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RTC Study 3
Financing Structures and Strategies to Support Effective Systems of Care

# Effective Strategies to Finance Family and Youth Partnerships

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**The Research and Training Center for Children's Mental Health (RTC)** at the **University of South Florida** is conducting several five-year studies to identify critical implementation factors which support communities and states in their efforts to build effective systems of care to serve children and adolescents with or at risk for serious emotional disturbances and their families. One of these studies, *Effective Financing Strategies for Systems of Care*, examines *financing strategies* used by states, communities, and tribes to support the infrastructure, services, and supports that comprise systems of care.

The financing study is conducted jointly by the RTC, the Human Service Collaborative of Washington, DC, the National Technical Assistance Center for Children's Mental Health at Georgetown University, and Family Support Systems, Inc. of Arizona. The purposes of the study are to:

- Develop a better understanding of the critical financing structures and strategies to support systems of care for children and adolescents with behavioral health challenges and their families
- Examine how these financing strategies operate separately and collectively
- Promote policy change through dissemination of study findings and technical assistance to state and local policy makers and their partners

The study uses a participatory action research approach, involving a continuous dialogue with key users on study methods, findings and products. The study methodology is based on a multiple case study design; data collection and analysis include a mix of qualitative and quantitative methods.

Initial study tasks included convening a panel of financing experts, including state and county administrators, representatives of tribal organizations, providers, family members, and national financing consultants to develop a list of critical financing strategies and study questions. The critical financing strategies were used to create the first study product — *A Self Assessment and Planning Guide: Developing a Comprehensive Financing Plan*[1] — that addresses seven important areas to assist service systems or sites (states, tribes, territories, regions, counties, cities, communities, or organizations) to develop comprehensive and strategic financing plans for systems of care:

1. Identifying spending and utilization patterns
2. Realigning funding streams and structures
3. Financing appropriate services and supports
4. Financing to support family and youth partnerships
5. Financing to improve cultural and linguistic competence and reduce disparities in care
6. Financing to improve the workforce and provider network
7. Financing for accountability.

The critical financing strategies also were used as the basis for developing site visit protocols to explore the implementation of these strategies in a purposively selected sample of states and communities. Study team members and members of the national expert panel nominated a number of states and communities as potential sites to study, based on their knowledge of effective financing strategies in those sites. Telephone interviews with key informants knowledgeable about each of the sites nominated, along with review of documents and information from prior related studies, led to the identification of a sample of sites to include in the first wave of site visits and interviews.

[1] This publication is available on-line at: **http://rtckids.fmhi.usf.edu/study03.cfm**

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The sample included four states and four regional or local areas:

- **Arizona and Maricopa County**: A statewide behavioral health carve out operated under an 1115 waiver utilizing locally-based, capitated Regional Behavioral Health Authorities (i.e., behavioral health managed care organizations — BHOs); the BHO in Maricopa County (Phoenix) at the time of the site visit was Value Options
- **Hawaii**: A statewide behavioral health system operated through the schools and managed care organizations for children needing short-term services and through the state Child and Adolescent Mental Health Division for children with serious emotional challenges and their families
- **New Jersey**: A behavioral health carve out utilizing a statewide Administrative Services Organization and locally-based Care Management Organizations and Family Support Organizations
- **Vermont**: A statewide mental health system managed by the Department of Mental Health utilizing legislatively-mandated state and local interagency teams and designated provider agencies
- **Bethel, Alaska**: The administrative and transportation hub for the 56 villages in the Yukon-Kuskokwim Delta, with behavioral health services administered by the Yukon Kuskokwim Health Corporation (YKHC), a tribal organization, which administers a comprehensive health care delivery system for the rural communities in southwest Alaska
- **Central Nebraska**: A 22-county partnership among Region 3 Behavioral Health Services, the Central Service Area of the Office of Protection and Safety, the State Department of Health and Human Services (DHHS), and Families CARE, a family-run organization, providing services and supports to several sub-populations of children with serious behavioral health challenges or at high risk
- **Choices, Inc**: A nonprofit, community care management organization operating in Marion County, Indiana; Hamilton County, Ohio; Montgomery County, Maryland; and Baltimore City, MD, which coordinates services for children and families with serious behavioral health challenges who are involved in one or more governmental systems
- **Wraparound Milwaukee**: A behavioral health population carve-out, operated by the Milwaukee County, Wisconsin Behavioral Health Division, serving several subsets of children and youth with serious behavioral health challenges and their families who also are involved in child welfare and juvenile justice systems

Site visits were conducted to Arizona, Hawaii, Vermont, Bethel, and Central Nebraska and involved in-depth interviews with key stakeholders about the various financing approaches in use. Abbreviated site visits and telephone interviews were used to gather updated data from New Jersey, Choices, and Wraparound Milwaukee, all of which had been studied previously by members of the study team. Examples of effective financing strategies in each of the sites were reviewed and analyzed by the study team.

This Issue Brief presents the results of the first wave of site visits with respect to financing strategies to support family and youth partnerships. It is intended as a technical assistance document to assist stakeholders to identify strategies and approaches that might be implemented or adapted in their own states, tribes and communities.

# Financing to Support Family and Youth Partnerships

A central tenet of the systems of care philosophy is that families and youth are full partners in all aspects of the planning and delivery of services. The concept of family and youth involvement has been strengthened over time, and the new concept of *family-driven, youth-guided* care is achieving broad acceptance. Family-driven care means that families have a primary decision making role in the care of their own children, as well as in the policies and procedures governing care for all children in their community, state, tribe and nation. Similarly, youth-guided care means that young people have the right to be empowered, educated, and given a decision making role in their own care and in the policies and procedures governing care for all youth in their community, state, tribe and nation. Financing strategies are needed to support partnerships with families and youth at the service delivery level in planning and delivering their own care and at the system level in designing, implementing, and evaluating systems of care. In addition, partnering with families and youth requires financing for services and supports not only for the identified child, but also for family members to support them in their care-giving role. Financing to fund program and staff roles for family members and youth also reflects a system of care that is committed to partnerships, as does financing for family-and youth-run organizations.

