Collaborative Financing for SOC: Leveraging Medicaid, Medicaid Managed Care and Other Funding Opportunities

May 22-23, 2017

This workshop is hosted by the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.

Substance Abuse and Mental Health Services Administration
✕SAMHSA

Welcome and Overview

- Introduction

- Purpose of Session

- SOC Basics

- Sustainability

- Utilizing Data for Accountability & Sustainability

- Medicaid and Medicaid Managed Care

- Tapping Into Child-Serving Systems

System of Care: Basic Tenets

System of Care (SOC) Concept = *Organizing Framework and Guide*

- *Philosophy and value base are constant*

  - 🚫 a prescription or a *model* to be *replicated*

  - No two are exactly alike

- **SOCs evolve:**

  - Policies, organizational arrangements, service delivery approaches, treatments, change and adapt over time.

Stroul, B. (2002). Systems of care: A framework for system reform in children's mental health [Issue brief]. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health

Avoiding "Categorical" SOC

"One of the major opportunities that a SOC approach provides is to bring together *related reform* efforts and *reduce a "siloed"* approach to serving children, youth, and families."

"Those who have multiple SOC grants, for example, or *related reform agendas underway*, need to conceptualize these *as part of the same cloth* when they are focused on common populations of children, youth, and families."

S. A. Pires, Building Systems of Care A Primer, 2nd Edition, Spring 2010, GUCCHD

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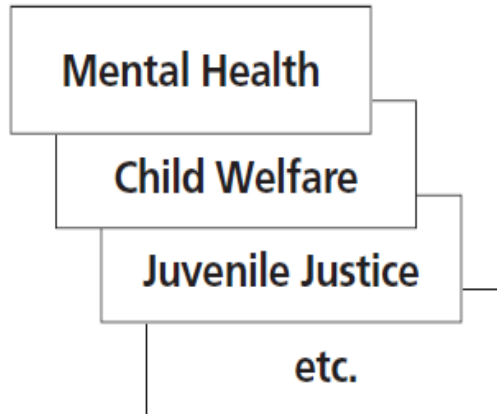
A Non Categorical Approach

- A SOC, by definition, is non-categorical; that is, it crosses agency and program boundaries and approaches the service and support requirements of families and youth holistically.

- It adopts a population focus across systems.

Categorical vs. Non Categorical Approach

ILLUSTRATION A

Categorical vs. Non-Categorical System Reforms

Categorical System Reforms

Mental Health

Child Welfare

Juvenile Justice

etc.

Non-Categorical Reforms

Mental Health

Child Welfare

Shared Population Focus

etc.

Juvenile Justice
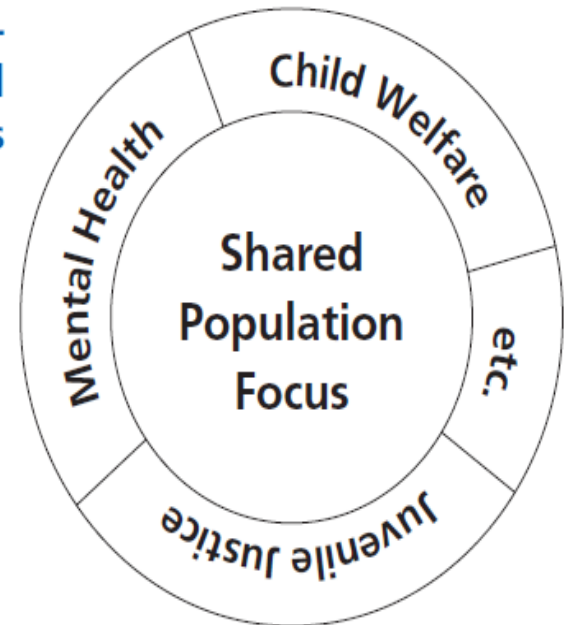
Pires, S. (2001). *Categorical vs. non-categorical system reforms*. Washington, DC: Human Service Collaborative.

Thinking Non Categorically… Opportunities

Underutilized strategies include:

- <u>Incorporating </u>the SOC approach in protocols to *monitor compliance* with SOC requirements and *into data systems for outcome measurement and quality improvement*; and

- <u>Linking with and building on other system change </u>initiatives like health care reform, parity legislation or reforms in other systems.

Thinking Non Categorically... Strategies

- **Learn one another's languages**
  - (e.g. Medicaid vs mental health)

- **Align requirements and processes**
  - (e.g. certification requirements & terms)

- **Shared information systems to integrate data across systems**
  - (e.g. NJ CYBER, Synthesis Wraparound Milwaukee; proprietary example – TMS Wrap logic)

- **Define and monitor outcomes that can only be achieved through collaborative strategies**
  - (e.g. reducing out-of-placements)

A Shared Population Focus

- **Demographics**
  - (e.g. children & youth, infants & toddlers, transition age youth)

- **Intensity of system involvement**
  - (e.g. children & youth in out-of-home placement)

- **At-risk characteristics**
  - (e.g. children & youth in bio homes at risk of child welfare or JJ involvement or hospitalization)

- **Level of clinical/functional impairment**
  - (e.g. children with serious emotional disorders, developmental disabilities, co-occurring disorders)

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Financing Strategies to Support Improved Outcomes for Children, Youth and Families

FIRST PRINCIPLE: Strategic Agenda for Populations of Focus Drives Financing

REDEPLOYMENT

Using the money we already have

The cost of doing nothing

Shifting funds from high cost/poor outcome services to effective practices

Moving across fiscal years

REFINANCING

Generating new money by increasing federal claims

The commitment to reinvest funds for families and children

Foster Care and Adoption Assistance (Title IV-E)

Medicaid (Title XIX)

RAISING OTHER REVENUE TO SUPPORT FAMILIES AND CHILDREN

Donations

Special taxes and taxing districts for children

Fees and third party collections including child support

Trust funds

FINANCING STRUCTURES THAT SUPPORT GOALS

Seamless services: Financial claiming invisible to families

Funding pools: Breaking the lock of agency ownership of funds

Flexible Dollars: Removing the barriers to meeting the unique needs of families

Incentives: Rewarding good practice

Financing Strategy: Redirect Funds

Strategies:

- Dollars from high cost/poor outcome services (e.g., residential, detention, group homes)

- Invest/re-invest savings per youth served in home and community-based service capacity

- Promote diversification/"re-engineering" of residential treatment facilities

Pires, S. 2010. Human Service Collaborative

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ILLUSTRATION 2.17A

Examples of Sources of Funding for Children/Youth

Medicaid
- Medicaid Inpatient
- Medicaid Outpatient
- Medicaid Rehabilitation Services Option
- Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Targeted Case Management
- Medicaid Waivers
- TEFRA Option

Substance Abuse
- SA General Revenue
- SA Medicaid Match
- SA Block Grant

Mental Health
- MH General Revenue
- MH Medicaid Match
- MH Block Grant

Child Welfare
- CW General Revenue
- CW Medicaid Match
- IV-E (Foster Care and Adoption Assistance)
- IV-B (Child Welfare Services)
- Family Preservation/Family Support

