



Symposium: Financing Strategies that Support Effective Systems of Care: Study Findings and a Case Study

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Financing Strategies that Support Effective Systems of Care: Study Findings

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Overview of Financing Study

- Examination of financing structures and strategies used by states, communities, and tribes to support the infrastructure, services and supports in systems of care
- Study purposes:
 - Develop a better understanding of the critical financing strategies to support systems of care
 - Examine how these strategies operate separately and collectively
 - Promote policy change through dissemination of study findings and technical assistance to state, local, and tribal policymakers




Study Methods

- Convened a national panel of financing experts to develop a list of critical financing strategies and study questions
- Study team and panel members nominated a number of states and communities with effective or promising financing strategies for potential site visits
- Conducted site visits and telephone interviews with six states and seven regional or local areas
- Conducted data analysis and synthesis activities




Study Sites

States	Regional/Local Areas
<ul style="list-style-type: none"> • Arizona and Maricopa County • California and Contra Costa County • Hawaii • Michigan and Livingston County • New Jersey • Vermont 	<ul style="list-style-type: none"> • Bethel, Alaska • Central Nebraska • Choices (based in Indianapolis, Indiana) • Cuyahoga County, Ohio • Erie County, New York • Project BLOOM, Colorado • Wraparound Milwaukee



Study Products

- A Self-Assessment and Planning Guide: Developing a Comprehensive Financing Plan
- Issue Brief 1: Effective Strategies to Finance a Broad Array of Services and Supports
- Issue Brief 2: Effective Strategies to Finance Family and Youth Partnerships
- Effective Financing Strategies for Systems of Care: Examples from the Field: A Resource Compendium for Developing a Comprehensive Financing Plan
- Effective Financing Strategies for Systems of Care: Examples from the Field: A Resource Compendium for Developing a Comprehensive Financing Plan 2nd Edition



Symposium Overview

- Members of Financing Study team will present key findings: developing a strategic financing plan, core financing strategies, financing individualized services and supports, financing key system of care features
- Case study of how Choices, Inc., a non-profit community care organization, uses financing strategies as an infrastructure to support system of care principles and a wraparound approach across several states and communities



Use and Coordination of Multiple Funding Streams

Table 2.2
Core Financing Strategies: Realigning Financing Strategies

Sites	I. Utilize and Coordinate Multiple Funding Streams	
	A. Utilize Multiple Funding Streams	B. Utilize Special Funding Streams
States		
Arizona	X	
California	X	X
Florida	X	
Michigan	X	
New Jersey	X	
Tennessee	X	
Regional/Local Areas		
Central Nebraska	X	
Cheney	X	
Cuyahoga County, OH	X	X
Elm County, NY	X	
Proper BIRM, CO	X	X
Wraparound Milwaukee	X	X
	100%	20%



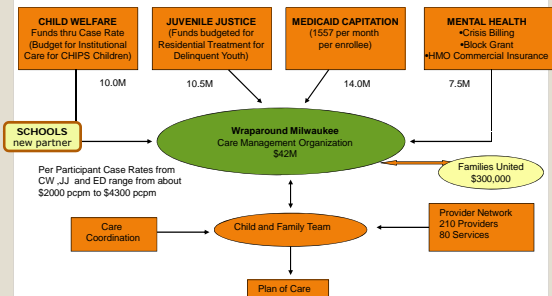
Pooling and Cost Sharing

Table 2.2
Core Financing Strategies: Realigning Financing Strategies

Sites	I. Utilize and Coordinate Multiple Funding Streams				
	1. Pool, Blend, or Realign Funding Across Systems	2. Share Costs for Specific Services and Supports	3. Coordinate Funding Across Systems at the System Level	4. Coordinate Procurement of Services and Supports Across Agencies	5. Increase Flexibility of State and/or Local Funds
States					
Arizona		X			X
California		X	X		X
Florida		X	X	X	X
Michigan	X	X			X
New Jersey	X	X		X	X
Tennessee	X	X	X	X	X
Regional/Local Areas					
Central Nebraska	X	X		X	X
Cheney	X				X
Cuyahoga County, OH	X	X	X	X	X
Elm County, NY	X	X		X	X
Proper BIRM, CO	X	X	X	X	X
Wraparound Milwaukee	X	X		X	X
	70%	67%	30%	30%	100%



Wraparound Milwaukee



Wraparound Milwaukee. (2009). *What are the pooled funds?* Milwaukee, WI: Milwaukee County Mental Health Division, Child and Adolescent Services Branch.