# Financing for Family and Youth Involvement at the Policy and System Management Levels

**Key Strategies include:**

- contracting with family organizations for participation in policy making and system management, including payment of stipends and supports, such as child care, transportation and meals, for family and youth participation at the policy and system management levels
- financing training and leadership development to prepare families and youth for participation in policy making and system management

## Contracting with Family Organizations

Contracts with family organizations are the most frequent vehicle used by the sites to ensure family and youth voice at the policy and system management levels. *Arizona, Hawaii, Vermont, New Jersey, Central Nebraska, Choices, and Wraparound Milwaukee* all contract with family organizations to fulfill a wide variety of policy making and system management roles, including: serving on committees and advisory bodies; participating in quality improvement and evaluation activities; providing training; providing family advocates, peer mentors, and ombudspersons; developing and disseminating information; expanding the family and youth movement through outreach and education; and organizing and facilitating youth groups and youth councils.

In *Arizona,* Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/BHS), uses federal discretionary (e.g., Federal State Infrastructure Grant) and block grant dollars to support family involvement in policy making. The state contracts both with MIKid (the statewide family organization) and the Family Involvement Center (FIC) in Maricopa County to provide stipends for family involvement in policy making and to ensure that families have access to other supports, such as transportation, to participate effectively, as needed. The state also received a Federal Center on Substance Abuse Treatment (CSAT) adolescent substance abuse grant and included both MIKid and FIC in the grant. The family organizations hold both mini-conferences and a statewide conference to reach more families. The state also paid the first-year dues of these organizations to belong to the Arizona Council of Providers to ensure that family voice is heard within the organized provider community. Families serve on the state's committee to select the contracted Regional Behavioral Health Authorities (RBHAs), and the state's contracts with RBHAs include requirements for family partnerships in policy making at the RBHA level. In turn, the RBHA's contracts with providers require family partnerships. Arizona uses independent quality monitoring teams that include family members, who are involved in Practice Reviews that involve chart reviews and interviews with families served by the system; the interviews are conducted by a team of family members and wraparound specialists. At the time of the study, ADHS/BHS was issuing a new Request for Proposals (RFP) for consumer and family involvement at the policy level — for example, to continue support for families to serve on committees, to participate in practice evaluation, and to create a hot line for families. The RFP included a priority on establishing a family advocacy center

serving Latino families. MIKid and FIC submitted a joint proposal to clarify their respective roles, and the proposal subsequently was funded.

In Maricopa County (Phoenix), the RBHA (behavioral health managed care organization) at the time of the site visit was Value Options (VO), which was investing significant resources in the Family Involvement Center. VO's contract with FIC at that time was for $900,000 for "system transformation" activities in Maricopa County, including: staffing and participating on the Children's Advisory Committee for VO; family recruitment and training; organizing open education opportunities for families; information and referral; co-facilitation of meetings; recruitment and training of family support partners (who are out-stationed with each of the Comprehensive Service Providers); and technical assistance to providers and others on family partnership. Every family enrolled with VO received a Family Handbook developed by FIC and was invited to attend orientation sessions conducted by FIC. VO also had several full-time family members on staff, with two devoted to the children's system at the time of the site visit. Initially, FIC got started with a small grant from a local foundation and then became funded as described with system dollars.

In *Hawaii*, most of the supports for family and youth participation at the policy and system management levels are provided through a contract from the State Child and Adolescent Mental Health Division (CAMHD) to Hawaii Families As Allies (HFAA), the statewide family organization. State general fund dollars and federal block grant funds are used to fund the activities of the family organization. Funding level was at approximately $722,000 at the time of the site visit. HFAA reported a staff of 17–18 people who are available to participate on a range of committees and other policy-level activities through the contract resources. CAMHD may finance transportation to support some policy-level participation outside of this contract; this is financed through flexible funds for ancillary services. In particular, assistance is available if transportation to another island is necessary. Family members also serve as co-chairs with professionals on the Community Children's Councils (CCCs); there are 17 of these in the state. These councils meet monthly to plan for and assess the strengths and needs of the children's mental health system in their respective communities. Quarterly statewide meetings of the CCC chairpersons are held. Through a Federal system of care grant focusing on youth in transition to adulthood, Hawaii Families As Allies also is establishing a young adult support organization and preparing/ mentoring youth to participate in policy making activities.

CAMHD's contracts with provider agencies require the submission of youth engagement and family engagement policies that include a statement of the agency's commitment to involve youth and families in all levels of the organization, as well as a means of ensuring that youth and family members are engaged in their direct treatment plan development and evaluation, organizational quality assurance activities, and organizational management and planning activities. Parent partners employed by HFAA serve on provider policy committees and management teams.

In *Vermont,* State law (Act 264 — Title 33 Human Services §§ 4301–4305) mandates family participation at all levels of the system of care, including on individual treatment teams, Local Interagency Teams (LIT), the State Interagency Team (SIT) and the State Advisory Board. To support this involvement, the State Department of Mental Health contracts with the Vermont Federation of Families for Children's Mental Health for participating in system of care decision-making and advisory roles, for developing and carrying out parent and provider training activities, for outreach, peer support, and referral, and conducting special projects to strengthen parent/ family awareness about the system of care and its resources. The Federation also serves as a resource to the state and local mental health agencies, and works as well to grow parent leadership on children's mental health. This includes making connections between family members ready to move into system-level work and policy groups and those committees and groups looking for new members at the regional and state levels. At the time of the site visit, the contract amount was $93,000, indexed for increases, and the contract was financed by state mental health general revenue and Federal discretionary grant funds.

