



Texas Integrated Funding Initiative
Financing Field Guide

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Financing System of Care Development in Texas ~ For the Long Haul

This is a “Field Guide” for community service providers in consideration of innovative financing practices to provide positive outcomes to support interagency system of care for children and youth with behavioral health service needs.

Purpose

This is a guide for community providers designed to assist them in evaluating the critical factors and potential strategies to finance a local system of care in Texas to serve the needs of children and adolescents with, or at risk of, serious emotional disturbance and their families. This tool has been developed through collaborative partners within the Texas Integrated Funding Initiative (TIFI) and includes state child-serving agencies and family and youth partners. This guide also provides information on current federal and state funding streams, including several examples of national and state promising practices, and recommendations for consideration when implementing a financing infrastructure within community that supports policies and practices of system of care and wraparound approaches.

Introduction

The system of care values and principles initially articulated by Stroul and Friedman¹ for the federal Child and Adolescent Service System Program (CASSP) program were developed with the population of children with serious (i.e., behavioral) disorders in mind. Increasingly, these values are being applied in other systems of care, regardless of whether the focus is only children with serious disorders, but those who also are at risk for serious disorders. The definition of a system of care for children with emotional disorders was first published in 1986: *A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families.*² The core values of the system of care philosophy specify that services should be community based, child centered, family-focused and culturally and linguistically competent. The guiding principles specify that services should be:

- Comprehensive, incorporating a broad array of services and supports,
- Individualized,
- Provided in the least restrictive, appropriate setting,
- Coordinated both at the system and service delivery levels,
- Involving families and youth as full partners, and
- Emphasizing early identification and intervention.

¹ From Stroul, B. & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (rev. ed., p.17). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children’s Mental Health.

² Pires, S. 920020. *Building systems of care: A primer*. Human Service Collaborative. Washington, D.C. Adapted from Abriendo Puertas Family Center.



The system of care philosophy is multi-faceted and comprises many components, including areas such as: screening, assessment, and evaluation; policy and leadership; individualized care management through wraparound service planning; benefit design or service array; provider network of services and supports; family and youth involvement, support and development; utilization management; etc. For the purpose of this field guide, the focus is on the financing aspects of evaluating and developing a system of care in a Texas community, under the guiding principles of a system of care philosophy.

Sources of Funding

There are multiple funding sources or “silos” that are potential sources of financing for system of care. Some are managed at the state level, some at the local level, and some jointly. The words: *blended*, *pooling*, *braiding*, or *integrating* are terms that are frequently used when referring to funding strategies, when in fact, funds do not ordinarily flow together into one *pool*, or are easily *braided* or *integrated*. Blended funding pools: Funds are combined into a single pool from which they can be allocated to providers. Braided funding: Funds from various sources are used to pay for a service package for an individual child, but tracking and accountability for each pot of money is maintained at the administrative level. The funds remain in separate strands but are joined or “braided” for the individual child and family. To local providers of care and for families, blended and braided funding streams should look the same. However, braiding avoids some potential difficulties of blended funding pools, in that it recognizes the categorical nature of how we fund services in the community.³

A critical challenge of financing for children’s behavioral health is that there is not a centralized entity that is solely responsible for funding children’s behavioral health services. The responsibility spans across disciplines among a range of stakeholders. For example the entities noted below each have diverse missions and multiple funding streams:

Education - Teaching children and youth [General Revenue, Medicaid Match, and Student Services]

Welfare - Protecting children and youth from abuse and neglect [General Revenue, Medicaid Match, Title IV-E (Foster Care and Adoption Assistance), Title IV-B, Family Preservation & Family Support]

Aid to Poor – Aid for Needy Families [Medicaid In-Patient, Medicaid Outpatient, Medicaid Rehabilitation Services, Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT), State’s Children’s Health Insurance Program (CHIP) Title XXI]

Public Safety – Juvenile Justice [General Revenue and Federal Grants]

Resiliency and Recovery – Mental Health and Substance Use/Abuse [General Revenue, Medicaid Match, Block Grant, Federal Grants]

Early Care and Employment – Early childcare, after school care, and vocational [WAGES, Children’s Medical Services/Title V – Maternal and Child Health, Mental Retardation/Developmental Disabilities, Vocational Rehabilitation, Local Funds]

³ Boudreaux, R., Koyanagi, C., Lind, E. (2003). *Mix and match: using federal programs to support interagency systems of care for children with mental health care needs*, Washington, D.C.: Bazelon Center for Mental Health Law.



Funding Strategies

Communities that have restructured financing arrangements to support system of care have developed various strategies or a combination of approaches. One strategy utilized specifically has sought to maximize federal reimbursement through Medicaid or Title IV-E in order to produce new dollars for system of care, by using the Rehabilitation Services Option rather than the Clinic Option in order to support home and community-based services. Use of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) under Medicaid is another mechanism by which Medicaid funds are used to pay for approved services, even if not covered in the Medicaid State Plan.

Another financing strategy would entail redirecting dollars from expensive “high-end” services, including in-patient and out-of-home care, by shifting those funds toward community-based services and supports to sustain and reinvest into the system of care approach. Through realigning and reallocating spending of the traditional sources and practices, a more flexible financing approach can be achieved. This approach provides intensive community based supports (including crisis and safety plans) and customary community based supports (inclusive of family and youth-directed plans of care that include natural and local supports), thereby, preventing more costly services.

Some promising financing strategies include pooling dollars from multiple systems which can create a large “match fund” as one way to maximize federal reimbursement. More and more communities are looking for methods to incentive-based financing structures such as capitation and case rate financing. There are advantages and disadvantages to all re-financing structures. Capitation, for example, provides flexibility to the capitated entity but also poses risk. A structure that maximizes federal reimbursement can generate new dollars for the system of care, but also has specific administrative and technical challenges associated with it. This method has implications for the type of services that can be provided, and requires that state and/or local dollars are available for match. A structure that redirects dollars from “deep-end” services to home and community-based services and supports through reinvestment strategies provides an important means of funding a system of care. Yet this strategy requires “front door” spending, i.e., creation of some home-and community-based service capacity, before “back door” (“deep-end”) dollars can be redirected. Otherwise, children and families have nowhere to go. Note that capitation or case rate contracts provide prospective, preset funding that is assigned on the basis of the number of persons in the target population (for example, covered by the system of care’s benefit plan). Providers receive per capita funding, that is funding for every person covered by and enrolled in the system, regardless of whether every person uses services or not. In return, the provider assumes the risk of serving everyone in the population who shows up for services with the total payment allocation. The capitated (per person) rate is determined by estimating how many persons can be expected to use services and the amount of and type of service they can be expected to use and translating that use to a cost. It spreads the cost of serving those who do use services over a larger population.⁴

⁴ Pires, S. 920020. *Building systems of care: A primer*. Human Service Collaborative. Washington, D.C. Adapted from Abriendo Puertas Family Center.



Community partners need to decide who or what entity will control and manage the dollars. In some systems of care, dollars are housed with a lead government agency, for example the state or county agency, even though they include dollars from many agencies across traditional systems. In other system of care, dollars are managed with a quasi-governmental agency or contracted out to a commercial or a nonprofit care management entity. In other systems, dollars are placed with an interagency body at the state and/or local level, and yet still in other systems, dollars may remain with their home (categorical) agencies, that agree to reimburse the system of care for expenditures affecting their respective populations. *Control, accountability, and flexibility* are the main factors to be considered when establishing community financing structures.

It is important to be innovative and assertive in using multiple funding sources. Basing your total funding on one source, for example discretionary dollars, will not sustain your system of care approach and does not encourage existing systems to “own” a new way of doing business.

Getting Started

Studies exploring refinancing children’s mental health system recommend that the first step is to identify current spending and utilization patterns across agencies and organizations. This enables a community to understand how its funds, across all child-serving systems, are currently being spent and for which children and families. It also assists in projecting expected utilization and costs, and planning accordingly. Outcomes that can be achieved by identifying spending and utilization patterns would include:

- Knowledge of the amount and types of behavioral health services and support that families and children currently use.
- Knowledge of how much each child-serving system currently is spending on services and supports for these children and families.
- Identification of utilization patterns and expenditures by the demographics of children and youth served to identify disparities and disproportionality in access.
- Identification of utilization patterns and expenditures associated with high costs and/or poor outcomes.
- Identification of the funding sources for these expenditures.
- Projection of the amount and types of behavioral health services and supports that families and children will use in the future.
- Projection of how much each child serving system will potentially spend for these services and supports.⁵
- Determining the degree and cost of duplication of service provision across agencies that can be mitigated by integrated funding strategies.

See Appendix 1 for a tool to assist in mapping spending across child-serving systems for behavioral health services/supports for children, youth and their families. Appendix 2 provides an example of a program budget for a neighborhood-based system of care.

⁵ Armstrong, M., Pires, S.A., McCarthy, J., Stroul, B.A., Wood, G.M, Pizzigati, K., (2006). *A self-assessment and planning guide: Developing a comprehensive financing plan (RTC study 3: Financing structures and strategies to support effective systems of care, FMHI pub. #235-01)*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children’s Mental Health. (FMHI Publication #235-01).



Federal Funds

It is important to understand fully the rules that govern the financing of services through federal programs in order to maximize system of care funding opportunities.

Appendix 3 outlines the federal programs available in Texas highlighting the purpose, limitations, use, and how the funds are accessed. This table is intended as a guide to specific opportunities for funding services and activities within these federal programs. Each program has its own restrictions on eligibility and on what can be funded (which has been generally described), but it is recommended that each community charge individual staff with the task of becoming experts on their respective program area(s) of funding.

State Funds

It is also important to fully understand the rules that govern the financing of services through state programs in order to maximize system of care funding opportunities.

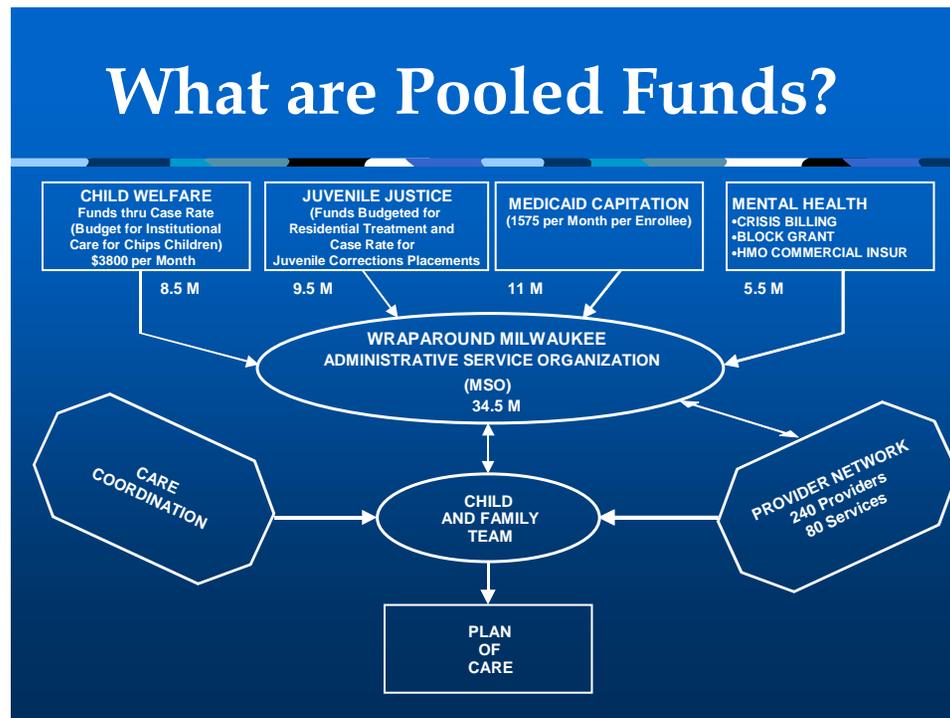
Appendix 4 outlines the state-funded programs in Texas highlighting the purpose, limitations, and how the state funds are accessed. This table is intended to be used as a guide to identify specific opportunities for funding services and activities within these state programs. Each program has particular restrictions on eligibility and on what can be funded (which has been generally described). Again, it is recommended that each locality charge individual staff with the task of becoming experts on their respective program area(s) of funding in order to have a collective knowledge of how community programs are funded.



Promising Practices

There have been several promising practices in the area of financing demonstrated in communities in other states as well as within Texas. A few examples from other states include:

Wraparound Milwaukee (Wisconsin) - a publicly operated system of care annually serving an average enrollment of 630 children and adolescents with severe emotional disturbance and their families. A unique type of managed care entity, initiated in 1995 with a six year \$15 million federal grant designed to serve children and youth w/mental health needs who are identified by the Child Welfare or Juvenile Justice System as being at immediate risk of residential or correctional placement of psychiatric hospitalization. A combination of several state and county agencies, including Bureau of Milwaukee Child Welfare, the County's Delinquency and Court Services, Behavioral Health Division, and the State Division of Health Care Financing (who operates Medicaid), provide funding for the system. Funds from the four agencies are pooled to create maximum flexibility and a sufficient funding source to meet the comprehensive needs of the families served. Part of the County's Behavioral Health Division, WM oversees the management and disbursements of those funds acting as a public care management entity. <http://www.milwaukeecounty.org/display/router.asp?docid=7851>

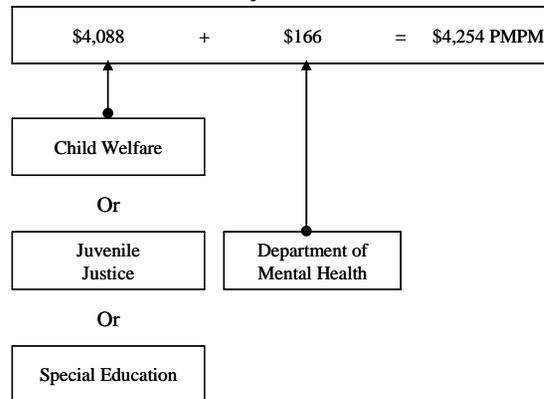




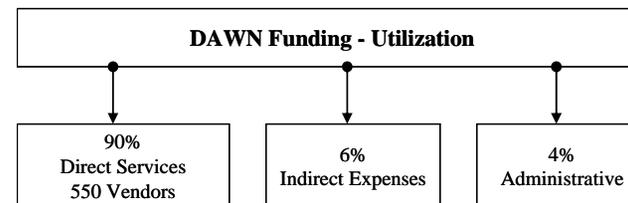
The DAWN Project – (Indiana) - one the original System of Care federal grantee sites, formed a nonprofit, *Choices, Inc.* in 1997. *Choices* was created by four Community Mental Health Centers in Marion County, Indiana, in order to coordinate the DAWN project grant. The DAWN project was a collaborative formed by child welfare, education, juvenile justice and mental health in order to serve multi-system children with severe emotional disturbances and to blend their funding. The Dawn project has been operating for eight years and is fully sustainable without the federal grant funds. *Choices, Inc.* also provides a Technical Assistance Center for System of Care and Evidence Based Practices for Children and Families. It supports 22 grant sites covering 38 counties across Indiana, in order to help communities create system of care and explore the use of evidence-based practices within their communities. Also of note is that Indiana has small state grants for training and technical assistance. <https://www.choicesteam.org/page/content/alias/357>