Juvenile Justice
- JJ General Revenue
- JJ Medicaid Match
- JJ Federal Grants

Education
- ED General Revenue
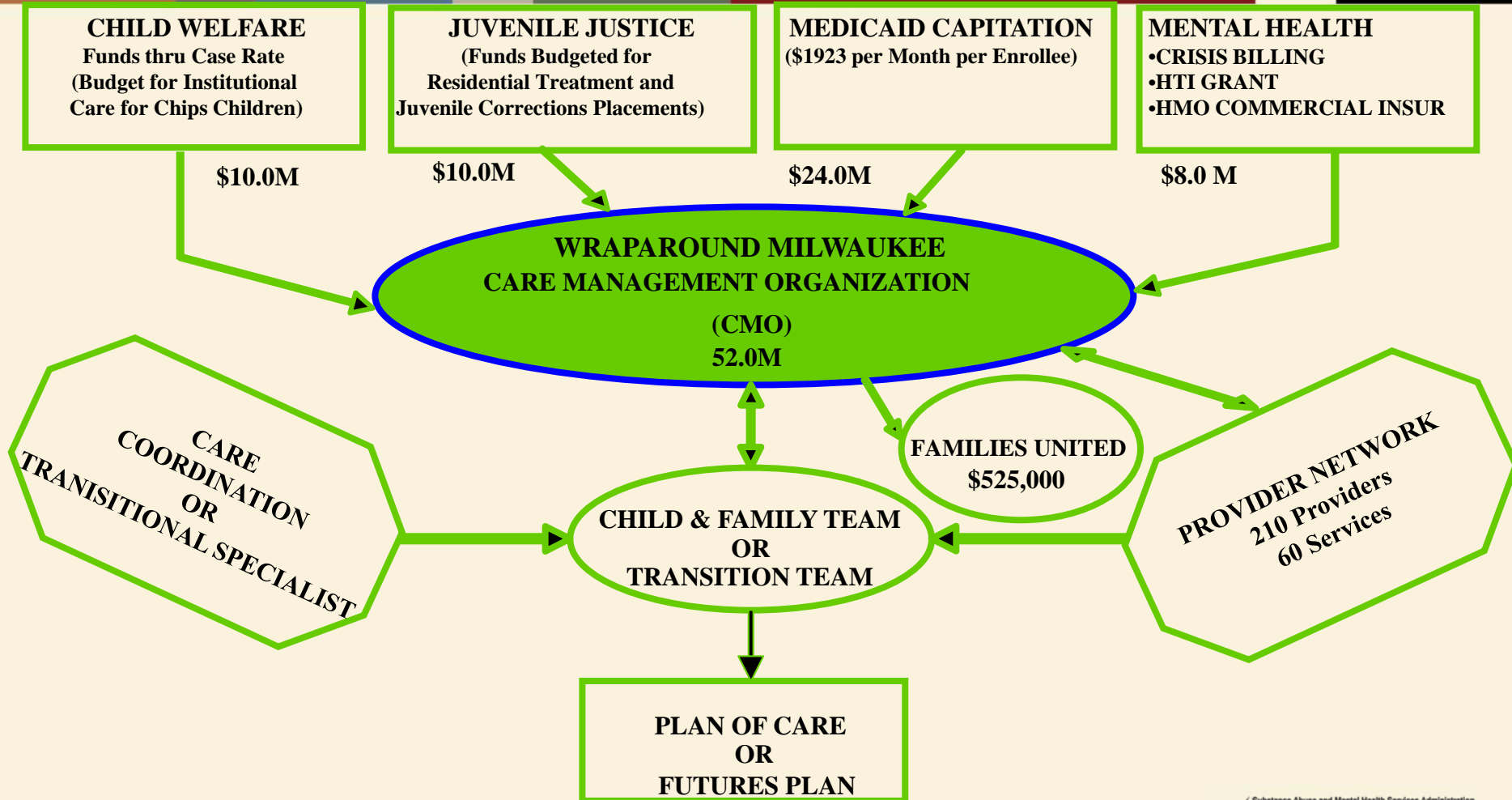- ED Medicaid Match
- Student Services

Other
- Temporary Assistance for Needy Families (TANF)
- Children's Medical Services/Title V—Maternal and Child Health
- Mental Retardation/ Developmental Disabilities
- Title XXI—State Children's Health Insurance Program (SCHIP)
- Vocational Rehabilitation
- Supplemental Security Income (SSI)
- Local Funds