Cost Sharing

Example: Central Nebraska

- Integrated Care Coordination Unit** – Region 3 BHS and Central Area Office of Protection and Safety share costs of personnel, space, supplies, equipment
- Multisystemic Therapy** – Development financed by Federal system of care grant, Medicaid pays portion of costs as intensive outpatient, Region 3 BHS pays for remainder of costs
- School Wraparound** – Local school districts and Region 3 BHS share costs for space and personnel
Schools pay for educational facilitator; Region 3 BHS pays for family facilitator

Maximization of Medicaid

Table 2.3
Core Financing Strategies: Realigning Financing Streams

Sites	A. Maximize Medicaid Cost-Containment Funding						B. Maximize Medicaid Cost-Offset Funding
	1. Maximize Eligibility and Enrollment for Medicaid and CHIP	2. Lower a State's Annual Budget through Medicaid Savings and Strategies	3. Use Multiple Medicaid Options to Maximize State Funds	4. Maximize Medicaid as Line of First Payer	5. Maximize Medicaid as Line of Last Payer	6. Maximize Medicaid as Line of First Payer	
States							
Arizona	X	X	X	X	X	X	
California	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X
New Jersey	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X
Regional/Local Areas							
Central Nebraska	X	X	X	X	X	X	X
Cheney	X	X	X	X	X	X	X
Cuyahoga County, OH	X	X	X	X	X	X	X
Elm County, NY	X	X	X	X	X	X	X
Proper BIRM, CO	X	X	X	X	X	X	X
Wraparound Milwaukee	X	X	X	X	X	X	X
	100%	100%	100%	100%	100%	100%	100%



Maximization of Medicaid


- Cover broad service array (e.g., AZ, HI)
- High eligibility levels for Medicaid and SCHIP (HI, VT)
- Using general revenue from other child serving systems as Medicaid match

Example: Wraparound Milwaukee

- \$450,000 in general revenue from child welfare and
- \$450,000 in general revenue from education as match
- to expand Mobile Urgent Treatment Team - led to \$650,000
- expansion for schools and \$800,000 expansion for child welfare
- with Medicaid FFP

