Introduction

This 5 year study aims to:

- Identify a set of critical financing structures and strategies to support effective systems of care.
- Investigate and describe how these factors operate separately, collectively, and in the context of their community to create effective financing policies for systems of care.

Study Assumptions

This study hypothesizes that effective cross-system financing structures:

- Identify types and amounts of behavioral health expenditures across systems;
- Maximize Medicaid and Title IV-E (child welfare) entitlement dollars (Johnson et al., 2002; Koyanagi et al., 2003);
- Take into account and rationalize behavioral health expenditures across the major child-serving systems by blending, braiding or coordinating spending across payers (Pires, 2002c);
- Utilize diverse funding streams to support a broad, flexible array of services and supports that allow for the provision of individualized care (Pires, 2002a; Stroul, Pires, & Armstrong, 2004);
- Maximize the flexibility of state and/or local funding streams and budget structures.

Critical Financing Areas

- Identification of current spending and utilization patterns across agencies
- Realignment of funding streams and structures
- Financing of appropriate services and supports
- Financing to support family and youth partnerships
- Financing to improve cultural/linguistic competence and reduce disparities in care
- Financing to improve the workforce and provide networks for behavioral health services for children and families
- Financing for accountability

Methods

Participatory Action Research

The team utilizes a panel of national financing experts to provide ongoing feedback and input to the study. The review and provide feedback on different components of the study.

The Multiple Case Study Design

The financing implementation processes at the selected sites constitute the embedded units of analysis. Each selected site is the subject of an individual case study, and a set of critical financing components serve as the embedded units of study within each site.
Site Visits

- Last year the team begun site visits. The panel of experts nominated potential sites for the study.
- Five sites were visited and telephone interviews were conducted with three others.
- All selected sites have demonstrated commitment to system of care values and principles.
- The site visits involved document reviews and key informant interviews.

Site Selection

- Sites visited or interviewed were:
  - Maricopa County, Arizona
  - Vermont
  - Bethel, Alaska
  - Hawaii
  - Central Nebraska
  - DAWN Project
  - New Jersey
  - Wraparound, Milwaukee

Anticipated Study Findings

- A theory of change and set of critical financing structures and strategies was developed during the first year of the study. These will be revised and finalized as a result of the site visit findings.
- The expected outcome is heightened attention to and knowledge about critical financing strategies on the part of key stakeholders involved in building systems of care.

Products

- A Self-Assessment and Planning Guide: Developing a Comprehensive Financing Plan for use by state and community policymakers and planners
- Final stages of completing a conglomerated report from the site visits titled: Effective Financing Strategies for Systems of Care
- In the near future there will be Financing TA briefs with “how-to” information and examples from the site visits
- All study materials will be disseminated through mailings and the Center’s website throughout the 5-year period of the study

Financing To Support Family and Youth Voice

Sheila A. Pires and Ginny M. Woo
Financing to Support Family and Youth Voice

- Family and youth partnership in service planning
- Family and youth peer advocates
- Choice of services and/or providers
- Training of providers in how to partner with families and youth
- Payments and supports for family and youth participation at the policy level
- Training and leadership development for families and youth
- Services and support for families/caregivers
- Family organizations as service providers
- Support for development and growth of family and youth organizations

Vermont

- State legislation (Act 264) mandates financing for family participation at all levels.
- Financed by State general revenue (mental health), federal discretionary grants and foundation grants

Vermont Federation of Families

- $90,000/year (w/inflation adjustments)

  - Support participation on state and local interagency teams
  - Leadership development and training
  - Family advocacy

  - Financed by state general revenue and federal discretionary SAMHSA grants

  - Also, Peer Navigators – supported by federal ACF grant

New Jersey System of Care Initiative

- Family Support Organizations
- Youth Partnership

- Contracts
- Systems Administrator CSA
- Registration
- Screening for self-referrals
- Tracking
- Assessment of Level of Care Needed
- Care Coordination
- Authorization of Services

