

FINANCING BRIEF

Implementation and Financing of Home- and Community-Based Services for Children's Mental Health

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SYSTEM OF CARE DEFINITION

"A spectrum of **effective, community-based services and supports** for children and youth with or at risk for mental health or other challenges and their families, that is organized into a **coordinated network**, builds meaningful **partnerships with families and youth**, and addresses their **cultural and linguistic needs**, in order to help them to **function better** at home, in school, in the community, and throughout life"



Available at: http://gucchd.georgetown.edu/products/FinanceBrief_HCBServices.pdf

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The National Technical Assistance Center for Children's Mental Health at Georgetown University (TA Center), in collaboration with the National Association of State Mental Health Program Directors, conducted an environmental scan to explore home- and community-based services provided by states for children, youth, and young adults with mental health conditions and their families. The scan assesses activities to implement the specific services and supports described in a joint informational bulletin released in 2013 by the federal Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).¹ The bulletin indicated that the services "*enable children with complex mental health needs—many of whom have traditionally been served in restrictive settings like residential treatment centers, group homes, and psychiatric hospitals—to live in community settings and participate fully in family and community life*" (p.1). The bulletin also identified financing sources that are available to states to implement and provide these services.

The scan respondents were primarily children's mental health directors in each state. In some states, respondents were other individuals identified by the children's directors as most knowledgeable in this area. For the 2015 scan, responses were received from 49 states, the District of Columbia, and Guam, for a total of 51 respondents. The results are summarized below.

OUTCOMES OF HOME- AND COMMUNITY-BASED SERVICES

There is a strong evidence base documenting the effectiveness of home- and community-based services for children, youth, and young adults with mental health conditions and their families. Since 1993, SAMHSA has been investing in the development of comprehensive systems of care in states, communities, tribes, and territories. Systems of care are comprised of an array of home- and community-based services and supports, supported by an infrastructure, and guided by a well-defined philosophy. System of care principles call for services that are individualized, family driven and youth guided, culturally and linguistically competent, and coordinated across child-serving systems.

¹Centers for Medicare and Medicaid Services [CMS] and Substance Abuse and Mental Health Services Administration [SAMHSA]. (May, 2013). Joint CMCS and SAMHSA Informational Bulletin. Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions. Rockville, MD: Author.

An extensive evaluation of systems of care has demonstrated that home- and community-based services result in:

- **Improved Lives for Children and Youth:** Decreased *behavioral and emotional problems* (depression, anxiety, aggression), *suicide* rates, *substance use*, involvement with *juvenile justice*, and improved school attendance and grades
- **Improved Lives for Families:** Decreased *caregiver strain*, increased *capacity to handle* their child's challenging behavior, and increased ability to *work*
- **Provide Positive Return on Investment:** *Redeployment of resources* from higher-cost, restrictive services to lower-cost, home- and community-based services and supports; decreased *admissions and lengths of stay* in psychiatric hospitals, residential treatment, and out-of-home placements in child welfare and juvenile justice systems

SERVICES AND SUPPORTS INCLUDED IN THE CMS-SAMHSA JOINT BULLETIN

The joint bulletin includes and defines the following services:

