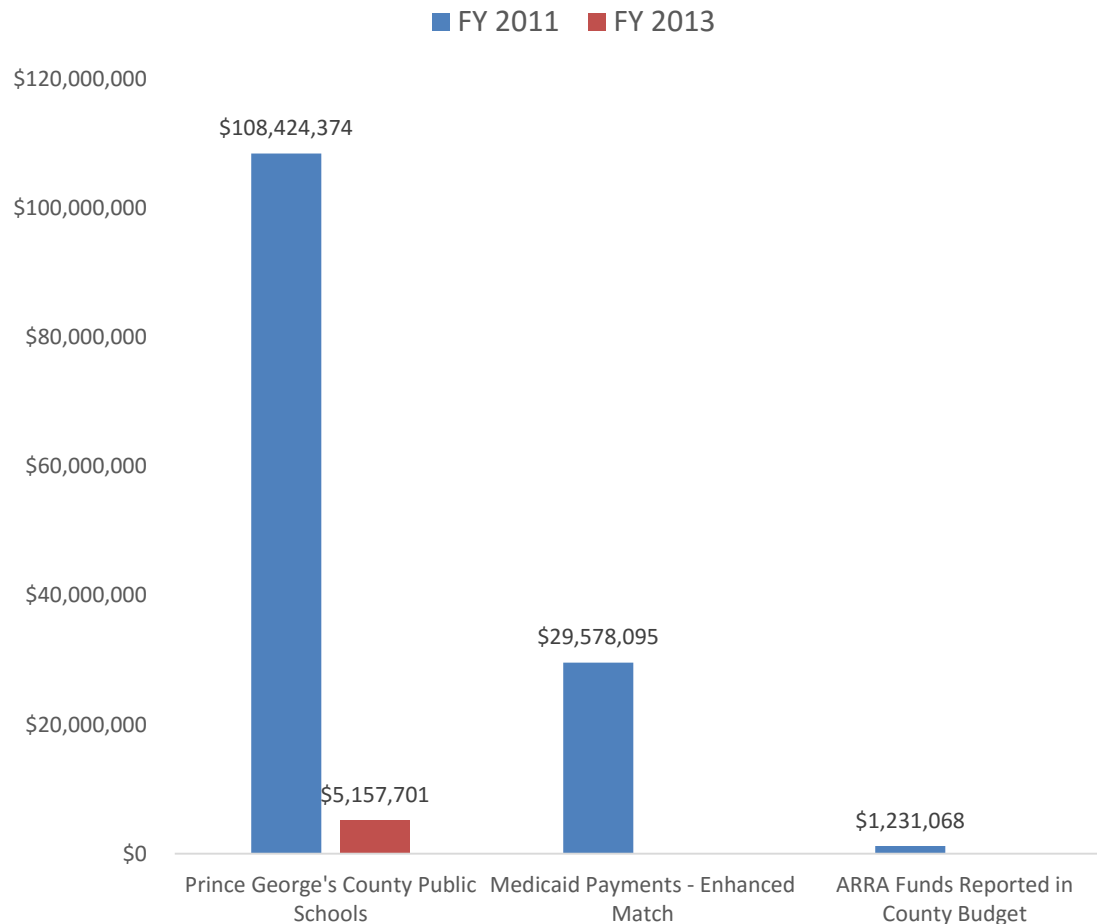
FY 2015 FY 2013 FY 2011



Cradle to Career Investments by Funding Source



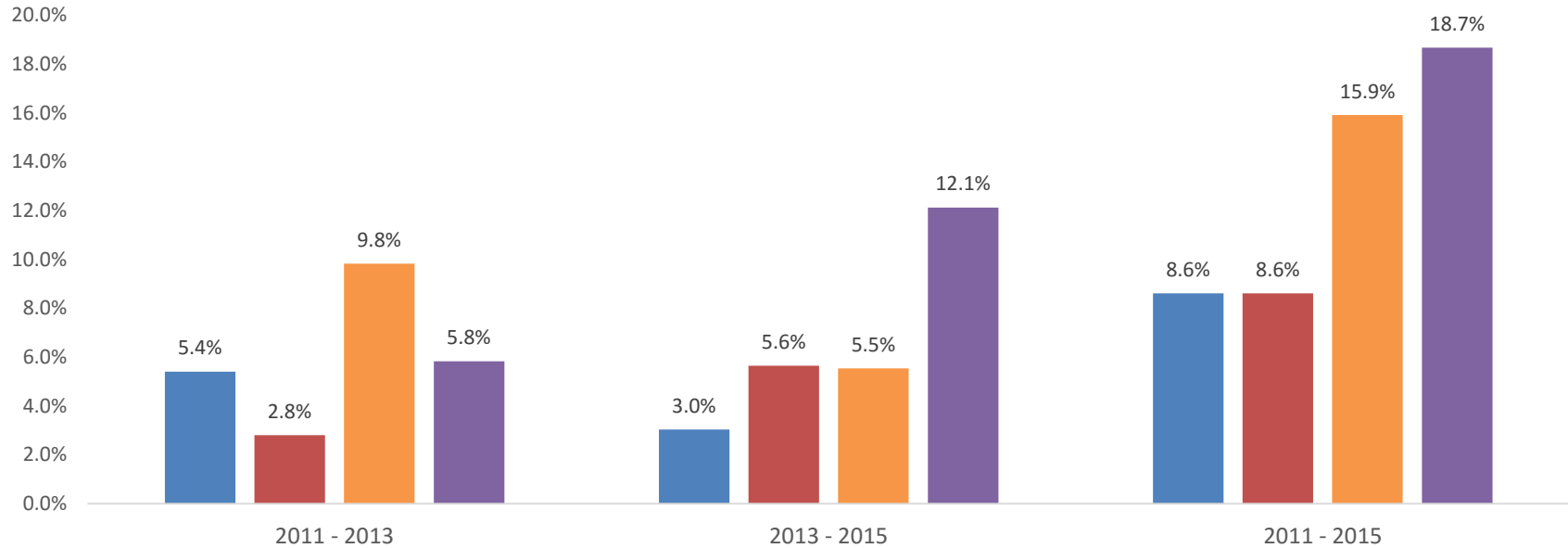
Federal Stimulus (ARRA) Funds Were Near Peak Levels in FY 2011



