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## Financing Project

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Cross-Systems





## EXECUTIVE SUMMARY

### WHAT IS CROSS-SYSTEMS FINANCING, AND WHAT DOES IT ACHIEVE?

The Robert Wood Johnson Foundation (RWJF) has long recognized that children and adults with substance-use disorders, behavioral issues, and mental-health diagnoses (and/or combinations of these) who transition between and among siloed care systems and/or locales are subjected to a “voltage drop” in services as they cross care thresholds—from incarceration back into the community—because they have “aged out” of child services, due to co-occurring behavioral issues. In addition, people with complex mental-health and substance-use disorder issues receive services funded by federal, state, county and, in some instances, community funds. Such multiple funding sources are rarely coordinated, creating a maze of client eligibility, administrative, program, performance, and reporting requirements. Creating and implementing tools and strategies to assure high quality care across these continua is central to RWJF’s efforts in the field of addiction prevention and treatment, and Cross-systems Financing is among the most powerful of these.

Far more than the fiscal tool the name implies, Cross-systems financing plans represent strategic, interagency collaborations. They create efficient and efficacious models of care, utilizing federal, state, and community-based financial and human resources, and provide the most vulnerable populations with evidence-based, continuous support. Nationally, efforts by individual jurisdictions offer a range of unique approaches to integrate funding and delivery of services, to make the best use of finite resources. Some systems choose to reconfigure internal capacities (e.g., claims processing and information systems) to better match the funding stream with payment to providers. Some states and jurisdictions have sought private sector administrative partners (managed care organizations or administrative services organizations) to assist them with their blending or braiding initiatives. Others focus on developing partnerships between state and local entities to assist them with their integrated funding efforts. A few of these efforts also offer an opportunity to learn from states that have used different reimbursement methodologies (e.g., fee-for-service and risk-based or adjusted capitation). Yet others have focused their efforts on specific populations (e.g., prison populations and/or people with substance-use disorders).

This report recounts and celebrates the experience and findings of a “learning community,” supported by RWJF under the direction of the Avis Group and John O’Brien, Senior Associate, Technical Assistance Collaborative (TAC). The community was comprised of agencies devoted to a wide range of addiction and mental-health services from the following six State and County jurisdictions:

- **Franklin County (Ohio)**
- **Georgia**
- **New Mexico**
- **Philadelphia (City and County)**
- **Iowa**
- **State of Washington**



### WHO WILL USE THIS REPORT?

This report is intended to provide health care leaders, senior program directors, and policy makers with a process framework, pragmatic examples, lessons learned, and a compendium of resources to support unique initiatives in the field of cross-systems finance.

### WHAT DOES THIS REPORT PRESENT?

This report presents an overview and key features of a Cross-systems Financing Project's development, and describes the specific projects developed, and progress made by each of the six sites. Stories shared by project leaders and consumer recipients of the new services illustrate their successes. The report identifies lessons learned, and contains recommendations and resources for leaders interested in creating a cross-systems collaborative for substance-use disorders and mental-health innovations in the future.

#### Key features of a successful Cross-systems Financing Project include:

- Identification of key opinion leaders and stakeholders
- Creation of a working collaborative/steering committee
- Alignment of goals across agencies and departments
- Identification of existing and new funding sources/resources
- Implementation testing
- Evaluation of metrics of success
- Plans for sustainability

#### Key Benefits of participation in the learning community included:

- Working with organizations and jurisdictions other than their own
- Gaining an appreciation for the issues faced by other agencies
- Creating an environment that permits the range of perspectives to be utilized

#### Key lessons for future undertakings include:

- Ensuring educated and enthusiastic participants are at the table
- Setting aside sufficient time to thoroughly think through, plan, adjust, and implement the Project
- Carefully planning and utilizing a role-play/walk-through based on NIATx principles

**Planning templates, key resources and exemplars available at: (<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html> )**

- Resource mapping matrices
- Memoranda of Understanding/Agreement
- Proposed or enacted legislation or regulations that advance Cross-systems financing
- Draft contracting processes and products (e.g., contracts with providers)
- New payment strategies for populations and services



### The Cross-systems Financing Project

*The Cross-systems Financing Project helped states and stakeholders think more broadly, come together, and take advantage of a large variety of resources, ultimately allowing them to be more resourceful and get more from each dollar they spend.*

Eligible individuals in the public sector with complex mental-health and substance-use disorder issues receive services funded by federal, state, county and, in some instances, community funds. Such multiple funding sources are rarely coordinated, creating a maze of client eligibility, administrative, program, performance, and reporting requirements. Over the past decade, federal and state funds for mental-health and substance-use disorder services have become more categorical, even as the need for them increases.

Private-sector employers have reduced, greatly managed, or eliminated health-care benefit coverage, particularly in the area of ongoing substance-use disorder treatment. It is difficult for public purchasers to combine publicly available funding streams in order to offer tailored and comprehensive services aimed at recovery and an independent, return to a productive life.



In response, innovative state and county/municipal governments have established cross-systems financing initiatives, which attempt to coordinate public funds on behalf of individuals needing mental-health and/or substance-use disorder treatment and support services. Nationally, efforts by individual jurisdictions offer a range of unique approaches to integrate funding and delivery of services to make the best use of finite resources. Some systems choose to reconfigure internal capacities (e.g., claims processing and information systems) to better match funding stream with payment to providers. Some states and jurisdictions have sought private-sector administrative partners (managed care organizations or administrative services organizations) to assist them with their blending or braiding initiatives. Others focus on developing partnerships between state and local entities to assist them with their integrated funding efforts. A few of these efforts also offer an opportunity to learn from states that have used different reimbursement methodologies (e.g., fee-for-service and risk-based or adjusted capitation). Others have focused their efforts on specific populations (e.g., prison populations and/or people with substance-use disorders).

Far more than the fiscal tool the name implies, cross-systems financing plans represent strategic, interagency collaborations that create models of care utilizing federal, state, and community-based financial and human resources to provide the most vulnerable populations with evidence-based, continuous plans of care that make the most efficient and efficacious use of available assets.

### The Learning Community

The Robert Wood Johnson Foundation (RWJF) has provided long-standing support to innovations aimed at improving services for vulnerable populations. Under the Foundation's directive of public services for individuals with substance-use disorders and/or mental-health issues, the Cross-systems Financing Project, focused on a subset of individuals with complex, often unmet, needs.

This report recounts the experience, findings, and recommendations of a "Learning Community" convened by RWJF, under the direction of the Avisa Group and John O'Brien, Senior Associate of the Technical Assistance Collaborative (TAC), consisting of six state and county jurisdictions that focused on cross-systems funding for addiction and mental-health services.