Example: Cuyahoga County, OH


- Cross-walked wraparound components to Medicaid billable services



Re-Direction of High Cost, Poor Outcome Spending

Table 2.4
Core Financing Strategies: Realigning Financing Streams


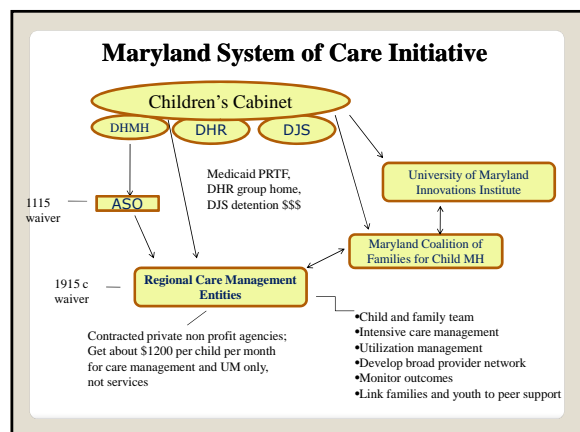
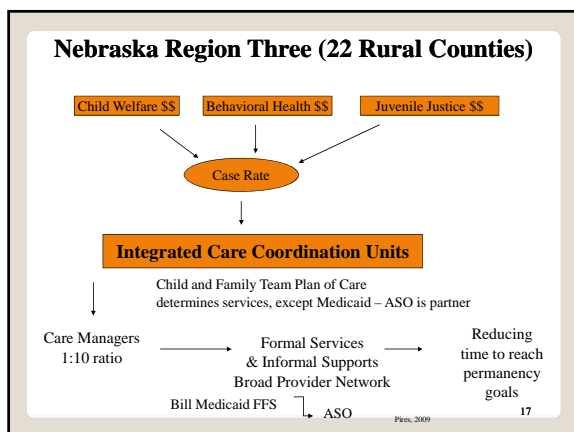
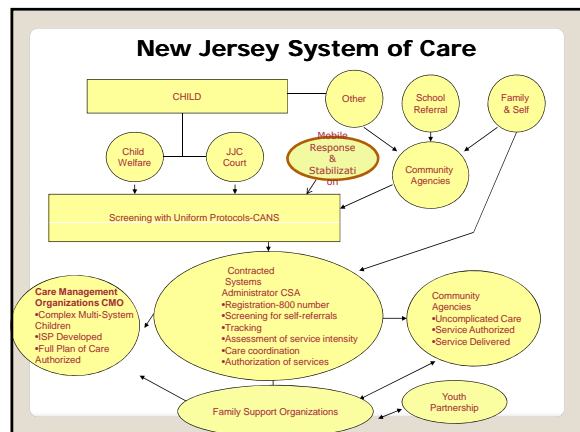
Sites	B. Redirect Spending from Deep End Placements to Home and Community Based Services and Supports		
	A. Redirect Dollars from Deep End Placements to Home and Community Based Services and Supports	B. Invest Funds to Build Capacity for Home and Community Based Services and Supports	C. Promote Diversification of BIP Placements to Provide Home and Community Based Services
States			
Arizona	X	X	X
California	X	X	X
Florida	X	X	X
Michigan	X		
New Jersey	X	X	X
Tennessee	X	X	X
Regional/Local Areas			
Central Nebraska	X	X	
Ohio	X		X
Cuyahoga County, OH	X		X
Ever County, NY	X		X
Project BIPOM, CO	X	X	X
Wraparound Milwaukee	X	X	X
	100%	43%	73%



Use of Care Management Entities, Case Rates and Risk-Adjusted Rates

Table 2.4
Core Financing Strategies: Realigning Financing Streams

Sites	B. Employment Financing Strategies for Youth with Intensive Service Needs, and their Families	
	A. Finance Care Management Entities as a Basis of Accountability for Services, Cost, and Care Management	B. Use Risk-Based Financing Strategies for Populations with High Needs
States		
Arizona		X
California		
Florida	X	X
Michigan	X	X
New Jersey	X	
Tennessee		
Regional/Local Areas		
Central Nebraska	X	X
Ohio	X	
Cuyahoga County, OH	X	X
Ever County, NY	X	X
Project BIPOM, CO	X	
Wraparound Milwaukee	X	X
	73%	43%

Maryland Specific Supports and Functions of a Care Management Entity


At the Youth & Family Level:

- Child Family Team (CFT) Facilitation using Wraparound Model
- Care Coordination with assessment tools
- Care Monitoring and Review
- Peer Support Partners

At the Systems Level:

- Information Management & Web-based Information System
- Provider Network Recruitment and Management
- Utilization Review
- Evaluation, Outcomes and Continuous Quality Improvement

Financing Model
- Case Rate




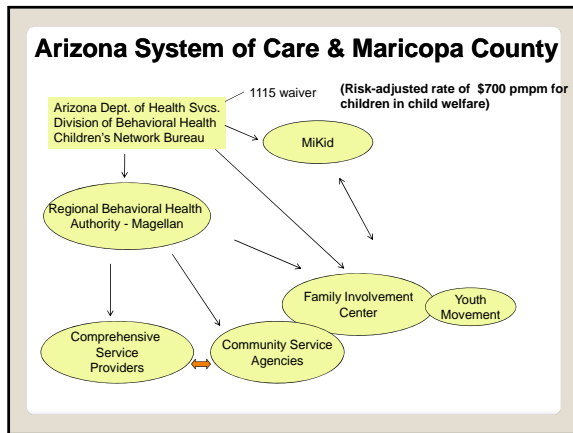
Use of Risk-Based Financing and Managed Care Technologies

Case Rates
Choices: case rate tiers ranging from: \$6,500 (highest complexity) to \$4,290 (very high risk of out-of-home placement) to \$2,780 (community based care, no placement costs) to \$1,565 (primarily care coordination) - Includes CW, JJ, Educ. dollars; not Medicaid

Cuyahoga County, OH: \$1,602 pmpm (for care coordination only) - Medicaid dollars only