- From FY 2011 to FY 2013, state funds went up \$163.8 million and local funds increased \$33.8 million, while federal funds decreased \$84.3 million.
- Peak federal stimulus spending during FY 2011 boosted the baseline of federal funds.
- At the same time, state and local revenue collections lagged behind estimates, which created budget gaps.
- The ARRA funds allowed the state to rein in state funding sources, particularly in K-12 Education and Medicaid.
- By FY 2013, when the stimulus funding had mainly ended, revenue growth picked up – and state and local funding sources increased.

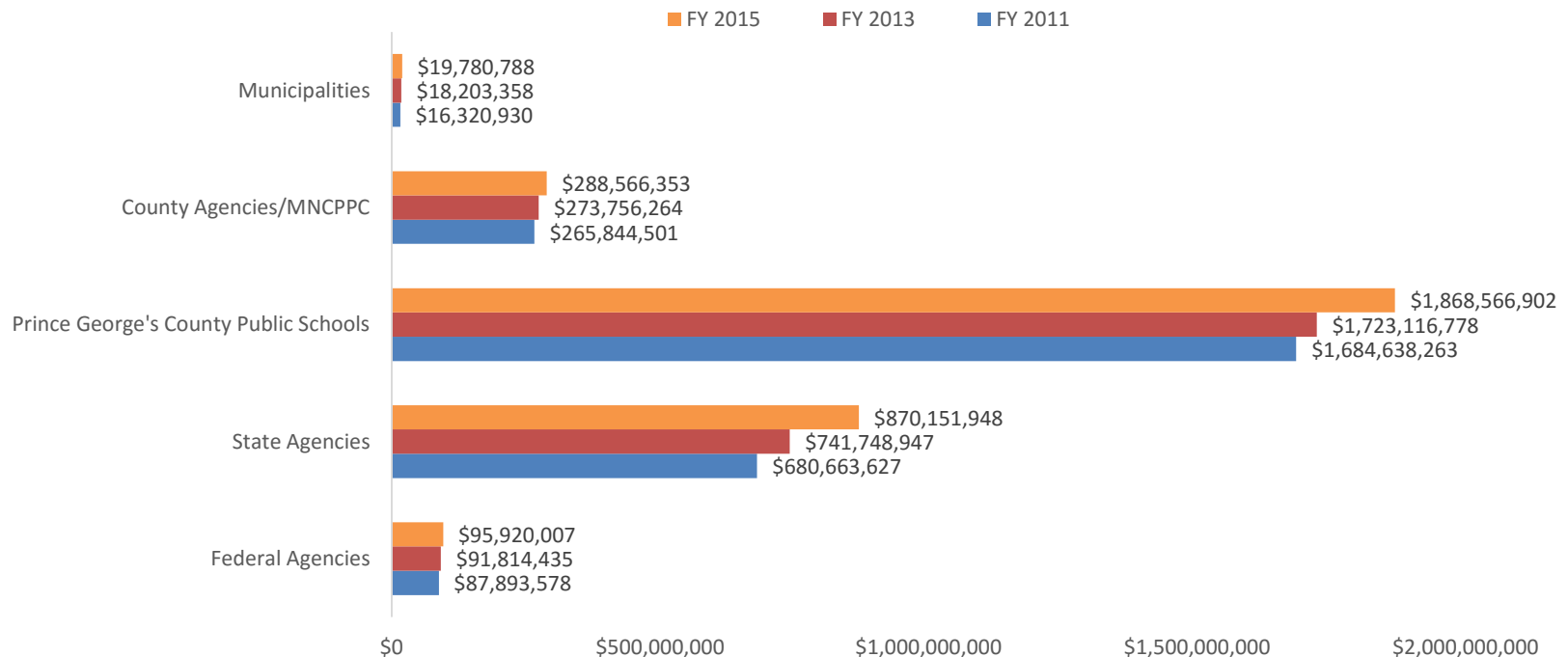
Growth in Spending Per Child & Young Adult vs. Inflation Change & Revenue Growth