- **Intensive Care Coordination—Wraparound Approach:** Includes assessment, facilitating an individualized child and family team, creating an individualized service plan with treatment and support services in all life domains, arranging for services, coordinating multiple services, accessing crisis services, assisting the child and family to meet basic needs, advocating for the child and family, and monitoring progress.
- **Intensive In-Home Services:** Therapeutic interventions delivered to children and families in their homes and other community settings to improve youth and family functioning and prevent out-of-home placement in inpatient or residential treatment settings. Services can be a combination of therapy from a clinician and skills training and behavioral interventions from a paraprofessional.
- **Parent and Youth Peer Support Services:** Provided by family members or youth with “lived experience” who have personally faced the challenges of coping with serious mental health conditions as a consumer or caregiver. Services include developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching coping skills.
- **Respite Services:** Intended to assist children to live in their homes and communities by temporarily relieving the primary caregivers. Services can be provided either in the home or in approved out-of-home settings, and provide safe and supportive environments on a short-term basis for children when their families need relief.
- **Mobile Crisis Response and Stabilization Services:** Defuse and de-escalate mental health crisis situations to prevent unnecessary out-of-home placements, particularly psychiatric inpatient hospitalization. Mobile crisis services are available 24/7 in the home or other settings where a crisis is occurring, and are typically provided by a two-person team trained in crisis intervention. Residential crisis stabilization provides intensive, short-term, out-of-home treatment to address acute mental health needs, avoid hospitalization, and coordinate a successful return to the family with ongoing services.
- **Flex Funds—Customized Goods and Services:** Used to purchase non-recurring expenses for families (e.g., furniture or clothing), one-time payments (e.g., utilities or rent), or services such as tutoring and therapeutic recreational activities. Can be particularly useful when a youth is transitioning from residential settings.
- **Trauma-Informed Systems and Treatments:** Evidence-based practices (e.g., Trauma-Focused Cognitive-Behavioral Therapy) and practices that are less likely to re-traumatize the children and youth served, with training and coaching for clinicians on implementation of these interventions.
- **Mentoring:** Pairs youth with a trained individual who is not a mental health professional, to cultivate a one-on-one relationship intended to support and enhance treatment objectives. Mentors, who may be either paid or volunteer, offer caring, trusting, and enduring relationships that build resiliency, trust, and inclusion.

- **Supported Employment:** An approach to helping people with disabilities participate in the competitive labor market that assists them to find meaningful jobs and provides ongoing support by a team of professionals. Can be particularly effective in assisting young adults with mental health conditions to successfully enter and perform in employment settings.
- **Mental Health Consultation:** A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more caregivers. Often used in early childhood mental health services, mental health consultation can be provided to early care and education providers, family members, pediatricians, or others to improve the ability of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children, adolescents, and young adults and their families.

IMPLEMENTATION OF THE SERVICES AND SUPPORTS

Big Picture

The vast majority of states are either in the process of planning or implementing these home- and community-based services or are already providing them. As shown on **Table 1**, the only services that do not meet the threshold of 85% of the states with some activity are mental health consultation, supported employment, and mentoring. However, even those services are being planned or delivered by about half to three-quarters of the states.

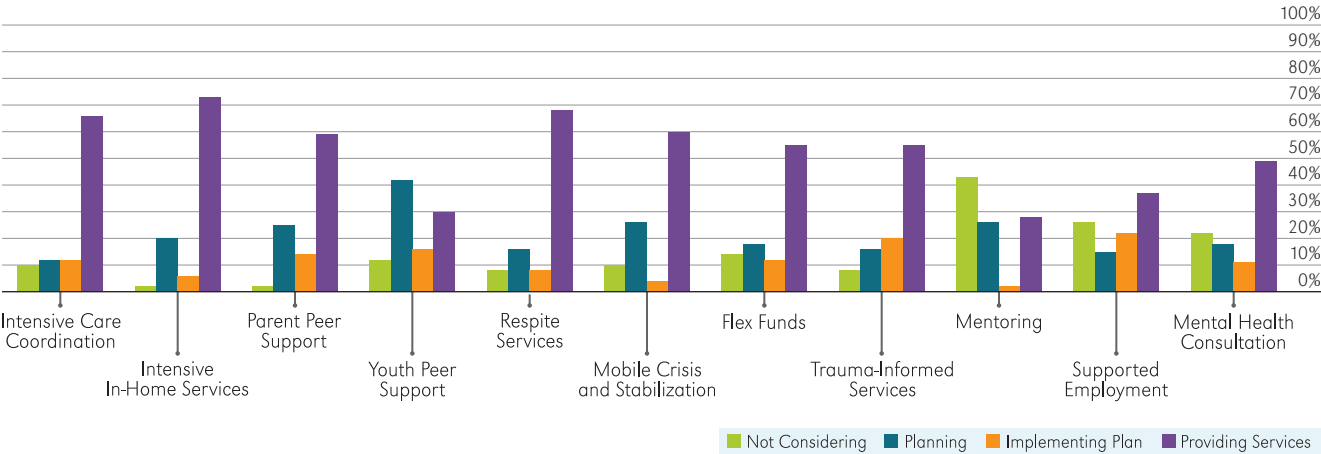
Graph 1 displays each of these services and details which are not being considered at this time, and which are in the stages of planning, implementation, or service delivery.