DAWN Project Indianapolis, IN

How Dawn Project is Funded

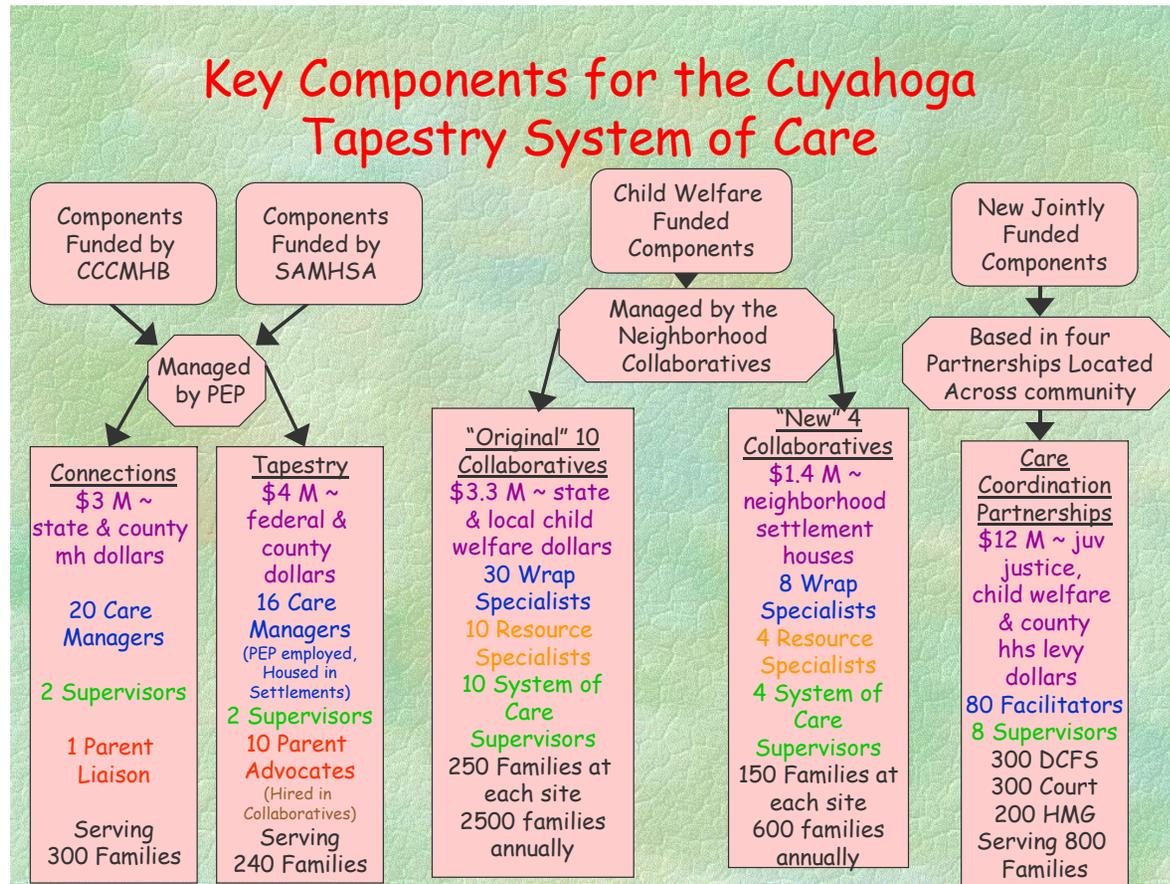


Dawn Project Cost Allocation





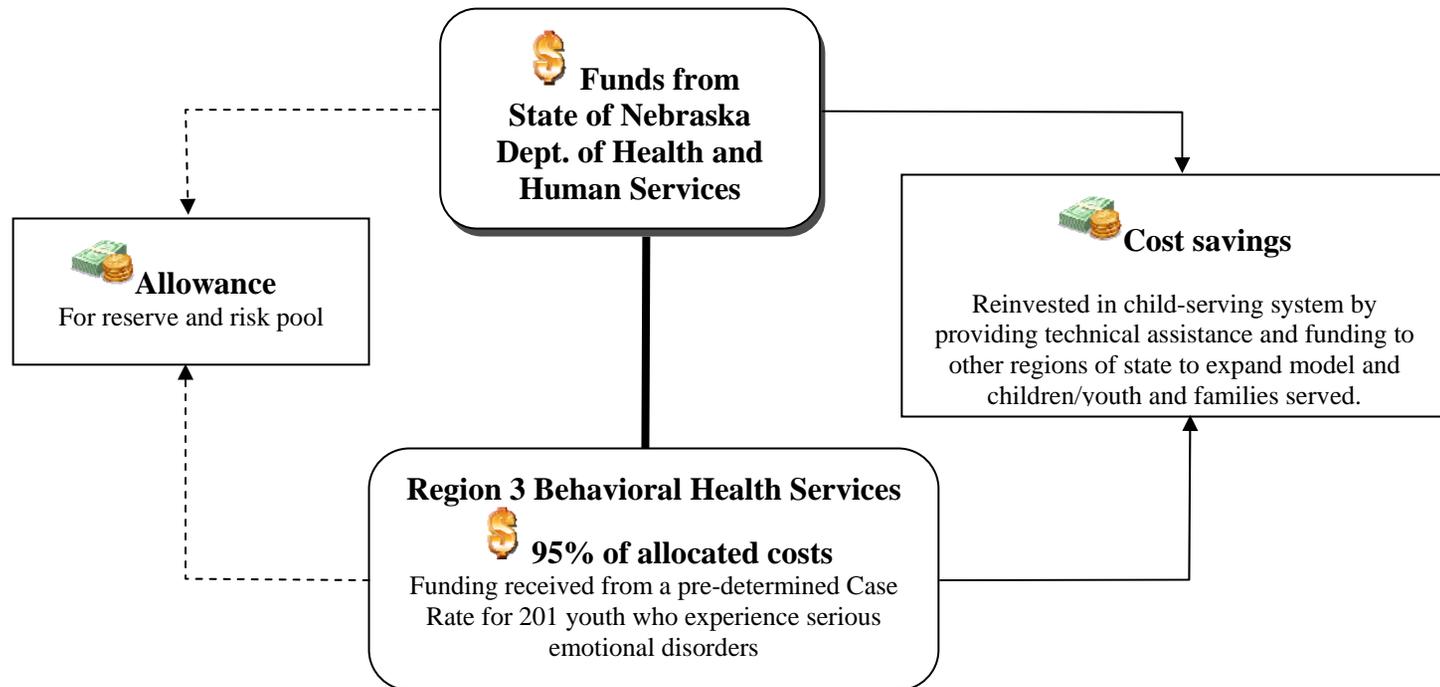
Cuyahoga County – (Ohio) Tapestry System of Care have developed an "integrated funding" system of care initiative through the virtual blending of seven different funding streams to support a collaborative approach for a number of populations within an urban setting. These populations include: youth residing in, or at risk of, residential treatment centers; families at risk for involvement with child protective services; a subset of the 0-3 age population; and youth who have status offenses who are directed to short-term shelter stays through the juvenile justice system. Partnerships have been created at the neighborhood level between Family-to-Family Neighborhood Collaboratives (a child welfare reform) and care management entities to develop individual wraparound plans of services/supports for children and youth and their families. A "system of care office" has been created at the county level to virtually blend all these dollars. The plans of care will drive what dollars get pulled by the county system of care office from their home agency budgets. <http://www.cuyahogatapestry.org/>





Nebraska Family Central (NFC) - is the collaborative effort of Region 3 Behavioral Health Services, the Central Service Area of the Nebraska Department of Health and Human Services, and Families CARE. The foundation of intervention within NFC is a public therapeutic case management model that combines an ecological assessment and treatment planning approach with wraparound services and intensive therapeutic case management for children and adolescents who experience serious emotional disorders and their families. Within the system of care there are several programs that are designed to serve children who have differing identifying criteria and are funded through case rate agreements utilizing a variety of funding sources. NFC acknowledges that categorical funding exists, but works to ensure that the categorical funding is invisible to the children and families served in this rural region. A case rate was developed by blending funding sources to sustain the system of care work within Central Nebraska.

The case rate for the Integrated Care Coordination Unit, a program serving children who are wards of the state, was originally developed by analyzing service costs for 201 youth meeting the above criteria. Once the average monthly cost of services was determined, NFC presented a proposal to the Nebraska Department of Health and Human Services (NDHHS) offering to serve these youth for 95% of the cost of care that NDHHS was paying. An additional component of this proposal was the agreement that any cost savings realized through these programs would be reinvested in the child-serving system by providing technical assistance and funding to other regions of Nebraska to replicate the program and to expand the population of children and families served. The funding agreement also allows for the maintenance of an operating reserve and a risk pool. www.region3.net





Examples of Promising Financing Practices within Texas Communities

There have been numerous examples of how Texas communities have blended, braided, or pooled funds in the past. One example that has been in existence for many years within the major urban communities in Texas, is called TRIAD funding. This “triad” has been an agreement between the county mental health authority, the county juvenile probation department, and the county child protective services department. This funding has historically been used for providing local residential treatment to meet the needs of dependent children and youth who are neglected, emotionally disturbed and/or delinquent, and who would otherwise not be served. Today, decision-makers are evaluating the need to expand the scope of services for the same population of children and youth to include intensive community-based services that are not traditionally provided by agencies, and require flexible funding.

For example in the Harris County area, there is a 32-year old partnership of TRIAD funding that has been under the auspices of the Harris County Commissioners Court. The mental health and mental retardation authority serves as the fiscal agent. Since 1974, the original amount of TRIAD funding that was approved by the County Commissioner’s Court at \$509,232.00, has doubled, plus additional programs have spun off from this collaborative partnership to meet the growing community needs. The local Community Resource Coordination Group (CRCG) manages the TRIAD community-based residential funds, and those funds that are administered by the Harris County Protective Services. Additionally, these dollars have been complemented with the HOGG foundation (<http://www.hogg.utexas.edu/>) funding and the Texas Integrated Funding Initiative (TIFI) (<http://www.hhsc.state.tx.us/tifi/index.htm>) funding to advance a system of care and wraparound approach to service delivery. The HOGG and TIFI funds are no longer available, but the federal SAMHSA system of care six-year grant is currently being utilized to continue and sustain these efforts. To learn more information about the Harris County TRIAD program, visit: http://www.hc-ps.org/triad_prevention.htm

Other TRIAD funding/programs in urban Texas communities include Travis County:

In Travis County, the Juvenile Probation Department, the Juvenile Court, and the Children’s Protective Services coordinate wraparound services to children who have no other source of payment for residential treatment and would otherwise fall through the cracks in the children’s services delivery system. The program purchases residential treatment and related services for children and provides case management support to these children and their families. For more information, see: http://www.co.travis.tx.us/health_human_services/children_services/child_system_care.asp



Currently, additional Texas communities have demonstrated success with innovative financing techniques that advance system of care practices. The following are some of those examples:

Fort Worth Independent School District Family Resource Centers

Behavioral issues that significantly influence school attendance, academic achievement and school completion are often beyond the reach of traditional guidance and counseling and related services delivered to students during the school day. To provide the range of services students and their families need and deserve, school districts are opting for campus-based clinics. These clinics optimize access by providing services both during and after school hours at school sites. A collaboration of district and community resources makes the provision of a wide range of programs and services possible.

During the 2003-2004 school year, Fort Worth Independent School District (FWISD) opened the first of four Family Resource Centers (FRC) designed to provide regionalized behavioral health services to students and families in FWISD. The funding for construction of these freestanding facilities (4,000-6,000 sq. ft. each) came from FWISD local funds and a contribution from the Amon G. Carter Foundation.

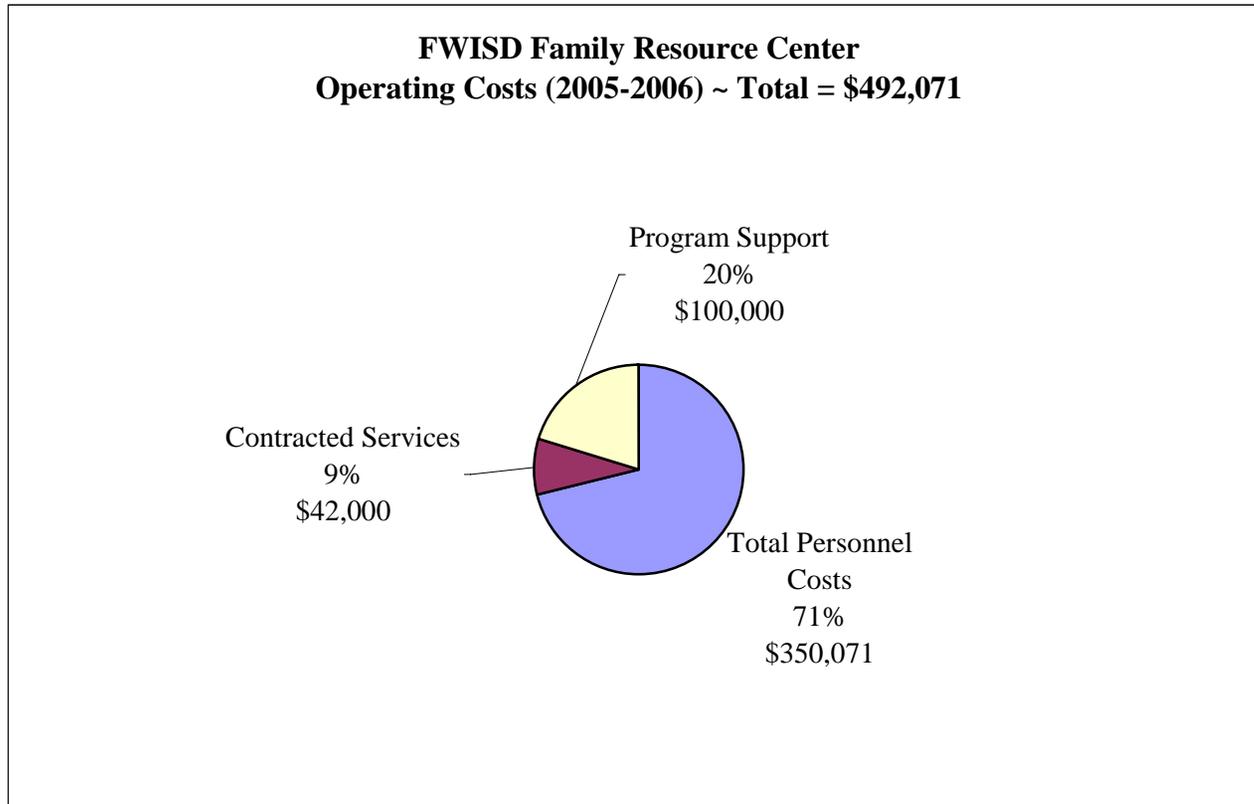
These campus-based centers provide linkage to mental health and social services throughout Tarrant County. Each center receives electronic referrals from campuses throughout FWISD. Children and families are referred voluntarily by FWISD student service professionals (school counselors, administrators, school psychologists) when they identify that their needs extend beyond what they can manage at the campus level. A FWISD employed, licensed, masters' level clinician coordinates referrals and services for each site. Their role is to meet with the family, assess needs, strengths, and resources, and develop a disposition plan that will best fit their current situation. Families come to the FRC to access counseling services, basic needs assistance, benefits acquisition assistance, parent support and education, and general advocacy in navigating the mental health system.