■ Inflation ■ County Revenue ■ State Revenue ■ Per Child Spending



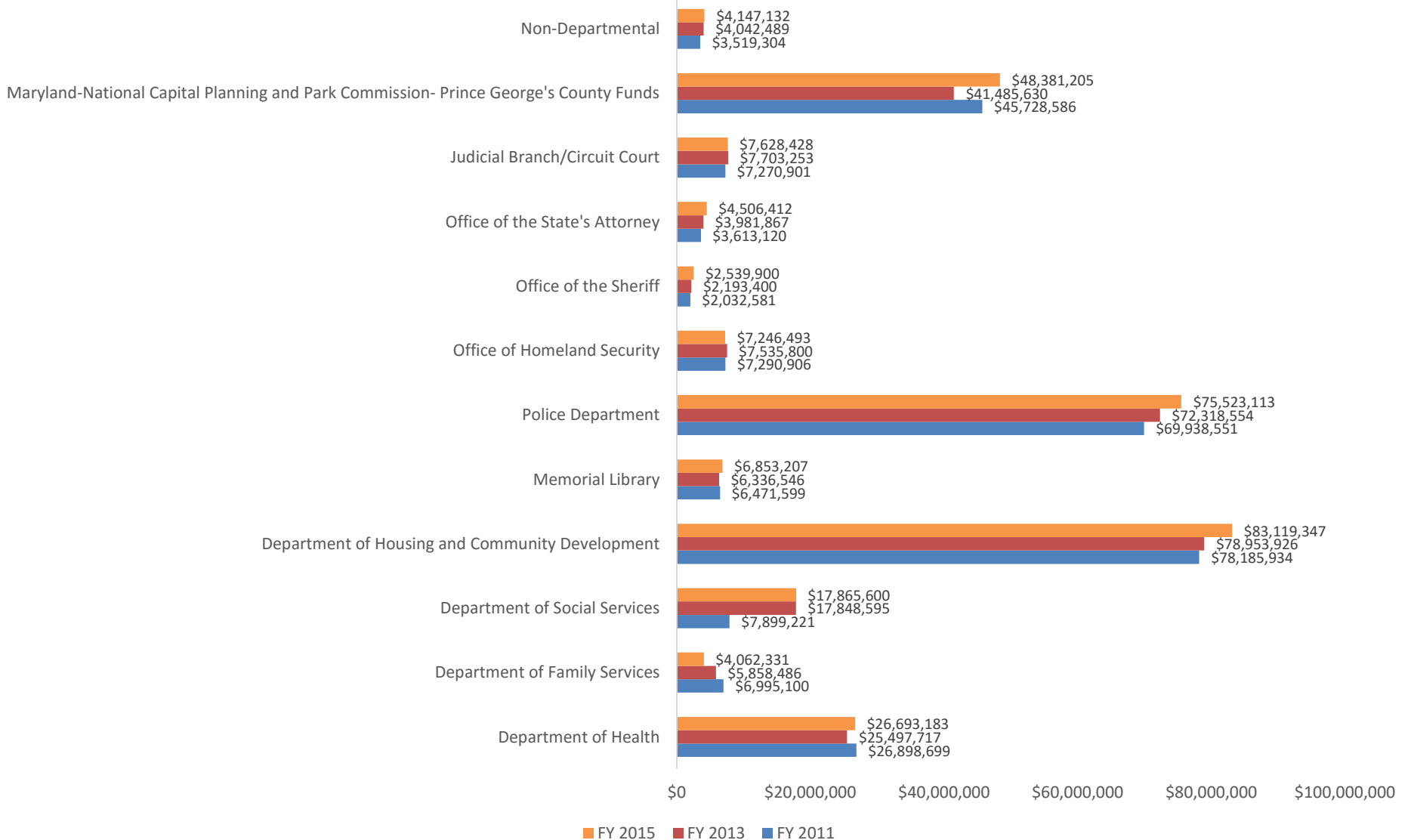
- FY 2011–FY 2013 change in spending per child and young adult was very close to the corresponding change in inflation. For FY 2013–2015 and 2011-2015, per child spending change was much higher than inflation change.
- Per child spending change exceeded county General Fund revenue growth but lagged behind state General Fund revenue growth for FY 2011-FY 2013. Although the state revenue collections baseline was unusually low for FY 2011 due to the Great Recession.
- For both FY 2013-FY 2015 and FY 2011-FY 2015, the growth rate in spending per child and young adult outpaced both county and state General Fund revenue growth.

Follow the Money: Investments by Agency/Institution Source (Pass-Through Analysis)



The spending by agency source data show the agency pass-through for cradle to career spending and do not correspond to funding source data. For example, in FY 2011 and FY 2013 respectively, \$86.5 million and \$90.2 million in federal Social Security benefits flowed directly to children in the county from the Social Security Administration. And \$1.7-\$1.9 billion in investments flow through PGCPs, a local agency. At the same time, for FY 2015, the \$1.9 billion in spending in the PGCPs budget is funded with \$152 million in federal funding, \$1.03 billion in state funds and \$684 million in local funding sources. PGCPs spending accounted for 61.6%, 60.5% and 59.5% of total cradle to career investments for FY 2011, FY 2013 and FY 2015 respectively.