### **The Learning Community's primary objectives were to:**

- Provide information to participants about other jurisdictions' efforts to successfully implement integrated public-behavioral-health funding strategies
- Offer access to the knowledge of experienced peers, expert support, and technical assistance as sites developed and implemented programs that integrated funding for public mental-health and substance-use disorder services systems
- Develop and implement a cross-systems financing strategy to significantly change the service array and payer mix for behavioral health services by creating new and necessary partnerships

### **RWJF and the Cross-systems Financing Project staff selected six participant jurisdictions meeting the following criteria:**

- State mental-health and/or substance-use disorder director with demonstrated leadership and longevity
- Historical efforts/initiatives with other state agencies
- Historical efforts/initiatives with provider organizations
- A moderate or low distractibility quotient—not overwhelmed by multiple initiatives

### **Four states and two counties were selected:**

- Franklin County (Ohio)
- Georgia
- New Mexico
- Philadelphia (City and County)
- Iowa
- State of Washington

At five meetings, held between June 2006 and June 2007, to which site participants travelled, the Project engaged in facilitated discussions, supported by expert consultation and accompanied with resource documents, planning templates, and work assignments addressing policy, procedural, operational, informational, and service issues (<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html> ).

Additionally, the Project offered peer-based learning opportunities with states and jurisdictions that had already implemented integrated funding approaches to mental-health, substance-use disorders, health, and other human services. Throughout, the Project management team and other experts provided support and review to the participants in their successful efforts to design and implement their new programs.

## **Incubating Cross-systems Financing: The Process Framework**

### **The Seats Around the Table**

Participants within each site were drawn from mental-health, substance-use disorder, child welfare, and criminal justice agencies. Several jurisdictions (Iowa, Philadelphia and New Mexico) also invited their managed-care partners responsible for purchasing or coordinating various behavioral health services to collaborate.



### What Keeps You Up at Night?

Each site targeted a population and array of services to be delivered. Site participants uniformly observed that their peers around the table shared similar—if not identical—concerns regarding populations they had difficulty serving, or service deficits they experienced. One health services director from Iowa summed up the participants’ shared concerns as, *“You think about what keeps the director awake at night.”*

Plans formed around themes of serving people within their own communities; providing early, appropriate, and ongoing assessment and intervention with “no wrong door” policies; searching out and eradicating redundant or inconsistent screening, selection, referral, and qualification criteria—for both providers and consumers; timely support of vulnerable individuals and their families through transitions—aging out” of children’s services and integrating post-incarceration parolees with substance-use disorders and mental-health diagnoses into the community.

Resonant themes regarding financing turned on replacement of time-limited or pilot federal funding with state- or municipality-based funding; use of waivers for non-traditional services; braiding, blending and re-aligning existing resources; and searching out innovative funding mechanisms, e.g., through foundations or other sources. Finally, core management infrastructure was tackled: co-locating services; engaging in joint oversight of policy, services, and personnel; and creating Memoranda of Understanding regarding ongoing support of governance, financing, and programmatic innovations.

### Re-thinking Traditional Finance and Service Delivery Models: The Art of the Possible

Once target populations and services were selected, each team developed preliminary projections regarding expenditures and funding streams capturing the intent of the Cross-systems Financing Project strategy. Sites created “purchasing plans” displaying current expenditures and funding streams by reviewing existing services and fund sources plus populating uniform templates with data regarding services, populations, dollars spent/unit of service, and funding sources. Each then developed a proposed purchasing plan, identifying the new distribution plan or funding source for the initiative (<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>). In an iterative process over the year, participants prepared scenarios, presented plans, critiqued each other’s work, drew on the expertise of finance, policy, and management consultants, and robustly debated policy and practicality.

### Implementation and Sustainability: The Possible Made Practical

All sites successfully completed the cross-systems design process, and readied a constellation of services for deployment in their jurisdictions. Between June 2007 and September 2008, the sites established success metrics and reported on implementation efforts. Four sites also provided technical assistance to other jurisdictions interested in undertaking similar initiatives. Specific goals, outcomes, challenges, and lessons learned are presented, by site, on the following pages.

### The Possible Writ Large

Project participants reported developing a renewed focus on the client’s experience of the services their organizations provided. All increased their facility to institutionalize change in a turbulent environment. Equally important, these very senior and seasoned social service directors rejuvenated their commitment as leaders of a high quality, dedicated corps of professionals.





### Agencies

Franklin County Alcohol, Drug and Mental-health Board (ADAMH); David Royer, Chief Executive Officer

Franklin County Children's Services; Eric D. Fenner, Executive Director

Franklin County Juvenile Court

### Eric D. Fenner

I was thinking of how we could look at ways to pool our funding and come up with better strategies to more efficiently spend our funds. What came out of this project was much more than a fiscal tool; the Cross-systems Financing Project presented an opportunity to see how families were served in our community—how we could build stronger capacity to serve children in our community. It turned out to be a partnership of shared philosophies, and learning how we deliver services to children and families within our community—I cannot stress the importance of having this shared vision.

**Franklin County/Columbus, Ohio**—Ohio's second-largest county, containing Columbus, the 15th largest city in America

### Cooperative and Innovative Approaches to Delivering Mental-health and Substance-use Disorder Services to Children at Risk, in the Custody of the Franklin County Children's Services (FCCS), or the Justice System.

*We believed that kids [could] be better served in their own homes/communities ...if we could build capacity for service delivery in our communities.*

### Global Objective:

Develop cooperative approaches for delivering mental-health and substance-use disorder services to children in the custody of (or at risk of entering) the FCCS as well as for youth involved with the county courts.

The assessment approach and instrument of each of Franklin County's child protective, juvenile justice, and behavioral health authorities differed. Indeed, some 350 children did not receive a comprehensive behavioral health assessment to determine if community-based services might be a viable treatment alternative for them.

Thus, the Franklin County Cross-systems Finance team shared a vision, with components to:

- Divert youth from entering out-of-county residential treatment centers
- Direct youth into intensive community-based treatment
- Reduce length of stay in out-of-county placement – with the increased use of residential treatment centers through Care Coordination/Utilization Management

### Specific goals:

- Implement an evidenced-based screening instrument across systems to ensure early identification of youths and families in need of behavioral health care
- Create joint utilization processes to manage cases, for appropriate levels of care and length of stay, with out-of-county residential facilities
- Create integrated financial model with shared risk and investments across systems



## Models for design and implementation:

The three county agencies agreed upon one screening and assessment “front door” model for juvenile court and child welfare, resulting in youths receiving a standardized, evidence-based behavioral health screen and a standardized behavioral health assessment completed by multi-system teams. Consistent information was collected to develop service plans to assist in the case-planning and referral processes.

The team built a cross-systems policy and management infrastructure to guide implementation of the Project’s components. ADAMH and FCCS developed an internal policy requiring an assessment prior to any out-of-home placement. Initially they focused on children in out-of-county residential placements, with the aim to deliver treatment, instead of placement. This screening identified mental-health needs of these children and worked closely with providers to return them to Franklin County.

Additionally, ADAMH and FCCS worked closely with the Franklin County Juvenile Court to change referral patterns. The court system exercised significant influence on services ordered and provided to these children, which had frequently often resulted in out-of-county residential placements.

The initial goal was to reduce out-of-county residential placements by 5 percent, but a nearly 15 percent decrease has been achieved through increases in screening and development of in-county mental-health service alternatives.

## Franklin County, OH Pre-implementation Purchasing Plan

	Franklin County Children Services	ADAMH of Franklin County
SERVICES	Title IV ADMIN, Local Funds	State General Revenue Funds, Local Funds, Medicaid
Residential Placement/ Case Management	13,745,940	
Behavioral Health Services /In Placement		2,686,005
Behavioral Health Services In Community		\$342,340
Total \$	\$ 13,745,940	\$ 3,025,345

### David Royer

[The Cross-systems Financing Project was] a unique opportunity to work through a process of taking two historically separate agencies and allowing a dialogue and collaborative process to take place between them; to redefine the institutional relationship, but also, in very practical ways, to share a community vision for delivery of behavioral health services for children whose lives come in contact with both agencies.