New Jersey Family/Youth Voice

- Uncomplicated Care
- Service Authorized
- Service Delivered

CMO

- Complex Multi-System Children
- ISP Developed
- Full Plan of Care Authorized

Family Support Organizations

Central Nebraska

(22 Counties in Region 3)

- Integrated Care Coordination Initiative

- Families CARE
- YES

Region 3 BHS
- Central Service Area NE DHHS

- YES

- NO
**Families CARE Functions**

- Parent Partners
- Child Care
- Food
- Transportation
- Family Education and Support
- Youth Peer Support

$472,000 Financed initially by federal discretionary grant; now financed through blended case rate comprised of MH and child welfare dollars. 9% of case rate goes to Families CARE (e.g., “reinvestment dollars”)

**Hawaii System of Care**

- CAMHD
- Hawaii Families As Allies
- DOE School-Based BH Services
- Youth Council
- Family Guidance Centers
- Community Children’s Councils
- Other Contracted Providers

**Hawaii Families as Allies Contract - $600,000**

- Policy and system management involvement
- Develop a “program on a broad range of topics…to enhance attitudes, skills and knowledge of youth and families”
- Training on broad range of topics
- Information dissemination (e.g., website)
- Newsletter
- Workshops and at least one annual conference
- Organize and support a Youth Council
- Operate a statewide phone line for information and support to families
- Employ Consumer/Family Relations Specialists to be available via phone line to assist families

**Arizona System of Care & Maricopa County**

- ADHS/BHS
- MKid
- MHA in Maricopa
- Value Options
- Family Involvement Center
- Youth Movement
- Comprehensive Service Providers
- Community or Direct Service Agencies

**Family Involvement Center Contracts**

- Contract with ADHS/BHS (State MH)
- Value Options “administrative functions” contract
- Value Options contract as provider in network
- Contract with State child welfare agency

Financed initially by State legislative appropriation; now financed by State general revenue (MH), tobacco settlement, federal MH block grant, federal discretionary grant, Medicaid billable services, and child welfare (GPR and IV-E waiver)
Family Involvement Center Functions

State MH Contract
- Policy and system management involvement
- Payment of stipends to support family partnership at policy/system level, also transportation, child care
- Training of providers, families, etc.
- Development of a Latino family organization (in partnership with MiKid)
- Build family and youth movement

State MH also paid first year dues for FIC and MiKid to belong to AZ Council of Providers.

Value Options Contract - $1m.
- Staff and participate on Children’s Advisory Council
- Family recruitment and training
- Organizing open education opportunities
- Information and referral
- Co-facilitation of administrative meetings
- Recruitment and training of family mentors (peer mentors)
- Training and technical assistance for providers on family and youth partnership

Value Options also has full-time family members staff.

Service Provider Contract with Value Options
- Peer mentors
- Respite
- Behavioral coaching
- Skills training
- Health promotion
- Family support and education
- Personal aide services

State child welfare contract
- Support for families at risk of child welfare involvement (“Family-to-Family” approach)

Wraparound Milwaukee

CHILD WELFARE Funds (in Case Rate)
- Care for CHIPS Children
- Care for Delinquent Youth

MENTAL HEALTH
- Crisis Billing
- Block Grant
- HMO Commercial Insurance
- Medicaid

How Dawn Project is Funded

DAWN Project – Marion County, IN

Management Entity:
Non profit behavioral health organization
(Choices, Inc.)
Rainbows Functions

- Employ Family Advocates (Choices reimburses on a FFS basis)
- Operate a hotline
- Run monthly family support groups
- Produce a newsletter
- Conduct training
- Engage in system level advocacy

Choices, Inc. provides office space at minimal rent, technology support, and benefits to Rainbow employees.

