CHILDREN'S MENTAL HEALTH INITIATIVE

NATIONAL EVALUATION

FINANCIAL MAPPING INTERVIEW PROTOCOL

Attachment 6a

<div align="center">

CMHI SOC Evaluation: Financial Mapping Interview Protocol

Overview

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<u>Evaluation Question</u>. *What funding sources are used to support the SOC expansion efforts and how do they change over time?*

The National Evaluation Team (NET) will review documents and interview key informants to collect data necessary to map the funding streams covering children's mental health services, including any blending or braiding of funds. In addition, the team will identify any eligibility criteria for the specific service types. This information will be collected twice for three grantee cohorts to identify the funding sources used in Year 1 or Year 2, and how it changed two years later. The purpose of financial mapping is to document the primary public funding sources being used to implement and expand systems of care over the life of the expansion planning and implementation grants. Measuring changes over time in target populations, funding streams, services, and eligibility will document grantees' ability to implement sustainable expansion strategies and help identify what strategies are most successful. Please note: the NET does not expect to collect data on actual service budgets or expenditures in this component of the evaluation.

In addition to the financial mapping information, the NET will also explore the ability of Medicaid and Mental Health agencies to share data and/or track shared clients. This information will help the team to identify states that have effective information systems and may be interested in participating in the benchmarking component of this evaluation.

<u>Data Collection Instruments</u>. The NET will use two data collection approaches in this component of the evaluation: document review and key informant interviews. We will review grantee information and additional requested documents, as well as the websites of state Medicaid agencies, state or county Mental Health agencies, and tribal authorities to collect as much preliminary information as possible and to become familiar with the terminology used in each state's mental health service system. This review will be used to prepopulate a list of children's mental health services which will be sent to respondents at least a week before the interview for clarification and correction. This corrected list will be incorporated into the interview tool and provide the basis for gathering data on eligibility and financing of these services. Customizing the interview tool for each state will allow interviews to focus on validation of information, clarification of information, and filling in any gaps.

The NET has drafted interview schedules for the following five organizations. Each interview covers the same general topics but is customized to the particular scope of each organization.

- Mental Health Authority
- Medicaid Agency
- Tribal Health Authority
- Mental Health Provider Trade Association (will not be conducted for interviews with tribal grantees)
- Family/Youth Organization

Attachment 6: Financial Mapping

This packet includes these draft interview schedules. The Mental Health Provider Trade Association interview is more limited in scope and focuses on any limitations on how public payers are using SOC services and whether commercial payers are buying any. The Family/Youth Organization interview focuses on the scope of services provided by the organization and how they are financed.

This interview will be conducted twice. From the first year interview and document analysis, the NET will map baseline funding for children's mental health services. The subsequent interview, conducted two years later, will identify changes. The same interview will be conducted for the adult division of the mental health agency if the system of care (SOC) is serving young adults ages 18 or older. In addition, the Medicaid agency will also be interviewed about its provision of children's mental health services.

After MHA, Medicaid and tribal interviews, key information will be summarized and sent back to respondents for verification and correction, if necessary. Once validated, this information will provide the basis for baseline analysis. In addition, this information will be the starting point for interviews two years later, when respondents will be asked to identify any changes in services provided, eligibility standards, sources of financing, and availability across the state, county or tribal territory.

Analysis. The financial map will identify (1) the continuum of children's mental health services and for each service: (2) any applicable income or clinical eligibility standards, and (3) sources of funds (funding agency or agencies, which could include juvenile justice, child welfare, and education sources).

The NET's specific focus will be to identify changes in the structure of financing between the baseline year and two years later, and the impact of these changes on behavioral health services for children in the jurisdiction. The map will also document any relevant expansion of benefits to broaden coverage or geographic availability for services that may be introduced as part of the SOC, such as wraparound planning, intensive care coordination, family and youth peer-support, and flexible funds.

Attachment 6: Financial Mapping

INFORMED CONSENT

These interviews will be conducted with grantee representatives over the phone. Thus, information about the purpose and scope of the evaluation will be shared at the beginning of the interview over the phone. The respondent will be asked if he/she understands the information shared and voluntarily agrees to respond to the questions. Thus, a verbal consent will be acquired over the phone.