### Franklin County, OH Cross-systems Purchasing Plan

The Project also sought to coordinate benefits—specifically identifying appropriate payers for services identified in the treatment plan. Targeted children were eligible for services funded by a variety of sources, including Medicaid, Title IV, TANF, Title XX, state general revenue, and local county funds. Each funding source had specific categorical requirements, and each agency had its own rules.

In FY 2007, Franklin County expended over \$16 million for children in out-of-home placement, the majority of which funded residential

placement and case management (Franklin County FY 2007 Purchasing Plan, <http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>).

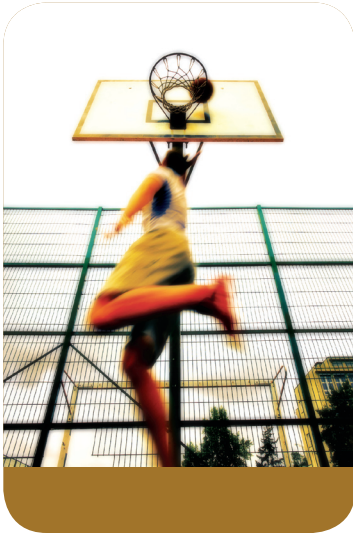
The Cross-systems Purchasing Plan (<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>) reflects a principal fiscal objective of the Project—to decrease expenditures for residential care and increase spending for community behavioral health services. Of note, The Franklin County court system was not part of the initial project team, but became a funding partner during FY 2008.

The Franklin County Cross-systems Financing Project also created a purchasing collaborative for Functional Family Therapy (FFT), providing intensive family and community-based treatment for individuals who were at risk of out-of-home placement, or who were returning home from placement, along with their families. The three organizations (ADAMH, FCCS and Juvenile Courts) contributed \$240,000 (\$80,000 per agency) annually to serve 165 children and their families, with a single administrative agent, and a jointly developed procurement and selection process for FFT vendors and agencies.

### Challenges and Solutions:

A major barrier was the ability to collect data to track children and families across systems. The FCCS previously used an Access database and paper records to track services, but now adds information to the Statewide Child Welfare Information System (SACWIS) to do this—an overall improvement to the process. The organizations have also considered use of an Electronic Medical Record (EMR) for children's services. Additionally, the County experienced reductions in their provider network, with some providers closing due to decreased utilization; however these closures

	Franklin County Children Services	ADAMH of Franklin County
SERVICES	Title IV ADMIN, Local Funds	State General Revenue Funds, Local Funds, Medicaid
Residential Placement/ Case Management	11,755,344	
Behavioral Health Services /In placement		2,366,538
Behavioral Health Services In Community	1,990,596	658,807
Total \$	\$ 13,745,940	\$ 3,025,345



were offset by new services and providers.

### **Sustainability:**

**The agencies created an inter-agency Memorandum of Understanding incorporating the following features to secure sustainability:**

- Formation of a policy Council responsible for reviewing issues across the three agencies and for making decisions relative to these questions
- Formation of a partnership team to oversee the work of the agencies and make policy recommendations to the Policy Council
- Financial management team to track spending across agencies and develop cross-agency budgets for services purchased across agencies

In 2008/2009, the three organizations are developing a collaborative purchasing initiative for Multi-systemic Therapy based on the FTT purchasing model. ADAMH is reviewing opportunities for cross-systems purchasing for supportive housing.

### **Lessons learned:**

- The collaborative philosophy of serving children in the community, specifically in their own homes, engaged and enlivened the staff.
- The comprehensive Memorandum of Understanding and centralized structure will sustain the collaborative beyond the tenure of the two implementing directors (as it would require an act of the boards to unravel the collaborative).



### Philadelphia

#### The Aging-Out Initiative—A Constellation of Supportive Services Help Aging-out Youth Move Toward Independence

*They really need more developmentally appropriate group homes, a range of vocational and life-skills development, family support, and peer support.*

#### Global Objective:

Develop collaborative financing and service strategies between the Philadelphia Department of Behavioral Health/Mental Retardation Services and the Department of Human Services providing appropriate services to 43 “aging-out” youth, committed to residential treatment in the custody of the Department of Human Services.

These youth required a range of community-based support, specialized mental-health and substance-use disorder treatment, and a host of vocational, educational, and recreational services as they entered adulthood at age 18. Successful transition to adulthood for this population required Philadelphia to create additional provider capacity, develop new payment mechanisms for the services they require, and to fund the development of a single case management process capable of utilizing funding streams that heretofore had remained in separate accounts.

#### Specific Goals:

Use a combination of Title IV-E, Medicaid, and program funds to develop and/or change the relationships among purchasers, and support specific plans of care which help transition young adults from residential treatment facilities (RTF) to community-based settings.

Through the Cross-systems financing process, participant agencies recognized the need for “practice changes” that could divert children and youth from unnecessary RTF placement, or identify the discharge planning needs of aging-out youth prior to their 18th birthdays. These required practice changes included:

- Using cross-systems information (via an integrated database, known as CARES, allowing case workers, with consent, to access information on a youth’s entire history within all city social service agencies) to learn about, plan for, and treat youth prior to, or at the point of admission to, RTF placement
- Providers interviewing youth considered for placement prior to disseminating clinical information
- Implementing an integrated case-management model providing cross-systems oversight of high-risk children, youth, and families across the domains of clinical consultation, service monitoring, service planning, funding oversight, and quality management
- Reviewing operational procedures between DHS and DBH/MRS for more effective integration in the areas of funding, provider contracting, and direct service



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Former City of Philadelphia Division of Social Services: Julia Danzy, Director

Philadelphia Department of Behavioral Health/Mental Retardation Services (DBH/MRS): Arthur C. Evans, Ph.D.

Community Behavioral Health: Nancy Lucas, CEO and Laura DeRiggi, LSW, MSW, Director of Special Projects

Philadelphia Department of Human Services (DHS), Arthur Evans, (former) Acting Commissioner

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### **Bella**

Bella, age 21, recently obtained her high-school diploma and is eligible to enter community college, which is something she never believed would happen. Her life was marked early and often by sexual abuse, neglect, and loss, compounded by a family history of mental illness and substance-use. She entered the social services system at age five, transitioning through foster homes, and then moving from these to

residential treatment programs—in state and out-of-state. In response to the abuse and neglect she endured for so long, Bella’s behavior became more aggressive, and she became self-injurious—a “cutter,” ultimately attempting suicide 20 times before the age of 15.

At age 18, Bella “aged-out” of residential treatment in Texas. However, her cutting made local Philadelphia providers reluctant to take her in. Through Philadelphia’s Cross-systems Financing Aging-out Initiative, Bella was able to return “home” to Philly. Under the Initiative, one provider developed a supportive living program, in which Bella moved into an apartment with around-the-clock, on-site staff support. With the help of DHS, she was also able to obtain clothing, funding for vocational training, and assistance to get her diploma.

