## Critical Financing Strategies with System-Level Outcomes, Indicators, Data Sources, and Data Analysis Plan

### I. Realignment of Funding Streams and Structures

#### 1. Identify Types and Amounts of Behavioral Health Funding Across Systems

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing strategies to identify the types and amounts of behavioral health funding expended for children with behavioral health disorders and their families across major child-serving systems</td>
<td>State, tribal, and local policy makers know the types and amount of dollars that are being spent and what could potentially be spent for children’s behavioral health services across child-serving systems and use this knowledge in planning and coordination of behavioral health services</td>
<td>• Cross-system analyses of behavioral health expenditures for children and potential untapped sources of behavioral health funding</td>
<td>• Reports from analyses of cross-system children’s behavioral health expenditures at state, tribal, and local levels</td>
<td>Triangulation of findings to analyze how and the extent to which state, tribal, and local policy makers have and use information about the types and amounts of behavioral health dollars spent for children and adolescents across the major child-serving systems</td>
</tr>
</tbody>
</table>

#### 2. Utilize Diverse Funding Streams

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing mechanisms utilize diverse funding streams from across the major child-serving systems, as well as nongovernmental sources, to support a broad array of behavioral health services and supports for children with behavioral health disorders and their families</td>
<td>Diverse funding sources are used to finance a broad array of children’s behavioral health services and supports</td>
<td>• Pooled, blended, or braided funding mechanisms for children’s behavioral health services across child-serving systems</td>
<td>• Statutes, policy and budget documents regarding pooled, blended, or braided funding for children’s behavioral health services at state, tribal, and local levels</td>
<td>Triangulation of findings to analyze how and the extent to which diverse funding sources are utilized to support a broad array of children’s behavioral health services and supports</td>
</tr>
</tbody>
</table>

*Note: The table continues with more detailed information on the indicators, data sources, and data analysis plans for each financing strategy.*
### 3. Maximize the Flexibility of State and/or Local Funding Streams and Budget Structures

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms to maximize the flexibility of state, tribal, and/or local funding streams and budget structures in order to use funding more flexibly to finance a broad array of children’s behavioral health services and supports | Funding streams and budget structures are used flexibly to finance a broad array of children’s behavioral health services and supports | • Pooled, blended, or braided funding mechanisms for children’s behavioral health services across child-serving systems  
• Ability to move dollars across budget categories (redirect funds)  
• Ability to move dollars across fiscal years  
• Local control of how dollars can be used to finance children’s behavioral health services and supports  
• Ability to move dollars across child-serving systems to finance behavioral health services and supports for children and their families | • Policies, protocols, and reports regarding moving dollars across budget categories and fiscal years and across child-serving systems at state, tribal, and local levels  
• Quality management plan and reports  
• Interviews with administrators, budget personnel and providers from major child-serving systems at state, tribal, and local levels | Triangulation of findings to analyze how and the extent to which funding streams and budget structures are used flexibly to finance a broad array of children’s behavioral health services and supports |

### 4. Coordinate Cross-System Funding

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms to coordinate funding across major child serving systems at state, tribal, and local levels and to ensure coordinated service delivery to youth with co-occurring disorders and other multi-system involved populations | Funding is coordinated across major child-serving systems resulting in reduced fragmentation, duplication, gaps, inefficiencies, and cost shifting  
Funding is coordinated to ensure more appropriate and integrated service delivery for youth with co-occurring disorders and other multi-system involved populations | • Policies and protocols regarding cost shifting at state, tribal, or local level  
• Mechanisms to monitor cost shifting  
• Coordinated, blended, pooled, or braided funding for children’s behavioral health services and supports  
• Purchasing collaboratives across agencies to procure services and supports  
• Similar contracting mechanisms with providers across child-serving agencies  
• Similar rate structures for services across child-serving systems  
• Intergency entities at state, tribal, or local levels that address coordination of funding for children’s behavioral health services  
• Intergency expenditure plan for children’s behavioral health services and supports  
• Single plan of care for children involved with multiple child-serving systems  
• Cross-agency plans and protocols for serving youth with co-occurring disorders and other multi-system involvement  
• Funding for cross-agency training  
• Funding for cross-agency assessment and service planning | • Policies, reports, and protocols regarding coordination of funding for children’s behavioral health services across systems at state, tribal, and local levels  
• Rate setting, purchasing, and contracting policies, protocols, and reports relevant to cross-system coordination at state tribal, and local levels  
• Contracts with MCOs and providers  
• Memoranda of understanding and/or agreements across agencies  
• Intergency expenditure plans for children’s behavioral health services and supports at state, tribal, and local levels  
• Quality management plan and reports  
• Sample of individualized service plans for youth with co-occurring disorders and multi-system involvement  
• Interviews with system administrators, care managers, families, and providers | Triangulation of findings to analyze how and the extent to which funding for children’s behavioral health services and supports is coordinated across major child-serving systems and the extent to which appropriate, integrated services are provided to youth with co-occurring disorders and other multi-system involvement |
### 5. Maximize Federal Entitlement Funding