CHILDREN'S MENTAL HEALTH INITIATIVE
NATIONAL SYSTEM OF CARE EXPANSION EVALUATION

DRAFT FINANCIAL MAPPING SURVEY

MENTAL HEALTH AGENCY VERSION

INTRODUCTION

Thank you for your willingness to participate in this interview. The goals of this interview are to:

- Acquire and verify information about key services in the state's mental health service system for children and how they have changed over the grant period, specifically:
    o Service eligibility criteria
    o Funding sources
- Identify any additional services introduced as part of the state's SOC, any changes in eligibility criteria for these services or how children's MH and SOC services are funded.

CONFIDENTIALITY/INFORMED

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMSHA).

We will be asking you to share information about various topics related to funding of system of care implementation and expansion.

This session will last approximately 90 to 120 minutes.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, aggregate data will be used to summarize the findings.

[OBTAIN INFORMED VERBAL CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a few National Evaluation staff members.

[OBTAIN VERBAL CONSENT TO RECORD SESSION]

INSTRUCTIONS

The interviewer will ask you several questions. Please ask for clarification and provide as accurate information as possible.

Date of Interview: _____   Interviewer's Initials: _____

Agency/Organization Name: _____

Name & Position of Interviewee: _____

Our initial set of questions concerns the full scope of children's mental health services provided by your agency.

1. What funding sources does your agency use to pay for children's mental health services?
   (for example, MH Block Grant, State General Fund, special taxes, county contribution, Medicaid and other)

Funding Source	Y/N	Comments
MH Block Grant		
State General Fund		
Earmarked tax revenue (specify)		
County contribution		
Medicaid		
Other, specify:		

Attachment 6: Financial Mapping

2. How are the children's mental health services your agency pays for organized and delivered? (for example, fund a Community Mental Health Center for catchment area, network of contracted providers, use of a lead community provider, public (state or county) operated clinics, and other)

3. The table below shows the children's mental health services that you have previously identified as those provided, purchased or financed by your state's Mental Health Authority. We will be using this service list in our subsequent questions. Do you have any additions or corrections to make to this list?

Service Table 1: State MHA Services	
CMHI Evaluation Service Category/ Service Name	**State MHA or Medicaid Department/ Service Name**
Psychiatric Inpatient Care	
State Hospital	
Community or Psychiatric Hospital	
Non-Hospital 24 Hour Care	
Residential Treatment Programs	
Therapeutic Foster Care	
Ambulatory Mental Health Services	
Partial Hospital	
Traditional Outpatient Mental Health Care	
Psychotropic Medications	
Traditional Case Management	
Crisis Intervention	
Psychiatric Crisis Intervention	
Mobile Crisis Services	
Crisis Stabilization (up to 72 hours)	
Telephonic Crisis Services	
System of Care Services	
Wraparound Planning	
Intensive Care Coordination	

Attachment 6: Financial Mapping

Service Table 1: State MHA Services	
CMHI Evaluation Service Category/ Service Name	**State MHA or Medicaid Department/ Service Name**
Flexible Funding	
Outreach	
Psychosocial Rehabilitation	
Home and Community Based Services	
Peer Services	
Day Treatment	
Other	
Supportive Services	
Respite	
Transportation	
Other	
MH Services Provided by Medical Organizations	
Hospital Emergency Services	
Primary Care Mental Health Services	

4. What are the eligibility criteria for each of the children's mental health services provided by your agency? *Probes: eligibility criteria might be based on income, clinical condition, or other factors*

Service Table 2: MHA Eligibility Criteria			
State MHA or Medicaid Department/ Service Name	**Income** Y – Yes% FPL N - No	**Clinical** Y - Yes 1 - SED 2 - Other N - No	**Other** Describe
Psychiatric Inpatient Care			
State Hospital			