Although now 21, developmentally, Bella approaches life with the mindset of an adolescent. Individual therapy and greater autonomy have given her the foundation to move ahead—Cross-systems Financing created the opportunity for Bella’s transition to near-independent adulthood.



### Models for Design and Implementation:

Pre-implementation services were limited to treatment and support offered in highly structured RTFs.

Post-implementation, a range of community-based support, specialized mental-health, mental retardation, and substance-use disorder treatment services were developed, including vocational, educational, independent living, and recreational services.

The funding sources proposed for the new community-based services were substantially increased. New funding sources include federal Medicaid (from a program funded under a 1915c Home and Community Based Services [HCBS] Medicaid Waiver), state funds, state and federal prevention funds, and Supplemental Security Income that can be used for room and board

(<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>).

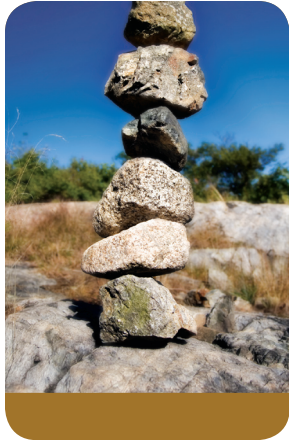
The post-implementation participating agencies have expanded to include the Office of Mental Retardation and the Department of Social Services.

The former's support will be necessary to obtain access to services under the HCBS Waiver.

Services (pre-implementation)	Services (post implementation)
Residential Treatment Facilities	Specialized Evaluations
	Specialized Group Homes (4 beds)
	Family Living Program
	Outpatient Treatment
	Supportive Housing
	Vocational Services
	Educational Services
	Transitional Support
	Life Skills
	Wraparound Supports

Fund Sources (pre-implementation)	Fund Sources (post-implementation)
Medicaid	Medicaid-Behavioral Health
Title IV E	Medicaid-Mental Retardation
	State Funds
	Title IV E
	Prevention Funds
	Supplemental Security Income

Agencies (pre-implementation)	Agencies (post-implementation)
Department of Human Services	Department of Human Services
Office of Mental-health	Office of Mental-health
Community Behavioral Health	Community Behavioral Health
	Mental Retardation Services
	Department of Social Services



### Challenges and Solutions:

Many young adults with mental retardation and challenging co-occurring behavior continue to be placed in RTFs, with only limited funding mechanisms to create service alternative options. Philadelphia has also identified other cohorts for the Cross-systems Aging-Out Initiative—youth with a history of sexually challenging/offending behaviors requiring a structured and highly supervised setting, and youth with self-injurious behaviors (often resulting from abuse, neglect, and other traumas). These individuals remain at high risk but, like Bella, can be aided in smaller settings or supported living with the right mix of treatment and services. Such services are non-traditional in nature and are not typically funded through Medicaid. Although providers in the child welfare system support group home services, they lack resources for mental-health support, rendering them unwilling or unable to support youth transitioning from RTF placement.

### Sustainability:

The CARES database allows agencies to run utilization reports, match data systems to identify youth on the cusp of aging out, and identify and integrate care management across all systems. Providers understand the context and perspective of a youth's and/or child's life, which helps them tailor relevant plans.

### Lessons Learned:

- Nationally, “aging-out” population issues must be viewed through a new set of lenses so that individuals do not have to languish in RTF programs
- Strong leadership and the integration of key departments signaled a commitment to evaluate and determine how to creatively fund innovative programs
- Aggressive advocacy efforts to secure funding supporting youth with developmental disabilities is planned





### Georgia

#### State Agencies Provide Parolees Recovery, Treatment and Substance-use Treatment and Outpatient Services, with Funding Sufficient to Achieve Real Recovery

*Addiction treatment means public safety... for every dollar you spend on addiction treatment, there is a reduction in drug-related crimes.*

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Office of Mental-health, Developmental Disabilities and Addictive Diseases (DMHDDAD), Neil Kaltenecker, former State Director, Office of Addictive Diseases; Executive Director of Georgia Council on Substance Abuse

Georgia State Board of Pardons and Paroles (SBPP), Marta Daniell, Manager, Substance Abuse Services

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#### Kim Thompson

Kim Thompson, a veteran parole officer, working out of the Georgia State Board of Pardons and Paroles' Augusta District Office, has anesthetized herself to personal connections with her cases. It's a way to do her job efficiently and without emotional impediments. She has direct responsibility for those released from incarceration, tailoring supervision to each parolee's needs with the aim of successful matriculation into society. It is a mammoth job—and not every parolee succeeds—that's the hard part for Kim. So, while Kim is good at her job, she always maintains a safe distance.

But Augusta was one of the four sites chosen for the Pilot Intensive Outpatient Program under the Cross-systems Financing Project. The treatment professionals talked to parole officers and officers grew more knowledgeable about treatment. They communicated, and created the right attitude and atmosphere for change. They thought about a continuum of care—some for the first time.

"Bill," a parolee of Kim's, was among the first introduced to this new program. In the legal system since the age of 19 for various drug charges, at age 41 Bill was referred to Georgia's Intensive Outpatient Program as a result of repeated relapses with methamphetamines, and other failed treatment courses.

As a result of the newly formed, symbiotic relationship between agencies, Bill completed treatment. He has not tested positive for drugs since entering the program, is working, and has reconnected with his family. Bill's successes caused Kim to optimistically tell one colleague, "...I care again."



### Global Objective:

Coordinating funds from multiple sources to integrate substance-use disorder treatment service delivery to the adult criminal justice population; develop improved linkages from incarceration to properly configured community-based treatment, including Intensive Outpatient Programs, and Residential Substance Abuse Treatment Programs (RSAT).

### National trends and factors specific to Georgia's parolee population influenced the team's project selection, including:

- National estimates that 80 percent of America's inmates were high while committing crimes, committed their offenses to get money for drugs, violated alcohol or drug laws, or have a history of alcohol or substance-use disorder (CASA, 1998)
- Approximately 75 percent of offenders enter prison with a drug-related history

### Georgia's 2005 study found that:

- 1,478 individuals were paroled or reprieved with a Special Condition for a Substance Abuse Assessment
- 15 percent of 81,972 random drug screens for parolees were positive
- 6,656 parolees enrolled in ASAM Level 1 substance-use disorder treatment
- Less than 1 percent of prison beds were designated for RSAT

Services and funding for those in the criminal justice system, or pending release, were agreed upon priorities for FY 2007. Separately, the agencies had limited resources to serve these populations and posited that a coordinated funding approach would increase the reach of their combined resources—eliminating possible funding duplication and sharing information regarding quality of services.

### Specific Goals:

Creating a single system for integrating paroled individuals requiring substance-use disorder treatment back into the community

DMHDDAD and SBPP designed a project identifying the level of care needed for individuals released to parole, referring them to appropriate treatment providers, and determining which agency would be responsible for purchasing these services. Additionally, both state agencies identified other tasks needed to ensure sufficient access to services, and that the quality of these services produced intended outcomes. These tasks included: developing the service specifications; training providers on specifications and other needed evidence-based treatment practices; and ensuring services addressed individuals with both mental-health and substance-use disorders.