Cross-Cutting Observations

- SOC embrace principle that family and youth voice is a core element of the system
- SOC treat costs associated with building, growing and integrating family and youth voice as a fundamental ‘cost of doing business’
- SOC draw on financing to support family and youth voice from multiple sources

Financing Strategies for a Broad Array of Services and Supports

- Covering extensive array of services and supports
- Financing from multiple systems
- Maximizing Medicaid coverage
- Utilizing diverse funding streams
- Redirecting resources from deep-end services to home and community-based
- Blending funds
- Investing in service capacity development
- Financing individualized, flexible services
- Financing evidence-based and promising practices
- Financing early childhood mental health services

Cover an Extensive Array of Services and Supports

- Study assessed coverage of an extensive list of services and supports
- States (AZ, NJ, HI, VT) and Communities (Central NE, Choices, Wraparound Milwaukee) cover virtually all of the services with few exceptions (e.g., therapeutic nursery)
Additional Covered Services

Arizona
- Supported employment
- Peer support
- Traditional healing
- Flexible funds

Hawaii
- Respite homes
- Respite therapeutic foster care
- Independent living services
- Intensive outpatient co-occurring MH/SA disorders
- Treatment/service planning
- Parent skills training
- Ancillary support services

Central Nebraska
- After school and summer programs
- Substance abuse prevention
- Youth development
- Supported independent living
- Discretionary (flex funds)

Choices
- Mentors – community aide, clinical, education coach, parent and family
- Recreational/social, support work, tutor
- Supported independent living
- Team meeting
- Camp
- Discretionary (flex funds)

Include Multiple System Resources

Source | AZ | HI | VT | Central NE | Choices | WI | MI
--- | --- | --- | --- | --- | --- | --- | ---
MH | X | X | X | X | X | X | X
Medicaid | X | X | X | X | X | X | X
CW | X | X | X | X | X | X | X
JJ | X | X | X | X | X | X | X
ED | X | X | X | X | X | X | X
SA | X | X | X | X | X | X | X
DD | X | X | X | X | X | X | X
Health | X | X | X | X | X | X | X

Maximize Medicaid – Expand Coverage

Arizona
- Medicaid carve out, all services covered

Hawaii
- Modified Medicaid plan to cover broad array

New Jersey
- Expanded Medicaid coverage to include more services and create new capacity

Vermont
- Expanded Medicaid coverage, first and principle funding stream
Hawaii’s Medicaid Rehab Benefit

Covered Services
- Crisis management
- Crisis residential services
- Biopsychosocial rehabilitative programs
- Intensive family intervention
- Therapeutic living supports
- Therapeutic foster care supports
- Intensive outpatient hospital services (partial hospitalization)
- Assistive community treatment

Approval Pending
- Peer supports
- Parent skills training
- Intensive outpatient independent living (co-occurring)
- Community hospital crisis stabilization
- MST
- Multidimensional treatment foster care (MTFC)
- Functional family therapy (FFT)
- Community-based clinic detox

Maximize Medicaid – Use Multiple Medicaid Options

Maximize Medicaid – Use Multiple Medicaid Options

Choices
- Care coordinators employed by CMHCs in IN, Medicaid billed under Rehab Option
- Choices is Medicaid provider in OH and bills for case management
- 60% youth Medicaid eligible, Medicaid billed for covered services, case rate funds others

Wraparound Milwaukee
- Medicaid capitation of $1589 per member, per month

Use Diverse Funding Streams Addition to Medicaid

Services/supports not covered by Medicaid:
- Behavioral health general revenue
- Mental health/substance abuse block grant
- Specific services (e.g., TFC, group home, school-based services, etc.) or case rate contribution:
  - Child welfare (Title IV-E)
  - Juvenile justice
  - Education

Redirect Resources to Home and Community-Based Service

Arizona
- Purpose of 1115 waiver to build community-based capacity
- Reduced % of budget for RTC and IP from 39% to 29%
- 90% placements now TFC

Hawaii
- Training approach and procurement to build capacity
- Initiative reduced out-of-state placements from 89 in 1999 to 6
- Increased use of TFC

Vermont
- Implemented gatekeeping process for RTC and IP care
- Developed community-based capacity in each region
- Home and community-based waiver for children with SED
- Passed SOC legislation

Redirect Resources to Home and Community-Based Service

Central Nebraska
- Developed SOC for children in state custody
- Reduced out-of-home placements from 26% in group or RTC care at enrollment to 4.4% at discharge
- Cost savings redirected to expand capacity

Choices
- System designed to serve youth in or at risk for residential placement
- Case rate used to redirect to H & CB services