Attachment 6: Financial Mapping

State MHA or Medicaid Department/ Service Name	Income Y – Yes% FPL N - No	Clinical Y - Yes 1 - SED 2 - Other N - No	Other Describe
Service Table 2: MHA Eligibility Criteria			
Community or Psychiatric Hospital			
Non-Hospital 24 Hour Care			
Residential Treatment Programs			
Therapeutic Foster Care			
Ambulatory Mental Health Services			
Partial Hospital			
Traditional Outpatient Mental Health Care			
Psychotropic Medications			
Traditional Case Management			
Crisis Intervention			
Psychiatric Crisis Intervention			
Mobile Crisis Services			
Crisis Stabilization (up to 72 hours)			
Telephonic Crisis Services			
System of Care Services			
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Outreach			
Psychosocial Rehabilitation			
Home and Community Based Services			
Peer Services			

Attachment 6: Financial Mapping

Service Table 2: MHA Eligibility Criteria			
State MHA or Medicaid Department/ Service Name	**Income** Y – Yes% FPL N - No	**Clinical** Y - Yes 1 - SED 2 - Other N - No	**Other** Describe
Day Treatment			
Other			
Supportive Services			
Respite			
Transportation			
Other			
MH Services Provided by Medical Organizations			
Hospital Emergency Services			
Primary Care Mental Health Services			

5a. What are the MHA funding sources for each type of service?

Service Table 3: State MHA Funding Sources				
State Service Name	**State General Funds**	**Medicaid Federal Match**	**County Funds**	**Other** (specify)
Psychiatric Inpatient Care				
State Hospital				
Community or Psychiatric Hospital				
Non-Hospital 24 Hour Care				
Residential Treatment Programs				
Therapeutic Foster Care				
Ambulatory Mental Health Services				

Attachment 6: Financial Mapping

Service Table 3: State MHA Funding Sources				
State Service Name	State General Funds	Medicaid Federal Match	County Funds	Other (specify)
Partial Hospital				
Traditional Outpatient Mental Health Care				
Psychotropic Medications				
Traditional Case Management				
Crisis Intervention				
Psychiatric Crisis Intervention				
Mobile Crisis Services				
Crisis Stabilization (up to 72 hours)				
Telephonic Crisis Services				
System of Care Services				
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Outreach				
Psychosocial Rehabilitation				
Home and Community Based Services				
Peer Services				
Day Treatment				
Other				
Supportive Services				
Respite				
Transportation				
Other				
MH Services Provided by Medical Organizations				

Attachment 6: Financial Mapping

Service Table 3: State MHA Funding Sources				
State Service Name	State General Funds	Medicaid Federal Match	County Funds	Other (specify)
Hospital Emergency Services				
Primary Care Mental Health Services				

5b. Do any other public entities cover part of the cost of these children's mental health services? (e.g., the Medicaid, child welfare, or juvenile justice agencies or schools)? If yes, who are the other payers and what types of costs do they cover (e.g., treatment component, room and board, education)?

Service Table 4: Other Funding Sources				
State Service Name	Federal Funded (Specify grant name)	Other Agency CW – child welfare Sch – schools JJ – juvenile justice	Other	Notes
Psychiatric Inpatient Care				
State Hospital				
Community or Psychiatric Hospital				
Non-Hospital 24 Hour Care				
Residential Treatment Programs				
Therapeutic Foster Care				
Ambulatory Mental Health Services				
Partial Hospital				
Traditional Outpatient Mental Health Care				
Psychotropic Medications				
Traditional Case Management				
Crisis Intervention				

Attachment 6: Financial Mapping

Service Table 4: Other Funding Sources				
State Service Name	**Federal Funded** (Specify grant name)	**Other Agency** CW – child welfare Sch – schools JJ – juvenile justice	**Other**	**Notes**
Psychiatric Crisis Intervention				
Mobile Crisis Services				
Crisis Stabilization (up to 72 hours)				
Telephonic Crisis Services				
System of Care Services				
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Outreach				
Psychosocial Rehabilitation				
Home and Community Based Services				
Peer Services				
Day Treatment				
Other				
Supportive Services				
Respite				
Transportation				
Other				
MH Services Provided by Medical Organizations				
Hospital Emergency Services				
Primary Care Mental Health Services				

Attachment 6: Financial Mapping

6. Are fees charged to participating families for any of these services? If so, for what services? Do you use a sliding scale?