Central Nebraska: \$2,137 pmpm (for care coordination, placement and support services) - does not include Medicaid

Wraparound Milwaukee - Average about \$4,000 pmpm for all costs

Re-Direct Spending from "Deep End" Placements

Arizona


- 2003-39% of funding supported 3.6% of children in out-of-home (IP & RTC)
- 2006-25% of funding supported 2.6% of children in out-of-home (mainly TFC)

New Jersey

- 2000-72% of spending was on IP and RTC
- 2005-39% of spending was on IP and RTC

Wraparound Milwaukee

- Inpatient utilization declined from 5,000 days a year to 200
- RTC utilization declined from an average daily population of 375 to 50 youth




Track Spending and Utilization Patterns for Children's Behavioral Health

Use of Customized, Web-Based IT Systems

- Erie County, NY** - *Care Manager*
- Cuyahoga County, OH and Wraparound Milwaukee** - *Synthesis*
- Choices (IN, OH, MD)** - *The Clinical Manager*
- Project Bloom (CO)** - *TSOC (Tracking System of Care)*

Statewide IT Systems


- Arizona
- California
- Hawaii
- New Jersey



Array of Services Examined

**Table 2.5
Array of Services and Supports Examined**

Nonresidential Services	Residential Services	Supportive Services
• Assessment and diagnostic evaluation	• Therapeutic foster care	• Care management
• Outpatient therapy - individual, family, group	• Therapeutic group homes	• Respite services
• Medication management	• Residential treatment center services	• Wraparound process
• Home-based services	• Inpatient hospital services	• Family support/education
• School-based services		• Transportation
• Day treatment/partial hospitalization		• Mental health consultation
• Crisis services		
• Mobile crisis response		
• Behavioral aide services		
• Behavior management skills training		
• Therapeutic nursery/preschool		



Financing a Broad Service Array

Table 2.6
Financing Services and Supports and an Individualized, Wraparound Approach

Sites	I. Finance a Broad Array of Services and Supports	A. Finance a Broad Array of Services through Medicaid and Other Funding Streams
States		
Arizona		X
California		X
Illinois		X
Michigan		X
New Jersey		X
Tennessee		X
Regional/Local Areas		
Central Indiana		X
Illinois		X
Cook/DeKalb County, OH		X
Essex County, NY		X
Projet (BIDM), ID		X
Wraparound Missouri		X
		100%

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- ### Broad Array of Services
- 100 % Finance broad service array – all of services assessed
- Medicaid + additional funding streams
 - MH general revenue, block grant
 - Multiple agencies (CW, JJ)
 - Special funding streams, e.g., tobacco \$, CA 1% tax on millionaires
 - Federal grants
 - Most sites cover additional services
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- ### Examples of Additional Services Covered
- Supported employment
 - Peer support
 - Traditional healing
 - Flexible funds
 - Respite/respice TFC
 - Supported independent living
 - Intensive outpatient
 - Treatment/service planning
 - Parent skills training
 - Ancillary support services
 - Family education
 - Consultation
 - Emergency/hospital diversion beds
 - After school and summer programs
 - Substance abuse prevention
 - Youth development
 - Mentor services
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- ### Example: Choices' Service Array
- | Behavioral Health | Psychiatric | Mentor | Placement |
|--|---|--|--|
| <ul style="list-style-type: none"> • Behavior management • Crisis intervention • Day treatment • Evaluation • Family assessment • Family preservation • Group therapy • Individual therapy • Parenting/family skills training • Substance abuse therapy (individual and group) | <ul style="list-style-type: none"> • Assessment • Medication follow up/psychiatric review • Nursing services | <ul style="list-style-type: none"> • Community case management/case aide • Clinical mentor • Educational mentor • Life coach/independent living skills mentor • Parent and family mentor • Recreational/social mentor • Support work environment • Tutor • Community supervision • Intensive supervision | <ul style="list-style-type: none"> • Acute psychiatric hospitalization • Foster care – nontherapeutic • Therapeutic foster care • Group home care • Relative placement • Residential treatment • Shelter care • Crisis residential • Supported independent living |
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- ### Choices' Service Array, Cont.
- | Respite | Service Coordination | Discretionary Activities | Other |
|--|--|--|---|
| <ul style="list-style-type: none"> • Crisis respite (daily or hourly) • Planned respite (daily or hourly) • Residential respite | <ul style="list-style-type: none"> • Case management • Service coordination • Intensive case management | <ul style="list-style-type: none"> • Auto repair • Childcare/supervision • Clothing • Education • Furnishings/appliances • Housing (rent, security) • Medical • Monitoring equipment • Paid roommate • Supplies/groceries • Utilities • Incentives | <ul style="list-style-type: none"> • Camp • Team meeting • Consultation • Guardian ad litem • Transportation • Interpretation |
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- ### Financing Evidence-Based and Promising Practices
- 100% Incorporate financing or incentives for EBPs (payment, development, training, fidelity monitoring)
- Billing codes for specific EBPs (or adapt existing codes)
 - Grants, block grant, state general revenue funds for initial start-up and implementation of EBPs (selection of EBPs, training, etc.)
 - State general funds to support ongoing training, coaching, fidelity monitoring, evaluation, etc.
 - State-funded supports including practice development specialists, training and technical assistance centers focused on EPB implementation
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Examples of Evidence-Based Practices