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Sources of Funds

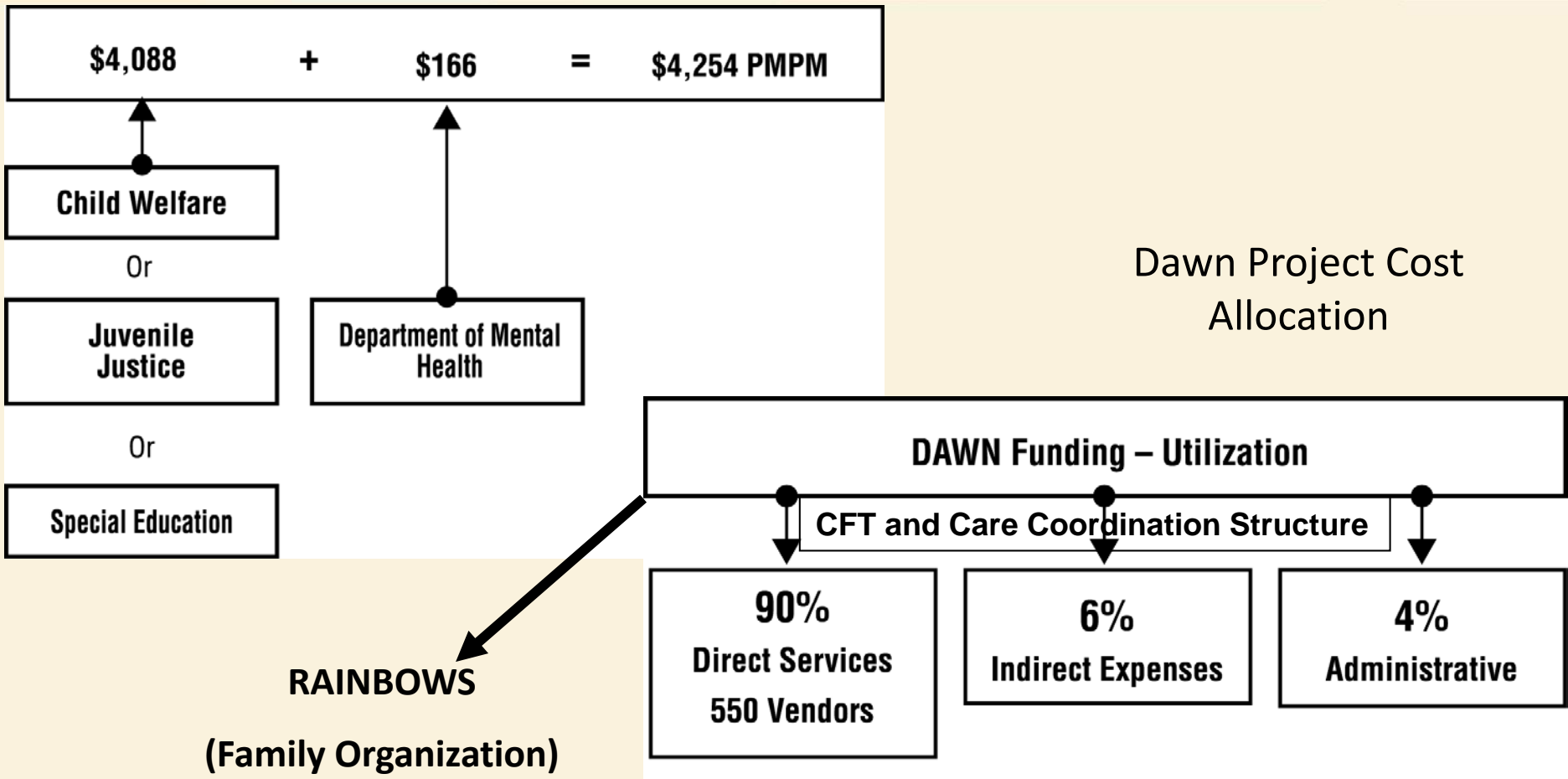| 2.17B	**Sources of Funds (In Addition to Federal Grant Funds) Used Across Sites**	
SOURCE	**SYSTEM**	**DESCRIPTION**
State	Mental Health	General fund, Medicaid (including FFS/managed care/waivers), federal mental health block grant, redirected institutional funds, and funds allocated as a result of court decrees
	Child Welfare	Title IV-B (family preservation), Title IV-B (foster care services), Title IV-E (adoption assistance, training, administration), and technical assistance and in-kind staff resources
	Juvenile Justice	Federal formula grant funds to states for juvenile justice prevention, state juvenile justice appropriations, and juvenile courts.
	Education	Special education, general education, training, technical assistance, and in-kind staff resources
	Governor's Office/Cabinet	Special children's initiatives, often including interagency blended funding
	Social Services	Title XX funds and realigned welfare funds (TANF)
	Bureau of Children with Special Needs	Title V federal funds and state resources
	Health Department	State funds
	Public Universities	In-kind support, partner in activities
	Department of Children	In states where child mental health services are the responsibility of child agency, not mental health, sources of funds similar to above
	Vocational Rehabilitation	Federal- and state-supported employment funds
	Housing	Various sources
Local	County, City, or Local Township	General fund
	Social Services/Child Welfare	Locally controlled funds
	Juvenile Justice	Courts, probation department, and community corrections
	Education	Local schools (including in-kind donations of staff time), school district, and school supervisory unions
	County	May levy tax for specific purposes (mental health)
	Food Programs	In-kind donations of time and food
	Health	Local health authority-controlled resources
	Public Universities and Community Colleges	In-kind support; research and evaluation resources
	Substance Abuse	In-kind support
Private	Third Party Reimbursement	Private insurance and family fees
	Local Businesses	Donations and in-kind support
	Foundations	Robert Wood Johnson, Annie E. Casey, Soros Foundations, and various local foundations
	Charitable	Lutheran Social Services, Catholic Charities, faith organizations, homeless programs, and food programs (in-kind)
	Family Organizations	In-kind Support

S. A. Pires, Building Systems of Care A Primer, 2nd Edition, Spring 2010, GUCCHD

Koyanagi, C., & Feres-Merchant, D. (2000). Systems of care: Promising practices in children's mental health. In *For the long haul: Maintaining systems of care beyond the federal investment* (Vol. 3). Washington, DC: American Institutes for Research, Center for Effective Collaboration and Practice.

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www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Wraparound Milwaukee: Redirected and Blended Funding (circa 2015)

CHILD WELFARE
Funds thru Case Rate
(Budget for Institutional
Care for Chips Children)

JUVENILE JUSTICE
(Funds Budgeted for
Residential Treatment and
Juvenile Corrections Placements)

MEDICAID CAPITATION
($1923 per Month per Enrollee)

MENTAL HEALTH
•CRISIS BILLING
•HTI GRANT
•HMO COMMERCIAL INSUR

$10.0M $10.0M $24.0M $8.0 M

**WRAPAROUND MILWAUKEE
CARE MANAGEMENT ORGANIZATION
(CMO)
52.0M**

**CARE
COORDINATION
OR
TRANSITIONAL SPECIALIST**

**FAMILIES UNITED
$525,000**

**PROVIDER NETWORK
210 Providers
60 Services**

**CHILD & FAMILY TEAM
OR
TRANSITION TEAM**

**PLAN OF CARE
OR
FUTURES PLAN**

Adapted from Wraparound Milwaukee, WI 2015

DAWN Project (Indianapolis, IN): Redirected and Braided Funds

$4,088 + $166 = $4,254 PMPM

Child Welfare

Or

Juvenile Justice

Or

Special Education

Department of Mental Health

Dawn Project Cost Allocation

RAINBOWS

(Family Organization)

DAWN Funding – Utilization

CFT and Care Coordination Structure

90% Direct Services 550 Vendors

6% Indirect Expenses

4% Administrative

2005 CHIOCES, Inc., Indianapolis, IN

New Jersey (1115 Waiver and TCM)

BH, CW, MA $$ - Single Payer

**Department of Children and Families
Division of Children's System of Care (CSOC)**

**Dept. of Human Services
Medicaid Division**

**Rutgers Training
& TA Institute**

**Contracted Systems Administrator-
PerformCare – ASO for child BH carve out**

- 1-800 number
- Screening
- Utilization management
- Outcomes tracking

Provider Network

**Mobile Response &
Stabilization Services**

**Family Support
Organizations**

***Care Management
Entities- CMOs**

Lead non profit agencies managing children with serious challenges, multisystem involvement

Family/Youth peer support, education and advocacy

Youth M.O.V.E.

Adapted from State of New Jersey 2010

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Examples of Refinancing

Milwaukee County, WI

- Schools and child welfare contributed $450,000 each to expand mobile response and stabilization services (prevent placement disruptions in child welfare, prevent school expulsions)
- As a Medicaid-billable service; contributions from schools and child welfare generate $180,000 to the school contribution and $200,000 to child welfare's in Federal Medicaid match dollars

New Jersey

- Reallocated child welfare and mental health general revenue dollars to enhance match for Medicaid system of care innovations

Financing Strategy: Raising New Revenue

- California:

  - Proposition 63 - 1% income tax on millionaires

- Spokane County, WA:

  - 0.1% sales tax for mental health

- Jackson County, KN:

  - 1.3% per $100 property tax for mental health

- Florida counties

  - Children's trust funds

- NYC and SC

  - Social Impact Bonds

Sustainability Starts Now!

What Are You Trying to Build?

SOC is more than a program!