Wraparound Milwaukee
- Wraparound approach and mobile crisis team are key in reducing deep end services and redirecting
- Reduced IP ALOS from 70 to 17 days; RTC average daily population from 375 to 50; juvenile justice placements
- Redirected resources to H & CB services with improved outcomes
Blend Funds

Central Nebraska
- MH, CW, JJ funds blended in case rate
- Case rate used for non-Medicaid services for high-need youth
- Covers broad range of flexible services

Choices
- Case rate paid by referring agency (CW, JJ, ED) in Indiana and blended with MH resources
- Negotiated amount paid by participating agencies in OH, shareholder group makes referral decisions
- Medicaid for covered services, case rate for non-Medicaid services

Wraparound Milwaukee
- CW and JJ pay case rate, Medicaid pays capitation
- Funds blended with MHSA block grant funds
- Blended funds cover broad, flexible service array

Finance Individualized, Flexibl Services – Flex Funds

Arizona
- $850,000 in discrete flexible funding to RHBAs
- General revenue and grant dollars

Hawaii
- Available for “ancillary” services and supports not covered
- General revenue

Vermont
- Cover services not billable under Medicaid
- General revenue and grant dollars

Finance Individualized, Flexibl Services – Child & Family Team

Central Nebraska
- Case rates allow for flexible funds

Choices
- Case rates allow for flexible funds
- 11 categories of flex funds covered

Wraparound Milwaukee
- Managed care approach and blended funding allow flexible funds

Arizona
- Bill as case management
- Elements billed as assessment, transportation, family support, interpretation

Hawaii
- Mental health care coordinators state employees
- Contract providers bill under code for “treatment plan
- Parent Partners paid by contract with family org (HFA)

Vermont
- Bill Medicaid as case management
- SOC legislation requires “coordinated service plan”

Finance Individualized, Flexibl Services – Care Authorization

Central Nebraska
- Case rate resources fund wraparound process

Choices
- Bill Medicaid as case management
- Providers add extra hours to care authorizations to finance participation

Wraparound Milwaukee
- Care coordinators employed by Wraparound Milwaukee
- Blended resource pool pays therapists and other staff to participate

Arizona, HI, NJ, VT, Central NE, Choices, Wraparound Milwaukee
- Child and family team determines medical necessity, creates individualized service plan, determines medical necessity
- Care plan drives service delivery process
- Any service/support included in plan is authorized
- AZ, HI, NJ, VT, Central NE, Choices, Wraparound Milwaukee
Arizona
- Value Options (Maricopa) invested in TFC and support services with $12m capitation increase

Hawaii
- State MH general revenue used to invest in MST, MTFC, groups homes as alternatives to residential treatment

Wraparound Milwaukee
- Savings generated reinvested to serve more youth and build more service capacity

Finance Evidence-Based and Promising Practices

Arizona
- Wraparound, MST, FFT, MTFC, Behavior therapy
- Grant, block grant, JJ funds used to develop
- State BH funds trainers

Hawaii
- Practice components
- Medicaid coverage pending for MST, FFT, MTFC, Parent skills training
- State practice development specialists
- State MH funds start-up, training, supervision, fidelity monitoring

Central Nebraska
- Wraparound, MST
- SDC grant used to develop
- Case rate (BH, CW, JJ, ED) used to maintain
- Families CARE collects Wraparound Fidelity Index data

Choices
- MST, FFT
- Medicaid billable

Finance Early Childhood Mental Health Services

Vermont
- Broad array of ECMH services covered
  - Interventions – crisis outreach, case management, home-based services, respite
  - Cross agency training
  - Consultation
  - Parent peer support
  - Info and referral
- Financed by IDEA (Parts B & C), Medicaid, SCHIP, block grant, MCH Title V, HRSA, Head Start, Child Care Development Fund, TANF

Arizona
- Broad array of ECMH services covered
- Includes ECMH consultation to child care, Head Start, etc
- Cross walk of 0-3 services with Medicaid covered services to provide guidance to providers on how to bill Medicaid for 0-3 services

10