Partnerships with community agencies are an integral part of the FRC success. FWISD is an active participant in the larger county coalition *The Mental Health Connection of Tarrant County*. This consortium comprised of over 40 area health care providers, works actively to promote an integrated system of care where there is "no wrong door" for accessing services. FWISD also has representation on the Tarrant County Community Resource Coordination Group (CRCG) through which many families are referred to TIFI programs. Many of the FRC partnerships have been facilitated through our association with *The Mental Health Connection* and participation in groups such as CRCG.



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Each FRC site co-locates a variety of mental health and social service professionals from agencies including MHMR of Tarrant County, Lena Pope Home, Catholic Charities, The Women’s Center, Public Health, The Parenting Center, and local university interns (see detail in Annual Report in website below). These clinicians offer assessment services, system access, group and individual counseling services, case management, parent education, and consultation to FWISD students and their families, free of charge. Memorandums of understanding are established with all partner agencies wherein, for the most part, space and administrative support is provided by FWISD at the FRC in exchange for a co-located clinical service provider. A small, dedicated budget of approximately \$40,000 per year is allocated for contracted services. This is used to purchase play therapy, art therapy, and any other hard to find (but in great demand) specialty services. Other services are leveraged through in-kind, grant funded, or Medicaid billable arrangements. In 2005-2006, \$591,078 worth of clinical services were provided to children and families through the Family resource Centers free of charge (services valued based on Medicaid reimbursement rates). In addition to FRC site-based services, families are also linked to supportive programs throughout the community. For more information see: http://www.fortworthisd.org/departments/spcservices/family_resources.html

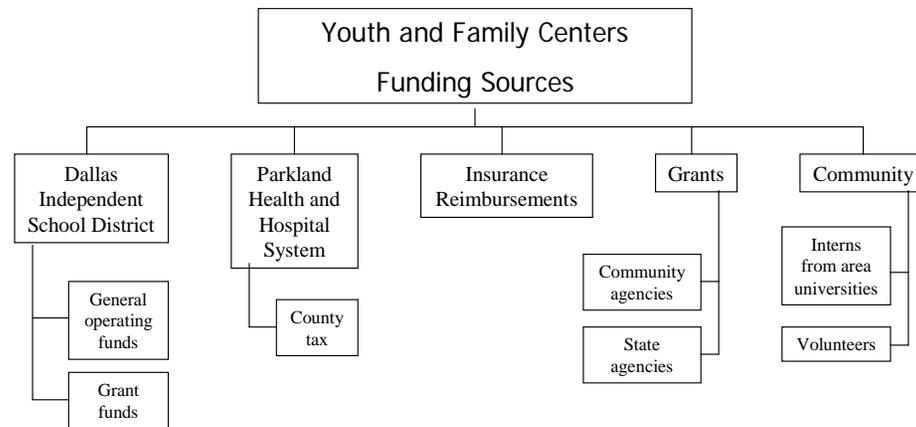




Dallas ISD Youth and Family Centers Funding

The Dallas Independent School District (DISD) and the Parkland Health and Hospital Systems entered into a collaborative agreement to provide school-based health services in West Dallas more than thirty years ago. In 1995 the collaboration expanded dramatically to include Dallas County Mental Health and Mental Retardation, and to provide services in nine Youth and Family Centers within the geographic boundaries of the Dallas Independent School District. The school district served as the lead organizer and administrator of this endeavor, and it funded the physical facilities and much of the administrative staffing through district federal grant and general operating revenues. Physical health care services were provided by the Parkland system. Students were billed for medical services through Medicaid and Parkland-sponsored insurance programs. Dallas County Mental Health and Mental Retardation provided psychiatric and other mental health services, while the school district hired supplemental workers to provide counseling and other support services. In 1999, Dallas County Mental Health and Mental Retardation withdrew from the collaboration, and the school district assumed the entire responsibility for funding mental health services.

During the past two years, the Youth and Family Centers have begun billing Value Options (a behavioral health contractor) and receiving some funds for reimbursement of mental health services. Additional methods of funding have included the services provided gratis by interns from DISD Psychological Services department, as well as from area universities, in exchange for supervision by licensed Youth and Family Center mental health staff. Students receiving Special Education services are served by counselors funded by means of a contract with the University of Texas Southwestern Medical Center at Dallas. As the connection between the services provided in the centers and academic improvement is demonstrated, as well as the increased community involvement and appreciation of the centers' services, an increase of support from the school board has been received. Occasional grants from community agencies, such as the United Way, or the Texas Department of Health, also help support the system.





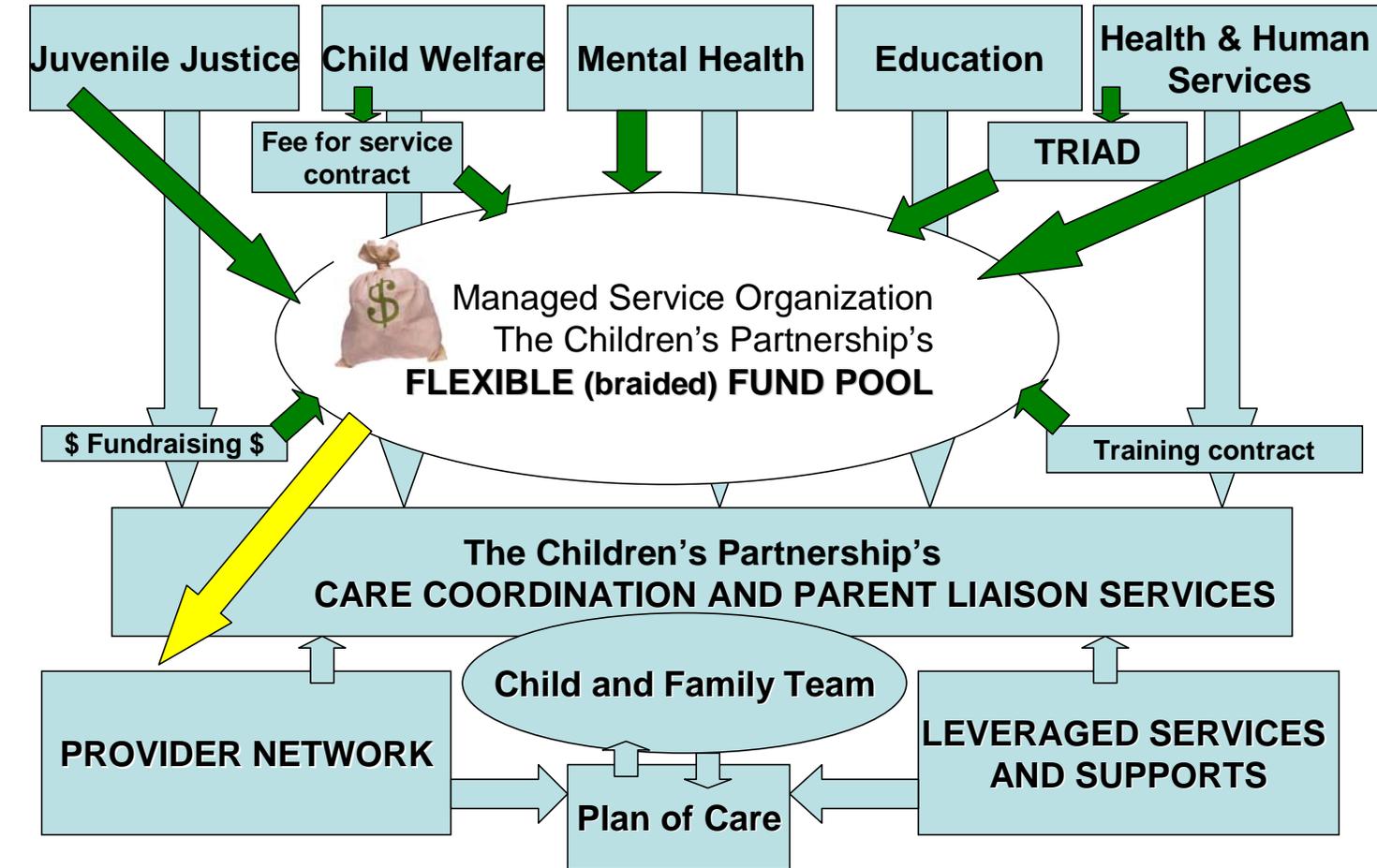
The Austin/Travis County Children's Partnership

Since its inception in 1998, *The Children's Partnership* has been meeting the complex needs of children and youth with serious emotional disturbances and their families in Central Texas by creating a collaborative system of care comprised of community partners. A service plan, unique to each child and youth, assists families in navigating the system of care. This plan is based upon family strengths, needs and preferences and has an ultimate goal of supporting children and youth living successfully with their families in the community. *The Children's Partnership's* community partners include one large urban school district (Austin), one suburban (Pflugerville), and one rural (Manor), all implementing full care coordination; The mental health authority, Austin Travis County MHMR Center, which in addition to care coordination realizes the Fiscal Agent and Managed Services Organization functions, and contributes cash to *The Children's Partnership's* flexible (braided) fund pool; The Child Welfare system, delivering care coordination through their family-based safety services unit, and piloting an expansion through a fee for service contract, While the administration of *The Children's Partnership* rests at Health and Human Services, this system along with the Juvenile Justice system, not only provide care coordination services, but also contribute cash to *The Children's Partnership's* flexible (braided) fund pool. The collaborative approach of *The Children's Partnership* maximizes resources, prevents duplication of efforts, and provides a continuum of care for children and youth involved with multiple systems. In this way, *The Children's Partnership* is able to cost-effectively provide the supports and services that meet families' changing needs in a timely manner.

The Children's Partnership nonprofit is fully sustained through the community partners and is part of a national and statewide movement to enhance the children's mental health care system, striving to create a collaborative system that allows families and providers to coordinate traditional and non-traditional services for each child with complex mental health needs. www.childrenspartnership.com



The Children's Partnership





Multisystemic Therapy (MST) in Tarrant County

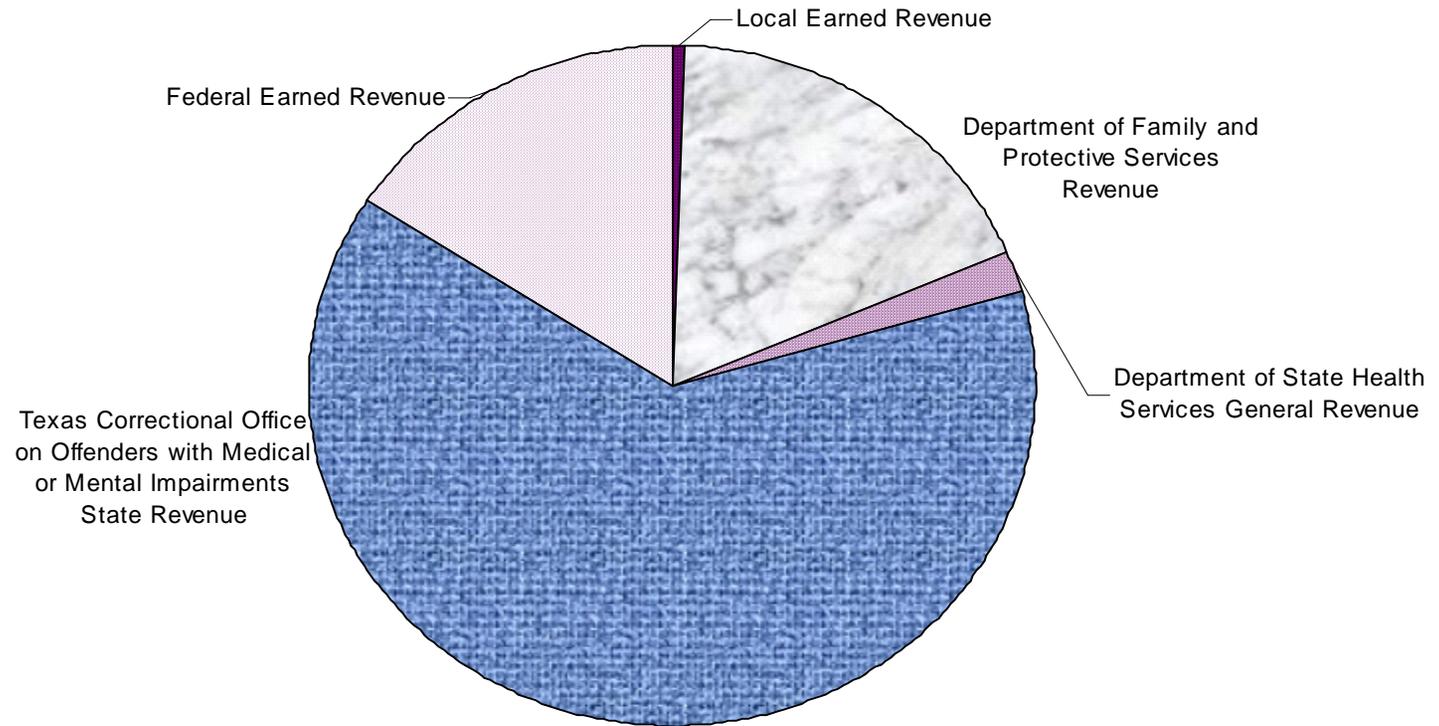
The Child and Adolescent Division of Mental Health Mental Retardation of Tarrant County (MHMRTC) is dedicated to meeting the needs of children and their families. The mental health community calls for an evidence-based approach to helping at-risk youth. Since 2001, Multisystemic Therapy (MST) has provided exceptional services to the at-risk youth and their families of Tarrant County with 75-85% successful outcomes. MST is a cost-effective approach that reduces the rates of out-of-home placements among at-risk youth including serious emotionally disturbed youth. The family systems and social ecology work embedded in MST allows the youth and their family, as well as the community, to benefit from the efforts put forth in the process of MST.