A Tool to Use…

Effective Systems Building : Structure & Functions

Leadership & Process	Governance	Decision Making	Partnership & Collaboration
Structure & Activities	What are we currently offering?	What do we need to build?	How are we working collaboratively?
Accountability/ Sustainability	Utilization Management	Quality Improvement	Cost and Outcomes
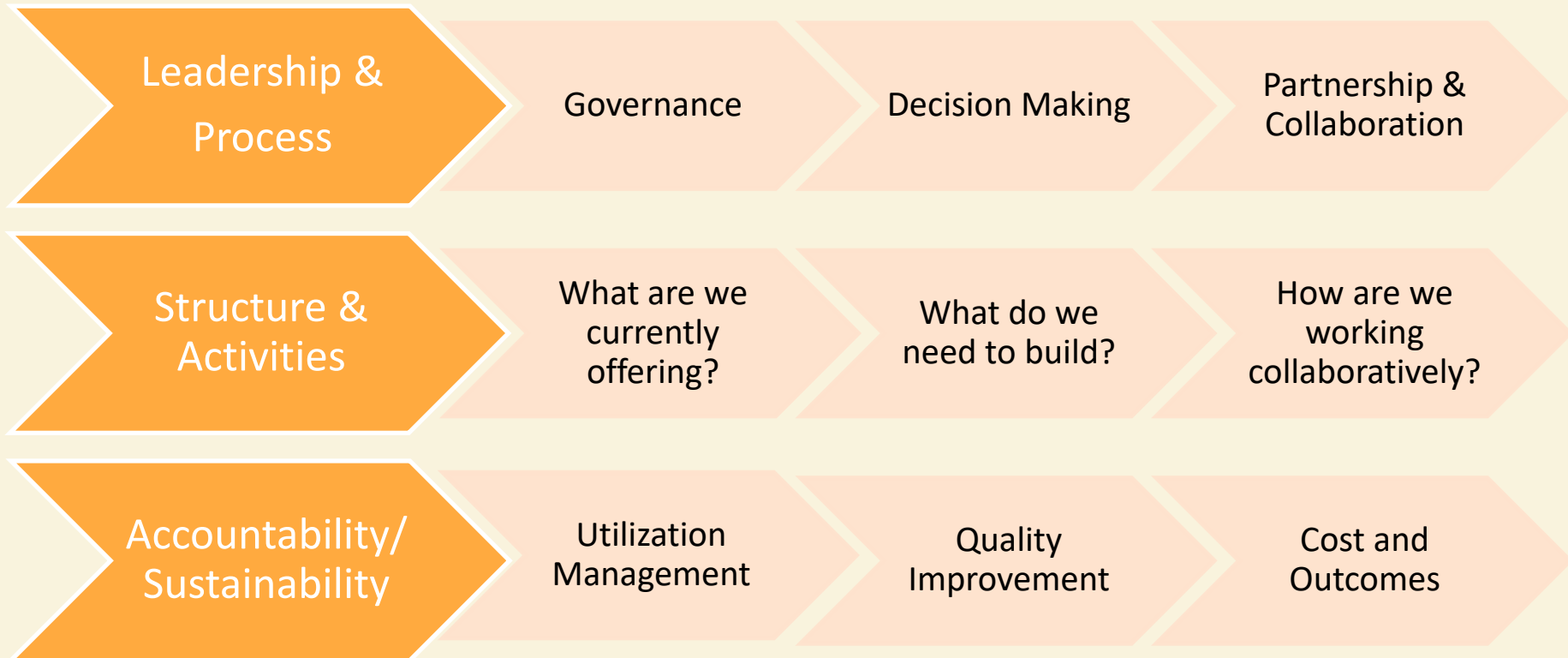
Alternatives For Working Together Which One Do You Choose?

Collaboration: a required part of the work and hard to define

Communicate: entities are aware and share some information

Coordinate: entities are aware, share information and participate in joint processes

Co-exist: entities are aware that they are engaged in related work

Collaborate: entities are aware, share information, participate in joint processes, co-create policies and procedures, and share resources and ownership

System Change Requires Collaboration Among Collaborative Groups

System is built on shared values

Community stakeholders and partners

Leading with shared vision, guidance and accountability

Managing day to day activities

This is more than a program

There are three distinct voices that exist and potentially conflict: those of the individual member, the partner organizations and the community. When those voices are in conflict, it is very hard to proceed with confidence. Individuals, rather than act together, have gone outside of the team to try and recruit their organization to their point of view and move their own agenda forward. As the team has allied and fractured, distrust has grown.
- Lab Work

Effective Collaboration

- Build and maintain trust
- Agree on core values
- Focus on common goals
- Respect the knowledge and experience each person bring
- Assume the best
- Recognize strengths and needs; identify the best way to maximize participation of each partner
- Honor all voices
- Share decision making

Collaborative partnerships are *foundational* for building and maintaining your SOC.

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Partnership With Youth and Families

Management

Service Delivery

Policy

Structures and Activities – Be Strategic

- Necessary infrastructure

  - System level

  - Organization and service level

- Develop services and supports that truly meet the needs of youth/families

  - ASK children, youth and families what works and does not work for them - surveys, focus groups, town hall meeting, advisory groups, etc.

  - USE their input to guide and inform the development of your service array and support systems

UTILIZING DATA FOR ACCOUNTABILITY & SUSTAINABILITY
AT ALL LEVELS OF YOUR SYSTEM OF CARE

Data Is Linked to Sustainability

- **Be a strategic thinker**
  - Ask a lot of questions
  - Collect data that can help you answer the questions
  - Review progress & data frequently
  - Utilize data for sustainability

Clarity | Capacity | Culture

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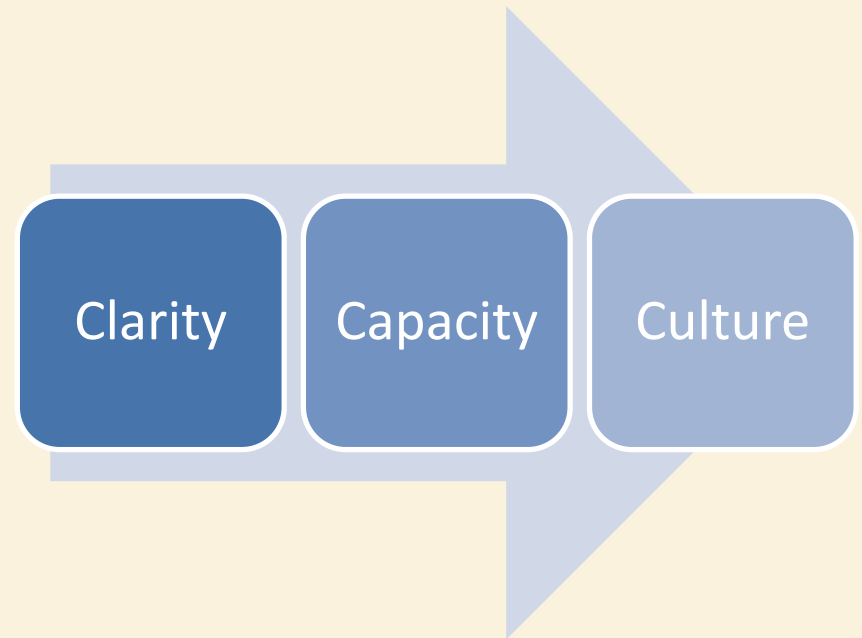
Create Culture of Accountability & Sustainability

- **Learn together -** Allocate a portion of existing meetings to start discussing data that you have or are gathering.