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing strategies to maximize federal entitlement funding (i.e., Medicaid, Title IV-E, special education) | Federal entitlement funding is used to the maximum extent to support a comprehensive array of children’s behavioral health services and supports | • Medicaid state plan with a broad array of mental health services and supports  
• Use of IV-E waiver for community-based services to prevent child placement  
• Use of Medicaid to extent possible in lieu of child welfare, juvenile justice, or education general revenue for children’s behavioral health services and supports  
• Use of all possible Medicaid options (e.g., rehabilitation option, EPSDT, Medicaid in public schools)  
• Increase eligibility for Medicaid (age, income, disability criteria, etc.) and S-CHIP  
• Active outreach/enrollment efforts for Medicaid and S-CHIP  
• Enrollment of children with emotional/behavioral problems in special education  
• Ability to generate and secure a steady rate of state, tribal, and/or local match for Medicaid | • State Medicaid plan  
• Title IV-E waiver applications, progress reports, and evaluations  
• Budget documents  
• Plans for collaboration and joint training between mental health and child welfare at state, tribal, and local levels regarding use of entitlement funding  
• State special education reports  
• State Medicaid reports on penetration rates and utilization  
• Quality management plan and reports  
• Interviews with system managers at state, tribal, and local levels | Triangulation of findings to analyze how and the extent to which federal Medicaid and Title IV-E entitlement funding are maximized to finance a broad array of children’s behavioral health services and supports |

### 6. Redirect Spending from “Deep-End” Placements

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing strategies to redirect service dollars from deep-end restrictive placements (e.g., inpatient hospitalization, residential treatment, juvenile detention) to home and community-based services | The proportion of expenditures used for home and community-based services is increased in proportion to expenditures for restrictive services | • Home and community-based service waivers that permit redirection of funds from bed closures to community-based services  
• Diversion of residential treatment and inpatient dollars to home and community-based services  
• New monies directed at home and community-based services  
• Reduced utilization of residential and inpatient services and increased utilization of home and community-based services  
• Training and technical assistance to residential treatment centers about home and community-based alternatives  
• Diversification of residential treatment centers to provide home and community-based services | • Waiver applications, reports, and evaluations  
• Policies, protocols, and reports regarding redirection of resources at state, tribal, and local levels  
• Budget requests for new community-based services and supports at state, tribal, and local levels  
• State, tribal, and local reports on out-of-home, out-of-state, and out-of-school placements  
• Service utilization data  
• Quality management plan and reports  
• Interviews with system managers at state, tribal, and local levels | Triangulation of findings to analyze how and the extent to which service dollars are redirected from deep-end restrictive placements to home and community-based services and supports |
7. **Incorporate Financing Strategies to Support a Locus of Accountability for Service, Cost, and Care Management for High-Need Populations**