MST is a strength-based approach that supports youth and families living together successfully in their community. With the collaborative efforts of MHMRTC, Juvenile Probation Services, Family Resource Centers, and the Community Resource Coordination Group (CRCG), Tarrant County has seen promising outcomes for meeting the needs of at-risk youth. This collaborative system of care has allowed youth and their families to receive support to strengthen protective factors and reduce risk factors of the youth and his or her, family, school, peers, and community. MST believes that all families are unique, and with a team effort, a plan of service is created for each family to assist in overcoming barriers to successful, healthy youth and family functioning. MHMRTC provides MST services to youth in several capacities within the community. Youth in the juvenile probation system, in the drug court system of Juvenile Services, in the Fort Worth Independent School District, and those involved with Partner agencies of the CRCG are eligible for MST services provided by MHMRTC. The collaborative approach of the partner agencies allows for a continuum of care that focuses on tailoring services to families' needs. Funding sources include MHMRTC, Texas Correctional Office on Offenders with Mental and Medical Impairments, Department of Family and Protective Services, and Texas Juvenile Probation Commission.

MST is sustained throughout the community partners and is part of an international effort to reduce the rate of at-risk and serious emotionally disturbed youth. These youth and their families have complex needs and MST is dedicated to helping the family meet those need by accessing community supports within a family's system. The MST program is strengthened through the collaborative efforts of the Tarrant County mental health community. For more information about MST, see: www.mstservices.com



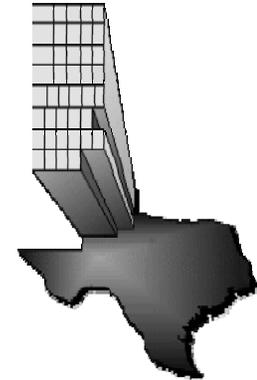
MST FUNDING





Family Connections

Since becoming a site of the Texas Integrated Funding Initiative in June 2000, Family Connections has worked to implement the philosophy and values of wraparound and to become a more integrated system of care. Family Connections mission is to build a responsive community of care that inspires, supports, and enables all children and families to realize their potential to lead healthy, responsible, productive lives in their communities. The West Texas Community Coalition (WTCC), a collaborative entity of families, mental health, juvenile justice, child welfare, education, and faith and community partners, is the Community Advisory Board and the decision making team of Family Connections. The coalition has representatives from, and serves, the following counties: Lamb, Floyd, Hale, Briscoe, Motley, Dickens, Bailey, Parmer, Castro, Swisher, and Crosby.



Family Connections is part of a statewide movement to enhance the children's mental health care system, striving to create a collaborative system that allows families and providers to coordinate traditional and non-traditional services for each child with complex mental health needs. The united purpose for this local system of care is: 1) to continue to develop and improve a multi-agency team process that coordinates funding, and identifies and addresses children's mental health care needs throughout the eleven-county rural region; 2) to use a family-driven, culturally competent approach to care when assisting youth with mental health care needs and their families; 3) to create an integrated system that will allow families and providers to coordinate traditional and nontraditional services for each child with complex mental health needs.

Family Connections operates a braided funding system using juvenile justice, mental health, local/county and private sector funds to develop innovative community-based treatment plans for children, adolescents and their families with the most intensive and complex needs. A small blended flex fund pool continues to be utilized and developed, with the goal of creating a continuous system for replenishing and sustaining the fund pool within the overall system of care. Braided and flex funds is separately tracked for accounting purposes, but at the child-family level the source appears to be a single pool.

Some examples of how these braided and blended funds have been used to serve youth and families within this system of care include:

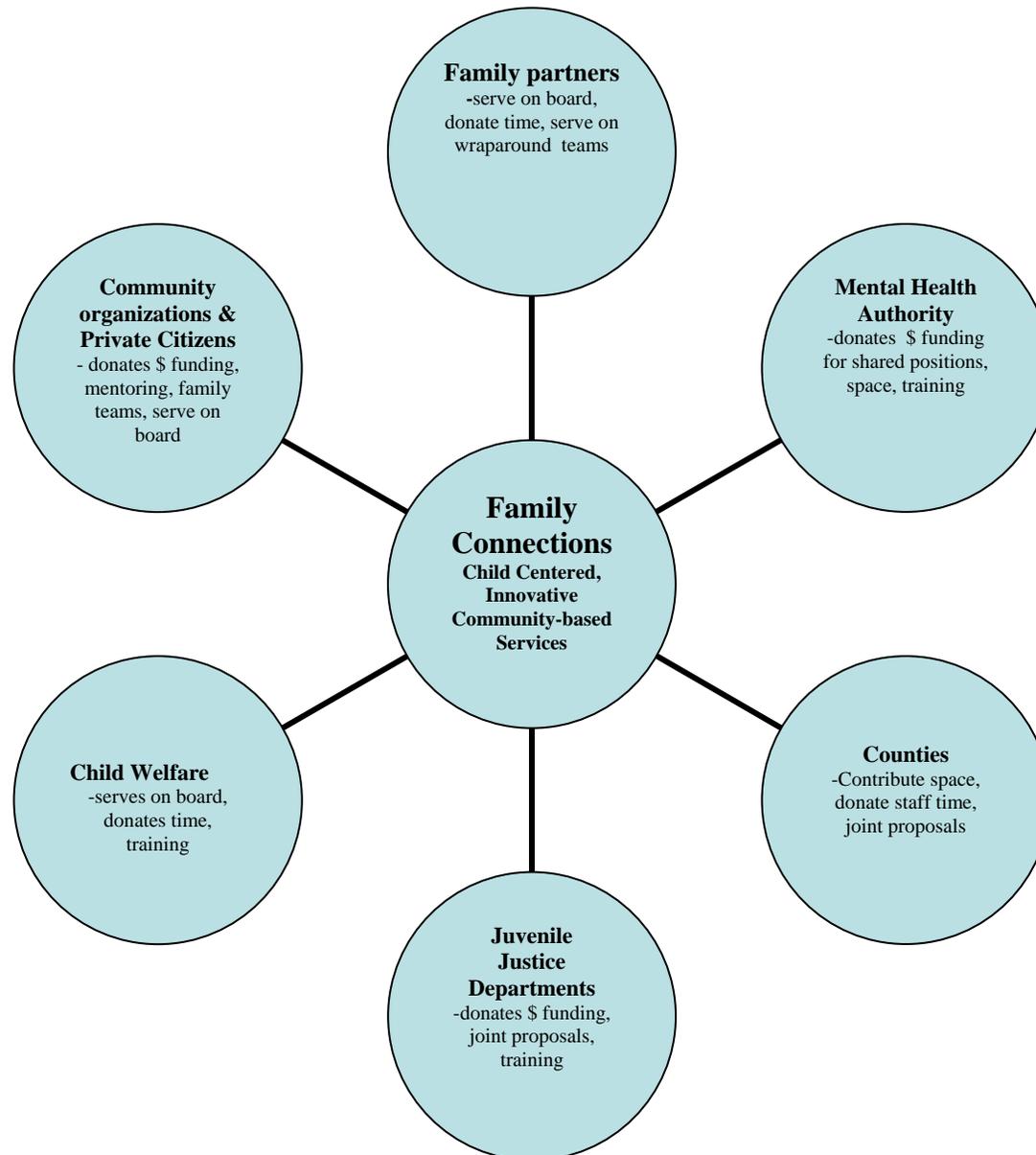
- **Child & Family Wraparound Teams:** A child and family wraparound team is a group of people, chosen by the child and family, which are important to the life of the child/youth. These are teams that develop customized wraparound service plans with the child and family and work with a Care Coordinator. The low ratio of Care Coordinators to children/youth is generally one Coordinator to eight children/youth due to the level of complex needs. Examples of how the flexible funding has been used for these teams include staff training, transportation of families to and from team meetings, and engaging volunteers.



Texas Integrated Funding Initiative - Financing Field Guide

- Youth centers: Youth activity centers in three communities, the Lockney Activity Center, Lockney, Floyd County; Our Place Youth Center, Littlefield, Lamb County; and Powerhouse Activity Center (partnership with faith community), Floydada, Floyd County, were established as a result of youth and families voicing the need for a safe place where youth can be involved in recreational and socialization after-school activities. Flexible funds were matched with private donations as well as other funding for building one facility and refurbishing the other two existing facilities.
- Vocational Instruction Program (VIP): Flexible funding supports the development of this program that provides vocational and other related job skills and employment opportunities to help youth experience the personal and economic success they need to avoid any further involvement in criminal activity.
- Nontraditional Services: Collaborative efforts and braided funds have assisted in the development of a wider array of nontraditional services that cannot be paid for from traditional categorical funding sources. Ropes course activities, camping, hiking, horseback riding, tutoring, instructional facilities for woodworking, metal fabrication, cooking, bookkeeping and automotive repair are some of the examples of informal supports that have been supported to better meet the needs of children and youth and their families.

These collaborative partnerships and flexible funding under Family Connections have formed the foundation and offered an infrastructure for generating further funding through joint proposals and money obtained to implement prevention programs, including the Juvenile Accountability Block Grant, Juvenile Justice Delinquency Prevention, Title V, and most recently, funding from the Governor's Office Criminal Justice Division to start a Youth Drug Court.





Higher Education Partnership

The Texas State Board of Examiners of Professional Counselors sets guidelines/requirements for licensure for professional counselors. As a part of those requirements, applicants must obtain academic course work in each of the following areas: normal human growth and development; abnormal human behavior; appraisal or assessment techniques; counseling theories; counseling methods or techniques (individual and group); research; lifestyle and career development; social, cultural and family issues; and professional orientation.

Additionally as part of the graduate program, a supervised practicum experience that is primarily counseling in nature is a requirement prior to receiving new a license. Generally, the practicum should be at least 300 clock-hours with at least 100 clock-hours of direct client contact. Students working on their practicum must do so under the supervision of a licensed professional and often must pay for the supervision.

Communities should work with their local universities and other higher education centers to collaborate with the students working on their practicum experience to provide services to youth with mental health service needs. Partnerships with higher education could include local mental health and mental retardation centers, juvenile probation departments and school districts. This partnership ensures that there is a well-informed, educated workforce prepared to provide services within the community.

Community collaboratives may also look to other discipline areas for potential partnerships. For example, students within journalism or computer science departments within universities and/or community colleges may be possible partners for developing new websites or technology projects, such as a common computer software tracking or billing program for use by the community collaborative. These students can use their practicum or intern projects as part of their portfolio and the community collaborative can have a product that inform new community partners of their work.

Another example of partnerships with higher education institutions may include working with the college to oversee and conduct an evaluation study or gather and analyze data that provides on-going information for improving the quality of targeted work. The college may work with the community partners in identifying what outcomes they are striving for, and how to best meet those outcomes through their partnerships and financing strategies.

Yet another example of working with higher education may include collaboratively producing training or educational forums or events about the work that the community collaborative is targeting.

The main objective is to look for potential partnerships with your local higher education institutions. They can serve as a valuable resource and partner in achieving the goals and objectives of your effort.



Grant-Writing Support

Grant-writing support may be offered in through various entities locally, regionally, or at the state level. The following are examples two entities that are available for grant-writing support to persons and/or organizations throughout the state.

Governor's Office State Grants Team

The mission of the Governor's Office State Grants Team is to increase Texas' access to available federal funds. The State Grants Team provides technical assistance, statewide grants training and federal liaison services to Texas state agencies, all subdivisions of government, and nonprofit organizations. The Team's legislative mandate also requires management of the Texas Review and Comment System (TRACS) and administration of the Uniform Grants Management Standards. <http://www.governor.state.tx.us/divisions/stategrants>

The State Grants Team also provides funding information through a web-based grant alert.

<http://www.governor.state.tx.us/divisions/stategrants/grantalert>

The Governor's Office State Grants Team provides grant proposal writing training to individuals from state agencies, political subdivisions of the state, and nonprofits on a cost sharing basis. The training is designed to familiarize novice and intermediate-level proposal writers with various aspects of proposal writing: funding research (federal, state, and private), how to plan projects that meet agency goals and constituent needs, and how to craft successful grant proposals. The training format includes lecture and group activities and lasts 2–3 days (at the discretion of the host organization). The Grants Team typically delivers 2 seminars per month and covers the entire State of Texas. The cost per individual to attend the Grants Team's proposal writing training seminar will not exceed \$250.00 for a 2-day seminar or \$300.00 for a 3-day seminar. Local hosts are allowed to charge up to that amount but may choose to charge less.

Participants will leave the seminar with the tools to:

- Locate appropriate funding sources
- Understand proposal writing terminology
- Facilitate proposal development activities
- Design a proposal to fit their agency's needs
- Define program objectives
- Prepare a proposal budget
- Plan a program evaluation

Those receiving the maximum benefit from the training typically: 1) have little or no grant writing experience, or 2) have written grant proposals but have no formal training. Participants should be prepared to develop proposals that are based on actual programs or potential projects during the in-class exercises. *Writing to Win* is the training manual used for the Grants Team's training seminars. A downloadable copy is available at: <http://www.governor.state.tx.us/divisions/stategrants/writing>



Texas A&M University - Center for Community Support

The **Texas A&M University Texas Engineering Experiment Station (TEES) Center for Community Support (CCS)** at: <http://ccs.tamu.edu/> provides grant writing assistance at no cost to Texas communities. According to CCS, communities often have highly motivated and capable people, a clear vision of both problems and solutions, and substantial resources. All that is lacking in many cases is a small amount of strategic funding. To date, CCS has worked in partnership with more than 600 community-based organizations to secure \$33 million in funding.

