IV. Concluding Observations

While the seven design and financing approaches described in this paper are unique each in its own way, they also share certain challenges and characteristics, which are summarized in this concluding section.

Major Common Challenges

- **Lack of service capacity** is a frustrating reality across all these sites, particularly lack of nontraditional types of services, such as therapeutic foster care and respite, and of highly-specialized expertise, such as child psychiatry. The lack of service capacity has to do with structural underfunding that pre-dated managed care in many cases, a lack of providers, or an unwillingness of providers to develop different types of services.
- **Cultural inertia**, that is, the difficulty of moving deeply entrenched agencies and providers to adopt new skills, knowledge, and attitudes, is challenging across sites. This seems particularly true with respect to areas such as partnering with parents, adopting a strengths-based perspective, incorporating natural supports, learning new evidence-based practices, and embracing a wraparound services approach.
- **Scale** is an issue in both directions. When the scale is large, such as in the three statewide initiatives, quality control is a challenge. When the scale is small, such as in the locally managed systems, "taking the project to scale" is a challenge. When the scale is small, as in the locally managed systems focusing on subsets of children, having sufficient purchasing power, clinical capacity, and system impact is a challenge. This creates a special burden on pilots since size impacts efficacy, and efficacy impacts sustainability.
- **Time and complexity** are related challenges. Because they involve multiple agencies, funding streams, and stakeholders and are undertaking major systems changes, all of these approaches are complex with many implementation challenges. They require time to implement effectively, and time often is a precious commodity in public systems that must demonstrate results within relatively short-term budget and legislative cycles and under the spotlight of public view.

Common Characteristics

- **Values-based designs** are characteristic of these initiatives. Values are similar to the principles of systems of care, and are relevant to children and their families. All of these approaches build family-friendly core values into their designs, using managed care technologies as a means to operationalize their values.
- **Partnerships with family members at all levels of the system** characterize these approaches. Family partnerships are a fundamental design feature that are deliberately structured at policy, management, and service delivery levels with resources devoted to building the capacity of families and other stakeholders to partner effectively.
- **Use of multiple resources**, **including blended or braided financing**, is a key characteristic of these approaches.
- **A broad**, **flexible benefit design** is another common characteristic, made possible by drawing on multiple resources and by managing care to avoid cost overruns.

- **Incorporation of individualized services planning** for children with serious disorders, often using a "wraparound" approach and utilizing clinical decision-making tools and criteria designed for children and adolescents, is common across these initiatives. These approaches create, in effect, a customized approach to care for children with the most serious, complex disorders.
- **Use of a single care management entity** statewide or within a region to create a locus of accountability, particularly for children with serious disorders, is a characteristic of these approaches.
- **Incorporation of intensive care management for children with serious disorders** is a feature across these approaches.
- **Inclusion of both clinical treatment services and natural supports** is a characteristic of these approaches. Some go further than others in drawing on natural supports, but all build into the design the capacity to incorporate indigenous, community supports as part of the plan of care, particularly for children with serious disorders.
- **Attention to training and technical assistance** characterizes these approaches, including **attention to evidence-based and best practices.** Training and technical assistance built around effective practices is an important design feature that is deliberately structured in an ongoing fashion.
- **Quality improvement processes relevant to children and data-based decision-making** are common elements of these approaches. Typically, these approaches track outcomes and process measures relevant to children and families at both the services and systems levels and use data to guide policy and service decision-making.