

# Tools for Change Session 1. Funding

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# Child and Family Teams

## Value Options/Arizona Department of Health Services

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- Site: Maricopa County, Arizona (Phoenix)
- Goal: to provide behavioral health services to children through family-centered practice that is coordinated, flexible, and family-driven
- Values: the 12 Principles of the Arizona Vision
- Family Involvement Center: recruits Family Support Partners; co-designed two-week training program for case managers and Family Support Partners

# Child and Family Teams

## 12 Principles

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- Strengths and Needs-Based Planning
- Partnerships with Families
- Consensus
- Jointly Established Service Plans
- Natural and Informal Supports
- Collaboration
- Ongoing Assessment
- Child-Family Participation in All Decisions that Affect Them
- Crisis Planning
- Flexibility
- Single Point of Contact
- Cultural Competence

# Child and Family Teams

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- Child and Family Team: includes at a minimum, child and family, a behavioral health representative, Family Support Partner, and any individuals important in child's life who are identified and invited to participate by child and family
- Clinical Liaison: an individual who has met ADHS credentialing standards. Responsible for supporting family in development of Child and Family Team, providing clinical oversight and consultation to team, advising on services and natural supports, securing all covered services that will address needs of child and family

# Child and Family Teams Financing Strategies

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- ADHS has developed supporting Technical Assistance Documents, including the Encounters/Billing Code Matrix
- Matrix identifies possible Medicaid billable codes to use for the 9 steps and related activities of the Child and Family Team process
- Transportation, flex funds, and other covered services in the benefit plan also may be used to cover team activities

# Child and Family Teams Financing Strategies

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- ValueOptions and ADHS contract with the Family Involvement Center to recruit, screen, and hire the Family Advocates, and to be co-trainers for new care managers and family advocates
- ADHS has supported numerous training and technical assistance activities by national experts on the wraparound process
- Example of a partnership between state mental health authority and a managed care entity who make use of various revenue sources

# Strategic Use of Financing to Manage Change: Challenges

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- Increasing reliance on Medicaid funding over past 15 years-the largest funder of mental health services in USA
- Medicaid state plans do not always cover a comprehensive array of community-based services, including evidence-based practices
- As more general revenue funds are needed for Medicaid match, fewer dollars available for flexible services and supports, or for individuals who are not Medicaid eligible
- Reliance on a medical model that narrowly defines need and is time-limited, treatment oriented



# Strategic Use of Financing to Manage Change: Challenges

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- Funding sources have diversified over the past 10 years, resulting in multiple funding streams across a myriad of systems
- Complex, sometimes to the point of inscrutability
- Creates the possibility of cost shifting: efforts by one entity to reduce its expenditures by inducing another organization to pay for similar services

# Strategic Use of Financing to Manage Change: Challenges

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- Restrictiveness of Funding Sources
  - ◆ Narrow eligibility requirements
  - ◆ Cumbersome reimbursement policies
  - ◆ Benefit plans with limited treatment and support services
  - ◆ Easier access to payment for residential care than for home and community based services

# Strategic Use of Financing to Manage Change: Opportunities

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- Requires making sense together of cross-system financing mechanisms
- Use of formal interagency structures and mechanisms (legislation, memoranda of agreement, protocols)
- Strategic planning across agencies and with consumers and families
- Careful analysis of “funding for what”: e.g. for successful implementation of evidence-based practices: start-up funds, services, ongoing monitoring and coaching



# Realignment of Funding Streams and Structures

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- Identify types and amounts of behavioral health funding expended for individuals with behavioral health disorders across major systems
  - ◆ Cross-system analysis of expenditures
  - ◆ State and community stakeholders are informed about types and amounts of expenditures and use for planning and coordination
- Example: Child and Family Teams in mental health systems, Family Group Conferencing in child welfare

# Utilization of Diverse Funding Streams

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- Use of diverse funding streams across major systems, as well as non-governmental sources
  - ◆ Pooled, blended, braided funding mechanisms
  - ◆ Other systems contribute resources, such as staff and space
- Example: In New Mexico, the state mental health authority and juvenile justice are partners in the implementation of Multi-Systemic Therapy (MST)

# Redirect the Use of Funding

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- Redirect service dollars from restrictive, expensive placements to home and community-based services and supports
  - ◆ Direct new monies to evidence-based practices
  - ◆ Agreement to use unexpended funds at end of fiscal year for evidence-based approaches
- Example: Apply for a home and community based waiver that permits redirection of funds from bed closures to community-based services



# Create a Locus of Accountability for High Need Populations

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- Financing for care management entities to serve as locus of accountability for managing care and costs for high-need populations
- Use risk adjusted rates, e.g. case rates, differential capitation rates
- Use quality improvement processes to identify high utilizers and track expenditures



# Promote a Broad, Flexible Service and Supports Array

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- Review state Medicaid plan for coverage of a broad service array
- Cover additional services and supports through over financing sources (e.g., TANF)
- Use of Medicaid and IV-E waivers that increase flexibility in use of federal funds
- Identify financing sources for consumer-directed services and supports
- Example: In New Jersey, child welfare and mental health have pooled general revenue resources to leverage new funds under the Medicaid rehab option

# Incorporate Utilization/ Cost Management Mechanisms

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- EBP service utilization costs are monitored and managed
- Service utilization data are timely and available for use by system managers and care managers
- System tracks outliers and high utilizers
- Incentives and/or sanctions for cost management
- Example: DAWN Project care managers are responsible for tracking and managing costs for their caseload

# Support for Leadership and Management Infrastructure

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- Financing for interagency entities for policy making and system management at the state, tribal, and local levels
- Funding for leadership development, including consumer, family, and youth leaders
- Example: Kentucky's three-tiered structure: State Interagency Council for Services to Children with an Emotional Disability, Regional Interagency Advisory Councils, Local Interagency Advisory Councils