- Multisystemic Therapy
- Functional Family Therapy
- Multidimensional Treatment Foster Care
- Cognitive Behavioral Therapy
- Brief Strategic Family Therapy
- Dialectical Behavior Therapy
- Aggression Replacement Therapy
- Integrated Co-Occurring Treatment
- Parent-Child Interaction Therapy
- The Incredible Years
- Touch Points



Financing an Individualized/ Wraparound Approach

Table 2.6
Financing Services and Supports and an Individualized, Wraparound Approach


States	B. Finance an Individualized, Flexible, Wraparound Approach to Service Delivery		
	A. Incorporate Flexible Funds for Individualized Services and Supports	B. Finance the Functions of Child and Family Teams	C. Incorporate Care Arrangements/ Mechanisms that Support Individualized Care
Arizona	X	X	X
California	X	X	X
Hawaii	X	X	X
Michigan		X	
New Jersey	X	X	X
Vermont	X	X	X
Regional/Local Areas			
Central Nebraska	X	X	X
Cheney	X	X	X
Cooking County, OH	X	X	X
Elm County, WI	X	X	X
Project BLOOM, CO	X	X	X
Wraparound Milwaukee	X	X	X
	92%	100%	83%



Financing Individualized/Wraparound Approach – Flexible Funds

92% Incorporate flexible funds for services and supports not covered by Medicaid or other sources


- Designated funds available to child and family teams
- General revenue, grant dollars (Arizona, Hawaii, Vermont), case rates, blended funds, managed care approach for flexible funding (Central Nebraska, Wraparound Milwaukee, Choices)
- Choices 11 Categories of Flex Funds:
 - Transportation/Auto Repair
 - Childcare/Supervision
 - Housing (Rent, Security)
 - Home Repairs
 - Utilities
 - Food/Supplies
 - Clothing
 - Education
 - Summer Camps (& siblings)
 - Paid Roommate
 - Incentives/Other
- BLOOM – Detailed guidance document with parameters, examples, and decision making guide



Child and Family Teams

100% Finance functions of child and family teams


- Bill as case management under Medicaid
- Add Medicaid code for providers to use for participation in teams (i.e., treatment planning)
- Use case rate and other flexible resources to finance provider participation
- Employ wrap facilitators
- Contract with family organizations for parent partners
- Finance provider participation through additional authorized hours
- Teams used as method to authorize services and determine "medical necessity"



Financing Early Childhood Mental Health Services

Table 2.7
Financing Services and Supports and an Individualized, Wraparound Approach

States	B. Finance Early Childhood Mental Health Services				
	A. Finance a Broad Array of Services and Supports for Young Children and their Families	B. Use Multiple Funding Sources for Early Childhood MH Services	C. Maximize Part C and CHRF/Find Funding	D. Finance Early Childhood Mental Health Contributions for Natural Settings	E. Finance Services to Families of Young Children
Arizona	X	X	X	X	X
California	X	X			X
Hawaii					
Michigan	X		X		
New Jersey					
Vermont	X	X	X	X	X
Regional/Local Areas					
Central Nebraska					
Cheney					
Cooking County, OH			X		
Elm County, WI					
Project BLOOM, CO	X	X	X	X	X
Wraparound Milwaukee					
	42%	33%	42%	33%	33%