The requirements of applying to CCS for grant assistance include the following:

1. A community-based public or private non-profit organization (CBO) with nonprofit status issued by the IRS.
2. The organization must be operating in Texas.

CCS provides the following services:

1. Monitoring grant opportunities using existing grants information networks (such as Grants Alert) and through direct review of the Federal and Texas Registers.
2. Identifying high-need areas of the state through contacts with state agency staff, direct analysis of quality of life and need indicators (e.g. health, public safety, economic stability, etc.), and through contacts with community providers.
3. Providing information services, data services, proposal development services, and grant-writing support necessary to develop competitive applications.
4. Conducting community site visits as needed during grant preparation and working directly with community grant applicants to fully develop the proposed project.

Proposal writing services are provided on the basis of these additional considerations:

1. Local needs align with the stated objectives of the funding source
2. Strong community commitment to the proposed project
3. Insufficient local resources to prepare competitive grants independently
4. Sufficient local capability to manage grant if awarded
5. Ability to carry on funded programs after the end of the funding period

Once service eligibility has been established, CCS will provide the following:

1. Locate potential funding opportunities that show the best match between the focus areas of the non-profit organization and the funder; and
2. Once the local community/organization has determined which grants to pursue, CCS will provide hands-on coaching in establishing good working relationships with the possible funders; and
3. Provide one-on-one assistance in developing the proposal.



Grant proposals may be directed to various potential funders including government and private sector agencies or organizations. Private foundations are also possible funders of services in communities. Most of the grant writing training and technical assistance will include information of well-known foundations that have an interest in supporting social services or how to find those entities. This may be of special interest to more rural communities, due to the fact that funding allocations generally follow the larger populations or more populated communities of where the targeted population, in this case, children and youth, lives.

Final Note

A final note when exploring innovative financing strategies in communities, is to recognize that strong leadership is a critical component in the success of looking at business differently. Community partners whom have built long collaborative working relationship know that those trusting relationships can provide the foundation for creating systems change and developing meaningful funding strategies. They understand the adage: “putting your money where your mouth is.” These relationships are key in allowing room for exploration in implementing a new system and planning for adjustments or modifications that need to be made along the way when unintended consequences occur. Many successful communities whom have built a strong collaborative funding infrastructure, report that the work is well worth the effort with mutual benefits among their partners in sharing the challenge and costs of delivering behavioral health services to children and youth with complex needs and their families. As a result, a worthwhile investment is made in the future of their community.

A Tool for Mapping Spending Across Child-Serving Systems

Agencies/Systems that Contribute Funds	Funding Categories									
	State General Revenue	Local General Revenue	Tribal Authority Revenue	Medicaid Match (state and/or local revenue used as Medicaid match)	Federal Medicaid Revenue	Other Federal Entitlement Funding (e.g. Title IV-E)	Federal Block Grants	Federal Formula Grants	Other Federal Funding (e.g., Federal discretionary grants)	Non-governmental * (e.g. Foundation funding, grants, fees, donations)
Mental Health										
Medicaid										
Child Welfare										
Juvenile Justice										
Education										
Substance Abuse										
Primary Health/Public Health										
Developmental Disabilities										
TANF										
Tribal Organizations										
Child Care										
Housing										
Labor										
Family Organizations										
Non-Government Organizations										

*Note: You may also wish to include and estimate the value of in-kind contributions and their source.


Example: Program Budget for a Neighborhood-Based System of Care

Cost Categories	Proposed Total Costs	Neighborhood Governance	Family Leadership	Family Service/Support	Removal of Barriers	Community Organizing	School Linkage	Tracking & Evaluating	Volunteers	Partnership Building	Exec. Direction & Support
Personnel Salaries	446,000	21,000	29,000	190,000	21,000	26,000	35,000	15,000	30,000	18,000	63,000
Fringe	133,000	6,300	8,700	57,000	6,300	7,800	10,500	3,900	9,000	5,400	18,900
Building Occupancy	93,600	8,700	12,300	36,800	2,400	4,300	4,000	2,500	4,300	2,500	15,800
Professional Services	109,000	17,600	22,100	32,400	3,600	2,700	2,700	18,600	2,700	2,900	3,700
Travel	43,700	12,300	5,300	10,300	9,000	1,200	3,000	500	500	500	1,600
Equipment	6,000	600	600	600	600	600	600	600	600	600	600
Food Services	25,000	0	4,000	1,000	18,000	0	1,000	0	1,000	0	0
Subcontracted	89,000	0	0	89,000	0	0	0	0	0	0	0
Operating Supplies & Expenses	21,500	1,800	700	8,600	200	1,300	2,100	500	1,500	4,100	4,100
Other (stipends, transportation, child care)	84,000	0	40,000	9,000	35,000	0	0	0	0	0	0
Equipment Lease	25,000	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Property	25,000	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Insurance	13,500	2,700	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
GRAND TOTALS:	1,115,100	80,000	125,900	459,900	84,300	51,100	64,100	45,800	55,300	36,800	113,900
Revenue Totals Across Sources	Revenue Allocation By Program										
Foundation	217,100	40,000	30,000	25,000	28,300	24,000	0	22,800	12,000	15,000	20,000
ADM-State	258,800	2,500	28,400	157,900	3,000	20,000	0	5,000	12,000	5,000	25,000
County – CFS	124,900	20,000	30,000	30,000	10,000	5,000	0	3,000	12,000	2,000	12,900
DOE	70,100	2,500	1,600	0	0	0	60,000	0	0	0	6,000
Family Preservation Grant	373,400	5,000	20,000	230,000	35,000	0	0	12,000	18,000	14,000	39,400
In-Kind	29,300	0	10,000	10,000	5,000	1,000	0	0	800	0	2,500
Donations	21,300	5,000	900	5,000	1,000	100	2,100	3,000	500	800	5,000
Other Grants	20,200	5,000	900	5,000	1,000	100	2,100	3,000	0	0	3,100

Pires, S. 920020. *Building systems of care: A primer*. Human Service Collaborative. Washington, D.C. Adapted from Abriendo Puertas Family Center.

FEDERAL FUNDING PROGRAMS TO SUPPORT INTERAGENCY SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH SERVICE NEEDS

Table 1: Purposes of and Constraints in Major Federal Programs

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
Title IV-E, Foster Care Assistance	The objective of the Foster Care program is to help States provide safe and stable out-of-home care for children, who are under the jurisdiction of the administering State agency, until the children are safely returned home, placed with adoptive families, or placed in other planned arrangements for permanency. The program provides funds to States to assist with the costs of foster care maintenance for the eligible children, administrative costs to manage the program, and training for staff, foster parents and certain private agency staff.	Uses and use restrictions: Federal financial participation (FFP) for State or local/public expenditures for foster care maintenance payments for IV-E eligible children and for a pro rata share of administrative and training costs; and costs related to the design, implementation and operation of a statewide data collection system (SACWIS). States and local/public agencies may not receive FFP from IV-E Foster Care Assistance for social services provided to a child, the child’s family, or the child’s foster family which provide counseling or treatment to ameliorate or remedy personal problems, behaviors, or home conditions.	<ul style="list-style-type: none"> • CPS Direct Service Delivery • Foster Care Assistance Payments • Day Care Services IV-E Eligible Children • Federal Pass-Through for Reimbursable Maintenance, Administrative and Training Expenses for TYC, TJPC and Counties. <hr/> <p>Access of Program/Funds:</p> <p>Other than DFPS and its contracted service providers, access to these programs/funds is limited to juvenile probation departments that contract with TJPC and who complete the appropriate forms, the Texas Youth Commission, and certain Texas counties; all which have reimbursement contracts with DFPS. Monies reimbursed by the Title IV-E Foster Care Assistance program are used by these entities to offset state or local/public expenditures and/or may only be spent to enhance services for vulnerable youth as stipulated by their governing bodies.</p>
Title IV-B, Part 1 Child Welfare Services	The objective of Title IV-B, Part 1 is to establish, extend, and strengthen child welfare services provided by State and local, and Indian Tribal public welfare agencies to enable children to remain in their own homes, or, where that is impossible, to provide alternate permanent homes for them.	The grants may be used for: cost of personnel to provide protective services to children; licensing of, and standard-setting for private child-caring agencies and institutions; and assisting with costs of homemaker services, return of runaway children; and provision for reunification services among other services that meeting the purpose of the grants. Funds for foster care maintenance, day care, and adoption assistance under this program are limited.	<ul style="list-style-type: none"> • CPS Direct Delivery • Child Fatality Reviews • Intensified Family Preservation/Reunification Services • Concrete Services • CPS Purchased Client Services (including Substance Abuse Prevention and Treatment Services) <hr/> <p>Access of Program/Funds:</p> <p>Access to this program/funds is limited to DFPS and its contracted service providers.</p>

Appendix 3

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Title IV – B, Part 2 – Promoting Safe and Stable Families</p>	<p>The objective of Title IV-B, Part 2 is to fund community-based family support services that promote the safety and well-being of children and families by enhancing family functioning and child development; to fund family preservation services that serve families at risk or in crisis, including the following:</p> <ul style="list-style-type: none"> • services after return of a child from foster care, respite care, • services designed to improve parenting skills; and • infant safe haven programs; • to fund time-limited family reunification services to facilitate the reunification of the child safety and appropriately in a timely fashion; and • to fund adoption promotion and support services designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. 	<p>A significant portion of funds must be spent for family preservation, family support services, time-limited family reunification services and adoption promotion and support services. State grantees must limit administrative expenditures to 10 percent of their allotment.</p>	<p>Child Protective Services Programs:</p> <ul style="list-style-type: none"> • Direct Delivery Child Protective Services – which includes Intensified Family Preservation/Reunification and Adoption Support Services Staff • Intensified Family Preservation/Reunification Purchased Services • Concrete Services • Post-Adoption and Contracted Purchased Adoption Services <p>Prevention and Early Intervention (PEI) Programs:</p> <ul style="list-style-type: none"> • Services to At-Risk Youth (STAR) • Texas Families: Together and Safe • Community Youth Development Grants • Buffalo Soldiers • Other At Risk Prevention Services – Child Abuse/Neglect and Juvenile Delinquency <hr/> <p>Access of Program/Funds:</p> <p>Access to these programs/funds is limited to DFPS and its contracted service providers.</p> <p>These programs are competitively procured through DFPS and the solicitations are posted on the Electronic State Business Daily at http://esbd.tbpc.state.tx.us/1380/sagency.cfm</p> <p>To access PEI services in a particular area in Texas, go to: https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/Programs_Available_In_Your_County/default.asp</p>

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Individuals with Disabilities Education Act (IDEA)</p>	<p><u>IDEA PART B</u> Children from all income levels are eligible for special education and related services under IDEA. Under federal law, if a service in a child’s IDEA special education plan (IEP) is covered by Medicaid, Medicaid pays first. The purpose of IDEA is to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living.</p> <p><u>IDEA PART C</u> Authorizes states to provide early-childhood intervention services (ECI) for families with children birth to three with developmental delays and disabilities. Early intervention services are designed to meet the individual and developmental needs of eligible children. Services provide support to families related to enhancing their child’s development. Screening, evaluation and assessment to determine eligibility are provided at no cost to families. Families are also provided service coordination, Individual Family Service Planning (IFSP), translation/interpretation services at no cost regardless of income. Children with auditory or visual impairments as defined by Part B receive services at no cost. Families with children enrolled in Medicaid, TANF, SSI, CHIP, Food Stamps, foster care or whose income</p>	<p><u>IDEA PART B</u> To qualify, children must meet the education system’s criteria as a child with a disability (usually children with mental disorders qualify as a child with emotional disturbance, other health impairments or learning disabilities).</p> <p><u>IDEA PART C</u> Children that qualify for Part C services must meet specific criteria and be delayed in one or more of the following areas; cognitive and motor development, social and emotional development, communication and self help skills. Children with certain medically diagnosed conditions are automatically eligible for services. Children who do not meet the criteria for delay, but whose patterns of development are different from peers or “atypical,” are eligible for services.</p> <p>All services provided to the family must be in the context of enhancing the eligible child’s development.</p>	<p><u>IDEA PART B</u> Public schools provide a continuum of alternative placements to meet the unique needs of each child with a disability, including services in the least restrictive environment.</p> <hr/> <p>Access of Program/Funds:</p> <p><u>IDEA PART B</u> Local Education Agencies receive IDEA funds based on a formula determined by federal law (34 CFR, Part 300). The annual federal data report required from each state is also a factor in determining state IDEA entitlements.</p> <p><u>IDEA PART C</u> services include:</p> <ul style="list-style-type: none"> • Developmental Services • Assistive Technology • Audiology • Vision • Speech and Language Therapy • Social Work Services • Family Counseling and Education • Service Coordination • Psychological Services • Physical Therapy • Nursing Services • Occupational Therapy • Nutrition Services • Early Identification, Screening and Assessment • Medical services for diagnostic or evaluation • Child Find • Public Awareness/Training • Transition • Related Services

Appendix 3

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
Individuals with Disabilities Education Act (IDEA) continued	is below the 250 percent of the Federal Poverty Level are not required to pay for services. Private insurance may be accessed with parent permission. Some families may pay a cost share determined by a sliding fee scale based upon family income after allowable expenses.		<p style="text-align: center;">Access of Program/Funds:</p> <p><u>IDEA - PART C:</u> Funds are accessed through the Department of Assistive and Rehabilitative Services (DARS), Division of Early Childhood Intervention Services (ECI). ECI contracts with 58 community based providers including: community MHMR Centers, school districts, regional educational service centers and nonprofit organizations to deliver early childhood intervention services. To locate ECI service providers in a particular area, go to: http://www.dars.state.tx.us/ecis/index.shtml</p>
Medicaid	Medicaid eligibility for children is primarily based on family income, and income levels vary by state as states have the option to raise the basic federally mandated income level (federal poverty level). Children may also qualify due to the severity of their disorder, but in this case must also come from low-income families.	<p>Medicaid pays for health-related services; it will not pay the non-service costs of certain mental health programs, such as housing costs, job training or academic teaching. Federal changes made in the Omnibus Reconciliation Act of 1989 (OBRA 89) expanded Medicaid services and EPSDT/ Texas Health Steps (THSteps) services in particular. Under OBRA 89, children younger than 21 are eligible for any medically necessary and appropriate health care service that is covered by Medicaid, regardless of the limitations of the state's Medicaid Program. (The state is responsible for defining the phrase "medically necessary and appropriate.")</p> <p>Note: The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 includes a provision known as the "Katie Beckett law" that allows states to extend coverage to children with physical or mental disabilities living at home who would be eligible for SSI if in institutional care. This provision is not offered in Texas.</p>	<p>For children with behavioral health needs, Medicaid provides the whole spectrum of acute care, as well as:</p> <ul style="list-style-type: none"> • 45 days per year of inpatient mental health services; • 60 outpatient mental health visits per 12-months (in Medicaid managed care); • 30 outpatient mental health visits, without prior authorization, per 12-months (in Medicaid fee-for-service); • Unlimited outpatient mental health visits, with prior authorization (in Medicaid fee-for-service); • 135 hours of outpatient group substance abuse counseling per 12-months; • 26 hours of outpatient individual substance abuse counseling; • Unlimited prescription scripts (Medicaid managed care). <p>In Texas, the expanded benefits portion of the Texas Health Steps (THSteps) is known as the Comprehensive Care Program (CCP). THSteps – CCP services include benefits which were not available to children before OBRA 89, such as:</p> <ul style="list-style-type: none"> • Treatment in freestanding psychiatric hospitals • Developmental speech therapy • Developmental occupational therapy • Augmentative Communication Devised/Systems • Private Duty Nursing