Table 1 Services Being Planned, Implemented, or Currently Provided

| PROVISION | % STATES |
|--|----------|
| Intensive In-Home | 98% |
| Parent Peer Support | 98% |
| Respite | 92% |
| Trauma-Informed Services | 92% |
| Intensive Care Coordination/Wraparound | 90% |
| Mobile Crisis and Stabilization | 90% |
| Youth Peer Support | 88% |
| Flex Funds | 86% |
| Mental Health Consultation | 78% |
| Supported Employment | 74% |
| Mentoring | 57% |

Graph 1 Implementation of Services and Supports in the Joint Bulletin

Percentage of States/Territories

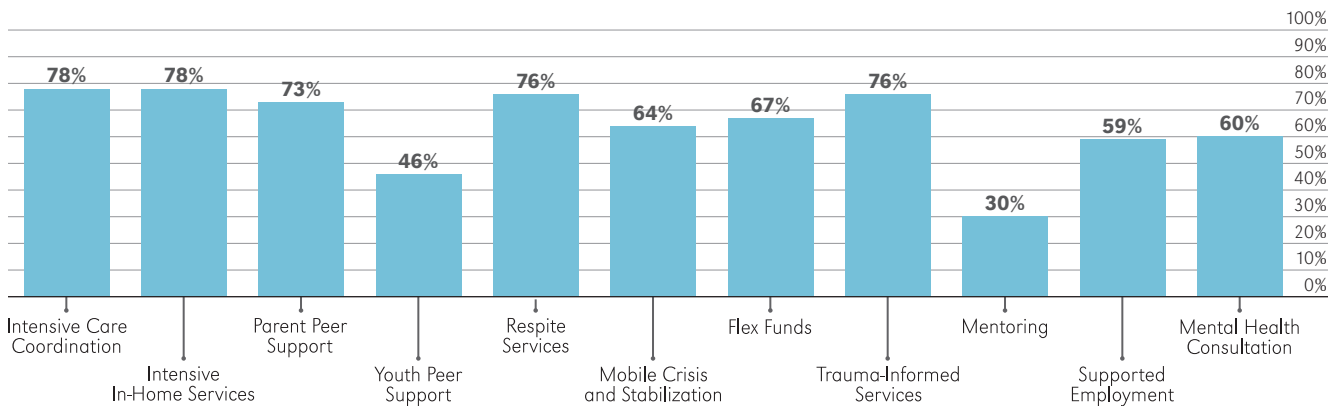


Services in Advanced Stages of Implementation and Providing Services

To assess actual implementation progress, **Graph 2** shows only those services that have moved beyond planning and are currently in either the implementation stage or are already being delivered to children, youth, and their families. The services most frequently in the implementation or service delivery stages are intensive in-home services, intensive care coordination/wraparound, respite services, trauma-informed services, and parent peer support, with each in advanced stages in over 70% of the states. In approximately two-thirds of the states, flex funds and mobile crisis and stabilization services are in advanced stages. Mental health consultation, supported employment, youth peer support, and mentoring are in advanced stages in fewer states, with mentoring and youth peer support the least likely to be in advanced stages.