- **Be understanding -** Questions and disagreements are ok and poor results happen. Commit to not making major decision until everyone is comfortable

- **Use data for change** - Pilot test ideas don't commit to big change at once. Look at data before and after and gauge weather to continue.

- **Get started, make it a habit and not just for compliance!!**

Adapted from Derrick-Mills, T. (2015). Understanding Data use for Continuous Quality Improvement

Using Data in SOCs

- **Impact practice** – inform the field of what works/doesn't work, EBPs that are family/youth friendly, CQI and QA

- **Impact policy** – MH/healthcare reform, Medicaid, financing

- **System reform** – increase system collaboration with families/youth, improve system functioning and accountability

  Identifies what to sustain, and/or expand and why

Data Is Part of Sustainability at ALL Levels

- Determining if you've met your goal(s)
- Attracting and maintaining funding
- Building capacity to increase access and availability of support
- Assuring credibility and validity
- Marketing your program as effective
- Data informed decision making

- Communicating your impact on the community in a measurable form
- CQI – organizational, programmatic, systemic
- Keeping leadership, stakeholders and policy makers informed of development and resource allocation
- Sharing successes

MEDICAID AND MEDICAID MANAGED CARE

Understanding Medicaid
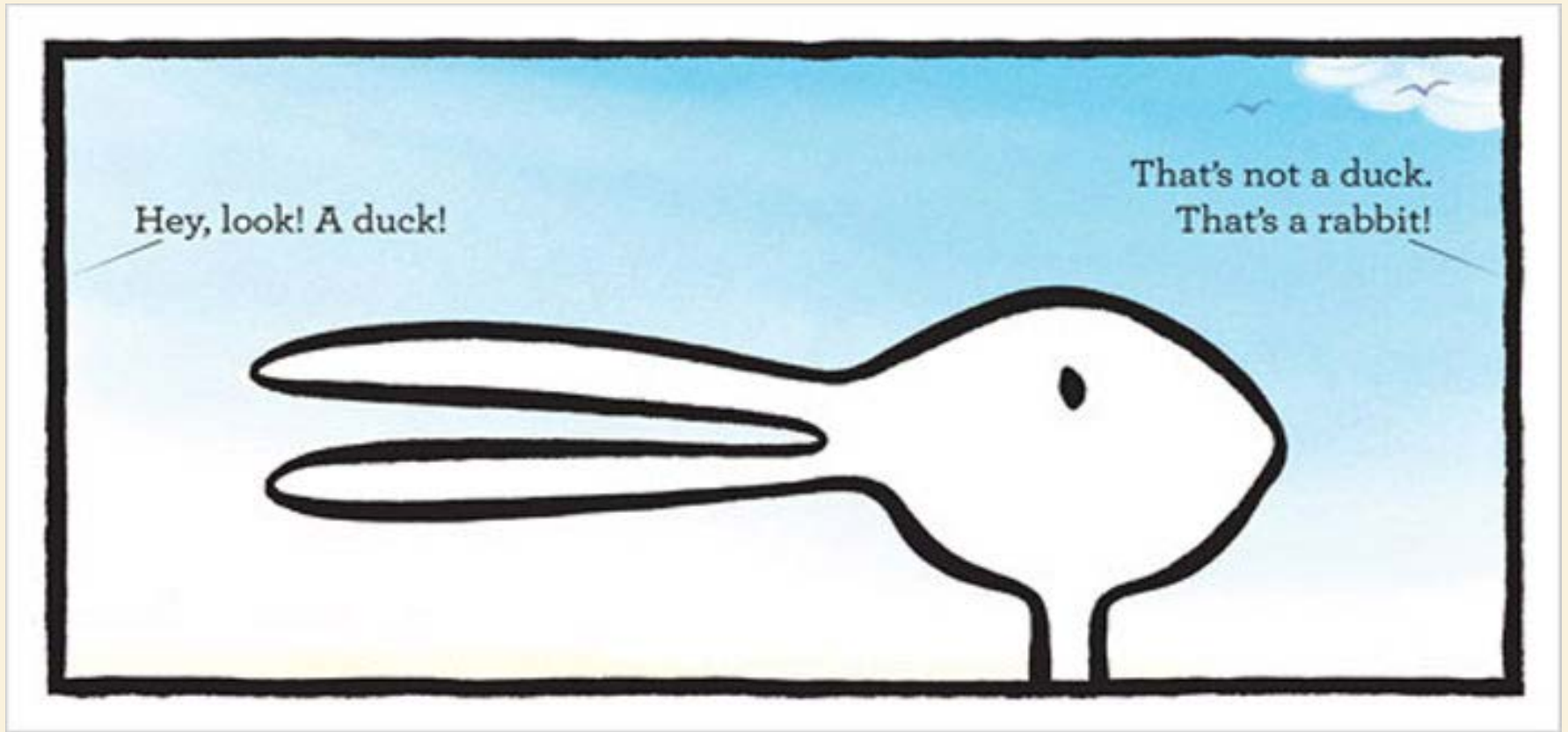
Medicaid Financing

- The federal government matches state Medicaid spending on an open-ended basis

- The current matching rate ranges from 50% to 73%, based on a state's per capita income.

  - The federal government contributes **more** in poorer states

  - Changes to eligibility and services may have state budgetary impact

- Under the ACA, newly eligible beneficiaries qualify for higher match, starting at 100% in 2014-16 and phasing down to 90% in 2020 and beyond

Medicaid Operates Differently in Each State

- *"If you've seen one state Medicaid program…. You've seen one state Medicaid program."*

- States use different Medicaid authorities – plans and waiver – as funding mechanisms to cover services

- Important to understanding how Medicaid functions in **your** state

Medicaid State Plans

What's the State Plan?

- States submit their Medicaid "State Plan" to the Centers for Medicare and Medicaid Services (CMS) for federal approval

- State Plan details eligibility, policy options, procedures and other operating information

- To make changes to an existing State Plan, the state submits a "State Plan Amendment" or SPA

Massachusetts (1115 Waiver, State Plan Amendment, TCM)

State Medicaid Agency - Purchaser

MCO   MCO   MCO   MCO   MCO   PCCM

BHO

Standardized tools for screening and assessment
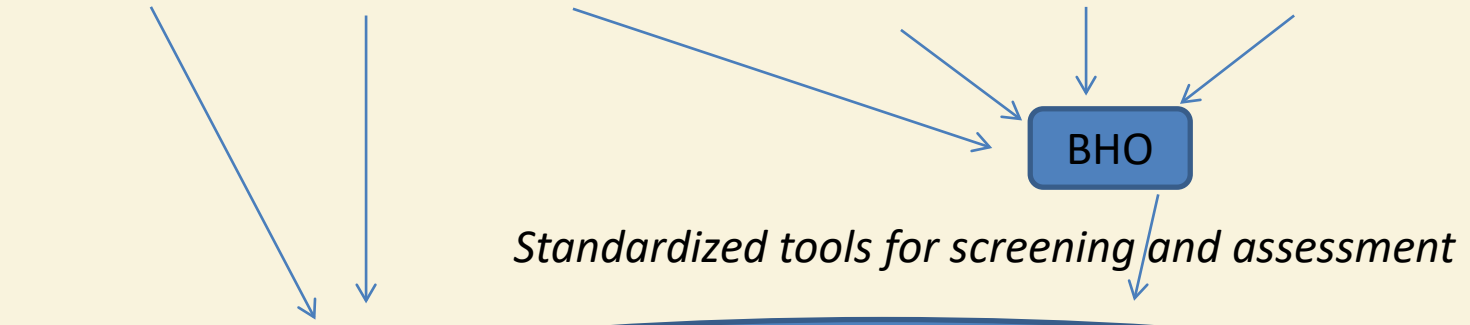
*Locally-Based Care Management Agencies (called *Community Services Agencies) – Non Profit BH and Specialty Providers*