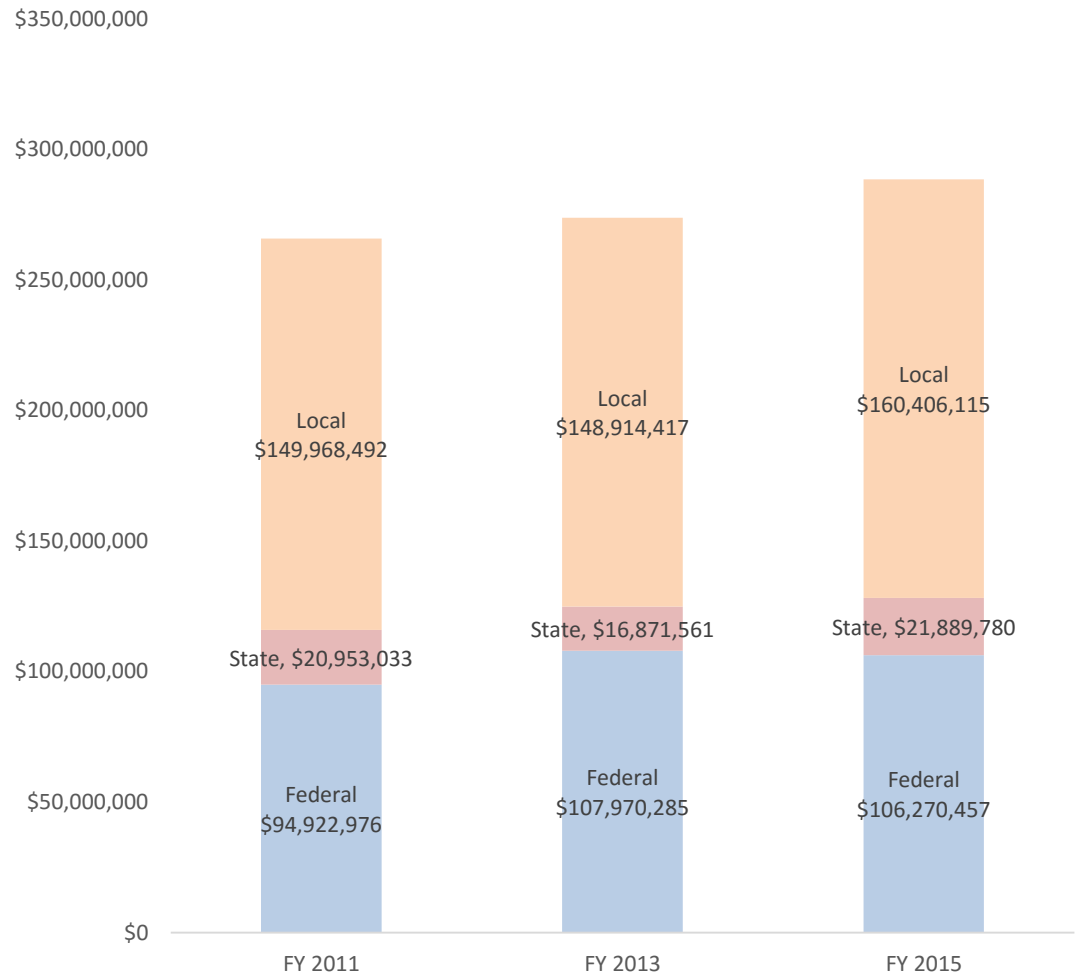
County Government & Maryland-National Park and Planning Commission



- Investments in Recreation and Parks are budgeted in the Maryland-National Capital Planning and Park Commission (MNCPPC) - Prince George's County Funds.
- Non-Departmental spending includes Grants to Community Organizations and Summer Youth Program.

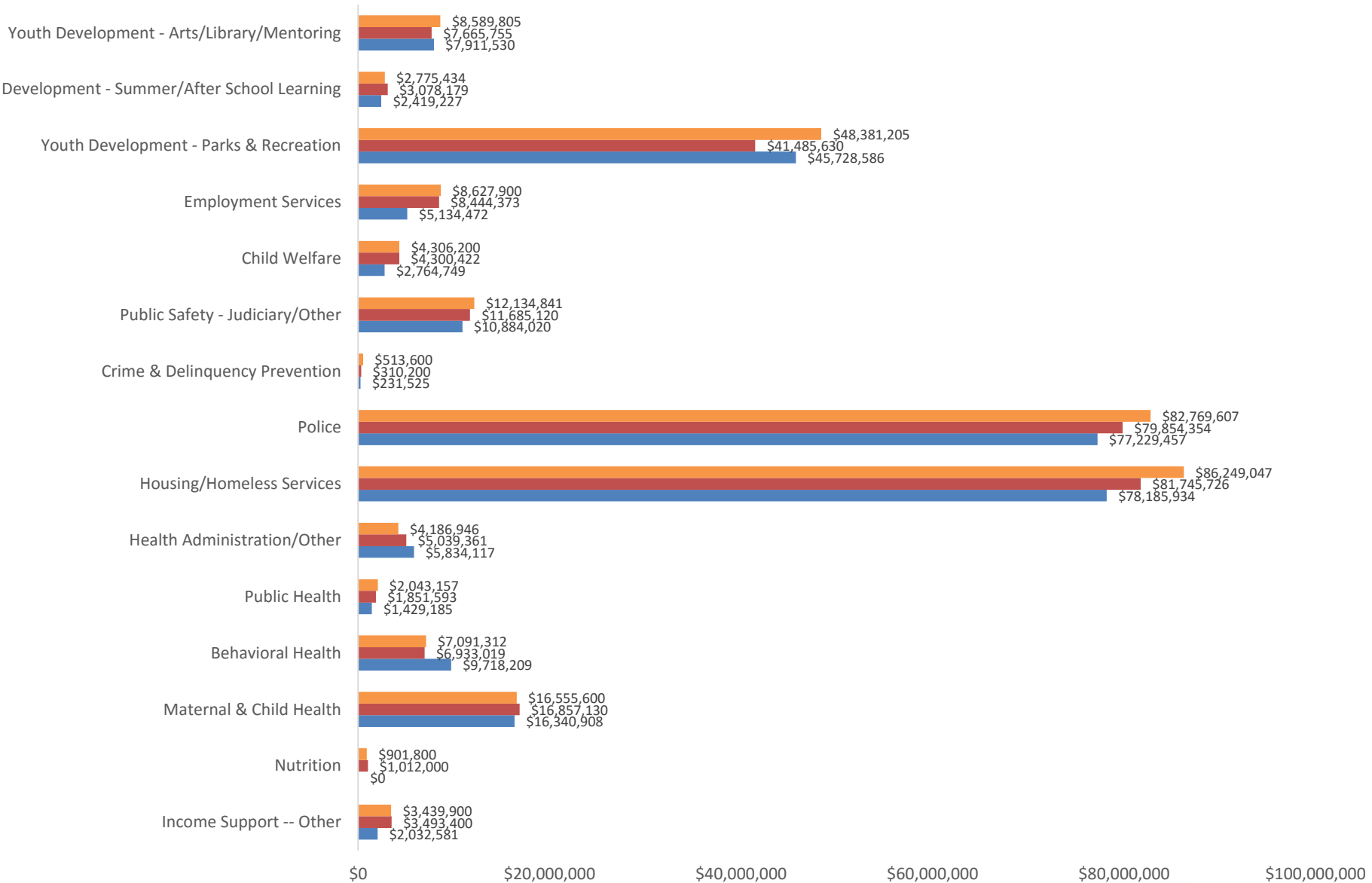
Funding Sources for Prince George's County Government Investments (Includes MNCPPC)