In *New Jersey,* the State Department of Children and Families contracts with Family Support Organizations (FSOs) in 23 localities throughout the state. The FSOs are family-run, not-for-profit organizations designed to ensure that the family voice is incorporated at the system and service level. The FSO acts as peer support for families and as a guide for professionals. The NJ system's locally based Care Management Organizations are required to utilize the services of the FSOs. The FSOs provide advocacy, information, referral, education, and mentorship. The state finances the FSOs using a combination of state mental health and child welfare general revenue and Medicaid administrative case management dollars.

In *Central Nebraska,* the behavioral health system for children and families operates as a "three legged stool", including: 1) Region 3 Behavioral Health Services (BHS); 2) Nebraska Department of Health and Human Services, Central Service Area, Office of Protection and Safety; and 3) Families CARE, the family organization. When Nebraska received a Federal system of care grant in 1997, families voiced the need for an independent family organization; thus, Families CARE was created to provide support, advocacy, education and care management services for families who have children with emotional and behavioral difficulties. Region 3 BHS contracts with Families CARE to support these functions, as well as certain evaluation components that measure

wraparound fidelity and family and youth satisfaction. Through the contract with Region 3, Families CARE is able to reimburse families for expenses incurred to participate at the policy and system management levels, such as providing meals, gas money, and child care. Families CARE also developed an active youth-run organization, YES (Youth Encouraging Support). Initially, the Federal system of care grant was used to fund Families CARE. At the time of the site visit, Region 3 BHS contracted with Families CARE for $472,000/year, utilizing funds saved from its Integrated Care Coordination Program (i.e., a care management entity financed through a case rate). This began as a cost reimbursement contract, and then moved to 8% of the case rate, based on actual costs.

In *Choices in Marion County, IN*, support for family participation at the system level is provided through a contract with Rainbows, the family organization in Marion County. Also, the Governor's Office in Indiana offers scholarships for families to attend policy meetings, conferences, and training at the state level. The Choices' contract with Rainbows at the time of the site visit was in the amount of $225,000 per year and was financed through Choices blended funding pool, which draws on child welfare, juvenile justice, mental health, and special education general revenue. Rainbows' contractual requirements include: operate a hot line; offer a family support group with monthly meetings; produce a newsletter; trouble shoot; conduct trainings; and public speaking. The contract supports four full-time staff, offices (provided by Choices at a minimal rent), technology, etc. The staff of Rainbows also receives the Choices employee benefit package. Participation in policy making functions related to the Dawn Project is included in Rainbow's role, such as participation on the Marion County System of Care Collaborative.

In *Wraparound Milwaukee*, a contract with the family organization, Families United for Milwaukee County, provides the vehicle for support of family participation at the policy level. At the time of the site visit, the Wraparound Milwaukee contract with Families United was in the amount of $300,000/year and was funded through Wraparound Milwaukee's blended funding pool, comprised of Medicaid capitated dollars and child welfare and juvenile justice general revenue. The family organization pays for parent stipends to participate in policy and team meetings, conducts training of care coordinators, employs the system's education advocate, holds family events, provides family education and support, provides 1:1 family peer support, and publishes a newsletter. There is also a Youth Advisory Committee in development.

## Financing Training and Leadership Development to Prepare Families and Youth for Participation in Policy Making

Leadership development activities are financed in a number of the sites to prepare families and youth for participation in policy making and system management activities.

In *Hawaii,* the State's contract with Hawaii Families As Allies (HFAA), financed with state general revenue and Federal block grant funds, includes family leadership training. The curriculum developed for this purpose is now used nationally. HFAA's Leadership Academy is comprised of three days of training and is held 3 times per year. The training provides family members with a range of knowledge and skills, including: understanding the legislative system, and the structure of the mental health system, how to build relationships with policy makers, how to speak in front of an audience, how to make family voices heard, etc.

At the time of the study, *Arizona* had spent $7 million to date in tobacco monies, Federal discretionary and formula grants, and Regional Behavioral Health Authority investments (i.e. investments by local Medicaid behavioral health managed care organizations utilizing administrative dollars or reinvested "savings") to pay for training. This has included training and coaching of families related to policy level participation.

In *Vermont*, the Department of Mental Health's contract with the Vermont Federation of Families for Children's Mental Health provides training and supports for families and others. These trainings focus on a range of issues, from service-related matters to leadership development. At the time of the study, a Federal Substance Abuse and Mental Health Services (SAMHSA) grant also supported the Federation as the Vermont Statewide Family and Consumer Driven Leadership Team "to drive the implementation, sustainability and improvement of effective mental health and substance abuse prevention and treatment services for children, youth, young adults and their families."

# Financing for Family and Youth Involvement at the Service Delivery Level

**Key Strategies include:**

- financing supports for families and youth to participate in service planning meetings
- financing family and youth peer advocates
- financing to train providers on how to partner with families and youth
- financing to provide families and youth with choices of services and/or providers
- financing services and supports to family members and caregivers (not just to the identified child)
- financing family organizations to provide direct services

## Financing Supports for Families and Youth to Participate in Service Planning Meetings

The sites studied incorporate financing to support family and youth participation in service planning meetings. They typically pay for such supports as transportation, child care, food, and interpretation on an as-needed basis.

In *Arizona,* family and youth participation on child and family teams is one of the core principles of the system. The behavioral health managed care system pays for child care, transportation, food, and interpreters as needed, utilizing capitated or administrative Medicaid and mental health block grant and general revenue funds, depending on the need.

