

SYSTEMS OF CARE FINANCING MODEL

LOCAL MODELS - BLENDED FUNDING WRAPAROUND OREGON

Target Population Served – Steering Committee definition:

Children and youth birth to 18 who have emotional and behavioral health problems and who touch at least two systems. This population includes children and youth who are at risk as well as those who already have a diagnosed problem.

1. It will be necessary to stage the implementation, focusing first on the children and youth in the target population with higher behavioral health needs to develop a sustainable financing model. The three tiers of children/youth, based upon need, recommended are:

TIER 1:

- CASII 4-5-6 or
- At risk of out of home placements
- Out of mainstream school setting 60% or more

TIER 2:

- CASII 3
- At risk for TIER 1 as indicated by:
 - Outpatient services not successful
 - Multiple foster placements due to behavioral issues (3+ within 2 years)
 - Disrupted educational path or childcare placement

TIER 3:

- Everyone else in steering committee definition

2. Staging implementation for Medicaid and non-Medicaid populations is contingent upon doing a Statewide Market Assessment of Need and Eligibility. This assessment will be used to determine implementation phasing.

Benefit Plan – Recommend adopting benefit plan based upon Wraparound Milwaukee and New Jersey models: Comprehensive plan to include mental health and non-traditional services, including but not limited to: assessment, outpatient therapy, case management, mobile crisis, intensive in-home, behavioral aides, medication management, treatment foster homes, substance abuse, day treatment, residential treatment, sub-acute, in-patient hospitalization and mentors, independent living, respite, tutors, job coaches, and discretionary flex funds.

In addition, adding supports specific to school success, including but not limited to: behavioral aides, behavior specialists, school-based therapy, school-based crisis response and management, behavioral support for extracurricular activities, other supported classroom services, special school placements and discretionary flex funds.

Blended funding - A pool will be created at the state level based on the market assessment and available state dollars.

Funding Approach – Blend all resources at the state level for the necessary services and supports for the target population.

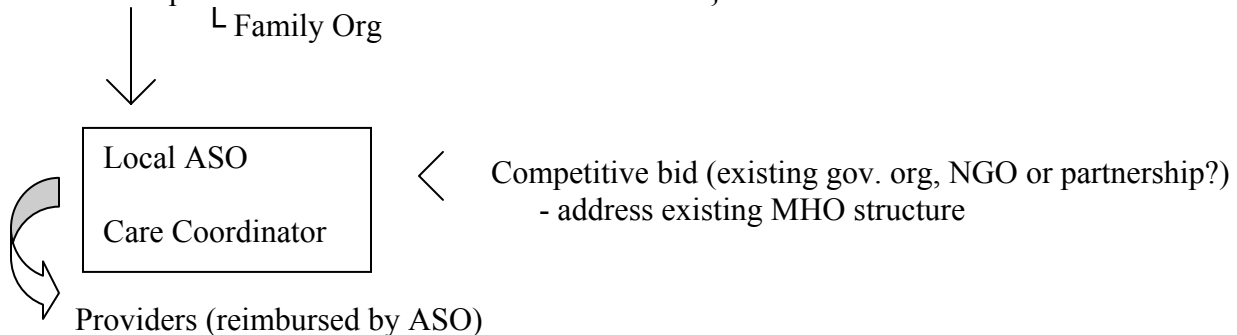
- Mental health
- Addictions
- Child welfare
- Education – services and supports for students with behavioral health needs
- Medicaid
- Public Health behavioral health services and supports
- Juvenile Justice
- Oregon Youth Authority
- Early childhood – education, childcare
- Commission for Children and Families
- Development Disability Services

Comment: Interim steps may be necessary – e.g., state or local braiding. Develop future relationships with private insurers and develop mechanisms for blending local funds with state and federal funds.

An annual financial report reflecting results achieved for funds invested will be produced (added by Lynne and Mitch post meeting)

Administration –

- Core Principles:
 - Set cumulative cap at the state level for administrative overhead
 - IT infrastructure that supports timely payment, real-time data and information sharing across systems.
 - Accountability report
 - Conflict resolution process
 - Partnership Council
- State Level entity blends funding and contracts with local ASOs {State agency vs. Competitive bid for NGO or statewide ASO ??}



Care Management –

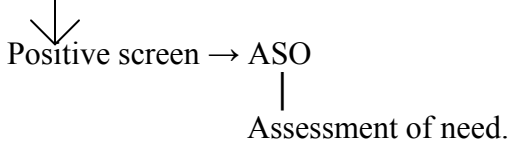
- Administered by ASO
- Caseload size 1:9 – 1:15 range
- One plan and one care coordinator
- Plan addresses the needs identified by the team

- One funding plan per child established at beginning
- Care coordinator authorizes services from benefit package
- Single release form
- CC responsible for meeting system mandates and requirements as well as coordinating provision of the plan across other child serving systems

Screening Assessment – Screening tools and protocols:

- Uniform screening tool(s) will be identified
- Screening tools will be useable across systems

Screening will be administered by: any participant in the system (educators, ASOs, providers, state) and it will be one stop shopping



Family Support Organizations – The State and every ASO will have an attached family support organization (FSO) that supports a variety of roles for families to work in the system. This FSO will have funding to support these efforts and youth partnerships and will not be precluded from pursuing contracts in partnership with providers.

Quality Assurance/Quality Improvement –

- Must be a structure of statewide outcomes consistently measured across the state
- ASOs are held accountable for managing to these outcomes
- State monitoring of outcomes will be based on consistent data system wide
- ASOs have cross-system QA/QI committees

Information Systems – Single internet based IT system tracks and monitors enrollments, demographics, services, payment, outcomes, etc.

Crisis Intervention – ASOs to provide an identified minimum level of crisis response as part of contract with the State entity.

Other Funding Considerations –

- Financial model will support the recommendations of the Steering Committee on cultural competence

To accomplish, the following concerns must be addressed:

- We need a highly trained, skilled, and motivated workforce
- Funds will be identified for workforce development
- Funds for IT infrastructure development will be identified
- In determining the financial model, there will be attention to wage disparities across the public and private workforce