### Models for Design and Implementation:

Each state agency participating in the Cross-systems Financing Project identified the roles and responsibilities of their office for designing, implementing, and financing the Project.

SBPP conducted and purchased initial assessments for all parolees who screened positive for a substance-use disorder. Assessment determined the required ASAM level of care. Providers of outpatient (ASAM Level 1) or residential treatment services (ASAM Level 3.1) billed and received reimbursement from SPPB.



POST-IMPLEMENTATION SERVICES AND RESPONSIBLE AGENCY State Board of Pardon and Paroles	DMHDDAD
<ul style="list-style-type: none"> <li>ASAM Level 1 statewide, including assessment</li> <li>60-bed SA residential treatment for parolees (five month stay)</li> <li>Parole Reporting Center w/ emphasis on SA treatment in Metro-Atlanta</li> <li>Drug testing</li> <li>Developing Recovery Supports</li> <li>Refer to OAD community providers for higher-levels of SA treatment</li> </ul>	<ul style="list-style-type: none"> <li>ASAM Level 2.1 Intensive Outpatient Services</li> <li>Training on EBP</li> <li>Co-occurring MH/AD Treatment</li> </ul>

Recovery residences used in the RSAT project were “intensive,” offering five or more hours of addiction treatment per week, as well as requiring that they be licensed by the State of Georgia as “Transitional Residential Treatment Programs.” For individuals needing intensive outpatient services (ASAM Level 2.1 or above), providers billed and received reimbursement from DMHDDAD.

Length of stay in a substance-use disorder treatment program is highly correlated with success rates. Residence providers were offered the customary bed rate for the first month of an individual’s stay, 20 percent more the next month, and another 20 percent more in the following month.

By incentivizing retention, paroled residents had a greater chance of successful treatment and recovery. The design anticipated the need for developing recovery support, purchased by SPPB.

Fund Sources (post -implementation)
Medicaid
Federal substance abuse and prevention block grant funds
State Funds

## Challenges and Solutions:

Agencies requested and received additional funding from the Georgia legislature. DMHDDAD also earmarked a percentage of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) specifically for this project.

Proposed funding streams for this Georgia initiative were: state Medicaid programs, state general revenue funds, federal substance abuse and prevention-block-grant funds.

(See, Georgia’s Cross-systems Financing Purchasing Plan, <http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>).

## Sustainability:

As of August 2008, the Georgia project had served more than 150 individuals, and projected serving 300 at the point that it was defunded by the SBPP and DMHDDAD due to budget decreases.

## Lessons Learned:

- Speak the stakeholder’s own language
- Set measurable goals
- Identify a passionate change leader in each agency



### Iowa

#### Developing Integrated Services for Youth and Families with Co-occurring Mental-health and Substance Use Disorders

*[We looked at ways to] be more efficient in our approach to integrating services.*



Iowa Department of Public Health, Division of Behavioral Health,  
Kathy Stone

Iowa Department of Public Health, Division of Behavioral Health,  
Bureau of Substance Abuse Prevention/Treatment, Michele Tilotta, Community Health Consultant

Substance Abuse Prevention & Treatment, Iowa Department of Public Health, DeAnn Decker, Bureau Chief

Iowa Association of Community Providers

Magellan Behavioral Health of Iowa



#### Kathy Stone

We were looking at developing integrated services for co-occurring mental-health and substance-use disorders... in what we call our Community Reinvestment Project (which provides services for co-occurring disorders), specifically, working with clients who have complex needs, including active mental-health and substance-abuse disorders.

#### Michele Tilotta

When we started the Cross-systems Project, none of our providers could offer integrated services and help people with co-occurring disorders; now we have nine providers who can do this. Clients engage in treatment longer and outcomes are better. Client outcomes matter, because good outcomes = no re-arrests, no hospitalizations, families remaining intact, individuals remaining employed and becoming productive members of society.



### Global Objective:

Improve treatment for individuals with co-occurring mental-health and substance-use disorders. Iowa has long engaged Magellan Behavioral Health to manage Medicaid mental-health and substance-abuse services and the treatment services funded by the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG). Implementation of the “Iowa Plan” by the Iowa Departments of Human Services and Public Health in 1999 increased the array of mental-health and substance-use disorder services available, but services for individuals with co-occurring disorders remained fragmented. The systems had no integrated planning, or communication across services, and the mental-health authority had not previously been involved in any discussions.

### Specific Goals:

The Project uniquely focused on dual aims: integrating resources across funding streams for services; and supporting workforce development, thus developing a statewide system of integrated co-occurring disorders services. The objective was ensuring that individuals with both substance-use and mental-health disorders never knocked on a “wrong door.”

### The team identified a number of core needs:

- Remove disparity in reimbursement between mental-health and substance-use disorder services; leveling the “paying” field, so providers would have fewer financial incentives to offer one type of service over the other
- Identify and pilot brief screening instruments to capture both mental-health and substance-use disorder issues
- Develop a training and transition plan supporting providers to develop the competencies and services to treat individuals with a co-occurring disorder (requiring more public dollars for services, with specific earmarks for workforce development)
- Enact licensure changes to remove barriers for providers to deliver services
- Create a “deemed status” allowing faster credentialing of programs offering co-occurring treatment (providers would no longer be required to undergo two licensure processes in order to offer mental-health and substance use disorder services)
- Develop credentialing processes for practitioners with co-occurring competencies

The FY 2007 Purchasing Plan relied on funding wholly provided through the Medicaid Community Reinvestment fund (<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>). The total expenditure of \$670,333 supported three services: assessment, individual counseling, and group counseling.

The proposed purchasing plan for the Iowa Cross-systems Initiative increased spending for co-occurring services and workforce to nearly \$1.5M—a 123 percent increase from the original purchasing plan. These additional funds expanded access to services for more people, added intensive outpatient services, and allocated funding for staff training/workforce development. Additionally, the Iowa Cross-systems Purchasing Plan (<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>) added two other funding sources—Medicaid fee-for-service, and the federal SAPTBG.

## Financing Project

Cross-Systems



### Iowa Pre-Implementation Purchasing Plan

Service	Number of Individuals Receiving Services	Medicaid Community Reinvestment
Assessment	450	X
Outpatient Individual Therapy	337	X
Outpatient Group Therapy	337	X

### Iowa Cross-systems Purchasing Plan

Service	Number of Individuals Receiving Services	Medicaid Fee for Service	Medicaid Community Reinvestment	SAPTBG State Approps	SAPT/ State Provider Incentive
Assessment	1500	X		X	
Outpatient Individual	1125	X		X	
Outpatient Group	1125	X		X	
Intensive Outpatient	150	X		X	
Training/Development/Coaching	N/A		X		X

### Challenges and Solutions:

The Iowa project was not implemented. The Project's request was not included in the state's FY 2009 budget or included in the plan for the Medicaid reinvestment funds. Rather than linking resources, the programs ended up aligning them. Although the agencies could not pool the DHS block grant with the substance abuse block grant, DHS was able to dedicate a portion of its funding to train providers in evidence-based practices, including co-occurring and motivational interviewing.

A general decline in the economy, and the impact of 2008's natural disasters in Iowa, may force budget cuts in the state's mental-health system for the first time in decades.