- Allocated spending on Police/Public Safety services and MNCPPC investments in Recreation and Parks accounted for the large majority of local funds.
- Investments in the Department of Health, including Behavioral Health and Maternal and Child Health services, and the Department of Family Services, including GOC/CCIF spending, made up the bulk of state funds.
- Federal housing subsidies and rental assistance in the Department of Housing and Community Development were the large majority of federal funding.
- Other large sources of federal funds included Maternal and Child Health services in the Department of Health and Housing & Homeless Prevention & Services in the Department of Social Services.



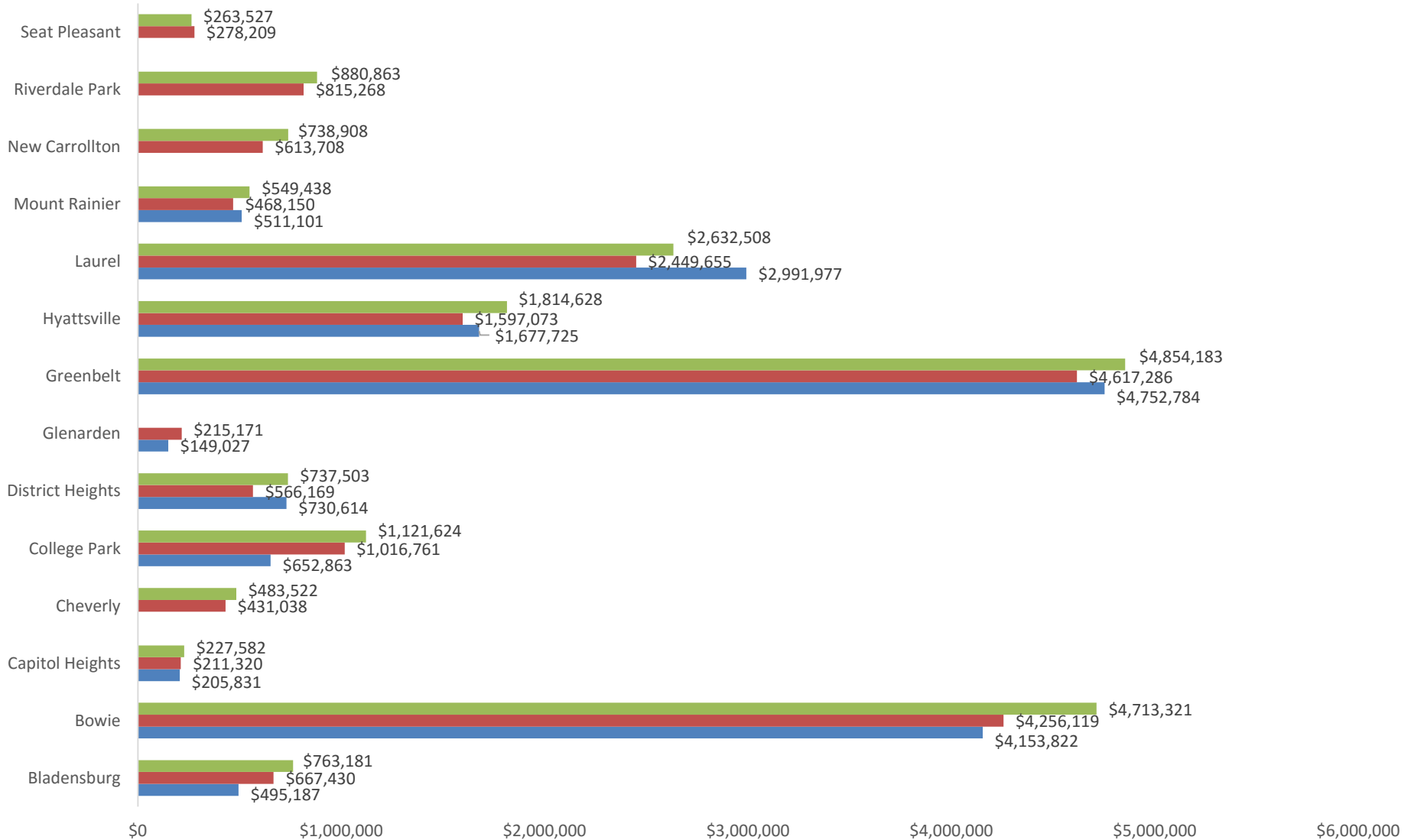
Local Agencies & MNCPPC: Spending By Function