In *Hawaii,* child care may be provided if the family member has to fly to another island to participate in a child and family team meeting. In some instances, a child may be served on another island, for example, if a child needs to be in a different environment or requires hospitalization, which is available only on Oahu. Transportation and food are funded out of ancillary funds. Parent partners can advise families as to the availability of these resources and can help families to obtain them from the Family Guidance Centers when necessary. In addition, Hawaii Families As Allies (HFAA) provides some training for families on how to participate in service planning (such as training in advocacy, communication, how to speak up, how to become informed about what services are available, etc.)

In *Vermont*, the participation of parents/family members on child and family teams is fundamental to system of care assessment, service planning and plan implementation. The local team determines the appropriate funding resources for supports, such as child care, interpreter services and/or transportation, that permit and facilitate family participation (and without which the parent/family member might not be able to participate). The funding resources depend on the supports required (e.g., interpreter services would be covered by Medicaid; others by state mental health, other partner agency funding or available flexible funds.)

*Choices* is committed to remove potential barriers, such as transportation, child care, and conflicts with work, to facilitate and maximize family involvement in service planning team meetings. Depending on a family's needs, payments can be provided for bus passes, reimbursement for gas, and child care — including providing checks for child care in advance of the meeting. If necessary, arrangements can be made for someone at Choices' offices to provide child care during child and family team meetings. Flexible funds from Choices' blended funding pool are used to cover costs such as these.

In *Wraparound Milwaukee*, family and youth participation on child and family teams is a core principle. The system pays for child care, transportation, food, and interpreters to ensure that families can participate, using dollars from its blended funds pool.

## Financing Family and Youth Peer Advocates

Most of the sites provide financing for family and/or youth peer advocates. The role of these peer advocates typically includes working with families and youth to support them through the service planning and delivery process, help with navigating systems, and providing a variety of types of direct assistance.

In *Arizona,* the behavioral health managed care system covers family and youth peer support as a Medicaid-covered service. All Comprehensive Service Providers (core service agencies) are required to hire Family Support Partners (FSPs). In Maricopa County, FSPs are recruited, trained, and coached by the Family Involvement Center, though they are employed by the Comprehensive Service

Providers. This arrangement enables FSPs to feel part of and supported by a larger family movement. A new type of Medicaid provider which the state created, called Community Service Agencies (CSA), employs, trains, and supervises family and youth peer support providers. CSAs are agencies that do not have to be licensed as behavioral health clinics. For example, the Family Involvement Center in Maricopa County is a CSA and provides family-to-family and youth-to-youth peer support directly and bills the Maricopa County behavioral health managed care organization for the service. At the time of the study visit, the Family Involvement Center in Maricopa County had just agreed to develop for the child welfare system community/family supports for families at risk but whose children are not yet removed from home (in a "Family-to-Family" approach) in one zip code in the county. Title IV-E waiver funds were to be used to support FIC's activities for the child welfare system. Child welfare also was launching a "Building Better Futures" initiative that would assign parent mentors who had had involvement with child welfare to at-risk parents. Child welfare is hoping to recruit these parent mentors through its substance abuse providers. Child welfare has used the MAPP training (National Model Approach to Partnership in Parenting out of Atlanta) and indicated that the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/BHS) also adapted this model statewide with a therapeutic overlay for its therapeutic foster care providers.

In *Hawaii*, the State's contract with Hawaii Families As Allies includes recruitment and support for parent partners, who serve as peer advocates and provide assistance and support to other family members. Parent partners are employees of Hawaii Families As Allies (HFAA). Parent partners attend meetings such as Individual Education Plan (IEP) meetings and court proceedings with families, conduct workshops and support groups for families, and support families in a variety of other ways. Typically, parent partners work out of their homes, but they are tied to the various Family Guidance Centers, and they also serve on Family Guidance Center committees and management teams, representing the interests of and advocating for families. Care coordinators provide a packet of materials about the availability of parent partners and about HFAA to family members receiving services. In addition, Family Guidance Centers make referrals to the parent partners for support. The registration process at Family Guidance Centers was modified to include explanation of the role of parent partners and to obtain consent for the parent partner to contact the family to provide support. At the time of the site visit, new work was being undertaken to develop youth mentors to provide positive role models to other youth in areas such as social and life skills. Some youth mentors will receive stipends from the federal system of care grant in Hawaii. Curriculum development to provide training for this role was underway. A new RFP at the time of the study required provider agencies to have a Family Specialist and a Youth Specialist. These roles can be assigned to direct service staff, but must be at least half-time positions.

In *New Jersey*, the State funds Family Support Organizations (FSOs) in each region, which provide advocacy, support and education at the system and service delivery levels. They are funded with a combination of state general revenue, Medicaid administrative case management dollars, and federal discretionary grants. FSOs are required to fund Family Support Coordinators to work closely with families served by Care Management Organizations (CMOs), providing peer support and advocacy. The Family Support Coordinators are individuals with children involved in the system or who have been diagnosed with emotional problems and are available for families who request their help. A primary focus is to support the family's involvement in the individualized service planning process to ensure that the plan is supportive of their concerns, values and preferences.

In *Nebraska,* Family Partners are employed by Families CARE to provide support for each family served through the wraparound process. Each Family Partner is recruited from and based within the community in which he/she resides. In addition, Families CARE coordinates YES — Youth Encouraging Support, a group of 200–300 youth in Region 3, who work to educate professionals, families, and peers on mental health issues and to reduce the stigma within their communities. YES also provides support to other youth who have mental health disorders and provides a youth voice within the local systems of care. Family Partners and YES are programs that Families CARE operates through its contract with Region 3 Behavioral Health Services (BHS). Funding for the contract comes from allocating a percentage of a blended funding case rate comprised of child welfare, juvenile justice and mental health dollars that supports Region 3's Integrated Care Coordination Unit (ICCU). In addition, YES applies for small grants for specific activities, and the youth fundraise.