### Sustainability:

The Iowa team ensured that data was collected and made available across agencies. The data facilitated the creation of a clear message on costs and benefits of the services provided.

Strategy continues to focus on those activities with the best evidence-based support and practice links.

### Lessons Learned:

- The NIATx approach of testing service delivery has been implemented, with great success, by several providers
- Process improvement and the mitigating impact on clients and providers, in addition to streamlining the state program licensure processes, decreases workload for providers





### Agencies

Children, Youth and Families Department (CYFD), Kim Cobbs, LISW - Bureau Chief, Ken Warner, Program Manager

Human Services Department (HSD) (the state's Medicaid Agency), Matt Onstott, Deputy Director

Behavioral Health Services Division (the adult mental-health and substance abuse authority), Kristin Doellinger Jones, LISW - Director

Value Options New Mexico (for one session only), Chris Carson, Medical Director

Supportive Housing Coalition of New Mexico (added later), Mark Allison, Executive Director

## New Mexico

### Transitional Services for Mentally Ill Youth

*Cross-systems financing gave us a chance to look at transitioning youth without silos, to really see how we could serve these individuals across all agencies. These kids ...need life skills, they need housing, and they need a lot of support beyond just therapy.*

Emmett was in and out of the (New Mexico) Children, Youth and Families system from infancy. At age 18, he "aged-out" of the juvenile system, and found himself caught between the child and adult systems of care.



Emmett's record contained both adult and adolescent offenses, rendering him a less-than-desirable employee and/or tenant. Though he longed for "a safe place to rest his head," he lacked the self-esteem and guidance to find one. He teetered precariously between agencies; joblessness and homelessness were real possibilities.

But Emmett received help from the Supportive Housing Coalition of New Mexico, through the collaboration of resources under the Cross-systems Financing Project. The program provided him with a case manager and coordinator who helped him secure an apartment and a job, as well as subsidizing 70 percent of his monthly costs. Other funds provided wraparound services, such as medical insurance.

Under the persistent and caring guidance of his case manager, Emmett learned to manage his emotions, create a safe environment for himself, budget his money and concentrate on school. The Supportive Housing Coalition gave Emmett a chance and the options to build a solid foundation from which to move his life forward in a positive way.



### Global Objective:

Services for youth, 15-21 years-old, aging-out of the Juvenile Justice System (JJS), who must usually make two transitions: first, returning from a correctional facility to their community and, second, from the child service delivery system of care to the adult mental-health/substance-use service disorder delivery systems.

Awkward transitions could result in recidivism and delay or failure to achieve a productive and mature adult life. The New Mexico Collaborative believed that improving these changeovers would reduce out-of-home placements and Medicaid expenditures, with a concomitant long-term reduction of service costs and improvement in employment, education, life skills, housing, and social functioning.

In FY 2007, CYFD determined that approximately 259 youths would be discharged from New Mexico juvenile correctional facilities, most with little access to ongoing mental-health and addiction services or the supports necessary for a successful transition. This population was a priority, based on findings that 75 percent of youth committed to juvenile justice facilities have behavioral health issues. Additionally, New Mexico youth experienced a significant reduction in service use as they entered adulthood: approximately 45 percent of those receiving services at age 17 no longer did so at age 18.

### **Additionally, youth transitioning from child protective services, or juvenile justice services faced several challenges:**

- Different provider groups between adult and children behavioral health systems; in many instances youth did not engage with the adult provider
- Medicaid service coverage was significantly less extensive for adults than for children; New Mexico had a limited Medicaid benefit package for addiction services
- A fundamental lack of community-based services targeted at youth involved in the juvenile justice system: referrals were often made to out-of-home placements (group homes, residential treatment centers, therapeutic foster care) rather than community services that would allow the child to return home or to live independently

### Specific Goals:

#### **Braid and blend funds to:**

- Increase access to appropriate behavioral health services
- Increase linkages across multiple domains
- Increase access to stable housing
- Lower rates of out-of-home placement
- Long-term reduction in service costs
- Lower recidivism

### Models for Design and Implementation:

The Collaborative developed the Transition Services Program, based upon the Intensive Aftercare Program model pioneered by Dr. David Altschuler of Johns Hopkins University. The Program assists JJS-involved youth and families during the commitment period, through parole, and into the community.

## Financing Project



On the basis of a comprehensive assessment of each youth's strengths and needs, transition service plans were developed. A care coordinator assisted the youth in implementing the plan, including identification of community-based, natural supports, and housing services. The care coordinator continued with the individual to age 21, if they so desired, and according to the needs identified in the transition plan. Youth who disengaged from services but found they needed support later could return – again up to age 21. Emergency wraparound state funds were also available to meet transition plan goals, as funds of last resort (<http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>).

The Cross-systems Financing Project also changed referral patterns of the juvenile justice facility teams and parole board: initiating services at the beginning of the commitment process by conducting home visits with families, meeting with community providers, and developing a transition plan for community-based support rather than out-of-home placements. New Mexico's collaboration has served many severely mentally ill transitioning youth, who would otherwise likely be homeless, in an adult correctional facility, or whereabouts unknown. The term of the program ends when youth complete their parole, however the majority elect to continue with services to age 21; perhaps the first tangible evidence in these children's lives that someone cares.

### The Cross-systems team members served the following functions:

CYFD	Medicaid	Behavioral Health Services Division	ValueOptions (New Mexico's public sector behavioral health managed care company)	New Mexico Supportive Housing Coalition
<ul style="list-style-type: none"> <li>• Provided assessment, service planning and coordination</li> <li>• Identified services purchased by CYFD funds and emergency wraparound</li> <li>• Used state general funds to support non-behavioral health services of the transition plan</li> <li>• Contracted with supportive housing providers</li> <li>• Created policy/system of care development</li> </ul>	<p>Provided mental-health and addiction treatment services including:</p> <ul style="list-style-type: none"> <li>• Comprehensive Community Support Services (CCSS)</li> <li>• Multi-systemic therapy</li> <li>• Functional Therapy</li> <li>• Family Therapy</li> <li>• Day treatment</li> <li>• Behavior management services</li> <li>• Intensive out patient services</li> <li>• Individual, family, group therapy</li> <li>• Comprehensive behavioral health assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Provided access to Recovery Grant for substance abuse services</li> <li>• Offered SAPT and MH Block Grants</li> </ul>	<ul style="list-style-type: none"> <li>• Received claims</li> <li>• Processed payment</li> <li>• Identified fund source</li> <li>• Provided clinical care coordination</li> <li>• Attended JJS clinical triage to locate/access services</li> <li>• The Recovery &amp; Resiliency department assisted with transitioning youth peer support groups</li> <li>• Contracted with Provider Network</li> <li>• Administered access to Recovery Grant</li> </ul>	<ul style="list-style-type: none"> <li>• Provided vouchers, payments</li> <li>• Located housing, landlords and training on Section 8 rights and responsibilities/ other housing training</li> <li>• Resolved landlord issues</li> <li>• Participated in steering committee to develop housing project and review cases for eligibility</li> </ul>



Consumers received a variety of services in addition to mental-health and substance-use disorder treatment, as appropriate, including housing vouchers, and wraparound emergency dollars (state general funds) for rent/utilities.