- •Ensure Child & Family Team Plan of Care
- •Provide Intensive Care Coordination
- •Provide peer supports and link to natural helpers
- •Manage utilization , quality and outcomes at service level

Medicaid State Plan Authorities Used in Funding Children's Services

- 1905(a) – Targeted Case Management, Rehabilitation Services

  - New Jersey

  - Massachusetts

- 1915(i)

  - Maryland

- Section 2703 Health Home

  - Oklahoma

  - New Jersey

  - Missouri

Medicaid Waivers Used in Funding Children's Services

What's a Waiver?

- Provides flexibility to design and improve state programs

- Expands services to individuals not otherwise eligible

- Provides services not otherwise covered

- Tests new approaches to delivering care

- Budget neutral

- Time-limited but renewable

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Types of Medicaid Waivers

- **Section 1115**
  - Arizona
  - New Jersey
- **1915(b)**
  - California
  - Iowa

- **1915(c)**
  - New York
  - Texas
- **1915(b)/(c)**
  - Michigan
  - Louisiana
  - Wyoming

Louisiana (1915 b and 1915 c Waivers)

Children's System of Care (CSoC) Governing Body

Medicaid, Behavioral Health and Child Welfare dollars

Statewide Management Organization (ASO)

Magellan

Regional Care Management Organizations
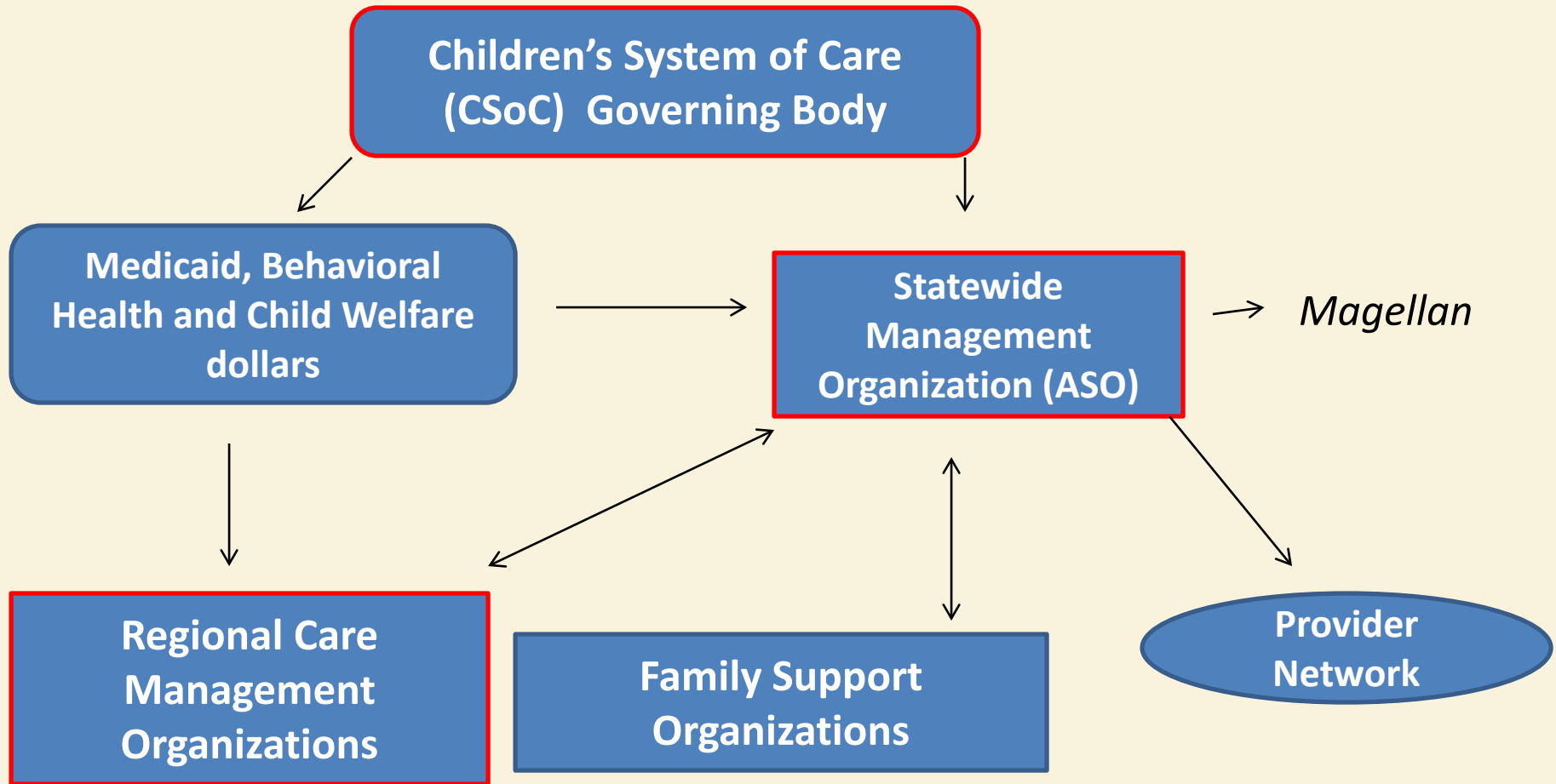
(Lead non profit orgs providing fidelity Wraparound)

Family Support Organizations

Provider Network

Waivers and State Plans as Coverage Opportunities

- CMS/SAMHSA Joint Bulletin: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions (2013)

  - Intensive Care Coordination

  - Peer Services: Parent and Youth

  - Intensive In-Home Services

  - Respite

  - Mobile Crisis Response and Stabilization Services

  - Flex Funds

  - Other Home and Community-Based Services (e.g., expressive and experiential therapies)

Maryland's 1915(i) State Plan Amendment

Approved by CMS effective 10/1/2014

Care Management Entity function of Intensive Care Coordination provided through an approved Targeted Case Management (TCM) State Plan Amendment
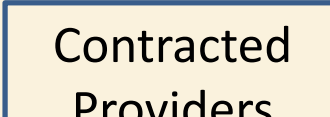
1915(i) Services align with the CMS/SAMHSA Joint Bulletin and include:
• Community-Based Respite Care
• Out-of-Home Respite
• Family Peer Support
• Mobile Crisis Response and Stabilization
• Intensive In-Home Services (differentiated from Therapeutic Behavioral Services and from Psychiatric Rehabilitation Programs)
• Expressive & Experiential Behavioral Services (art, dance, drama, music, equine, horticultural)
• Customized Goods and Services