Early Childhood Mental Health Services

42% Finance a broad service array for young children and their families (AZ, CA, MI, VT, and Project BLOOM in 4 CO communities)


33% Use multiple funding streams for early childhood mental health services

- Medicaid and EPSDT
- General Revenue
- Part C of IDEA
- Head Start
- Early Childhood Education
- Child Care
- Development Block Grant
- Mental Health Block Grant
- Maternal and Child Health – Title V
- MR/DD
- Grants
- TANF
- Private Insurance Grant



Broad Array of Early Childhood MH Services and Supports


- Broader, expanded array than services for children with diagnosed disorders
- Focus on the entire spectrum of interventions:
 - Universal interventions for total population of young children for mental health promotion
 - Indicated interventions for at-risk populations
 - Targeted interventions for children with diagnosed emotional disorders
- Project BLOOM finances services including:
 - Mental health promotion
 - Prevention for at-risk groups of children
 - Intervention/treatment services for children with identified mental health problems



Types of Service Financed – Project BLOOM


- Assessment
- Outpatient Therapy (Individual, Family, Group)
- Medical Management
- Case Management
- Crisis Services (Family)
- Crisis Residential Services
- Inpatient Services
- Behavioral Aide Services
- Behavioral Management Skills Training
- Home-Based Services/ Home Visitation
- School-Based Services (Child Care, Preschool)
- Respite Services
- Wraparound Process
- Family Support/Education
- Mental Health Consultation
- Evidence-Based Interventions
 - Parent-Child Interaction Therapy (PCIT), Incredible Years, Touch Points, Circle of Security, Trauma-Focused CBT

Other sites:
Therapeutic Nursery (CA)
Infant MH (MI)



Funding Matrix – Project BLOOM


State Funds	Federal Funds	Federal Discretionary Grants:
Developmental Disabilities Early Intervention Exceptional Children's Education Act Colorado Preschool Program Core Services (Child Welfare) Other Sources Lottery Funds Tax Check Off Tobacco Funds Gaming-Casino Tax Divorce Fees Fees on Speeding Tickets Local Taxes Tax Credit Mental Health Districts Children's Health Plan	Entitlements: Medicaid Title IV-E Social Security Income IDEA Part C and Part B sec. 611 and 619 ECEA Block Grants: Child Care Development Community Mental Health Substance Abuse Prevention and Treatment Social Services Maternal and Child Health Community Services	Community Based Grants for the Prevention of Child Abuse and Neglect Family Violence Prevention and Services Head Start Juvenile Justice Formula Grants Indian Health Care Improvement Act Promoting Safe and Stable Families TANF Title 1 Title-IV-B Title V Incentive Grants for Local Delinquency Prevention WIC Workforce Investment Act



Early Childhood – Maximize Part C

42% Maximize Part C and Child Find financing BLOOM:

- Developed *document on Part C responsibilities* for eligibility, assessment, IFSP development for young children with social-emotional concerns
- Identified *screening tools* for social-emotional problems in Child Find
- Some *DC 0-3R diagnoses* included as established conditions within Part C
- Early childhood specialists in CMHCs work with Child Find to *improve behavioral health focus in screening*
- Social work services, enhanced service coordination (wraparound), and social-emotional *interventions are allowable for Part C financing*
- Developed joint format integrating wraparound elements into IFSP to create *single combined plan*



Early Childhood – Maximize Part C

Colorado Funding Hierarchy:


- Private Insurance
- Public Insurance (Medicaid and SCHIP)
- Health Care Program for Children with Special Needs (Title V)
- Child Welfare, TANF, and Child Care
- Dept. of Education
- Division of Developmental Disabilities
- Federal Part C



Early Childhood Mental Health Consultation

33% Finance early childhood MH consultation to natural settings


- MH consultation to child care, preschool, parent-child centers, Head Start, pediatricians, other natural settings
- Financed with Medicaid (AZ), Medicaid administrative billing (CA), state and local general revenue
- Multiple funding sources (15) in Colorado – Medicaid, state general revenue, MH block grant, Head Start, school-based health care, education, TANF, child care, foundation grants, private insurance
- BLOOM developed a resource and sustainability tool kit for providers "Mental Health Consultation in Early Care and Education" with funding fact sheets