FY 2015 FY 2013 FY 2011



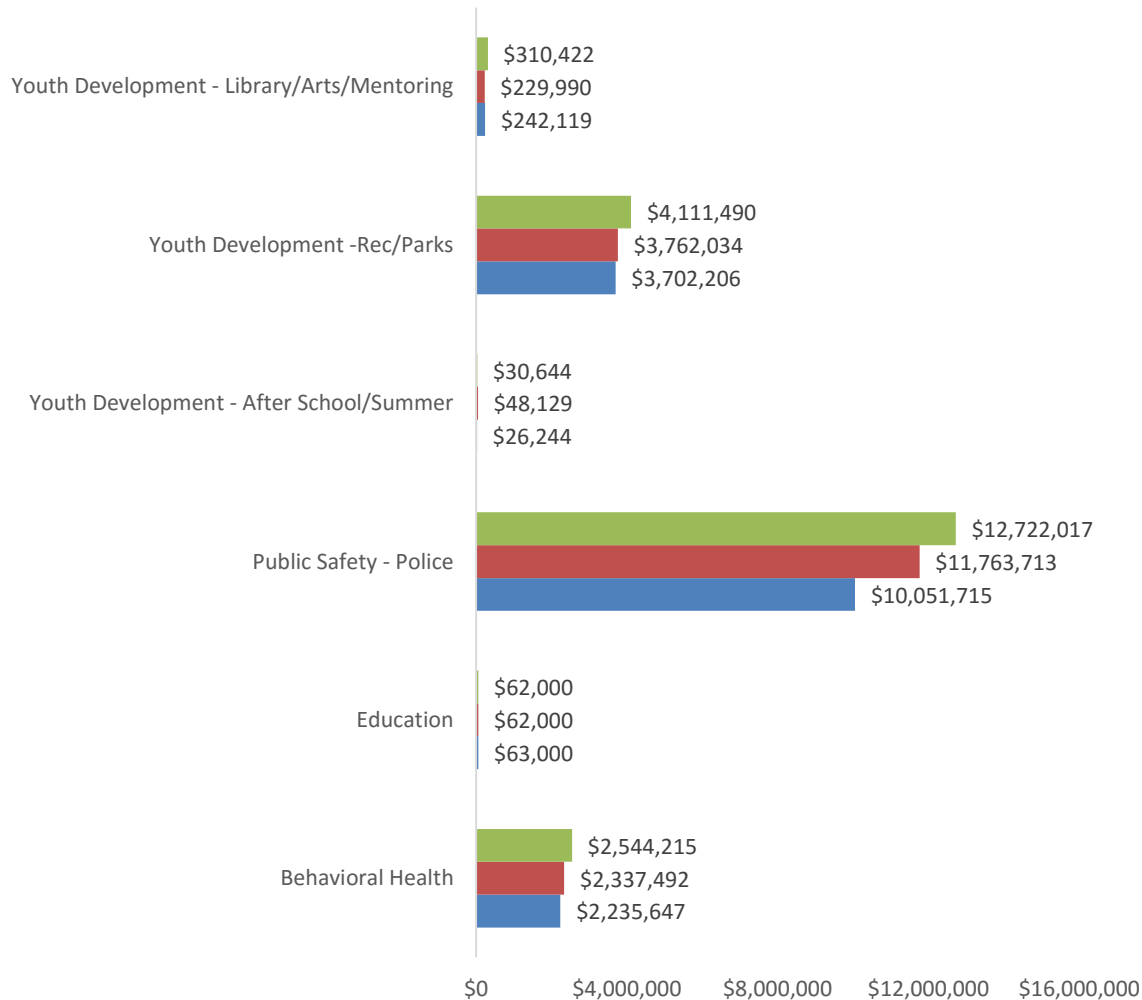
Municipalities: Cradle to Career Investments