Medicaid Financing for Family and Youth Peer Support

- State Plan:
  - *Arizona, Kentucky, Massachusetts, Oklahoma, Georgia*
- Waiver(s):
  - *Indiana, Kansas*
- 1915(i):
  - *Maryland*

How States Deliver Care to Children, Youth and Young Adults

- Fee-for-service (FFS) – state contracts directly with providers and pays them a fee for each service delivered

  - $ ⟶ Hospital Service
  - $ ⟶ Outpatient Therapy
  - $ ⟶ Primary Care

- Managed care organizations (MCOs) – state contracts directly with a company and directly pays them for services
  - Must be voluntary *unless there is a 1915(b) wavier*
  - Must offer choice of plans and providers
  - $ (Fixed Amount) ⟶ Managed Care Company ⟶ | Contracted Providers |

Carve In and Carve Out

In states with Medicaid managed care, services and/or populations may be *carved in* as part of the MCO benefit or *carved out*.

- Maryland for example, has mix of carve in and carve out, based on service and population

- Some states carve out specific populations (e.g., children in foster care/child welfare) or dual eligible (people who have Medicare and Medicaid)

- What's carved in/out can – and probably will – change over time
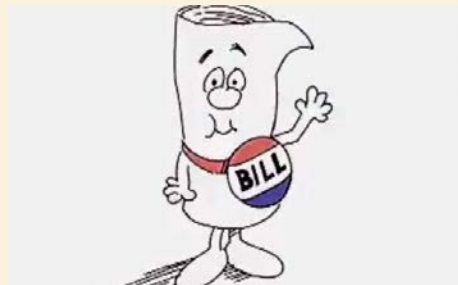
Funding Approaches

- Covered benefit through:
  - Medicaid
  - Private insurance
- Block grant
- General revenue
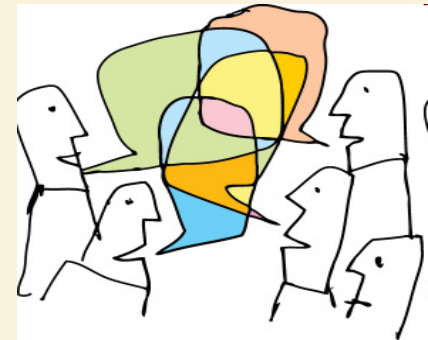- Component of health home

Know Your State

How does your state cover services for children and adults?

Research state policies and partners

Watch your state's legislature for changes to Medicaid (budget bill and appropriations)

Engage with state leaders

Challenges and Opportunities

Rate setting

Supervision, travel, in-person v. telephonic, documentation, training and coaching, etc.

State budgetary environment

49/50 states have a balanced budget amendment

Provider participation

Do you have sufficient workforce to deliver the services? To supervise staff? For training and coaching?

Administrative Burden

Demonstrations require evaluation; does your state have sufficient data collection and analysis capabilities?

Key Takeaways

- One size does not fit all
- Learning the languages of state agencies, funders, providers, etc. facilitates collaboration *and helps them learn your language*

CAN YOU COME BACK WITH THAT 3 YEAR STUDY SUMMARISED IN SIX BULLET POINTS IN POWERPOINT
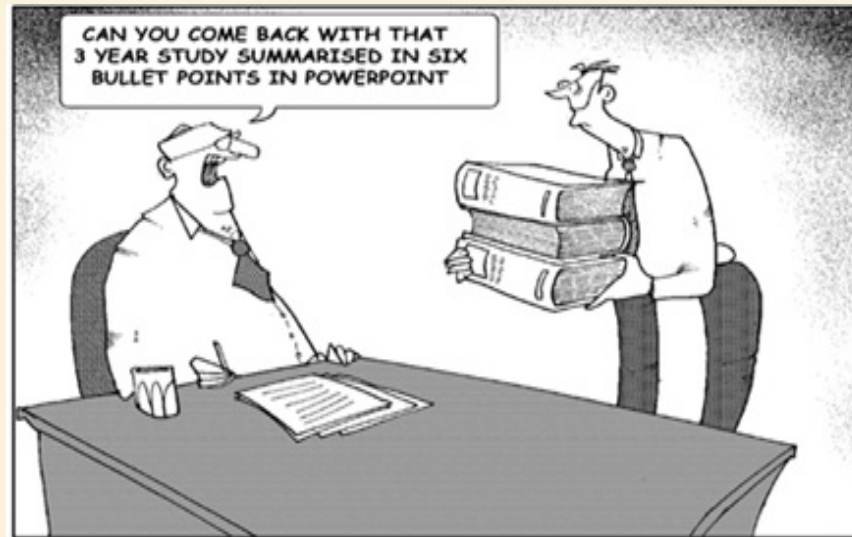
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Key Takeaways (cont.)

- Early and ongoing stakeholder engagement is key to successful implementation

- Think about sustainability **from the very beginning**

TAPPING INTO CHILD-SERVING SYSTEMS

- What populations are you serving?

- Are you aware of the variety of funding sources available to serve those populations?

SOC and Child-Serving System Partners

- Serve the same populations of children, youth, young adults and families

- Have the same goals: safe, healthy children, youth, young adults, at home, in school and in the community

- Want to target resources on services and supports that are effective and make a difference for families

Child Welfare

Funding available to contract with service providers at the local, regional and state level

Three points of intervention to consider:

> 1. preventing entry into the child welfare system
>
> 2. stabilizing current placement
>
> 3. facilitating reunification or permanency

Very important to track: children involved in child welfare that you serve; placement changes or maintenance; goal accomplishment on plan of care; length of service; your costs in serving this population compared to children entering state custody, with multiple placements, in residential/group placements

Juvenile Justice

Mandate is to ensure youth and community safety, compliance with laws and rehabilitation of youth exhibiting delinquent behavior

- **Multiple ways SOC services/supports can partner with Juvenile Justice (JJ) for better outcomes**:

    - Onsite support for families entering the JJ system for connection to services
    - Pre-trial diversion referral to SOC services to prevent further JJ involvement
    - In home services for adjudicated youth and their families
    - Facilitating successful return to the community from detention or JJ placement

- **Very important to track:** enrolled youth/families involved in juvenile justice; recidivism; accomplishment of goals; completion of probation; connection with pro-social activities and peers

Education

- Goal is to provide free and appropriate education, as well as special education services based on assessment/testing, level of need and availability of supports

- School staff do not receive much training on mental health and are often overwhelmed with class size, testing requirements, etc.

- **Ways SOC can partner with education:**

  - School-based mental health services, including targeted MH assistance in self-contained classes, MH screening as part of school health programs and group learning activities

  - Parent involvement activities, topical parenting education classes or support groups

  - Training for administrators, teachers and other school staff

  - Facilitating development of youth-led programs or groups

  - Partners in school climate, suicide prevention, bullying and other programs

  - Facilitating teen parenting classes and supports

Education

Very important to track:

- school-based services and supports provided

- goal accomplishment and outcomes for academics and school behavior

- collaboration between parent/caregiver and school

- linkage to appropriate services and effect on behavior/academic performance

- training provided for parents and/or school staff

- types of supports provided to schools/school staff

- changes in services/supports within school (i.e., move from self-contained classroom to mainstream classes with some time in special education class)

- necessary information to show improvement: grades, attendance, number of in school or out of school suspensions, number of office referrals, etc.

Vocational Rehabilitation

- Assists persons with disabilities to successfully perform in the work environment, including readiness and training for a vocation, obtain employment, and identify and provide necessary supports to be successful on the job

- Population of focus: young adults/transition age youth

- **Opportunities to partner:** support in GED acquisition, training and support for wellness planning and maintenance, as trained voc. rehab. specialists, training for employers on mental health and needs of young adults/transition age youth

- **Ensure that you are tracking:** youth served and employment data (employed, jobs lost, voc. rehab. needs, supports provided); goals accomplished related to wellness, employment, follow through on services, education/training

Pediatric / Physical Health Care

- Pediatricians are usually the first to be approached about children's mental health needs and often are the initial prescribers of medication
  - Research also shows that children/youth with mental health challenges often have chronic physical health issues such as asthma, migraines, etc.
  - Children, youth and young adults with chronic health conditions often experience emotional and behavioral challenges as well (e.g. depression, anxiety and even PTSD from repeated medical procedures)
- Pediatric offices NEED connections with mental health services – not trained in behavioral health, do not have relationships with mental health providers

Pediatric Care/Physical Health and SOC

- **Opportunities to partner:**
  - Co-location of clinician and/or family support within pediatric or specialty healthcare office, children's hospital, allergy clinic, etc.
  - Partners in integrated care initiatives and contracts
  - Training in behavioral health for pediatricians, Family Nurse Practitioners, nurses and other healthcare staff
  - Partnering with Dept. of Health for co-location in county or state funded health clinics, children's special services and WIC offices
- **Ensure that you are tracking:** child/youth/family involvement in physical health services; supports provided and effects on outcomes, follow through, etc.; trainings or supports provided to physical health care providers or to parents re: integrated care; goal accomplishment, changes in healthcare status; changes in physical and behavioral health of child and positive healthcare habits

Summary of Financing Strategies for SOCs

- Maximize Medicaid

- Blend, braid or intentionally coordinate funding streams across systems

- Redirect spending from high cost and/or poor outcome services to effective practices

- Manage dollars through managed care arrangements that are tied to values and goals

- Risk adjust payment for complex populations of children (e.g., risk-adjusted capitation rates to MCOs; case rates to providers)

- Finance:

  - Locus of accountability, e.g., care management entities for most complex, cross-system

  - Family and youth partnerships at policy, management and service levels

  - Training, capacity building, quality and outcomes monitoring

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RESOURCES

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- Issue Brief Accessing Medicaid Funds for School-Based Mental Health Services:

  http://www.fredla.org/wp-content/uploads/2015/09/Medicaid-for-School-Based-MH-Services.pdf

- Medicaid Coverage of Social Interventions A Road Map for States:

  https://www.milbank.org/wp-content/uploads/2016/09/MMF-NYS-Health-Issue-Brief-FINAL.pdf

- Key reasons to Integrate Physical and Behavioral Health Services in Medicaid Infographic:

  http://www.chcs.org/media/Key-Reasons-to-Integrate-Physical-and-Behavioral-Health-Services-in-Medicaid-Infographic.pdf

- Integrating Behavioral Health into Medicaid Managed Care: Design and Implementation Lessons from State Innovators:

  http://www.chcs.org/media/BH-Integration-Brief_041316.pdf

- The Next Step to Sustainability: Guide for Family- and Consumer-Run Organizations Seeking to Expand Their Funding by Becoming Part of a Managed Care Network

  http://www.nyscaremanagementcoalition.org/TheNextStepSustainability.pdf

RESOURCES (Cont.)

- Role of family organizations in SOC: http://www.fredla.org/wp-content/uploads/2015/09/Assessment-7_The-Role-of-Family-Run-Organizations-in-Systems-of-Care.pdf

- True program costs – Program budget and allocations: https://nonprofitsassistancefund.org/sites/default/files/publications/true_program_costs_-_program_budgets_and_allocations_2014.pdf

- Guide for family organizations on becoming a Medicaid provider (Feb. 2016: http://media.wix.com/ugd/eaf8a9_847cb5259f974799bf96fd04efde7ba4.pdf

- Guide for parent partners in building medical homes: https://medicalhomeinfo.aap.org/tools-resources/Documents/CMHI-Parent-Partner-Guide.pdf

- Research article on impact of parent peer support in juvenile justice: http://www.fredla.org/wp-content/uploads/2016/01/Impact_of_Peer_Partner_Support_on_SelfEfficacy_for_JusticeInvolved_Parents_A_Controlled_Study_of_Juvenile_Justice_101.pdf

- Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs (2012):

    http://www.chcs.org/media/Family-Youth-Peer-Support-Matrix-reformatted-070714.pdf

RESOURCES (Cont.)

- Becoming a Medicaid Provider of Family and Youth Peer Support: Considerations for Family Run Organizations (2014):

  http://www.chcs.org/media/Medicaid-FYPS-Considerations-for-FROs__FINAL_rev.pdf

- What's the Evidence on Family and Youth/Young Adult Peer Support in Wraparound? *A TA Tidbit from the National Wraparound Initiative:*

  http://nwi.pdx.edu/pdf/TA-Tidbit-1-evidence-on-peer-support-in-wraparound.pdf?utm_source=newsletter&utm_medium=email&utm_campaign=November2015

- Issue Brief Family-to-Family Peer Support: Models and Evaluation *Outcomes Roundtable for Children and Families:*

  http://www.fredla.org/wp-content/uploads/2016/01/Issue-Brief_F2FPS.pdf

- Strategies to Assist Parent Peer Support Implementation in the Wraparound Workforce:

  http://www.fredla.org/wp-content/uploads/2016/01/Wraparound-and-Parent-Peer-Support.pdf

- Return on Investment in Systems of Care for Children With Behavioral Health Challenges:

  http://www.fredla.org/wp-content/uploads/2016/01/Return-on-investment.pdf

RESOURCES (Cont.)

- Providing Youth and Young Adult Peer Support through Medicaid:

  http://www.youthmovenational.org/images/downloads/YPS_Medicaid_Financing_Guide_2017.pdf

- #Things2consider Stipending Youth and Young Adults in SOC:

  http://www.youthmovenational.org/images/T2C_Final_Stipends.pdf

- Youth-driven organizational purpose areas:
  http://www.youthmovenational.org/images/ChapterPurposeAreasFinal.pdf

- Youth peer support literature review:
  http://www.youthmovenational.org/images/downloads/YouthPeertoPeerLiteratureReviewFINAL.pdf

- Joint CMCS and SAMHSA Informational Bulletin on Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions:

  https://www.medicaid.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf

- Youth peer support webinar learning series (archived webinars and materials)

  www.youthmovenational.org