Early Childhood – Services for Families

33% Finance services to families of young children, without requirement that the child is present


- Reimbursable if services relate to child's behavioral health need and are in individualized service plan
- Medicaid financing (AZ, CA, CO)



Financing Early Identification and Intervention

Table 2.8
Financing Services and Supports and an Individualized, Wraparound Approach


States	I. Finance Early Identification and Intervention			
	A. Finance BH Screening of High-Risk Populations and Diagnostic Services	B. Reimburse BH Components in DSM-5 Feasible Services	C. Finance Early Intervention Services for High-Risk Populations	D. Finance Outcomes with and Training of PCPs
Arizona	X		X	
California	X	X	X	X
Illinois	X		X	
Michigan	X			
New Jersey	X			
Wisconsin	X	X	X	X
Regional/Local Areas				
Central Nebraska	X		X	
Illinois				X
Cook County, OH			X	
San County, NY				
Project BLOOM, CO	X	X	X	X
Wraparound Milwaukee			X	X
	40%	20%	40%	42%



Early Identification – Screening High-Risk Populations

67% Screen youth entering CW and JJ systems and make appropriate referrals for further evaluation or services as indicated


- Urgent response system with referral to managed care system within 24 hours for all children removed from home by CPS and referral of children under 3 by CPS for developmental assessment within 24 hours, referral to Part C (AZ)
- JJ system uses MAYSI-2 screening within 48 hours for all youth entering detention (AZ)
- Common screening tools across agencies (NJ)
- Specific tools for screening young children in early care, education, and primary care (BLOOM)
- School-based early intervention services funded by education (CA and HI)



Early Identification – EPSDT Screens

25% Incorporate behavioral health component into Medicaid financed EPSDT screens


- EPSDT toolkit (BLOOM)



Early Identification – Linkage with Primary Care

42% Finance linkages with and training of primary care practitioners


- Providing preventive care, early screening, early intervention, and service coordination for children at risk for MH and SA disorders and their families through pediatric practices
- Medicaid financed pediatric collaborative pilot which co-locates MH professionals in pediatric or family practices to screen, coordinate MH or SA treatment, provide short-term intervention, and consultation (VT)
- Clinicians in PC settings, Part C and grants to train PCPs, purchases BH screening tools for PCPs



Financing Services for Uninsured/Underinsured

Table 2.9
Financing Services and Supports and an Individualized, Wraparound Approach

States	II. Finance Services for Uninsured/Underinsured Children and their Families		
	A. Finance Services to Reimburse/Rebate Inpatient Children and Families	B. Supportive Strategies to Access Services Without Current Health Insurance	C. Encourage Private Insurance to Cover Broadest Range of Services
Arizona	X		
California	X		
Illinois	X		X
Michigan	X		
New Jersey	X		
Wisconsin	X	X	X
Regional/Local Areas			
Central Nebraska	X	X	
Illinois	X		
Cook County, OH	X	X	
San County, NY	X		
Project BLOOM, CO	X	X	X
Wraparound Milwaukee	X		
	90%	22%	20%



Services to Uninsured/Underinsured

100% Implemented strategies for financing services to uninsured/underinsured

- “System of Care Child” classification in NJ for non-Medicaid eligible children

33% Incorporate strategies for access services without custody relinquishment

- Legislation prohibiting custody relinquishment in VT
- Wraparound approach to avoid state custody in Central NE, voluntary placement agreement when necessary



Financing Culturally and Linguistically Competent Services and Supports

Table 2.11
Financing Improvements in Cultural and Linguistic Competence and Reduction of Disparities in Care

Sites	A. Finance Culturally and Linguistically Competent Services and Supports			
	1. Finance Special Clinical Needs Services	2. Finance Culturally Appropriate Practices	3. Finance Translation and Interpretation	4. Finance Initiatives and Programs to Increase Access by Underserved Populations
States				
Arizona	X	X	X	X
California	X	X	X	X
Florida	X	X	X	X
Michigan	X	X	X	X
New Jersey			X	
Tennessee			X	
Regional/Local Areas				
Central Nebraska		X	X	
Chesin	X	X	X	
Cook/DeKalb County, IL	X	X	X	X
East County, NY	X	X	X	X
Projet BUREAU, CO	X	X	X	X
Waggoner/Walsham	X	X	X	X
	100%	80%	80%	42%