FY 2015 FY 2013 FY 2011



Municipalities: Spending By Function

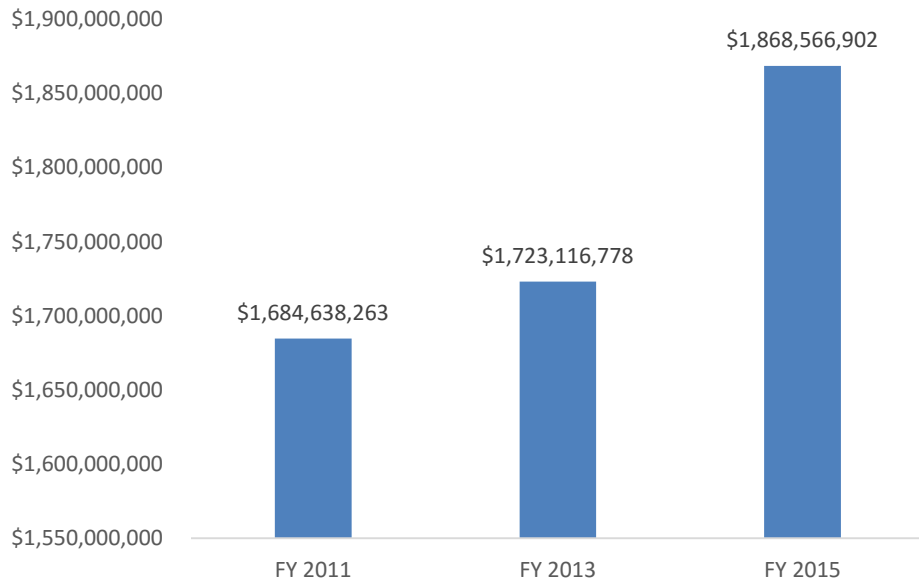
FY 2015 FY 2013 FY 2011



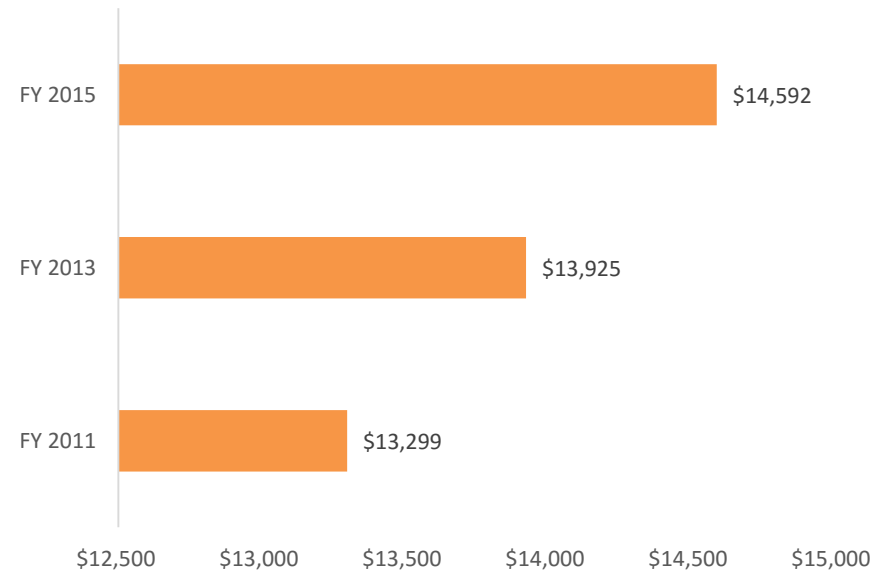
- Allocated spending on Police/Public Safety services accounted for the majority of cradle to career investments in municipality budgets.
- Behavioral Health investments are spending on Youth Services Bureaus in Bowie and District Heights, Greenbelt CARES, and behavioral health services in College Park's Department of Youth, Family and Senior Services.
- Spending on Police, Recreation/Parks, Library and Arts was allocated to Cradle to Career investments with the percent of County residents under age 20.
- Spending on Behavioral Health, After School/Summer Learning and Education was allocated entirely as Cradle to Career investments.

Prince George's County Public Schools

Prince George's County Public Schools
Cradle to Career Spending



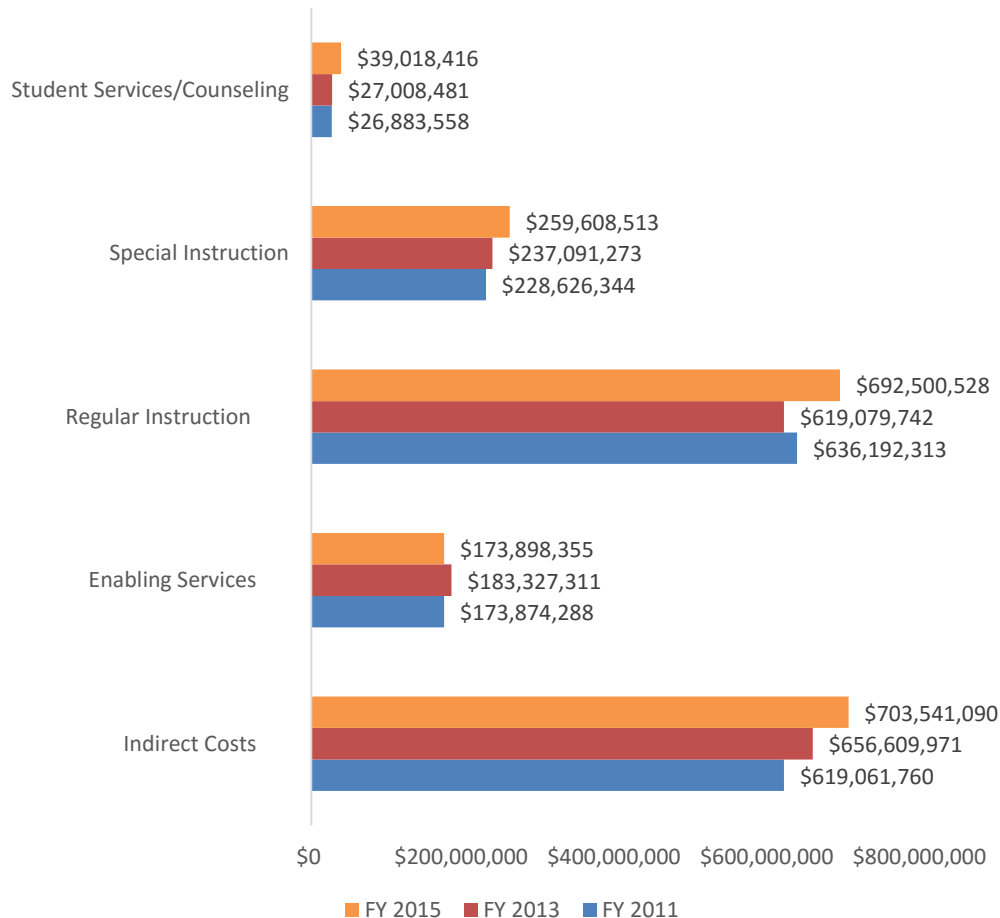
Prince George's County Public Schools
Cradle to Career Spending Per Student



- All operating PGCPs spending, except for Capital Outlays, is included in the Cradle to Career matrix.
- In addition, non-operating spending on Before and After School and Food & Nutrition Services is also included in the Cradle to Career matrix.
- FY 2011 spending included \$108.4 million in federal stimulus funding through the American Reinvestment and Recovery Act (ARRA).
- FY 2013 investments increased \$38.5 million, or 2.3%, from FY 2011; and FY 2015 spending went up \$145.4 million, or 8.4%, from FY 2013.