*Choices* pays for family advocates on a fee-for-service basis. Every family served has access to a family advocate to accompany them to child and family team meetings and for other sources of support. Family advocates are employed by the family organization (Rainbows) and are available on an as-needed basis. Choices utilizes its blended funding pool to pay for family advocates.

*Wraparound Milwaukee* also pays for family peer support and youth peer support on a fee-for-service basis; however, family and youth peer mentors are not employees of the family organization. Rather, peer support is provided through individuals and agencies that are part of Milwaukee Wraparound's extensive provider network. They are paid for through Milwaukee's blended funding pool.

## Financing to Train Providers on How to Partner with Families and Youth

The sites use various approaches to finance training for providers on how to partner with families and youth.

In *Arizona,* the State has invested tobacco settlement dollars, Federal discretionary and formula grants, and Regional Behavioral Health Authority (i.e. behavioral health managed care organization) investments to pay for training and coaching of families, providers and others to develop a statewide practice approach designed to actualize Arizona's vision of family-centered practice and its system of care principles. In Maricopa County, the Family Involvement Center partnered with the behavioral health managed care organization's training department, Comprehensive Services Providers (i.e., core service agencies), and others to design a curriculum on how to partner with families and youth.

In *Hawaii,* state training for providers, as a matter of course, includes a focus on partnering with families. Family members are employed as trainers and provide training on effective partnerships and collaboration with families. There also are resources in the Hawaii Families as Allies budget to train providers in how to partner with families and youth. The state plan also includes parent partners providing group and individual training to line staff on partnering with families and youth. In addition, the second annual Young Adult Support Group Planning Summit was being planned at the time of the study with the theme of "Why Not Me?" This will be used as a vehicle to share with providers the vision of youth voice and youth involvement and provide training about how to partner with youth.

*Choices* uses a Community Resource Manager as the designated individual in each site who works closely with providers, including: identifying providers to participate in the network; negotiating rates; and arranging for, coordinating, or providing training on best practices, innovations, etc. One aspect of the training for providers in the network is on family-driven care. Community Resource Managers arrange for training provided by family members; family members employed by the family organization, Rainbows, can provide such training locally or can travel to other sites. The contract with Rainbows, financed from the blended funding pool, covers these costs.

*Wraparound Milwaukee* trains all providers in its underlying principles, values and operating procedures, in the child and family team concept and operations and in the wraparound approach, including the essential principle of family and youth partnership. It also tracks fidelity through its quality improvement (QI) system.

## Financing to Provide Families and Youth with Choice of Services and/or Providers

Most of the sites use an individualized care planning process with child and family teams in which the youth and family are integral to decision making about the services and supports that will be provided. In addition, the sites offer choices of providers to families and youth when possible.

*Arizona's* managed care structure, which combines Medicaid, State Children's Health Insurance, mental health and substance abuse block grant, and state general revenue funds, along with its broad benefit design, allows families choice of providers (in areas where there are not serious provider shortages), and the use of a child and family team process that closely involves families. In addition, the system can enter into individual contracts with a provider that is outside the managed care network if there is a need for the service. These are known as "single case agreements". Also, the system uses flex funds to further support family choice.

In *Choices,* the child and family team meetings offer families options of providers if there is a sufficient volume of providers for the services in question. To the extent possible, providers of services are customized to the community or neighborhood in which the family resides, with the goal of establishing connections with providers that families will be able to maintain independently after their involvement with Choices has ended. Typically, two or three suggestions of providers for a service are brought to the child and family team meeting. The family is able to choose or may rely on the recommendation of the care coordinator.

In *Milwaukee Wraparound,* the child and family team, on which the family and youth are key players, determines the array of services and supports for the child and family, drawing from a very broad provider network of over 200 providers and 85 services and supports and access to flexible, individualized (e.g., one-time) supports as well. The plan of care developed by the team details the specific services and supports that will be provided, but not the specific provider. The family itself may choose the provider. This also creates a built-in quality improvement check for the system because if families are not choosing particular providers, the system will have that information and can begin to analyze the underlying reasons as to why a given provider is not being chosen by families.

## Financing Services and Supports to Family Members and Caregivers (Not Just to the Identified Child)

The sites have incorporated strategies to ensure that services and supports can be provided to families and are not limited to the "identified child." These strategies include: coverage of these services under Medicaid; use of other agencies' funds; use of flex funds; and use of blended or braided funding structures supported by case rates.

In *Arizona,* Medicaid can pay for family education and peer support, respite, behavioral management skills training and other supports to families if these supports are geared toward improving outcomes for the identified child. The child does not have to be present. Medicaid also can be used to pay for transportation and interpretation services for families. Non-Medicaid allowable services — for example, certain cultural supports, such as Native healers — can be paid for with non-Medicaid dollars in the Regional Behavioral Health Authority (RBHA) capitation. Arizona also defines "family" broadly. The Medicaid Covered Services Guide provides the following definition of family and guidance regarding coverage of services to family members — "For purposes of services coverage and this guide, family is defined as:

(1) 'The primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adult(s) and/or child(ren) with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family.' In many instances, it is important to provide behavioral health services to the family member as well as the person seeking services. For example, family members may need help with parenting skills, education regarding the nature and management of the mental health disorder, or relief from care giving. Many of the services listed in the service array can be provided to family members, regardless of their enrollment or entitlement status as long as the enrolled person's treatment record reflects that the provision of these services is aimed at accomplishing the service plan goals (i.e. they show a direct, positive effect on the individual). This also means that the enrolled person does not have to be present when the services are being provided to family members."