Graph 2 Services in Advanced Stages of Implementation and Providing Services

Percentage of States/Territories Implementing Plan or Providing Service



FINANCING THE SERVICES AND SUPPORTS

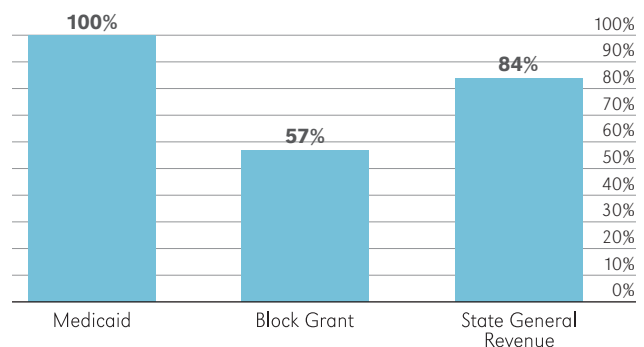
The scan asked respondents to indicate which sources of funds are used to finance home- and community-based services. Respondents could indicate more than one financing stream for each of the services included in the joint bulletin.

Big Picture

Graph 3 displays the most frequently reported funding streams for all of the services combined. As shown, Medicaid is by far the most commonly used financing source for these home- and community-based services and supports. All of the states reported using one or more of the various Medicaid options to finance the services. State general revenue funds from one or more child-serving agencies are also used by the majority of states (84%). To a lesser extent, but still for more than half the states, federal block grant funds (Mental Health Block Grants) are sources of funds for home- and community-based services. Typically, states use block grant funds to cover services and supports that are not covered by Medicaid or other financing sources.

Graph 3 Financing Sources for all Home- and Community-Based Services Combined

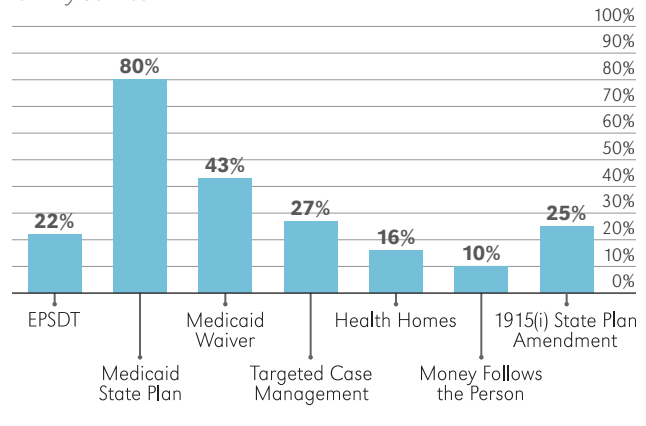
Percentage of States/Territories Using Financing Vehicle for Any Service



Medicaid offers multiple provisions and options that can be used to finance these services and supports. **Graph 4** shows seven of the most commonly used provisions and the percent of states reporting that they use each for this purpose. The most commonly used mechanism to cover these services is through the state Medicaid plans rather than through any special Medicaid option or waiver—80% of the states include some of the services in their plans. States typically add new service definitions and codes to their state plans, or revise existing definitions, to include some of the new home- and community-based services and supports in their benefit packages. Medicaid waivers are the next most common strategy for covering home- and community-based services, but only about half as many states use the various types of waivers (43% as compared with 80% using state plans).

Graph 4 Medicaid Financing for all Home- and Community-Based Services Combined

Percentage of States/Territories Using Financing Vehicle for Any Service



Financing Sources for Specific Services

Graph 5 provides detail on the financing sources used by states for each of the specific services and supports. Multiple funding streams are used for many of the services. However the graph shows some distinct trends. For example, intensive in-home services are most often covered through Medicaid state plans, while general revenue is used extensively to cover mental health consultation, flex funds, supported employment, and mentoring.

Graph 5 Financing Sources for Specific Home- and Community-Based Services

Percentage of States/Territories Considering Funding Source