Prince George's County Public Schools

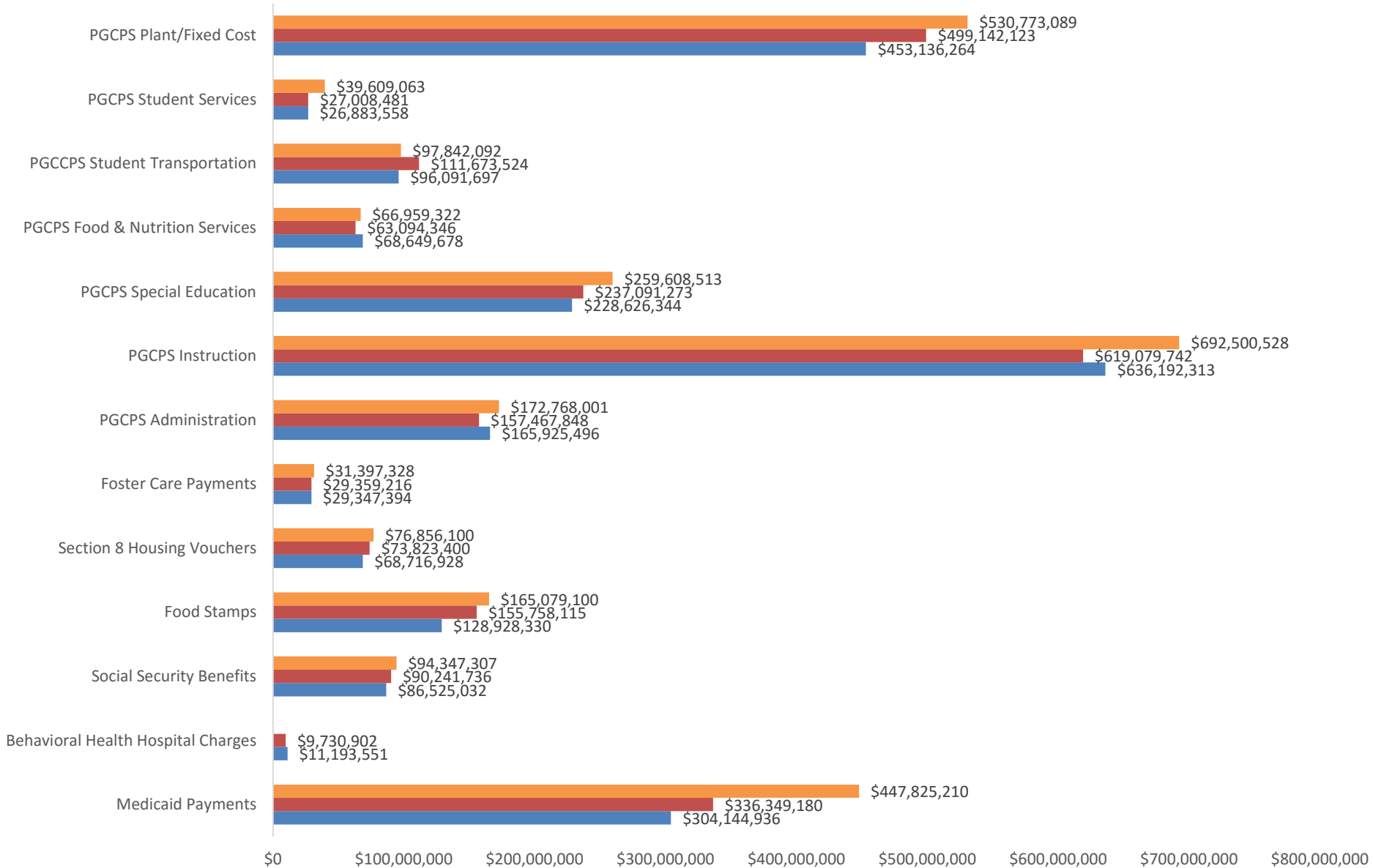
Prince George's County Public Schools -- Cradle to Career Spending By Function



- Student Services/Counseling spending includes Student Personnel Services, Student Health Services and Community Services.
- Special Instruction, or Special Education, spending was up slightly in FY13 and then went up \$22.5 million between FY13 and FY15.
- After dropping between FY11 and FY13, spending on Regular Instruction (Instructional Salaries, Textbooks and Instructional Materials and Other Instructional Costs) increased \$73.4 million between FY13 and FY15.
- Enabling Services investments include Transportation, Food Services and Before and After School.
- Indirect Costs (Administration, Plant Maintenance & Operation, and Fixed Charges) go up \$37.5 million between FY11 & FY13 and \$46.9 million from FY13 to FY15.

Spending Change on Selected Programs and Services

FY 2015 FY 2013 FY 2011



Review of Recommendations & Opportunities

- Strengthen existing partnership with PGCPs – a core source of cradle to career spending and an important agency source of behavioral health and related investments.
- Explore opportunities to further consolidate remaining behavioral health funding in DFS within the Department of Health.
- Review potential to consolidate related spending in DOH, e.g. Healthy Families/Home Visiting in DFS or Transitional Housing investments in DSS.
- To facilitate this consolidation of related funding, explore designating DOH as the county's Local Management Board and Local Access Mechanism agency. Another option would be a mechanism similar to the relationship at the state level, where the funds are budgeted in one agency and administered by another.
- Delve deeper into hospital charges by zip code data.
- Drill down on data for county residents under age 20 placed at a state psychiatric facility.