(See **http://www.azdhs.gov/bhs /bhs_guide.pdf** for AZ Covered Services Guide)

In *Hawaii,* Medicaid allows services and support to be provided to families in addition to the identified child, and for which the identified child does not necessarily have to be present. For example, family therapy is billable even if the child is not present, and for young children, the family can receive services to address issues related to the child, even if the child is not present (e.g., substance abuse). For services not covered by Medicaid, funds for ancillary services are used to finance services and supports to families/caregivers. The role of case managers includes helping families to access needed services through the adult mental health system or other systems or agencies as needed. Additionally, the contract with Hawaii Families As Allies (HFAA), the statewide family organization, is used to provide services and peer supports to families/caregivers.

In *Central Nebraska,* at the State level, $310,000 has been set aside ($274,000 from the Division of Protection and Safety [child welfare] and $36,000 from the Division of Behavioral Health Services) to serve family members of children served through the five Integrated Care Coordination Units across the state. The care coordinator and family determine service needs and use these flex funds to purchase some of these services.

In *Choices*, the case rate approach (utilizing child welfare, juvenile justice, mental health and special education dollars) creates flexibility to provide whatever services and supports are needed by the child and family with no medical necessity or prior authorization necessary. The child is not required to be present in order to provide services to parents and other family members, including family therapy, alcohol or drug treatment, and others. Choices maintains data on the wide range of services and supports provided to families. Flexible funds can be used to finance supports to families, including transportation (bus, car repairs, etc.), housing, utilities, clothing, food, summer camps (including for siblings), home repairs, and others. The expenditures must be within the care plan structure, and the plan must document how such expenditures will support the service plan goals for the child and family. (Choices' case rate does not include Medicaid funds; Choices bills Medicaid on a fee-for-service basis for services covered in the State Medicaid plan.)

In *Wraparound Milwaukee*, services to family members are financed through its blended funding approach, which includes capitated Medicaid dollars and case rate financing from the child welfare and juvenile justice systems, along with mental health general revenue. Wraparound Milwaukee also pays for substance abuse services for parents if necessary and has partnered with the adult substance abuse system to adopt a wraparound approach.

## Financing Family Organizations to Provide Direct Services and Supports

In some sites, family organizations can provide direct services and supports, with resources for these services included in contracts with these organizations or by allowing them to bill Medicaid.

In *Arizona,* Medicaid created a new provider type, called a Community Service Agency (CSA), to allow family organizations and other non-traditional providers to be Medicaid providers for certain rehabilitation services. Both the Family Involvement Center (FIC) in Maricopa County and MIKid (the statewide family organization) became CSAs. As a CSA, FIC can bill Medicaid for rehab services, including skills training and development, health promotion and behavioral coaching, as well as support services, including peer and family support, respite and personal care services. Thus, family organizations not only receive contracts from the state and from individual Regional Behavioral Health Authorities (RBHAs), but they also can be direct service providers and enhance revenue through service billing. Subsequent to the site visit, FIC also became licensed as a behavioral health provider, which allows it to provide case management services. Medicaid billings thus generate revenue for the organization. In addition, each of the Comprehensive Services Providers (CSPs) in the managed care network in Maricopa County must have family support partners on staff, who are paid for by the managed care system. These family support partners can provide services in any location (e.g., school, court, home, etc.).

In *Hawaii,* consumer and family-run services are supported through Medicaid, block grant, and general revenue funds. Block grant and general funds finance parent partners, parent skills training, peer mentoring services for youth, and parent-to-parent supports. An attempt was being made at the time of the study visit to have all of these services covered under Medicaid through an amendment to the state plan; approval was pending.

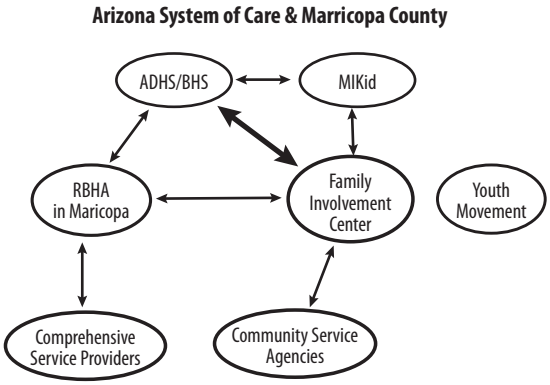
In *Choices* in Indiana, the family organization (Rainbows) is a provider of some services. In this role, it is treated like any other service provider and is paid on a fee-for-service basis for services, such as mentoring. Financing comes from the case rates. Services provided include family-to-family mentoring. Currently, the county child welfare system contracts with Rainbows to provide *Common Sense Parenting*, which has begun to provide this service to Dawn families. The trainers will be paid to provide this training. Rainbows also provides parent support groups, financed as part of the contract with the family organization.

# Summary

Virtually all of the sites studied treat the development and growth of family and youth partnership as an important "cost of doing business" in an effective system of care for children and youth with behavioral health challenges and their families. They utilize a variety of financing strategies to support family and youth partnership at the policy and system management levels, as well as at the service delivery level. The principal funding sources used include: *Medicaid service dollars; Medicaid administrative case management dollars; general revenue from mental health, child welfare, juvenile justice and special education systems; Federal discretionary grants; and Federal block grants.* Principal financing strategies include*: use of case rates supported by cross-system financing* to create flexibility to support family and youth partnerships, provide services to family members/caregivers and not just the identified child and to create choice for families; *maximization of Medicaid particularly through capitated managed care arrangements; allowing family organizations to be direct service providers,* which increases revenue through billable services; and *incorporation of specific flexible funding pots of money.*

***An overarching strategy used by virtually all of the sites is financing family-run organizations***. The following graphics illustrate and summarize the key roles played by the family organizations in the sites' overall financing strategies for their systems of care.