Financing Strategies to Reduce Disparities

Table 2.11
Financing Improvements in Cultural and Linguistic Competence and Reduction of Disparities in Care

Sites	A. Finance Strategies to Reduce Disparities in Access to and Quality of Services and Supports			
	1. Finance Strategies for Reducing Total and Direct Disparities	2. Finance Strategies to Reduce Geographic Disparities	3. Finance the Use of Technology to Reduce Disparities	4. Finance Research to Culturally Responsive Populations
States				
Arizona	X	X	X	X
California	X	X	X	X
Florida		X	X	X
Michigan			X	
New Jersey				
Tennessee		X	X	
Regional/Local Areas				
Central Nebraska			X	
Chesin				X
Cook/DeKalb County, IL				X
East County, NY				X
Projet BUREAU, CO	X		X	X
Waggoner/Walsham	X			
	33%	33%	50%	50%



Financing a Broad, Diversified, Qualified Workforce and Provider Network

Table 2.12
Financing Improvements in the Workforce and Provider Network

Sites	A. Finance a Broad, Diversified, Qualified Workforce and Provider Network	
	1. Finance a Broad Array of Providers	2. Finance Workforce Development Activities
States		
Arizona	X	X
California	X	X
Florida	X	X
Michigan		
New Jersey	X	X
Tennessee		
Regional/Local Areas		
Central Nebraska		
Chesin	X	X
Cook/DeKalb County, IL	X	X
East County, NY	X	X
Projet BUREAU, CO	X	X
Waggoner/Walsham	X	X
	75%	75%



Strategies to Support a Broad Provider Network

- Arizona: created a new type of provider—a “community services agency” to offer broader array of services
- Workforce development activities: Centers that provide statewide training (California Institute of Mental Health, New Jersey Behavioral Research and Training Institute)
- Incentives to provide home and community-based services: higher rates for these services, purchasing primarily home and community-based services
- Policies to help recruit and retain qualified staff: payment of college loans



Provision of Payment Rates that Incentivize Qualified Providers

Table 2.12
Financing Improvements in the Workforce and Provider Network

Sites	B. Provide Payment Rates that Incentivize Qualified Providers for Home and Community Based Services		
	1. Payment Rates and Policies that Incentivize Home and Community Based Services	2. Payment Rates and Policies that Incentivize Recruitment and Retention of Qualified Staff	3. Utilize Performance Based or Outcome Based Contracting
States			
Arizona	X	X	X
California	X		
Florida	X		
Michigan	X		
New Jersey	X		
Tennessee	X		
Regional/Local Areas			
Central Nebraska			
Chesin	X	X	X
Cook/DeKalb County, IL	X		
East County, NY	X		X
Projet BUREAU, CO	X		X
Waggoner/Walsham	X	X	
	80%	20%	20%



Financing for Accountability

Table 2.13
Financing for Accountability

States	A. Finance Mechanisms to Track and Manage Utilization, Quality, Cost, and Outcomes				
	1. Finance Mechanisms to Track Utilization, Cost, Quality and Outcomes	2. Collect and Use Data on Cost, Quality, Cost Avoidance, and Cost Savings	3. Use Cost Management to Plan Risk or Accountability	4. Incorporate Financial Incentives and/or Penalties Associated with Utilization, Quality, Cost, or Outcomes	5. Finance the Measurement of Outcomes, Medical Records
Illinois	X		X	X	X
California	X		X		X ^a planned
Massach	X	X	X	X	
Michigan	X				X
New Jersey	X		X		
Tennessee	X				X
Regional Coalitions					
Central Indiana	X	X	X		
Oregon	X	X	X	X	X
Delaware County OH	X				X
Elk County NY	X	X		X	X
Proquest/BDJRM, CO	X	X			X
Michigan/MI/Colorado	X	X	X	X	X
	100%	50%	50%	50%	67%

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