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing strategies to support a locus of accountability for service, cost, and care management for high-need populations, (e.g., children with serious emotional disorders, children in the child welfare and juvenile justice systems)</td>
<td>Financing supports a locus of accountability for service, cost, and care management for high-need populations (e.g., care management entities, management service organizations) Use of risk adjustment mechanisms such as case rates, risk adjusted rates, differential capitation rates, or other risk adjustment mechanisms for high-need populations</td>
<td>Financing for care management entities to serve as locus of accountability for managing care and costs for serving populations at high risk (with or without risk-based financing) Case rates for populations at high risk Risk adjusted rates for populations at high risk Differential capitation rates Other risk adjustment mechanisms</td>
<td>MCO and provider contracts, including populations and number of children covered by case rates and/or risk adjusted rates Set rates for different high-risk populations Rate setting process and supporting actuarial documentation Global budgets Utilization data Quality management plan and reports</td>
<td>Triangulation of findings to analyze how and the extent to which appropriate case rates and/or risk adjusted rates are used for high-risk populations with serious behavioral health disorders</td>
</tr>
</tbody>
</table>

8. **Incorporate Mechanisms to Finance Services to Uninsured and Underinsured Children and their Families**

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing mechanisms to support services to uninsured and underinsured children with serious behavioral health disorders and their families</td>
<td>Services to uninsured and underinsured children with behavioral health disorders and their families are financed (e.g., non-Medicaid/SCHIP eligible children, children who have exhausted their insurance coverage, uninsured children)</td>
<td>System serves uninsured/underinsured children with behavioral health disorders and their families Uninsured and underinsured families do not have to relinquish custody to access behavioral health services and supports Providers offer sliding fee scales State, tribal, and/or local policies allow families to buy into Medicaid States utilize Medicaid family of one and/or TEFRA options States utilize home and community-based waivers that cover uninsured and underinsured children States, tribal, and/or localities pool, blend, or braid funding in order to serve uninsured and underinsure children</td>
<td>Financing policies, reports, and protocols regarding the provision of services and support to uninsured and underinsures children and their families Policies, reports, and protocols regarding custody relinquishment Service utilization data reports Quality management plan and reports Interviews with providers and families</td>
<td>Triangulation of findings to analyze how and the extent to which financing mechanisms support services to uninsured and underinsured children and their families</td>
</tr>
</tbody>
</table>

9. **Incorporate Effective Financing Strategies for Tribal Systems of Care**

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and mechanisms to ensure effective and appropriate financing strategies for tribal system of care</td>
<td>Effective financing for tribal systems of care are implemented</td>
<td>State-tribal agreements to create financing mechanisms for tribal systems of care Coordination of federal, state, local, and tribal financing Maximization of Medicaid to fund services and supports in tribal communities</td>
<td>State-tribal agreements Plans and budgets for tribal systems of care Interviews with state and tribal leaders, families, providers Quality management plan and reports Medicaid policies and plans</td>
<td>Triangulation of findings to analyze how and the extent to which effective financing strategies are implemented for tribal systems of care</td>
</tr>
</tbody>
</table>
## II. Financing of Appropriate Services and Supports

### 1. Support a Broad Service Array

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms to support a broad array of services and supports | A broad array of services and supports is financed | - Coverage of a broad array of services and supports under Medicaid  
- Coverage of additional services and supports through other financing sources (e.g., Title IV-E)  
- Coverage of a broad array of home and community-based services and supports | - State Medicaid plan  
- Service coverage tables from HCRTP state survey to be completed by state, tribal, and local system managers  
- Service guidelines, regulations, definitions, manuals (including Medicaid service definitions) at state, tribal, and local levels  
- Contracts for services at state, tribal, and local levels  
- Sample of individualized service plans  
- Interviews with state or tribal Medicaid, mental health, child welfare, juvenile justice, substance abuse, education, primary care, and early childhood staff (e.g., Part C and Child Find)  
- Quality management plan and reports  
- Interviews with families, providers, and care managers | Triangulation of findings to analyze how and the extent to which a broad array of services and supports is financed |