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
Medicaid continued			<p>Access of Program/Funds:</p> <ul style="list-style-type: none"> • Choose “Apply for benefits” at www.yourtexasbenefits.com • Call 2-1-1, or <p>Fill out a paper application and mailing or faxing it to HHSC at: P.O. Box 14900, Midland, TX, 79711 OR Fax: 1-877-HHSC-TEX (1-877-447-2839)</p>
State Child Health Insurance Program (S-CHIP)	S-CHIP benefits vary by state. Some states provide these children with Medicaid coverage, some with a Medicaid-like benefit, and others with a benefit modeled on private insurance plans.	States using the option to provide S-CHIP children with a benefit modeled on private insurance have placed significant restrictions on the amount of service covered (day and visit limits) and on the type of services paid for (rehabilitation and other intensive community services are rarely covered).	<p>For children with behavioral health needs, SCHIP provides a limited benefit package covering the whole spectrum of acute care, as well as:</p> <ul style="list-style-type: none"> • 30 days per year of inpatient mental health services; • 60 outpatient mental health visits per 12-months; • 14 days per 12-months, inpatient substance abuse • Detoxification; • 60 days per 12-months of inpatient substance abuse rehab; • 120 hours of individual intensive outpatient substance abuse services per year; • Unlimited prescription drug coverage. <hr/> <p>Access of Program/Funds:</p> <ul style="list-style-type: none"> • Choose 'Apply for benefits' at www.yourtexasbenefits.com • Call 2-1-1, or • Fill out a paper application and mailing or faxing it to HHSC at: P.O. Box 14900, Midland, TX, 79711 OR Fax: 1-877-HHSC-TEX (1-877-447-2839)

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Maternal & Child Health Block Grant (Title V)</p>	<p>These funds support a wide array of family-centered, community-based services as well as training, family-to-family support and other activities. Funds can be used for direct services, enabling services, population-based services or infrastructure building. There is a broad array of services that states are permitted to cover. Each year states must apply for federal funding and submit an annual Title V plan that includes activities to make progress toward the Title V children with special health care needs (CSHCN) performance measures. States are to use Title V funding to achieve the following: 1) families of CSHCN partner at all levels of decision- making and are satisfied with the services they receive; 2) all CSHCN have a medical home; 3) all CSHCN have adequate health insurance; 4) community services are organized so that families find them easy to use; and 5) all youth with special health care needs have appropriate transition services to adult care. States may add additional performance measures. Texas has added that CSHCN will have adequate community-based services so that all CSHCN may live in families in communities (and not in congregate care settings).</p>	<p>States have the flexibility to determine children who will qualify as well as services and activities to be funded. Many states specifically exclude mental health as a covered service under the Maternal and Child Health program. These funds may not support residential care. If a service is covered by Medicaid or the State Child Health Insurance Program, those programs must pay and Title V funds may not be used. Title V- funded programs are not entitlement programs. Funding limits result in limits to coverage and service capacity.</p>	<p>The Children with Special Health Care Needs (CSHCN) Services Program provides services to children with extraordinary medical needs, disabilities, and chronic health conditions and their families.</p> <p>Note: This program is only partially funded by federal Title V funds. The majority of the program’s funding comes from state general revenue.</p> <p>The CSHCN Services Program's health care benefits include payments for medical care, family support services, and related services not covered by Medicaid, CHIP, private insurance, or other “third party payers.” The program’s health care benefits encompass a broad array of services, including medically necessary inpatient psychiatric care (limited to assessment and stabilization only), outpatient mental health (30 encounters per year), medications, and other services.</p> <p>The program also contracts with organizations throughout the state to provide an array of case management and certain clinical and support services to children with special health care needs and their families. The CSHCN Services Program also assists children and their families through direct case management services provided by DSHS regional staff throughout Texas.</p> <p>Program staff members collaborate with consumers, providers, agency staff, and other stakeholders in strategic planning, policy and standards development, and health promotion activities to develop and implement improvements in system of care for all CSHCN and their families in Texas in accordance with the Title V CSHCN performance measures.</p> <hr/> <p>Access of Program/Funds:</p> <p>Access to CSHCN Services Program health care benefits is by formal written application.</p>

Appendix 3

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Maternal & Child Health Block Grant (Title V) continued</p>			<p>To be eligible for the CSHCN Services Program’s health care benefits, an applicant must meet certain eligibility criteria. According to Program rules, the applicant must be a person who is younger than 21 years of age and who has a chronic physical or developmental condition; or has cystic fibrosis, regardless of the person’s age. The applicant may have a behavioral or emotional condition that accompanies the person’s physical or developmental condition. An applicant who has a behavioral or emotional condition without having an accompanying physical or developmental condition is not eligible for the Program’s health care benefits. The terms “chronic physical condition” and “chronic developmental condition” also are defined by rule, and a chronic developmental condition “must include physical manifestations and may not be solely a delay in intellectual, mental, behavioral and/or emotional development.”</p> <p>The CSHCN Services Program funding is limited, and there may be a waiting list for health care benefits.</p> <p>Access to Regional staff case management services and contractor services is through referral and individual intake and assessment by the staff and/or contractor. Case management services can be provided to a broader population of CSHCN than just those eligible for the CSHCN Services Program health care benefits. Case management services must be coordinated with other available case management resources/providers to maximize client access to services. Service capacity is limited by contractor funding amounts and Regional staffing levels.</p>

Appendix 3

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
Texas Assistance to Needy Families (TANF)	TANF is a capped block grant with no required state match, although there are maintenance-of-effort requirements. Services can be funded for needy families with children and can include services for family reunification, parenting education, in-home services and crisis intervention. Children removed from home and placed with a relative are also eligible for a range of services.	Medical services are not covered. States can transfer some funds from TANF to their social services block grant.	<p>Child Protective Services Programs:</p> <ul style="list-style-type: none"> • CPS Direct Delivery Staff • CPS Purchased Client Services – TANF-Emergency Assistance Eligible Clients • Foster Care Assistance Payments • Texas Relative Caregiver Reimbursement (Kinship Care) Program <p>Prevention and Early Intervention (PEI) Programs:</p> <p>Services to At-Risk Youth (STAR)-TANF-Emergency Assistance Eligible Clients</p> <hr/> <p>Access of Program/Funds:</p> <p>Access to these programs/funds is limited to DFPS and its contracted services providers or approved kinship care providers. Service recipients must meet eligibility requirements for these programs as outlined in the Texas TANF State Plan.</p>
Child Abuse and Neglect Basic State Grants	To assist States in the support and improvement of their child protective systems.	States must use funds for one or more of the 14 purposes authorized in legislation.	<ul style="list-style-type: none"> • Child With Disabilities (includes DFPS staff) • Educational and Developmental Disabilities Specialist Project (includes DFPS staff) <hr/> <p>Access of Program/Funds:</p> <p>Access to these programs/funds is limited to DFPS and its service providers.</p>

Appendix 3

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Child Abuse Prevention and Treatment Act (CAPTA – II)</p>	<p>Emphasis is on supporting community-based efforts to develop, operate, expand, enhance, and where appropriate, to network; initiatives aimed at the prevention of child abuse and neglect, and to support networks of coordination resources and activities to better strengthen and support families in order to reduce the likelihood of abuse and neglect. Parents must be included as full partners and lead agencies must seek innovative approaches to coordinate funding streams and leverage additional resources.</p>	<p>Primarily for the use of universal prevention of child abuse and neglect.</p>	<ul style="list-style-type: none"> • Community Partnerships to Strengthen Families • Temporary Respite Care • Infant Mortality Prevention Program • Tertiary prevention of child abuse • Partners in Prevention Training Conferences • Child Abuse Prevention Kits <hr/> <p>Access of Program/Funds:</p> <p>Access to these programs/funds is limited to DFPS and its service providers.</p>
<p>Community Mental Health Block Grant</p>	<ul style="list-style-type: none"> • The Community Mental Health Services Block Grant is authorized by Part B of Title XIX of the Public Health Service Act and is the single largest Federal contribution dedicated to improving mental health service systems across the country. The Center for Mental Health Services' Community Mental Health Services Block Grant awards grants to the States to provide mental health services to people with mental disorders. Through the Community Mental Health Services Block Grant, a joint Federal-State partnership, CMHS supports existing public services and encourages the development of creative and cost-effective systems of community-based care for people with serious mental disorders 	<p>In communities throughout the United States, mental disorders affect people of all ages and in all walks of life. Almost 54 million adults in the United States are affected by mental disorders in any given year. Preliminary studies indicate that more than 12 million children (20 percent of all children) in the United States experience mental and emotional disturbances while growing up. Community Mental Health Block Grants provide funding for adults with serious mental illnesses and children with serious emotional disturbances.</p>	<hr/> <p>Access of Program/Funds:</p> <p>SAMHSA provides funding to DSHS in the form of the Mental Health Block Grant, which is used to fund a range of services for children with serious emotional disturbance. Funds are accessed through contract with DSHS.</p> <p>SAMHSA has also awarded a grant to DSHS designed to assist states in transforming their mental health service systems to create an effective, transparent and easily navigated system for consumers.</p>

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Community Mental Health Block Grant continued</p>	<ul style="list-style-type: none"> The Community Mental Health Services Block Grant supports grassroots involvement of the major stakeholders in mental health services at both the State and the Federal levels. Each State or Territory is required to have a mental health planning council to review the State Mental Health Plan. Each council must include consumers of mental health services and family members, as well as service providers and State officials. The State also is required to seek comments from the public on its plan. At the Federal level, mental health planning council members-including family members, consumers, State officials, and service providers-serve as CMHS reviewers of State Mental Health Plans and Implementation Reports. They often share their expertise at regional and national technical assistance meetings. 	<p>In communities throughout the United States, mental disorders affect people of all ages and in all walks of life. Almost 54 million adults in the United States are affected by mental disorders in any given year. Preliminary studies indicate that more than 12 million children (20 percent of all children) in the United States experience mental and emotional disturbances while growing up. Community Mental Health Block Grants provide funding for adults with serious mental illnesses and children with serious emotional disturbances.</p>	<hr/> <p>Access of Program/Funds:</p> <p>SAMHSA provides funding to DSHS in the form of the Mental Health Block Grant, which is used to fund a range of services for children with serious emotional disturbance. Funds are accessed through contract with DSHS.</p> <p>SAMHSA has also awarded a grant to DSHS designed to assist states in transforming their mental health service systems to create an effective, transparent and easily navigated system for consumers.</p>

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Juvenile Accountability Block Grant</p>	<p>The Juvenile Accountability Block Grants (JABG) program* is administered by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice. Through the JABG program, funds are provided as block grants to states for programs promoting greater accountability in the juvenile justice system. Local and tribal governments can then apply to the states for funds to support local accountability programs.</p>	<p>See eligibility criteria in current JABG application kits on the Office of the Governor’s website at www.governor.state.tx.us/divisions/cjd/forms/apps.</p>	<p>Funded local/regional programs must address one or more of the following purpose areas:</p> <ul style="list-style-type: none"> • <u>Graduated Sanctions</u> - Developing, implementing and administering graduated sanctions for juvenile offenders. • <u>Corrections/Detention Facilities</u> - Building, expanding, renovating, or operating temporary or permanent juvenile corrections, or detention facilities, including the training of personnel. • <u>Court Staffing and Pretrial Services</u> - Hiring juvenile court judges, probation officers, and court-appointed defenders and special advocates, and funding pretrial services (including mental health screening and assessment) for juvenile offenders, to promote the effective and expeditious administration of the juvenile justice system. • <u>Prosecutors (Staffing)</u> - Hiring additional prosecutors so that more cases involving violent juvenile offenders can be prosecuted and backlogs reduced. • <u>Prosecutors (Funding)</u> - Providing funding to enable prosecutors to address drug, gang, and youth violence problems more effectively and for technology, equipment, and training to assist prosecutors in identifying and expediting the prosecution of violent juvenile offenders. • <u>Training for Law Enforcement and Court Personnel</u> - Establishing and maintaining training programs for law enforcement and other court personnel with respect to preventing and controlling juvenile crime. • <u>Juvenile Gun Courts</u> - Establishing juvenile gun courts for the prosecution and adjudication of juvenile firearms offenders. • <u>Juvenile Drug Courts</u> – Establishing drug court programs to provide continuing judicial supervision over juvenile offenders with substance abuse problems and to integrate administration of other sanctions and services for such offenders. • <u>Juvenile Records Systems</u> - Establishing and maintaining a system of juvenile records designed to promote public safety.

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
			<ul style="list-style-type: none"> • <u>Information Sharing</u> - Establishing and maintaining interagency information-sharing programs that enable the juvenile and criminal justice systems, schools, and social services agencies to make more informed decisions regarding the early identification, control, supervision, and treatment of juveniles who repeatedly commit serious delinquent or criminal acts. • <u>Accountability</u> - Establishing and maintaining accountability-based programs designed to reduce recidivism among juveniles who are referred by law enforcement personnel or agencies. • <u>Risk and Needs Assessment</u> - Establishing and maintaining programs to conduct risk and need assessments of juvenile offenders that facilitate the effective early intervention and the provision of comprehensive services, including mental health screening and treatment and substance abuse testing and treatment, to such offenders. • <u>School Safety</u> - Establishing and maintaining accountability based programs that are designed to enhance school safety. • <u>Restorative Justice</u> - Establishing and maintaining restorative justice programs. • <u>Juvenile Courts and Probation</u> - Establishing and maintaining programs to enable juvenile courts and juvenile probation officers to be more effective and efficient in holding juvenile offenders accountable and reducing recidivism. • <u>Detention/Corrections Personnel</u> - Hiring detention and corrections personnel, and establishing and maintaining training programs for such personnel, to improve facility practices and programming. <p>Funded discretionary programs must address one or more of the following purpose areas:</p> <ul style="list-style-type: none"> • <u>Juvenile Drug Courts</u> - Establishing drug court programs to provide continuing judicial supervision over juvenile offenders with substance abuse problems and to integrate administration of other sanctions and services for such offenders.

