

A Sampling of Promising Flexible Funding Models

Model/State/ Target Population	Key Characteristics	Funding Strategy and/or Sources Pooled*
<p>C.O.S.Y. Initiative/Beaufort Cty., South Carolina</p> <p>Seriously emotionally disturbed (SED) youth (up to age 21) receiving or at risk of needing residential therapeutic services</p>	<ul style="list-style-type: none"> *COSY Coordinating Council *Multidisciplinary service planning teams and plans *Primary case manager *Child-centered model 	<p>Pooled income concept in which COSY Board has funding authorization for “high cost” services in any plan. Services paid through traditional funding streams.</p>
<p>K.I.D.S. (Kids in Different Systems)/ Franklin Cty., Ohio</p> <p>Children at imminent risk of out-of-home placement or children moving from restrictive setting back to family or community</p>	<ul style="list-style-type: none"> *KIDS Steering Committee *Child/family teams and individualized service plans *Team also “brokers” services for children *Individualized service budgets for each child *12.5% of savings can be kept and risk-sharing for overruns 	<ul style="list-style-type: none"> *Child welfare funds *Mental health/SA funds *MR/DD Funds *Juvenile Court funds *Public school funds *Ability to bundle total funds *Have used to maximize federal funds (like Medicaid)
<p>Oregon Partners Project</p> <p>Children (5 to 18) with DSM III-R diagnosis or school system SED designation, functional impairment in 2 major life area, and involved with at least 2 Partner agencies</p>	<ul style="list-style-type: none"> *Consortium to pool funds and coordinate services *Managed care coordinators *Plan of care for each child *Oregon’s move to include Medicaid m.h. services under its managed care plan may cause changes to project 	<ul style="list-style-type: none"> *Inter-agency pool of funds from Medicaid, Child Welfare, Mental Health, Education agencies, and RWJ *Evaluation showed 18% of pooled funds spent on non-traditional services *Project structured Medicaid financing as a prepaid health plan for flexible use
<p>Iowa’s Child Welfare Decategorization Project</p> <p>Children in residential care and those at-risk of out-of-home care</p>	<ul style="list-style-type: none"> *Local option in which counties choose to participate *DHS housed with Decategorization Coord. In area offices *Retention of cost savings to re-direct for new services *Evaluation found positive outcomes for families, decrease in out-of-home care, stronger community-based services, and new services. 	<ul style="list-style-type: none"> *County collaboratives have ability to use whole c.w. budget (state and federal) flexibly and to keep savings *Addition of rehabilitation option to Medicaid *Maximized Title IV-E and Title IVA EA funding *No new state funds needed *“Rolling refinancing” strategy supports expanded services and supports

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<p>Wraparound Milwaukee/ Wisconsin</p> <p>Children with SED who are in or on their way to residential treatment centers</p>	<p>*Managed care approach with care coordinators developing comprehensive service plans</p> <p>*Mobile crisis unit as “gatekeeper”</p> <p>*Housed under Children’s Mental Health</p>	<p>*Initially grant funds and hospital diversion funds</p> <p>*Child welfare case rate funds</p> <p>*Medicaid capitation payments for eligible children</p> <p>*Transfer of residential funds to the project with service dollars managed by a public agency</p>
<p>Maryland’s Systems Reform</p> <p>Children at imminent risk of removal from home and children returning from out- of-state placements</p>	<p>*Local Management Boards</p> <p>*Intensive family preservation services and wraparound services</p> <p>*Boards can keep 75% of cost savings between what would have been spent on residential care and what services provided cost</p>	<p>*State budget amendment allows out-of-home funds to be used for other services</p> <p>* Funds for the common pool come from MH, DHS, Ed., and JJ departments, and the pool then funds Local Boards</p> <p>*25% of savings goes for projects to improve services</p>
<p>Caring Communities/Missouri</p> <p>School-linked services and supports for families and children that provide a continuum of integrated services</p>	<p>*Five state agencies (Ed., Health, M.H, Social Services, and Labor)</p> <p>*Jointly funded Chief Operating Officer</p> <p>*Interactive process between state and local partnership</p> <p>*Communities must provide 10% local match for funds</p>	<p>*Reallocation of funds from four departments to meet local service needs</p> <p>*Funds from departments redeployed into single joint Caring Communities budget</p> <p>*Refinancing strategies generated \$11 million of flexible funds</p> <p>*Legislative language in budget supports pooling</p>
<p>Family Resource Networks/ West Virginia</p> <p>Community-based organizations that plan and coordinate service system for children and families</p>	<p>*FRN’s deliver no direct services</p> <p>*Evaluation, needs assessment, local action plans, change and improve service delivery system</p> <p>*Consumers and community members make up majority of governing board</p>	<p>*Direct Services Funding Pool provides channel for FRN’s to fund local organizations to leverage services integration and to develop new services</p> <p>*Family resource Planning Fund pools administrative funds across department lines from Medicaid, AFDC, federal block grants, and state discretionary funds</p>

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<p>Virginia's Comprehensive Services Act</p> <p>Children with SED, at-risk of residential care, in foster care, or in need of special education in private school program</p>	<p>*Community Policy and Management Teams expend pooled funds</p> <p>*Family Assessment and Planning Teams</p> <p>*In-home and community-based care from diverted out-of-home funds</p>	<p>*\$100 million initially in a statewide pool of funds made up of funding historically used for out-of-home and institutional care in foster care or special education systems (MH, Ed., JJ, and Soc. Ser.)</p> <p>*Children's Trust Fund for service delivery transitions</p>
<p>Vermont's New Directions Project</p> <p>Children with SED in residential treatment or at risk of residential treatment</p>	<p>*Individualized wraparound services with flexibility to support moving children from institutional to community-based settings</p> <p>*Therapeutic case management services</p>	<p>Medicaid Home and Community-Based waiver program allows access to federal funds (previously spent on institutional settings) for services not previously funded under Medicaid prior to the waiver</p>
<p>New Hampshire's Self-Determination Project</p> <p>People with developmental disabilities and their families</p>	<p>*Consumer directed and driven developmental services delivery system</p> <p>*Person-centered planning</p> <p>*Project participants have individual budgets and flexibility in their supports</p> <p>*12 Area Agencies - state allocations contingent upon principles of selfdetermination</p> <p>*System-wide change not a "demonstration project"</p>	<p>*Home and Community-Based Care Waiver</p> <p>*New Medicaid category, Consolidated Services, allows billing rate based on a one day unit with all services during the day in a single category</p> <p>*Additional state funds provided by legislature</p>
<p>Independent Choices/ Arkansas</p> <p>1,000 Medicaid participants who require personal care services and are over 18</p>	<p>*Two year commitment</p> <p>*Monthly cash allowance based on weekly personal care hours needed</p> <p>*Participants become employer of care aide</p> <p>*Representative decisionmaker option</p> <p>*Budget neutral</p>	<p>Medicaid funds through the Cash and Counseling Demonstration Program (sponsored by RWJ and DHHS)</p>

*Pooled funding refers to situations where funding is combined across program lines to make it more flexible.