# Arizona: Family Involvement Center




## Family Involvement Center Financing

Financed initially by state legislative appropriation and foundation grant; now financed by state mental health general revenue, tobacco settlement monies, Federal mental health and substance abuse block grant, Federal discretionary grants, Medicaid billable services, and child welfare general revenue and Title IV-E waiver funds

### Family Involvement Center Contracts

- Contract with AZ Department of Health Services/Division of Behavioral Health Services
- Contract with Maricopa County Regional Behavioral Health Authority for administrative functions
- Contract with Maricopa County Regional Behavioral Health Authority as direct service provider
- Contract with AZ child welfare system

### Family Involvement Center Functions

*Under State Mental Health Contract:*

- Policy and system management involvement
- Payment of stipends, transportation, child care to support family and youth partnership at policy/system management levels
- Training of families, providers, staff on AZ system of care principles and family and youth partnership
- In partnership with MIKid, development of a Latino family organization
- Building of family and youth movement

*Under Administrative Contract with Maricopa County RBHA:*

- Staff and participate on Children's Advisory Council
- Recruit and train family partners for variety of roles
- Recruit, train and support family peer mentors
- Organize open education opportunities
- Provide information and referral
- Co-facilitate administrative meetings
- Train and provide technical assistance to providers on family and youth partnership

*Under Contract as a Direct Service Provider – Provides:*

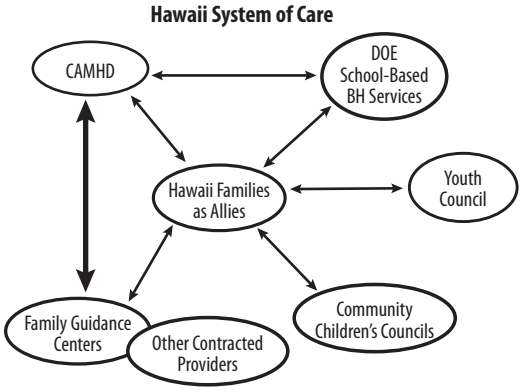
- Peer mentoring
- Respite
- Behavioral coaching
- Skills training
- Health promotion
- Family support and education
- Personal aide services

*(Subsequent to the study period, the family organization also became a provider of case management services.)*

*Under Contract with State Child Welfare System:*

- Provide peer support for families at risk of child welfare involvement through a Family-to-Family approach

# Hawaii: Hawaii Families As Allies



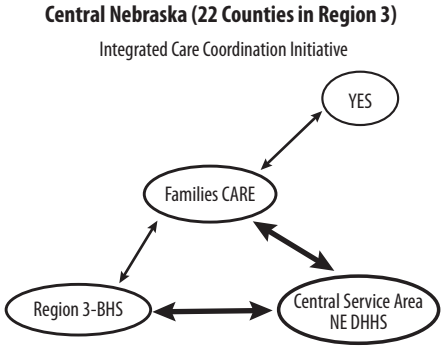

## Hawaii Families As Allies Financing

Financed by state mental health general revenue, Federal mental health block grant, and Federal discretionary grant dollars

**Hawaii Families As Allies Functions Under Contract with State Child and Adolescent Mental Health Division**

- Policy and system management involvement
- Development of a program on a broad range of topics to enhance attitudes, skills and knowledge of youth and families
- Training on a broad range of topics
- Information dissemination via a web site
- Production of a newsletter
- Conducting workshops and at least one annual conference
- Organization and support for a Youth Council
- Operation of a statewide phone line for information and help to families
- Employment of Consumer/Family Relations Specialists to be available via phone to assist families
- Development and maintenance of resource manuals — one on community resources and one on recreational, leisure and educational resources
- Peer support through recruitment, training and supervision of Parent Partners
- Social marketing to reduce stigma
- Participation in the state's Strategic Planning process for child and adolescent behavioral health

# Central Nebraska: Families CARE



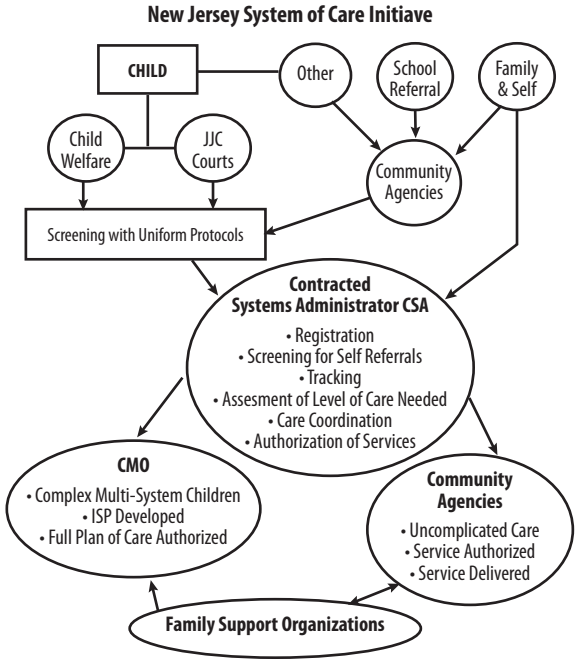

## Families CARE Financing

Financed initially by a Federal discretionary grant; now financed through blended case rate comprised of mental health and child welfare general revenue dollars that is supporting Integrated Care Coordination Units — 8% of case rate goes to Families CARE

**Families CARE Functions**

- Recruitment, training and support for Parent Partners (peer mentors) and youth peer mentors
- Providing child care, transportation, food and other supports for families and youth to participate at policy, system management and service delivery levels
- Providing family education and support
- Training of families, youth, providers and others in system of care principles and family/youth partnership