Service Table 5: Self Pay			
State Service Name	**Self-pay?** Y – Yes N- No	**Sliding Fee Scale?** Y – Yes N- No	**Notes**
Psychiatric Inpatient Care			
State Hospital			
Community or Psychiatric Hospital			
Non-Hospital 24 Hour Care			
Residential Treatment Programs			
Therapeutic Foster Care			
Ambulatory Mental Health Services			
Partial Hospital			
Traditional Outpatient Mental Health Care			
Psychotropic Medications			
Traditional Case Management			
Crisis Intervention			
Psychiatric Crisis Intervention			
Mobile Crisis Services			
Crisis Stabilization (up to 72 hours)			
Telephonic Crisis Services			

Attachment 6: Financial Mapping

Service Table 5: Self Pay			
State Service Name	**Self-pay?** Y – Yes N- No	**Sliding Fee Scale?** Y – Yes N- No	**Notes**
System of Care Services			
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Outreach			
Psychosocial Rehabilitation			
Home and Community Based Services			
Peer Services			
Day Treatment			
Other			
Supportive Services			
Respite			
Transportation			
Other			
MH Services Provided by Medical Organizations			
Hospital Emergency Services			
Primary Care Mental Health Services			

Attachment 6: Financial Mapping

Our next set of questions pertains to Mental Health Authority services designated for or primarily used by children with SED.

7. How does your agency's definition for Serious Emotional Disturbance (SED) compare to SAMHSA's definition?   (eg, more or less restrictive in terms of age, specified diagnoses or level of functioning, or substantially comparable.)

SAMHSA's Definition of Serious Emotional Disturbance (SED)

Federal Register: Volume 58, Number 96. Pages 29422-29425

The CMHS definition is that children with "serious emotional disturbance" are persons:

1. From birth up to age 18

2. Who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current DSM

3. That resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities (p.29425).

Mental disorders are those listed in DSM-III-R or their ICD-9-CM equivalent (and subsequent revisions) Those of biological etiology are included and DSM-III-R `V' codes, substance use, and developmental disorders are excluded.

"Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in their environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition...." (p.

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8. Who is authorized to determine whether a child has SED? (*Probes: Provider clinician, state or county clinician, summary assessment submitted to State/County, other)*

9. Have you ever received a report from Medicaid on the use or cost of Medicaid services by children with SED? If so, how were these children identified? *Probes: matched client IDs, defined SED by diagnoses or claims, have a marker in the Medicaid system that identifies clients with SED*

Attachment 6: Financial Mapping

For this part of the evaluation, we are focusing on some of the core services needed by children with SED in a system of care. These include wraparound planning, intensive care coordination, flexible funding, family peer services and youth peer services. We recognize that you may not provide all these services or may include additional services when thinking about systems of care.   The next set of questions addresses how these five services fit into the overall service system for children with SED.

10. First, we'd like to confirm that we correctly understand the population of focus your current CMHI grant. Can you review this description and let us know if anything needs to be corrected? *(Note: we will summarize this from our review of grant documents using such categories as age, region, clinical criteria, functional criteria, use of certain type of service (eg. inpatient, residential), referral source, child welfare status, juvenile justice status, other)*

   [Insert state/county specific description here}

11. Who authorizes children to receive wraparound planning, intensive care coordination, flexible funding and family or youth peer services?

Service Table 6: System of Care Service Eligibility				
System of Care Services	**Provider clinician**	**State or county clinician**	**Summary assessment submitted to state/county**	**Other (specify)**
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Family Peer Services				
Youth Peer Services				

12. Are specific tools used to make this determination? (If so, please specify)

Service Table 7: Tools	
System of Care Services	**Eligibility Determination Tool**
Wraparound Planning	

Attachment 6: Financial Mapping

Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services	

13. What kinds of provider organizations deliver these services?

Service Table 8: Providers	
System of Care Services	**Provider Type**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services	

14. Are these services available statewide? Would you say they are available in 75% to 100% of the state, 50%-75% of the state, 25%-50% of the state or less than 25% of the state?

Service Table 9: Statewideness		
System of Care Services	**Statewide?** 1-Statewide 2 – 50-75% of State 3 – 25-50% of State 4 – 0-25% of State	
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Family Peer Services		
Youth Peer Services		

Attachment 6: Financial Mapping

15. