Introduction

This symposium reviews and discusses findings from the study, *Effective Financing Strategies for Systems of Care*. This study is one of several five-year studies of the Research and Training Center for Children’s Mental Health, USF. The studies are identifying critical implementation factors which support communities and states in their efforts to develop effective systems of care for children with serious mental health problems and their families.

Goals of the Financing Study

- Develop a better understanding of the critical financing strategies needed to support systems of care
- Examine how these financing strategies operate separately and collectively
- Promote policy change through dissemination of study findings and technical assistance to state and local policymakers and their partners

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 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**
- Arizona and Maricopa County
- California and Contra Costa County
- Hawaii
- Michigan and Livingston County
- New Jersey
- Vermont

**Regional/Local Areas**
- 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
Symposium Overview

Symposium describes and provides examples of effective financing strategies that support systems of care in the following areas:
1. Services for young children and their families
2. Redirection of resources from deep-end to home and community based services through implementation of care management entities for high-risk children and their families
3. Financing of evidence-based and promising practices
Discussant will provide a national policy perspective on the implications of the study findings

Financing Early Childhood Mental Health Services

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Financing Strategies

- Finance a broad array of services and supports for young children and their families
- Use multiple funding sources for early childhood mental health services
- Maximize Part C and Child Find financing
- Finance early childhood mental health consultation to natural settings
- Finance services to families of young children
- Strategic planning

Finance a Broad Array of 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

Pyramid of Needs and Supports

- Prevention
- Intervention/Treatment
- Promotion
- Mental health promotion
- Prevention for at-risk groups of children
- Intervention/treatment services for children with identified mental health problems

Sites Financing Services for Young Children and their Families

STATES
- Arizona
- California
- Michigan
- Vermont

REGIONAL/LOCAL AREAS
- Project BLOOM, Colorado (Early childhood systems of care in four communities)
### 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 Services
  - Therapeutic Nursery (California)
  - Infant Mental Health Services (Michigan)

### Multiple Funding Sources

- 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

### Example of Financing - California

- First Five Commission – Proposition 10 levy of $1 per pack of cigarettes for health, mental health, and school readiness for 0-5 population
- DMH used Prop 10 funds for Infant Preschool Mental Health Initiative
- Created crosswalk of DC 0-3R and DSM IV diagnoses to facilitate Medicaid billing for early childhood mental health services (Also done with ICD-9-CM in CO, FL, ME, MN, and NV)

### Funding Matrix – Project BLOOM

#### State Funds

- Developmental Disabilities
- Early Intervention
- Exceptional Children's Education Act
- Colorado Preschool Program
- Care Services (Child Welfare)
- Medicaid (Crosswalk of DC 0-3R and ICD-9-CM)
- Primary Care – MCH Block Grant, Health Care Program for Children with Special Needs
- DD – State and Local General Fund
- TANF
- Part C
- Local Mill Levy and Mental Health Special Districts (Toolkit)
- Child Care – Child Care Development Block Grant
- Foundations

#### Federal Funds

- Entitlements: Medicaid, Title IV-E, Social Security Income
- IDEA Part C and Part B sec. 611 and 619
- ESA

#### 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

#### Federal Discretionary Grants

- Community Based Grants for the Prevention of Child Abuse and Neglect
- Family Violence Prevention and Services
- Head Start
- Child Care Infrastructure Formula Grants
- Indian Health Care Improvement Act
- Promoting Safe and Stable Families
- Title IV-B
- Title V
- Other Federative Grants for Local Opioid Prevention
- WIC
- Workforce Investment Act
Flexible Funds – Project BLOOM
- Use SAMHSA grant for flexible funds
- Communities identify flex fund allocations in budgets
- Developed guidance document with parameters, examples, and decision making guide
- Can be used for services and supports in wraparound plan, such as:
  - Respite
  - Professional Services (Counseling, Therapy, Home Health
  - Medical
  - Transportation
  - Equipment/Assistive Technology
  - Parent, Sibling, and Social Support
  - Other Individual Expenses

Finance Wraparound Approach and EBPs – Project BLOOM
- Use SAMHSA grant, Medicaid, and Part C for wraparound facilitators
- Medicaid covers some functions under case management for facilitators and providers
- SAMHSA grant funds for wraparound training and training on Wraparound Fidelity Index (WFI)
- Blend of funds used for EBPs
  - Medicaid (Existing codes for individual, family, group therapy)
  - SAMHSA grant funds
  - Early Childhood Councils in each community

Maximize Part C and Child Find Financing
- BH division funded development of series of workshops on early childhood mental health providers in Part C network
- Created and requires an assessment tool for 0-5 population and trains providers. RBHAs required to screen all child welfare involved children and refer to Part C (Arizona)
- Requires RBHAs to hire 0-5 specialists, coordinate with Part C. SIG dollars for training (Arizona)
- Integrated system of care with Part C “Invest in Children” early intervention program (Cuyahoga County, Ohio)
- Developed a funding hierarchy (Colorado)

Maximize Part C and Child Find Financing - Colorado
- 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
- Project BLOOM and 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

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Finance Early Childhood Mental Health Consultation
- Mental health consultation to child care, preschool, parent-child centers, Head Start, pediatricians, other natural settings
- Financed with Medicaid (Arizona), Medicaid administrative billing (California), state and local general revenue
- Multiple funding sources (15) in Colorado – Medicaid, state general revenue, mental health block grant, Head Start, school-based health care, education, TANF, child care, foundation grants, private insurance

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
Finance Early Childhood Mental Health Consultation - Colorado
- Developed a resource and sustainability tool kit for providers “Mental Health Consultation in Early Care and Education”
- Includes section on funding, including:
  - Funding source overview
  - Funding fact sheet series with information on range of financing streams for ECMHC

Consultation/Linkage with Primary Care - Colorado
- Use Colorado Health Foundation grant, SAMHSA supplemental grant, Part C, MCH grant, Commonwealth Fund
- Created flow chart for primary care offices re identification and referral
- Purchased “Ages and Stages” screening tool for pediatric practices (El Paso)
- Financed training for PCPs on social-emotional screening as part of developmental screening
- Developing screening package for pediatricians
- Located CMHC clinician in pediatric practice that services 60% Medicaid clients for assessment, consultation, referral (Aurora)

Finance Services to Families of Young Children
- 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 (Arizona, California, Colorado)

Strategic Planning Cost of Failure Study - Colorado
- Difficult to document cost avoidance for young children
- Study in 2000 projected significant future costs could be offset in special ed, foster care, psych inpatient with early intervention services (@ average cost $987/year)
- Resulted in decision to fund early childhood specialists at each CMHC

Fiscal Mapping - Colorado
- Conducted fiscal mapping (financial modeling) project to inform strategic financing plan
- Projects cost of early childhood services based on different scenarios, e.g., serving total population, serving children up to certain poverty level
- Developed interactive Excel tool with allows changing variables to determine effects on cost estimates of early childhood services
- Funding matrix info incorporated into searchable database for use by communities statewide

Taking Early Childhood Services to Scale - Colorado
- Used state general funds to finance childhood specialists financed in each CMHC, bringing early childhood focus
  - Provide direct services; training to practitioners; consultation to early care, education and primary care providers
- Used federal MCH grant to create statewide alliance of early childhood partnerships to create comprehensive system for young children 0-8 and their families
- Hired staff
- Created strategic plan
Redirecting Resources from “Deep End” to Home and Community-Based Services Through Use of Care Management Entities