The CYFD, the Behavioral Health Purchasing Collaborative, and the Supportive Housing Coalition of New Mexico recently finalized a contract making available permanent supportive housing in Albuquerque. CYFD transition staff helps participants connect to educational, behavioral health and vocational services to successfully reintegrate into the community.

### **Challenges and Solutions:**

The juvenile justice facility teams and parole board were initially hesitant to refer youth to participate in the Project because their traditional pattern was to out-of-home placement for treatment and support. The Collaborative staff, however, worked closely with them, starting with only a few cases. Once the Collaborative demonstrated success with these youth, the parole board willingly continued to make referrals to community services, and the transition coordinator responded, often setting up same-day or next-day appointments for youth. As of June 30, 2008, the New Mexico project was serving 278 individuals statewide.

### **Sustainability:**

The Project became a part of the programmatic functioning of the participating agencies, so having key players with strong commitments to the Project from the start enhanced sustainability.

A dedicated program manager was another key feature of sustainability.

### **Lessons Learned:**

- Knowledge transfer to the field staff charged with implementing the program is key to success
- Staff established a mock multi-disciplinary team, role-playing both a client and his father meeting with a correctional facility team prior to discharge. This included a full walk-through of the transition planning process. As a result, when a child is transitioning, staff can now identify cross-systems issues and work with relevant providers to achieve transition-plan objectives



### State of Washington

#### Expanding the Reach and Support of WASBIRT Services

*Too often we don't recognize the impact that our services have on other systems...*

##### Stephen O'Neil

On the Human Services side, we had a tendency to be much too siloed in our thinking, and not recognize the impact our services had on other systems .... Sometimes it's working long and hard enough for people to recognize the efficacy – when our federal dollars ended the hospitals hired our counselors to work in the emergency department. Whereas before, they were employees in the ER, they are now ER employees.

#### Global Objective:

Replace expiring federal funding from the Center for Substance Abuse Treatment (CSAT), a program of the Substance Abuse and Mental-health Services Administration (SAMHSA), to implement the Washington Screening, Brief Intervention and Referral to Treatment (WASBIRT) protocol.

WASBIRT's goal was early identification of individuals with substance-use disorders in a medical care setting, where such screening ordinarily did not occur.

WASBIRT placed full-time Chemical Dependency Professionals (CDPs) in nine hospitals in six counties across the state. These CDPs worked closely with emergency department and trauma center staff to bridge the gap between hospital and substance-use-disorder treatment systems. The CDPs screened and provided brief interventions (1-4 sessions) while patients underwent medical care in the emergency department or inpatient units. CDPs also referred patients with substance-use disorders for further counseling and treatment.

Early evaluation suggests that the intervention has had a positive impact on substance-use disorder behavior, decreasing medical costs, and increasing access to higher levels of care.



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Division of Alcohol & Substance Abuse (DASA), Stephen O'Neil, MA, CDP, Washington State Division of Alcohol and Substance Abuse/Director, Washington State Screening, Brief Intervention, Referral, and Treatment Project/Criminal Justice Treatment Account Program Manager/Drug Offender Sentencing Act Program Manager, and Doug Allen, Former Director

Department of Social & Health Services Screening Brief Intervention, Referral & Treatment Project (SBIRT), Project Director, Criminal Justice Treatment Account (CJTA) Program Manager

Drug Offender Sentencing Alternative (DOSA) Manager, MultiCare Health System, John Pearson, Director, Social Work Services

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## Financing Project



### Specific Goals:

- Ensure the ongoing success of the initial five-year pilot project
- Diffuse WASBIRT across new sites and counties, using the same model and practice standards
- Initial federal funding for SBIRT was supplemented by funds from DASA for certain outpatient services needed by screened individuals

The FY 2007 project expenditure was approximately \$3.6 million, providing over 27,000 substance-use-disorder screens, 13,500 brief interventions, 337 individuals with assessment and brief therapy, and an additional 337 individuals with outpatient and inpatient treatment (Washington State FY 2007 Purchasing Plan, <http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>).

Washington State Cross-systems financing sought to replace \$2.8 million in federal funds with a mix of local, Medicaid, and private insurance (Washington State Cross-systems Purchasing Plan <http://www.avisagroup.com/crosssystemfinancingstrategies/documentlibrary.html>).

### Washington State Pre-Implementation Purchasing Plan

Substance Use Services	Federal CSAT Funds	DASA
Screening	X	
Brief Intervention	X	
Brief Therapy	X	
Assessment	X	
Outpatient Treatment	X	X
Inpatient Treatment	X	

### Washington State Cross-systems Purchasing Plan

Substance-use Services	State General Revenue Funds	DASA	Local (King County)	Medicaid (50 percent Federal Match)
Screening	X		X	
Brief Intervention	X		X	X
Brief Therapy	X	X	X	
Assessment	X	X		
Outpatient Treatment	X	X		
Inpatient Treatment	X	X		





### Models for Design and Implementation:

#### DASA evaluated the effectiveness of WASBIRT, confirming:

- Reduction in total medical costs; post-brief intervention was \$205 per Medicaid member, per month
- Likelihood of entering traditional substance-use-disorder treatment post-brief intervention substantially increased
- Average number of days of alcohol or other substance-use declined among all patients who received at least a brief intervention
- Among patients who drank or used other drugs in the 30 days prior to receiving a brief intervention:
  - ◊ 80 percent reduced the number of days of drinking and 39 percent stopped drinking completely
  - ◊ 87 percent who reported binge drinking reduced the number of heavy drinking days
  - ◊ 85 percent who reported drug use reduced the number of days of use, and 34 percent stopped using drugs completely

The Team developed a two-page briefing paper regarding WASBIRT and created new reimbursement codes for SBIRT services. To date, Medicaid has not formally agreed to use the new codes, or to cover SBIRT service as a specific set of interventions citing several concerns: skill level of practitioners rendering SBIRT services; provider types; qualification of organizations delivering services; and locales in which the intervention can occur.

The Washington Cross-systems Financing Project Team worked diligently to answer these questions, meeting with HMO's throughout the state to request coverage for SBIRT services. The team also consulted closely with new SBIRT providers, helping them implement codes and policies.

### Challenges and Solutions:

In early 2008, DASA staff developed a decision package for the executive branch, describing the additional state revenue needed to sustain and diffuse the SBIRT program. Unfortunately, due to the significant decreases in state revenues, the proposed budget was not included in the Governor's FY 2009 budget.

Nonetheless, other financing gains were made: Washington's counties are entitled to pass levies specifically to finance substance-use-disorder services. King County, in Washington, has earmarked \$700,000 for SBIRT services, which will be used to sustain the county's current site and to expand to other sites. Clark County also committed a portion of its levy for SBIRT services.

The Cross-systems Financing Project Team continues to work with several major payers: Medicaid, private insurers, and the State Department of Labor and Industries, which is responsible for administering the states' Worker's Compensation program.



### **Sustainability:**

Sustainability depends on the development of new policies or change to existing policies which hamper the ability to sustain and diffuse the practice. An example of this is an administrative code specific to SBIRT, drafted by the team, which will offer guidance to DASA providers after review and comment by the general public. Current DASA regulations require individuals to be substance dependent to receive treatment, while SBIRT identifies individuals who may need treatment, but are not necessarily substance dependent. Moreover, current state policies require that people not use substances while they receive services, carrying significant implications for individuals continuing to use while they enter and engage in treatment.