### 2. Promote Individualized, Flexible Service Delivery

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms to promote the delivery of individualized, flexible services and supports that are family-driven and youth-guided | Financing promotes individualized, flexible services for children with behavioral health disorders and their families that are tailored to their unique needs and strengths | - Flexible funding  
- Funding to support cross-system child and family teams that create individualized, flexible service plans for children and their families  
- Care authorization mechanisms support individualized, flexible service delivery  
- Medicaid and Title IV-E waivers that increase flexibility in the use of federal funds  
- Financing mechanisms for consumer-directed services  
- State, tribal and/or local policies and protocols that address financing to support individualized, flexible services and supports | - Policies, reports, and protocols regarding the availability and use of flexible funds at state, tribal, and local levels  
- Policies, protocols, and reports regarding the use of child and family teams for individualized service planning and delivery at state, tribal, and local levels  
- Policies and reports regarding the authorization of services contained in individualized service plans at state, tribal and local levels  
- Reports on claims and service utilization regarding consumer-directed services  
- Waiver applications  
- Quality management plan and reports  
- Observation of child and family team meeting  
- Sample of individualized service plans  
- Interviews with system managers, providers, families, and care managers (related to the service plans reviewed) | Triangulation of findings to analyze how and the extent to which financing approaches support individualized, flexible services for children with behavioral health disorders and their families |
## 3. Support and Incentivize Evidence-Based and Promising Practices

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing mechanisms: Financing mechanisms that provide incentives to adopt and sustain evidenced-based and promising practices</td>
<td>Financing to support the inclusion of evidence-based and promising practices in the array of services and supports</td>
<td>• Fiscal incentives for the use of evidence-based • Financial incentives for the use of promising practices and practice-based evidence • Adequate payment for the development, training, and fidelity monitoring of evidence-based and promising practices</td>
<td>• Policies, protocols, and reports regarding the development, training, and fidelity monitoring of evidence-based and promising practices at state, tribal, and local levels • Provider contract provisions regarding the development, training, and fidelity monitoring of evidence-based and promising practices • MCO and provider contracts • ORC Macro Cultural Competence Practice Survey and Treatment Effectiveness Study • Quality management plan and reports • Interviews with system managers, providers, families, and youth</td>
<td>Triangulation of findings to analyze how and the extent to which financing mechanisms support the adoption and sustainability of evidence-based and promising practices in the array of services and supports</td>
</tr>
</tbody>
</table>

## 4. Promote and Support Early Identification and Intervention and Early Childhood Mental Health Services

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing mechanisms that promote and support early intervention and mental health services to young children and their families</td>
<td>Financing mechanisms support the early identification of behavioral health problems and linkage with needed interventions Financing mechanisms support an array of services to young children with behavioral health services and their families</td>
<td>• System funds screening of high-risk populations (e.g., child welfare, juvenile justice-involved youth) • Funding for Part C and Child Find programs include payment for identification and referral of behavioral health problems in young children • EPSDT includes behavioral health screening • Financing supports a broad array of services for young children and their families including services in natural environments (e.g., Head Start, Early Head Start, preschools, child care settings, primary care settings, etc.) • Financing supports linkages between primary care and behavioral health practitioners • Financing supports training and incentives for primary care practitioners to identify and refer for behavioral health problems in children • Financing support consultation to natural early childhood settings • Financing supports services to families not just to the identified child</td>
<td>• Plans, policies, reports, and protocols regarding screening of high-risk children and adolescents • Plans, policies, reports, and protocols regarding behavioral health screening and referral for young children • EPSDT policies, procedures, protocols, and reports • Contracts with MCOs, providers, and primary care practitioners • State Medicaid plan • Policies, protocols, and reports pertaining to Part C • Plans, policies, reports, and protocols regarding the array of early childhood services at state, tribal, and local levels • Quality management plan and reports • Interviews with system managers, providers, and families</td>
<td>Triangulation of findings to analyze how and the extent to which financing policies and strategies promote and support early intervention and mental health services to young children and their families</td>
</tr>
</tbody>
</table>
### III. Financing to Support Family and Youth Partnerships

#### 1. Support Family and Youth Involvement in Policy Making

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms that support family/youth involvement in policy making and system management | Financing supports active family and youth participation in policy making and system management structures and activities at state, tribal, and local levels | - Payment for family/youth participation  
- Supports for family/youth involvement (e.g., child care, transportation, food)  
- Contract or payment mechanisms to a family organization for participation in policy making and system management structures and activities  
- Family/youth participation in policy making groups  
- Financing for the training, education, and leadership development to prepare families and youth for participation in policy making and system management | - Policies, protocols, and reports regarding payment of stipends for family/youth participation at state, tribal, and local levels  
- Policies, protocols, and reports regarding provision of supports for family/youth participation at state, tribal, and local levels  
- Contracts with family organizations  
- Quality management plan and reports  
- Interviews with system managers, family organizations, and family members at state, tribal, and local levels | Triangulation of findings to analyze how and the extent to which financing mechanisms are incorporated that support family/youth participation in policy making and system management structures and activities |