Appendix 3

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
			<ul style="list-style-type: none"> • <u>Information Sharing</u> - Establishing and maintaining interagency information-sharing programs that enable the juvenile and criminal justice systems, schools, and social services agencies to make more informed decisions regarding the early identification, control, supervision, and treatment of juveniles who repeatedly commit serious delinquent or criminal acts. • <u>School Safety</u> - Establishing and maintaining accountability based programs that are designed to enhance school safety. <hr/> <p>Access of Program/Funds:</p> <p>Eligible entities may apply for grant funding through the Office of the Governor by accessing current applications at www.governor.state.tx.us/divisions/cjd/formsapps.</p>

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Juvenile Accountability Block Grant</p>	<p>The Juvenile Accountability Block Grants (JABG) program* is administered by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice. Through the JABG program, funds are provided as block grants to states for programs promoting greater accountability in the juvenile justice system. Local and tribal governments can then apply to the states for funds to support local accountability programs.</p>	<p>See eligibility criteria in current JABG application kits on the Office of the Governor’s website at www.governor.state.tx.us/divisions/cjd/forms/apps.</p>	<p>Funded local/regional programs must address one or more of the following purpose areas:</p> <ul style="list-style-type: none"> • <u>Graduated Sanctions</u> - Developing, implementing and administering graduated sanctions for juvenile offenders. • <u>Corrections/Detention Facilities</u> - Building, expanding, renovating, or operating temporary or permanent juvenile corrections, or detention facilities, including the training of personnel. • <u>Court Staffing and Pretrial Services</u> - Hiring juvenile court judges, probation officers, and court-appointed defenders and special advocates, and funding pretrial services (including mental health screening and assessment) for juvenile offenders, to promote the effective and expeditious administration of the juvenile justice system. • <u>Prosecutors (Staffing)</u> - Hiring additional prosecutors so that more cases involving violent juvenile offenders can be prosecuted and backlogs reduced. • <u>Prosecutors (Funding)</u> - Providing funding to enable prosecutors to address drug, gang, and youth violence problems more effectively and for technology, equipment, and training to assist prosecutors in identifying and expediting the prosecution of violent juvenile offenders. • <u>Training for Law Enforcement and Court Personnel</u> - Establishing and maintaining training programs for law enforcement and other court personnel with respect to preventing and controlling juvenile crime. • <u>Juvenile Gun Courts</u> - Establishing juvenile gun courts for the prosecution and adjudication of juvenile firearms offenders. • <u>Juvenile Drug Courts</u> – Establishing drug court programs to provide continuing judicial supervision over juvenile offenders with substance abuse problems and to integrate administration of other sanctions and services for such offenders. • <u>Juvenile Records Systems</u> - Establishing and maintaining a system of juvenile records designed to promote public safety.

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Juvenile Accountability Block Grant Continued</p>			<ul style="list-style-type: none"> • <u>Information Sharing</u> - Establishing and maintaining interagency information-sharing programs that enable the juvenile and criminal justice systems, schools, and social services agencies to make more informed decisions regarding the early identification, control, supervision, and treatment of juveniles who repeatedly commit serious delinquent or criminal acts. • <u>Accountability</u> - Establishing and maintaining accountability-based programs designed to reduce recidivism among juveniles who are referred by law enforcement personnel or agencies. • <u>Risk and Needs Assessment</u> - Establishing and maintaining programs to conduct risk and need assessments of juvenile offenders that facilitate the effective early intervention and the provision of comprehensive services, including mental health screening and treatment and substance abuse testing and treatment, to such offenders. • <u>School Safety</u> - Establishing and maintaining accountability based programs that are designed to enhance school safety. • <u>Restorative Justice</u> - Establishing and maintaining restorative justice programs. • <u>Juvenile Courts and Probation</u> - Establishing and maintaining programs to enable juvenile courts and juvenile probation officers to be more effective and efficient in holding juvenile offenders accountable and reducing recidivism. • <u>Detention/Corrections Personnel</u> - Hiring detention and corrections personnel, and establishing and maintaining training programs for such personnel, to improve facility practices and programming. <p>Funded discretionary programs must address one or more of the following purpose areas:</p> <ul style="list-style-type: none"> • <u>Juvenile Drug Courts</u> - Establishing drug court programs to provide continuing judicial supervision over juvenile offenders with substance abuse problems and to integrate administration of other sanctions and services for such offenders.

Appendix 3

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Juvenile Accountability Block Grant continued</p>			<ul style="list-style-type: none"> • <u>Information Sharing</u> - Establishing and maintaining interagency information-sharing programs that enable the juvenile and criminal justice systems, schools, and social services agencies to make more informed decisions regarding the early identification, control, supervision, and treatment of juveniles who repeatedly commit serious delinquent or criminal acts. • <u>School Safety</u> - Establishing and maintaining accountability based programs that are designed to enhance school safety. <hr/> <p style="text-align: center;">Access of Program/Funds:</p> <p>Eligible entities may apply for grant funding through the Office of the Governor by accessing current applications at www.governor.state.tx.us/divisions/cjd/formsapps.</p>
<p>Title II Formula – Juvenile Justice and Delinquency Prevention</p>	<p>Juvenile Justice and Delinquency Prevention Act of 2002, Subchapter II, Part B, §221; T.A.C. §3.201)</p> <p>The goal of the of the Juvenile Justice and Delinquency Prevention (JJDP) Act Program is to develop more effective education, training, research, prevention, treatment, and rehabilitation programs in the area of juvenile delinquency and programs to improve the juvenile justice system.</p>	<p>See eligibility criteria in current JJDP application kits on the Office of the Governor’s website at www.governor.state.tx.us/divisions/cjd/formsapps.</p>	<p>Funded programs must address one or more of the following purpose areas:</p> <ul style="list-style-type: none"> • <u>Aftercare/Reentry</u>. Programs to prepare targeted juvenile offenders to successfully return to their communities after serving a period of secure confinement in a training school, juvenile correctional facility, or other secure institution. Aftercare programs focus on preparing juvenile offenders for release and providing a continuum of supervision and services after release. • <u>Alternatives to Detention</u>. Alternative services provided to a juvenile offender in the community as an alternative to confinement. • <u>Court Services</u>. Programs designed to encourage courts to develop and implement a continuum of pre- and post adjudication restraints that bridge the gap between traditional probation and confinement in a correctional setting. Services include expanded use of probation, mediation, restitution, community service, treatment, home detention, intensive supervision, electronic monitoring, translation services and similar programs, and secure, community-based treatment facilities linked to other support services.

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Title II Formula – Juvenile Justice and Delinquency Prevention continued</p>			<ul style="list-style-type: none"> • <u>Delinquency Prevention</u>. Programs or other initiatives designed to reduce the incidence of delinquent acts and directed to the general youth population thought to be at risk of becoming delinquent. This category includes what is commonly referred to as “primary prevention” (e.g., parent education, peer counseling). This program area excludes programs targeted at youth already adjudicated delinquent and those programs designed specifically to prevent gang-related or substance abuse activities undertaken as part of the “Gangs” and “Substance Abuse” purpose areas. • <u>Disproportionate Minority Contact</u>. Programs or other initiatives designed primarily to address the disproportionate number of juvenile members of minority groups who come into contact with the juvenile justice system, pursuant to Section 223(a)(22) of the JJDP Act of 2002. • <u>Diversion</u>. Programs to divert juveniles from entering the juvenile justice system. • <u>Gangs</u>. Programs or other initiatives designed primarily to address issues related to juvenile gang activity. This program area includes prevention and intervention efforts directed at reducing gang-related activities. • <u>Jail Removal</u>. Programs, research, or other initiatives designed to eliminate or prevent the placement of juveniles in adult jails and lockups, as defined in Section 223(a)(13) of the JJDP Act of 2002. • <u>Juvenile Justice System Improvement</u>. Programs and other initiatives designed to examine issues or improve practices, policies, or procedures on a system wide basis (e.g., examining problems affecting decisions from arrest to disposition and detention to corrections). • <u>Mental Health Services</u>. Services include, but are not limited to, the development and/or enhancement of diagnostic, treatment, and prevention instruments; psychological and psychiatric evaluations; counseling services; and/or family support services.

Program	Purposes	Limitations/Eligibility	Texas Use of These Funds
<p>Title II Formula – Juvenile Justice and Delinquency Prevention continued</p>			<ul style="list-style-type: none"> • <u>Mentoring</u>. Programs designed to develop and sustain a one-to-one supportive relationship between a responsible adult age 18 or older (mentor) and an at-risk juvenile (mentee) that takes place on a regular basis. • • <u>Probation</u>. Programs to permit juvenile offenders to remain in their communities under conditions that the juvenile court prescribes. • <u>School Programs</u>. Education programs and/or related services designed to prevent truancy, suspension, and expulsion. School safety programs may include support for school resource officers and law-related education. • <u>Sex Offender Programs</u>. Programs to support the assessment, treatment, rehabilitation, supervision, and accountability of juvenile sex offenders. • <u>Substance Abuse</u>. Programs or other initiatives designed to address the use and abuse of illegal and other prescription and nonprescription drugs and the use and abuse of alcohol. Programs include control, prevention, and treatment. • <u>Youth Courts</u>. Youth courts (also known as teen courts) are juvenile justice programs in which peers play an active role in the disposition of the juvenile offender. Most youth courts are used as a sentencing option for first-time offenders charged with misdemeanor or nonviolent offenses who acknowledge their guilt. The youth court serves as an alternative to the traditional juvenile court. <hr/> <p>Access of Program/Funds:</p> <p>Eligible entities may apply for grant funding through the Office of the Governor by accessing current applications at www.governor.state.tx.us/divisions/cjd/formsapps</p>

Appendix 4

State Funds

It is important to understand fully the rules that govern the financing of services through state programs in order to maximize system of care funding opportunities.

Appendix 3 outlines the state-funded programs in Texas highlighting the purpose, limitations, and how the state funds are accessed. This table is intended as a guide to specific opportunities for funding services and activities within these state programs. Each program has its own restrictions on eligibility and on what can be funded (which has been generally described), but it is recommended that each locality charge individual staff with the task of becoming experts on their respective program area(s) of funding.

STATE FUNDING PROGRAMS TO SUPPORT INTERAGENCY SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH BEHAVIORAL HEALTH SERVICE NEEDS

Table 2: Purposes of and Constraints in Major State Programs

DEPARTMENT OF STATE HEALTH SERVICES			
Program	Purposes	Limitations	Access of These Funds
Community-Based Services, DSHS	<p>The Division of Mental Health and Substance Abuse at the Department of State Health Services (DSHS) has responsibility for community mental health and substance abuse services. It has oversight responsibility for community mental health centers and designates local mental health authorities for each county in Texas. Also of note is that the division contracts for local mental health services with community mental health centers and through NorthSTAR, a behavioral health managed care program in the Dallas area. Services are funded through a mix of federal Medicaid, Block Grant, Title XX, and state general revenue funds.</p> <p>All community mental health centers provide crisis hotline, screening, crisis services (including intensive crisis residential) and case management services. They authorize inpatient care through a local or state psychiatric facility. To the extent that resources are available, counseling, skills training for children and families, medication and medication management, respite and other flexible family support services, patient and family education, Multi-Systemic Therapy, Treatment Foster Care and access to a Family Partner (peer parent mentors) are also available.</p>	<p>Crisis services are available to all youth and/or families currently in a mental health crisis.</p> <p>Outpatient mental health services are available to children and adolescents ages 3 through 17 years who meet one of the following criteria:</p> <ul style="list-style-type: none"> ▪ Children and adolescents who have a serious functional impairment due to a mental health disorder; ▪ Children and adolescents who are at risk of being placed outside the home due to psychiatric symptoms; and ▪ Children and adolescents who are enrolled in a school system's special education program because of a serious emotional disturbance. 	<p>Funds are distributed to local mental health authorities through performance contracts.</p> <p>The Division contracts for substance abuse prevention, intervention, and treatment services. The adolescent must meet financial eligibility guidelines. If the clients are CHIP and Medicaid eligible, then DSHS substance abuse contracts would be the payor of last resort.</p>

Appendix 4

Program	Purposes	Limitations	Access of These Funds
<p>Community-Based Services, DSHS Continued</p>	<p>Some of these services are newly defined through the Resiliency and Disease Management Initiative.</p> <p>Substance abuse services include assessment, outpatient services, residential treatment and inpatient and ambulatory detoxification.</p> <p>Youth with substance abuse or mental health disorders often exhibit secondary, co-occurring disorders that may require a specialized treatment approach. DSHS requires its mental health and substance abuse providers to address treatment needs for youth with co-occurring substance abuse and mental health disorders.</p> <p><i>Diversion of Youth with Mental Health Disorders from Juvenile Detention (Senate Bill 1145)</i> Allows local mental health authorities to place a priority on funding assessment and treatment services to youth with mental health disorders who are in detention.</p> <p><i>Substance Abuse Treatment in Schools (Senate Bill 564)</i> DSHS-funded providers are exempted from the prohibition against seeking referrals from schools or contracting to provide services to individuals in schools. This allows DSHS-funded treatment providers to work closely with schools to make services available to those students who would benefit before they become involved with the juvenile justice system.</p> <p>The Department of State Health Services (DSHS) provides evidence-based guidelines for physicians to use to improve medication treatment for children with specific diagnoses through the Children's Medication Algorithm Project (CMAP).</p>	<p>Children who have a primary diagnosis of substance abuse disorder or dependency and are medically indigent are eligible for substance abuse treatment services.</p>	