### **Lessons Learned**

- Data collection to prove efficacy is key to success
- Financing must be creative: through both traditional and less traditional grant mechanisms (i.e., foundations)
- Regular reporting to legislative staff on health care committees, and media interface regarding the program's successes enhance visibility

## Financing Project

Cross-Systems



### Cross-systems Successes

*When we started the Cross-systems Finance Project we were already spending lots of money, but we were not spending it wisely to achieve outcomes we wanted. It's not just a good idea; it becomes a way of doing business.*

The sites reported on post-implementation progress almost two years after the Learning Community was established, in late 2008. The following tables illustrate the expansion of funding streams and agency participation as a result of the Cross-systems Financing Projects.

#### Pre-Implementation Funding Streams

Site	State General Revenue Funds	Federal Medicaid Funds	MHBG	SAPTBG	County Funds	Title IV	Medicaid Reinvestment Funds	Other
Franklin County	X	X			X	X		
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa							X	
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Philadelphia	X	X						
Washington	X							X

#### Post-Implementation Funding Streams

Site	State General Revenue Funds	Federal Medicaid Funds	MHBG	SAPTBG	County Funds	Title IV	Medicaid Reinvestment Funds	Other
Franklin County	X	X			X	X		
Georgia	X	X		X				
Iowa	X	X					X	
New Mexico	X	X	X			X		X
Philadelphia	X	X	X		X	X		X
Washington	X	X		X	X			X

## Financing Project

Cross-Systems



### Pre-Implementation Payers

Site	SSA for Addictions	SSA for Medicaid	SSA for Mental-health	County	Juvenile Courts/Corrections	Other State	Local Housing Authority	Other
Franklin County	X	X	X	X				
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa								X
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Philadelphia		X	X	X				
Washington	X							X

### Post-Implementation Payers

Site	SSA for Addictions	SSA for Medicaid	SSA for Mental Health	County	Juvenile Courts/Corrections	Other State	HUD	Other
Franklin County	X	X	X	X	X			
Georgia	X	X	X		X			
Iowa	X	X	X					X
New Mexico	X	X	X		X	X	X	X
Philadelphia	X	X	X	X	X	X		X
Washington	X	X		X				

### Lessons from the Learning Community Experience:

In June 2007, the Avisa Group conducted qualitative, structured interviews with each team regarding the perceived value of the Project. Follow-up interviews with team leaders, conducted by Laufer Green Isaac Strategic Marketing in late 2008, added longitudinal reflection.

#### Perceived Value of Project to Participants:

Participants reported deriving great value from three specific aspects of the learning community:

1. Opportunity to network with other participants
2. Technical and staff resources provided through the Project
3. Structured approach of the Project

Valuable resources—leadership, faculty, and the tools provided—were bolstered by homework assignments and peer review. Many participants mentioned that the learning community structure itself was a critical piece of the process. The Project schedule and regular meetings kept the participants engaged and working, while sessions held geographically distant from home offices reduced or even eliminated interruptions. One leader said, *“Being a plane ride away helped a lot!”*



### Processes Developed and Outcomes Achieved:

Participants reported that the NIATx walk-through process was the single most important process contributing to ultimate project design. NIATx helps behavioral health providers improve access to and retention in treatment for their clients, primarily by observing, facilitating, and recommending the implementation of process improvement methods. Real-time walk-throughs identify lapses in structure and function of treatment delivery; adjustments yield reduced waiting times and “no-shows,” as well as increased admissions and ongoing treatment. A typical response to the walk through was: *“It enabled us to perceive significant potential problems and to make crucial modifications and improvements to our project. Many respondents reported that they planned to incorporate walk-throughs into future projects.”*

### Forward-facing Funding and Sustainability Challenges:

Obtaining early measures of success and rapid documentation of results, using defined outcome measures, was the most frequently mentioned challenge to sustainability. Proving success quickly was perceived to be an important element of generating ongoing support. Changes in the external environment that require alterations to the Project design, as well as retaining the support of upper management in uncertain times were also mentioned as key concerns.

### Participant Project Costs and Savings:

Project participants were generally reluctant or unable to project savings at a nascent stage of development and implementation. Most believed, however, that the benefits would yield significant savings in the future.

The Project concluded before participants could precisely calculate the increase in their ability to generate the additional funds and institutional commitment to sustain their projects. Nonetheless, it appears that a return on investment (ROI) calculation comparing RWJF expenditures for the Project to the additional public funds generated by the six cross-systems collaborations would be quite positive.

### General Recommendations from Participants:

#### *Process Incubation Challenges*

Participants reported that the most significant challenge was the time expended to achieve immediate project outcomes. Team commitment estimates ranged from hundreds to even thousands of hours.

Developing a sustainability plan was another notable challenge, perhaps due to the relative unfamiliarity of individual team members with the financial aspects of project planning and evaluation.

#### *Ongoing Organizational Assets Accrued from Cross-systems Financing*

The concept of and techniques for multi-agency collaboration were uniformly hailed as the central source of value created by this Project. Participants reported that collaboration and cross-systems financing were now key program templates for their evolving substance abuse, mental-health, and child welfare systems. Key benefits of participation in the Learning Community included: working with organizations and jurisdictions other than their own, gaining an appreciation for the issues faced by other agencies, and learning to create an environment that permits the range of perspectives to be utilized.

#### *Recommendations for Future Learning Community Projects*

Participants had two principal categories of recommendations for future learning community projects. The first was directed at potential participants, and the other toward RWJF and other organizers and/or funders.



### Specific suggestions for future learning community participants included:

*Find a change leader in each agency that also has a passion for what you are doing. Sometimes in a bureaucracy, that is hard to find. We could save the country billions of dollars if we worked this way.*

- Bring the right people to the table to participate
- Set aside sufficient time to thoroughly think through, plan, adjust, and implement the Project
- Plan carefully
- Conduct a NIATx-based walk-through
- Diffuse and disseminate information through the community

We've provided trainings to our local collaborative and to our behavioral collaborative conference, co-presented with our Georgia peers at a national conference, and talked at several juvenile justice conferences around New Mexico about our experiences.

Keep the Project simple in the beginning – don't overreach. Projects get more comprehensive and sophisticated as they go, but keep it simple at first.

### For sponsors of future cross-systems projects, recommendations include:

- Facilitating greater interaction with speakers, and including experts from legislatures and governors' offices
- Garnering more input from the National Governors Association and National Conference of State Legislators (NCSL)
- Providing additional resources on financing topics, e.g., federal funding opportunities and waivers

The Project accomplished its aim of creating a learning community in which robust peer consultation could take place. Project participants reported developing a renewed focus on the client experience of the services that their organizations provide.

The importance of RWJF's support and imprimatur in obtaining funding and institutional commitment was uniformly lauded. However, jurisdictions wishing to fund/create innovative learning communities in the future may need to locate prestigious and credible sources of both internal and public funding in order to generate approval, continued interest, and fruitful collaboration of their communities.



## Financing Project

Cross-Systems



Robert Wood Johnson Foundation

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Spring 2009