#### 2. Support Family and Youth Involvement and Choice in Service Planning and Delivery

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms that support family/youth involvement and choice in service planning and delivery | Financing supports families/youth as full partners in service planning and delivery so that families/youth have a lead role in configuring the service planning team, identifying their needs and strengths; choosing supports, services, and providers; setting goals; and identifying outcome indicators | - Families receive support to participate in child/family team meetings (e.g., transportation, child care, peer supports)  
- Policies regarding consumer-directed funding mechanisms for services (e.g., vouchers)  
- Use of flexible funds  
- Ability of child and family teams to use resources to provide services and supports desired by families/youth  
- Payment of family and youth advocates to assist and support families/youth in service planning process  
- Families and youth know that they have a choice of services/providers  
- Families and youth are given information regarding service and provider options  
- Consumer and family-operated services  
- Training of providers in partnering with families and youth | - Policies, protocols, and reports regarding use of flexible funds at state, tribal, and local levels  
- Policies, protocols, and reports regarding consumer-directed funding mechanisms at state, tribal, and local levels  
- Policies, protocols, and reports regarding consumer and family choice of services and providers  
- Policies, protocols, and reports regarding the use of resources by child and family service planning teams at state, tribal, and local levels  
- Policies, protocols, and reports regarding payment of family advocates to assist families in the service planning process at state, tribal, and local levels and other supports for families to participate in child and family team meetings, such as child care  
- Observation of child and family team service planning meeting  
- Examples of information given to families regarding service and provider options  
- System of Care Practice Reviews  
- Quality management plan and reports  
- Interviews with families, youth, providers, and care managers | Triangulation of findings to analyze how and the extent to which financing mechanisms support the full involvement of families/youth in service planning and delivery and allow families choice in services, supports, and providers |
### 3. Support Services and Supports to Families/Caregivers

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing mechanism for services to families and other caregivers to receive services and supports to address their role as caregivers, in addition to service provision to the identified child</td>
<td>Financing allows families to improve cultural/linguistic competence and reduce disparities in care</td>
<td>• Medicaid policies allow services to families in addition to the identified child&lt;br&gt;• Financing mechanisms (other than Medicaid) support services and support for families/caregivers in addition to the identified child&lt;br&gt;• Families report that their needs as caregivers are addressed&lt;br&gt;• Funding of a family organization to provide services, such as peer support, education, information, respite, advocacy, etc.&lt;br&gt;• Linkage of services to family members through adult mental health, child welfare and substance abuse systems</td>
<td>• Medicaid policies regarding services to families/caregivers&lt;br&gt;• Other policies, protocols, and reports regarding services and supports to families/caregivers at state, tribal, and local levels&lt;br&gt;• Claims/utilization data reports&lt;br&gt;• Sample of individualized service plans&lt;br&gt;• Quality management plan and reports&lt;br&gt;• Interviews with system managers, providers, family organization representatives, and families</td>
<td>Triangulation of data to analyze how and the extent to which financing mechanisms allow families and other caregivers to receive services and supports in addition to the identified child</td>
</tr>
</tbody>
</table>