Appendix 4

Program	Purposes	Limitations	Access of These Funds
<p>Facility-Based Services, DSHS</p>	<p>The Department of State Health Services (DSHS) operates state inpatient psychiatric facilities and sets standards. Information about standards can be obtained from DSHS (http://www.dshs.state.tx.us/hfp/hosp_psych_cs_u.shtm). The division of Mental Health and Substance Abuse licenses chemical dependency counselors and treatment facilities. Faith-based chemical dependency treatments that are registered with the department are exempt from state license requirements. The Department of State Health Services also establishes rules regarding fiscal, administrative and program requirements for contracted substance abuse providers.</p> <p>Intensive and supportive 24-hour per day residential substance abuse treatment is available through DSHS contractors. Specialized female treatment for pregnant and parenting adolescents is also available.</p>	<p>The division operates nine state psychiatric hospitals for individuals with serious mental health disorders. It also operates the Waco Center for Youth (a residential psychiatric treatment center). The Austin State Hospital, El Paso Psychiatric Center, North Texas State Hospital - Wichita Falls campus, and Terrell State Hospital have child and adolescent services. San Antonio State Hospital has an adolescent program.</p> <p>Specialized services are provided at:</p> <ul style="list-style-type: none"> ▪ North Texas State Hospital - Vernon Campus operates an inpatient program for adolescents with mental illness and involvement in the juvenile justice system. ▪ Waco Center for Youth treats young people ages 13 through 17 with serious emotional disturbance who have exhausted available community treatment resources and who require residential care. Referrals come through local mental health authorities, juvenile courts and Community Resource Coordination Groups (CRCGs) throughout the state. 	<p>Minor Texas residents who meet admission criteria are eligible for admission depending on bed availability. With the exception of Waco Center for Youth, a person may be admitted only if the person has a mental illness and, as a result of the mental illness, the person presents a substantial risk of serious harm to self or others, or evidences a substantial risk of mental or physical deterioration. A person may not be admitted to a state hospital if the person requires specialized care that is not available at the state hospital or has a medical condition that is unstable and could reasonably be expected to require inpatient treatment for the condition.</p> <p><i>Voluntary Admission of a Minor by a Parent (House Bill 21)</i> Allows a parent of a person younger than 18 (instead of 16 under previous law) who has not been married to request the admission of the person to an inpatient mental health facility by filing a request with the administrator of the facility to which admission is requested.</p>

Appendix 4

Program	Purposes	Limitations	Access of These Funds
Texas Suicide Prevention Plan, DSHS	The Department of State Health Services (DSHS) operates the Texas Youth Suicide Prevention Project. The project supports the Texas State Suicide Prevention Plan through a public/private partnership that trains health, school, community, juvenile justice and foster care representatives to identify and refer at-risk youth; support collaborative efforts of state suicide prevention organizations to increase public awareness, and pilot a primary care initiative to identify, assess and provide referral and follow-up to youth ages 10-21.	This program is available in Harris, Travis and Bexar counties at this time due to limited federal dollars (grant). This is a 3-year grant	These funds are accessed through a federally funded grant awarded to DSHS from SAMHSA.
Friends for Life, DSHS	The Department of State Health Services (DSHS) provides oversight for The Friends for Life Project that is designed to reduce the incidence of suicide and increase awareness of mental health needs and services for children. The project is modeled after the Yellow Ribbon Suicide Prevention Program.	Will only be available in select Texas counties.	These funds are accessed through a federally funded grant.
El Centro de Corazon, DSHS	The Department of State Health Services (DSHS) provides oversight for the El Centro De Corazon project. This project implements the Columbia University's Teen Screen Program that is designed to identify students who suffer from undiagnosed mental illness, and/or at risk for suicide and connect them to therapeutic services.	Available in select schools within the Houston Independent School District.	These funds are accessed through a federally funded grant.

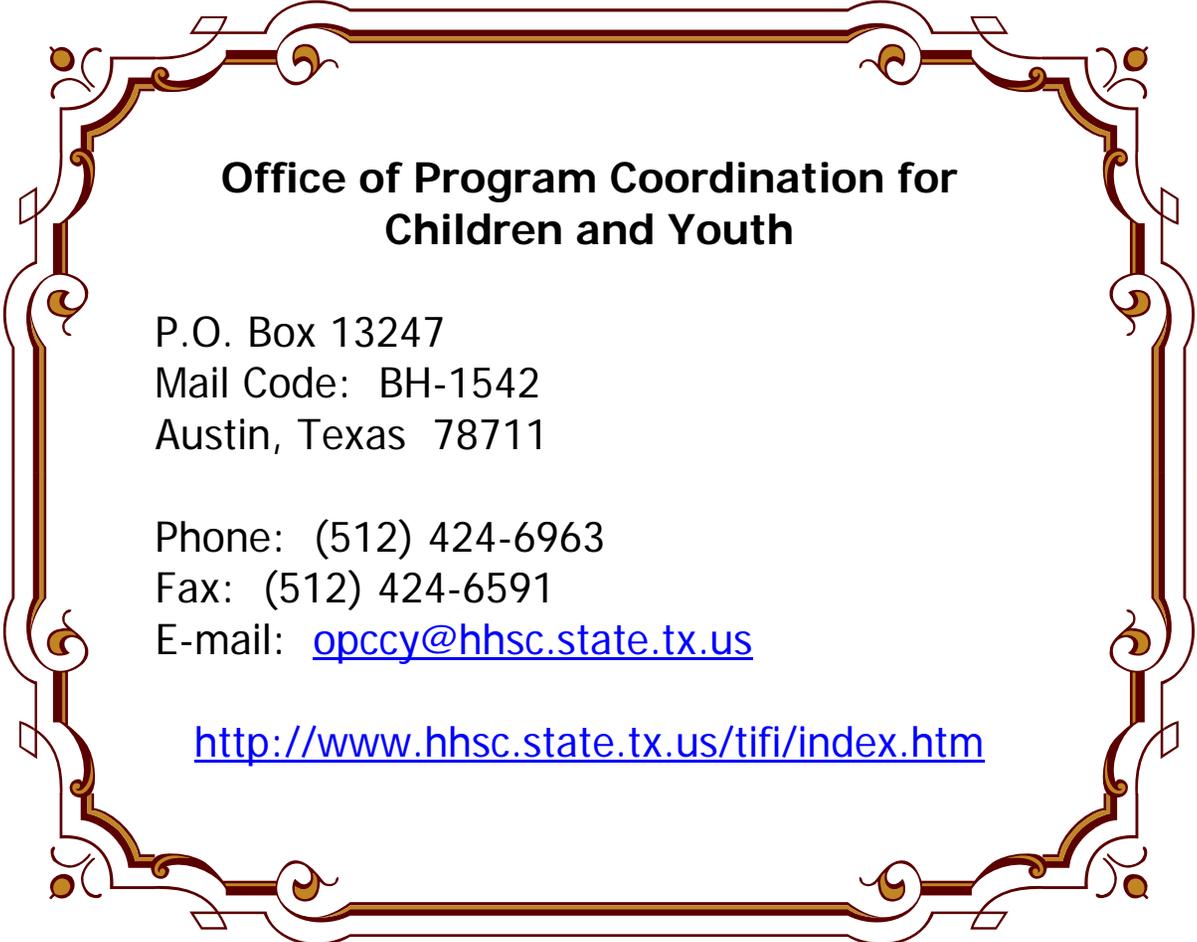
DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES			
Program	Purposes	Limitations	Access of These Funds
Runaway Hotline(s)	The Texas Runaway Hotline and the Texas Youth Hotline are the only statewide crisis intervention and runaway prevention telephone counseling services specifically available for youth and families. Hotline staff and community volunteers work closely with schools, social service agencies and juvenile delinquency prevention programs to provide callers with crisis intervention, information, and referral services. The Runaway Hotline helps callers in need of shelter, food, counseling, medical assistance, transportation, and other services. The Texas Youth Hotline was established in 1998 to provide referral information to callers covering a broad range of youth-related concerns. Communication with family and family reunification are encouraged. .	These Hotlines are operated by DFPS and available to the general public.	
Tertiary Child Abuse and Neglect Prevention Program/Universal Services (funded through the Child Abuse and Neglect Operating Fund)	Provides community-based, volunteer-driven services for prevention, intervention and aftercare for children who have been, or who are at risk of being, abused and/or neglected. The goals of the program include reduction of child maltreatment and fewer families reentering the Child Protective Services system, improvement in the quality and availability of aftercare services for abused children, and enhancement of a statewide network of tertiary child abuse prevention programs.	<p>This program targets families with children ages 0-17 (with services focused on families with children 0-12), which have received services (including only investigation) through CPS, or where the children have been determined by CPS to be at-risk of abuse and neglect, with risk factors controlled. Families where child abuse has actually occurred will receive priority for services. Referrals of families must come to the contractor through CPS and families with an open CPS case will not be referred.</p> <p>This program is available only in certain communities in Texas.</p>	<p>These programs are competitively procured through the Department of Family and Protective Services and the solicitations are posted on the Electronic State Business Daily at http://esbd.tbpc.state.tx.us/1380/sagency.cfm</p> <p>To access this program in a particular area in Texas, go to: https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/Programs_Available_In_Your_County/default.asp</p>

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Program	Purposes	Limitations	Access of These Funds
<p>Department of Assistive and Rehabilitative Services (DARS), Division of Early Childhood Intervention Services (ECI)</p>	<p>The DARS/ Division of Early Intervention Services administers programs to ensure that families with children birth to three with developmental delays and disabilities have the support they need to help their children reach their potential through developmental services. A child is eligible for ECI services if the child is under three years of age, and is authorized for services due to a visual or auditory impairment as defined by the Texas Education Agency rules and /or needs early intervention services due to certain diagnosed physical or mental condition(s) that have a high probability of resulting in a developmental delay, a documented developmental delay or atypical development.</p> <p>ECI providers work with the child’s family to develop an Individual Family Service Plan (IFSP) based on the child’s need and the family’s concerns, resources and priorities. Children with social and emotional delays or who demonstrate “atypical” behavior patterns may be eligible for services. Services can include, but are not limited to: service coordination, developmental services, skills training, family education and counseling, psychological and social work services.</p>	<p>DARS/ECI contracts for services through community based providers including community MHMR centers, school districts, regional educational service centers and nonprofit organizations.</p> <p>All services to the family must be in the context of enhancing the child’s development. Parents have the right to refuse all or portions of recommended services.</p>	<p>Funds are accessed through the Department of Assistive and Rehabilitative Services (DARS), Division of Early Childhood Intervention Services (ECI) Provider Network.</p> <p>DARS/ECI contracts with 58 community based providers to deliver early intervention services in every Texas county.</p> <p>To locate ECI service providers in a particular area go to: http://www.dars.state.tx.us/ecis/index.shtml</p>

HEALTH AND HUMAN SERVICES COMMISSION			
Program	Purposes	Limitations	Access of These Funds
<p>Community Resource Coordination Groups of Texas, HHSC</p>	<p>Health and Human Services Commission (HHSC) operates an initiative to strengthen interagency coordination to assure more effective and efficient services for children with mental health care needs and their families -- Community Resource Coordination Groups (CRCG). CRCGs focus on children and adults who have any type of disability and require the services of multiple agencies. Community Resource Coordination Groups (CRCGs) are local interagency service coordination groups comprised of providers from various agencies who work together to develop interagency services plans for children, youth and some adults whose needs can be met only through coordinated services from multiple agencies or organizations. Typically, children served by the CRCGs have complex needs and may have exhausted any one agency's ability to provide services. CRCGs typically meet monthly and receive no state funding.</p>	<p>Today, there are CRCG teams serving children in all 254 counties.</p>	<p>There are not dedicated funds for CRCGs. Interested persons may make a referral through the local CRCG Chairperson or CRCG Coordinator if available at: (512) 424-6963 or http://www.hhsc.state.tx.us/crcg/crcg.htm</p>
<p>The Texas Integrated Funding Initiative, DSHS</p>	<p>Department of State Health Services (DSHS) operates the local contract management of an initiative to strengthen interagency coordination to assure more effective and efficient services for children with mental health care needs and their families -- The Texas Integrated Funding Initiative (TIFI). TIFI focuses primarily on children with serious emotional disturbance. TIFI supports the development of system of care in local communities for children with serious emotional disturbances and their families. "System of care" is "a comprehensive state system of mental health services and other necessary and related services that is organized as a coordinated network to meet the multiple and changing needs of children with severe emotional disturbances." It includes values and principles, such as the importance of family involvement and cultural competency, as well as specific strategies such as integrated funding and individualized service planning.</p>	<p>Currently, there are two pilot sites: Lamb and Denton County.</p> <p>There were four original funded sites: Harris County, Tarrant County, rural counties within and around Floyd County in the Texas Panhandle, and a three county project in the Conroe area.</p>	<p>In 2006-2007, a new competitive procurement has expanded the original four TIFI communities to two additional communities.</p>

TEXAS EDUCATION AGENCY			
Program	Purposes	Limitations	Access of These Funds
Safe Schools	Chapter 37, Texas Education Code, requires districts to establish disciplinary alternative education programs (DAEP) and allows school districts to establish school-community guidance centers. These alternatives are designated to address problems that interfere with education including juvenile delinquency and severe disruptive behavior. Students in special education whose behavior is determined to be a manifestation of their disability cannot be placed in DAEPs.	Local education agencies determine type of DAEP to be implemented. All programs are not based on positive behavioral support. An ARD meeting has to occur prior to placement of any student with disabilities in a DAEP to determine if behaviors were a manifestation of the child's disability.	Students continue to generate Average Daily Attendance (ADA) funding while in the DAEP. Students with disabilities continue to receive weighted funding depending on instructional arrangement determined by ARD committee.
Communities In Schools	The Communities in Schools (CIS) program addresses the mental health needs of children who have less serious disorders but who are at risk of dropping out of school without intervention. Services include counseling, case management and other support services. CIS is part of the nation's largest stay-in-school network.	Even though CIS has proven to be an effective dropout prevention program, funding is limited. There are currently 26 CIS sites in major metropolitan areas. CIS services are generally not available in rural areas.	CIS state funding is currently determined by a rider (a new clause or amendment that is added to a bill or statute) to the TEA appropriation bill. Local funding amounts are negotiated between local CIS programs and local school campuses. Some CIS programs have received small grants.
TEXAS JUVENILE PROBATION COMMISSION			
TJPC does not directly provide or purchase behavioral health services, but allocates funding to local juvenile probation departments that may provide or purchase behavioral health services.			
TEXAS YOUTH COMMISSION			
TYC provides or contracts for the provision of behavioral health services only for those youth who have been committed by a judge to the care, custody, and control of TYC, generally the most seriously or chronically delinquent youth in the state of Texas.			



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