# New Jersey: Family Support Organizations



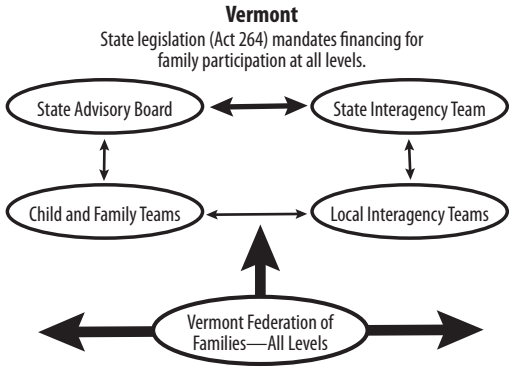

## Family Support Organizations' Financing

Financed by Medicaid administrative case management, state mental health and child welfare general revenue, and Federal discretionary grant dollars

**Family Support Organizations' Functions**

- Provide family and youth peer support for families and youth involved in Care Management Organizations
- Assist families with access to services, including to Medicaid entitlement programs
- Provide general family education and advocacy
- Provide training for families, youth, providers and other stakeholders in system of care principles

# Vermont: Vermont Federation of Families



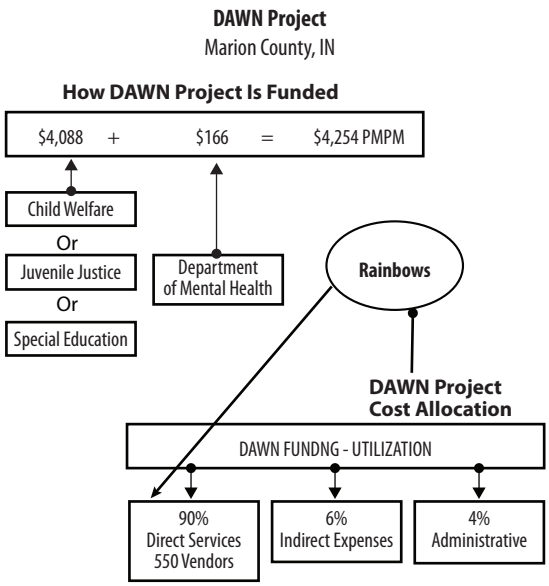

## Vermont Federation of Families Financing

Financed by state mental health general revenue, Federal discretionary grants and foundation grants

**Functions of Vermont Federation of Families**

- Policy and system management level involvement
- Providing support for families to be involved at various levels of the system
- Training for families, providers and others on system of care principles

# Choices – Dawn Project: Rainbows



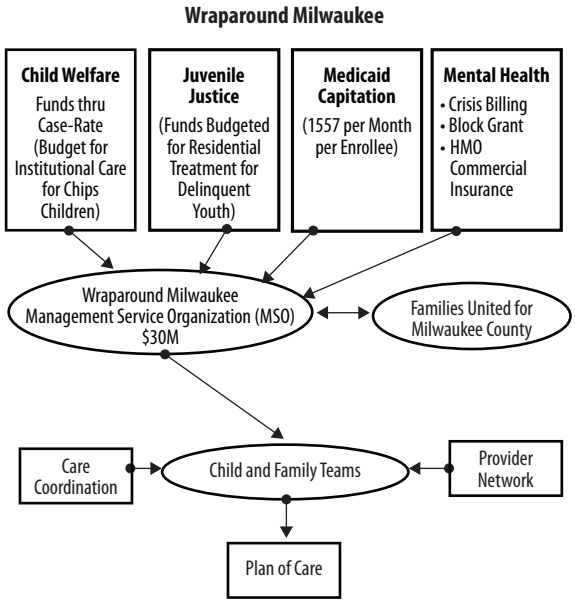

## Rainbows' Financing

Financed through blended case rate comprised of child welfare, juvenile justice, special education and mental health dollars, including contract for administrative functions and revenue from billable peer support services

**Rainbows' Functions**

- Policy and system management level involvement
- Peer support for families involved in the Dawn Project
- Training for family members, providers and others on partnering with families and system of care principles
- Operation of a hot line
- Production of a newsletter for families
- Offering family support groups

# Wraparound Milwaukee: Families United for Milwaukee County




## Families United Financing

Financed through blended funding case rate, comprised of child welfare, juvenile justice, mental health, and Medicaid dollars

**Families United Functions**

- Policy and system management level involvement
- Training for families, providers and others on family partnership
- Family education and support
- Advocacy with the education system through employment of an education advocate

# Resources

More information about the family organizations described in this Issue Brief can be found at the following web sites:

## Arizona

**MIKID:** http://www.mikid.org/

**Family Involvement Center:**
http://www.familyinvolvementcenter.org/

## Hawaii

**Hawaii Families As Allies:** http://hfaa.net/

## New Jersey

**Family Support Organizations:**
http://www.state.nj.us/dcf/behavioral/links/family.html

## Vermont

**Vermont Federation of Families for Children's Mental Health:** http://www.vffcmh.org/

## Central Nebraska

**Families CARE:**
http://www.gucchd.georgetown.edu/files/conference_calls/TACenter/21Jun07/NEFinancingStrategies6-21-07.ppt

## Choices

**Rainbows:**
http://www.specialedu.ips.k12.in.us/communities/specialedu/Assets/pdf/RainbowsBrochure2.pdf

## Milwaukee Wraparound

**Families United for Milwaukee County:**
http://www.milwaukeecounty.org FamilyAdvocacyWrapar10154.htm

More information about the RTC Study 3 on ***Effective Financing Strategies for Systems of Care*** can be found at:
**http://rtckids.fmhi.usf.edu/research/study03.cfm**

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Washington, DC

**Human Service Collaborative**
Washington, DC

**Family Support Systems, Inc.**
Peoria, AZ

# Issue Brief 2

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**RTC Study 3:**
Financing Structures and Strategies
to Support Effective Systems of Care

## Effective Strategies to Finance Family and Youth Partnerships FMHI # 235–IB2

Sheila A. Pires, M.P.A. and Ginny Wood

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