### IV. Financing to Improve Cultural/Linguistic Competence and Reduce Disparities In Care

#### 1. Support Culturally and Linguistically Competent Services and Reduce Ethnic/Racial Disparities in Access

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing mechanism to support a system of culturally and linguistically diverse providers, specialized services for culturally and linguistically diverse populations, and to reduce racial/ethnic disparities in care</td>
<td>Financing to support culturally and linguistically competent services and to reduce ethnic and racial, and disparities in access and quality of care</td>
<td>• Financing mechanisms for specialized services to culturally/linguistically diverse populations&lt;br&gt;• Financial incentives for culturally and linguistically competent providers&lt;br&gt;• Financing mechanisms to support outreach to culturally/linguistically diverse populations&lt;br&gt;• Financing mechanisms to support nontraditional providers and services and natural helpers&lt;br&gt;• Analysis of service utilization and expenditures by culturally and linguistically diverse populations&lt;br&gt;• Funding for a cultural competence coordinator at state, tribal, and/or local levels</td>
<td>• Demographic data&lt;br&gt;• State Medicaid plan&lt;br&gt;• Policies, protocols, and reports regarding culturally and linguistically diverse providers&lt;br&gt;• Policies, protocols, and reports regarding specialized services for culturally and linguistically diverse populations&lt;br&gt;• Service utilization and expenditure reports&lt;br&gt;• Contracting policies&lt;br&gt;• Quality management plan and reports&lt;br&gt;• Interviews with system managers, cultural competence coordinators, providers, families, and culturally diverse community organizations</td>
<td>Triangulation of findings to analyze how and the extent to which financing mechanisms support culturally and linguistically competent services and reduce ethnic, racial and geographic disparities in access to care</td>
</tr>
</tbody>
</table>

#### 2. Reduce Geographic Disparities in Access

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing mechanism to reduce disparities in care in underserved geographic areas</td>
<td>Financing to reduce disparities in access to care to underserved geographic areas</td>
<td>• Financing mechanisms to provide services in underserved geographic areas&lt;br&gt;• Financial incentives for providers to work in underserved geographic areas&lt;br&gt;• Financing mechanisms to support nontraditional providers and services and natural helpers&lt;br&gt;• Analysis of service utilization and expenditures by geographic areas&lt;br&gt;• Use of technology such as telemedicine, e-therapy, etc. to reach underserved areas&lt;br&gt;• Funding for outreach and transportation in underserved geographic areas</td>
<td>• State Medicaid plan&lt;br&gt;• Policies, reports, and protocols regarding services in underserved geographic areas&lt;br&gt;• Service utilization and expenditure reports&lt;br&gt;• MCO and provider contracts&lt;br&gt;• Workforce development plans&lt;br&gt;• Quality management plan and reports&lt;br&gt;• Interviews with system managers, providers, families</td>
<td>Triangulation of findings to analyze how and the extent to which financing mechanisms address reduction in geographic disparities in access and quality of care</td>
</tr>
</tbody>
</table>
### V. Financing to Improve the Workforce and Provider Network for Behavioral Health Services to Children and their Families

#### 1. Support a Broad, Diversified, Qualified Workforce and Provider Network

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms to support and develop a broad, diversified, qualified workforce and provider network to provide services and supports to children with behavioral health disorders and their families | Financing supports a broad, diversified, qualified workforce and broad provider network, including traditional and nontraditional providers and natural helpers | • Financing to support workforce development activities including workforces analyses, recruitment and retention strategies, pre and in-service training, etc.  
• Financial incentives to attract providers that reflect the racial and ethnic composition of the target population at state, tribal, and local levels  
• Financing mechanisms for payment of nontraditional providers and natural helpers  
• Financial incentives to attract providers to the geographic areas of greatest need  
• Financing strategies to support training and development of workforce skills, knowledge, and attitudes  
• Medicaid certification of diverse types of providers and programs  
• Use of qualified provider panels providing extensive provider array | • Plans, policies, reports, and protocols regarding workforce development, training, and capacity building  
• Financing policies, reports, and protocols regarding incentives for racially and ethnically diverse providers at state, tribal, and local levels  
• Financing policies, protocols, and reports regarding payment of nontraditional providers and natural helpers at state, tribal, and local levels  
• MCO and provider contracts  
• MCO credentialing policies  
• Medicaid provider certification policies  
• Performance-based contracts  
• Composition of provider networks  
• Protocols for contracting with and payment of nontraditional providers and natural helpers at state, tribal, and local levels  
• Quality management plan and reports | Triangulation of findings to analyze how and the extent to which financing mechanism support a broad, diverse provider network |

#### 3. Provide Adequate Provider Payment Rates

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
</table>
| Financing mechanisms that support adequate payment rates for providers | Providers receive adequate payment rates to allow for the provision of quality services and supports | • Rates allow providers to participate in child and family service planning teams  
• Rates allow providers to work with families in addition to the identified child  
• Rates allow providers to coordinate services with other child serving agencies and systems  
• Rates allow providers to serve children and families in homes, schools, and other locations in the community  
• Rates encourage the delivery of home and community-based services  
• Rates are sufficient to enable providers to develop, sustain, and grow quality home and community-based services and supports, including evidence-based and promising practices  
• Rates are sufficient to allow providers to recruit and retain professional and paraprofessional staff  
• Mechanisms for providers to demonstrate the cost of care and to request amended rates | • Policies and payment rates for MCOs and providers at state, tribal, and local levels  
• Policies, protocols, and reports regarding rate incentives to deliver home and community-based services at state, tribal, and local levels  
• Rate setting process and supporting actuarial documentation  
• Quality management plan and reports  
• Interviews with system managers and providers | Triangulation of findings to analyze how and the extent to which providers receive adequate payments rates to support the provision of quality services and supports |
VI. Financing for Accountability

1. **Incorporate Utilization and Cost Management Mechanisms**

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing strategies that incorporate utilization and cost management mechanisms</td>
<td>Service utilization and system costs are monitored and managed</td>
<td>• Service utilization data are available and used by system managers, policy makers, and care managers • Costs of services are tracked at the service delivery and system management levels • System tracks outliers, i.e., high utilizers of services • System tracks utilization and cost by population (e.g., children in the child welfare and juvenile justice systems) • Care managers play a role in utilization and cost management • Incentives and/or sanctions associated with utilization and cost management</td>
<td>• Policies, reports, and protocols regarding service utilization • Utilization review protocols • MCO and provider contracts regarding utilization and cost monitoring, incentives, and sanctions • Interviews with system managers, data and evaluation staff, care managers, and families • Policies, reports, and protocols regarding custody relinquishment • Service utilization data reports • Quality management plan and reports • Interviews with providers and families</td>
<td>Triangulation of findings to analyze how and the extent to which financing mechanisms support services to uninsured and underinsured children and their families</td>
</tr>
</tbody>
</table>

2. **Evaluate Financing Policies to Ensure that they Support System of Care Goals and Continuous Quality Improvement**

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of financing policies and strategies to ensure that they support system of care goals and continuous quality improvement</td>
<td>Financing policies and strategies are evaluated to ensure that they support system of care goals (i.e., broad service array, home and community-based care, individualized/flexible services, family/youth partnerships, cultural competence, interagency coordination, etc.) Financing policies and strategies are evaluated to support continuous quality improvement</td>
<td>• Ongoing assessment of financing policies and strategies to ensure that they support system of care goals • Ongoing assessment of financing policies and strategies to support continuous quality improvement • Cost-benefit data on systems of care • Family involvement in evaluation of financing policies and strategies</td>
<td>• Plans and protocols for the evaluation of financing policies and strategies • Reports of evaluations of financing policies and strategies • Quality management plans and reports • Cost-benefit data reports on systems of care • Interview with system managers, evaluators, family organization representatives, and families</td>
<td>Triangulation of findings to analyze how and the extent to which financing policies and strategies are evaluated to ensure that they support system of care goals and continuous quality improvement</td>
</tr>
</tbody>
</table>

3. **Support Leadership, Policy, and Management Infrastructure for Systems of Care**

<table>
<thead>
<tr>
<th>Financing Strategy</th>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Data Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing strategies supports leadership, policy and management infrastructure for systems of care</td>
<td>Policy and management infrastructure exists at state, local, and tribal levels to support systems of care</td>
<td>• Financing supports interagency entities for policy making and management of systems of care and state, tribal, and local levels • Funding for identified leaders at the state, tribal, and local system levels who are dedicated to and have designated responsibilities for building and sustaining systems of care • Funding for leadership development, including family and youth leaders, for systems of care</td>
<td>• Plans, policies, protocols, and reports regarding funding for interagency policy and management entities • Plans, policies, protocols, and reports regarding leadership development for state, tribal, and local system of care leaders • Budget and expenditure plans and reports • Staffing and organizational charts • Quality management plan and reports</td>
<td>Triangulation of findings to analyze how and the extent to which financing policies and strategies support leadership, policy and management infrastructure for systems of care</td>
</tr>
</tbody>
</table>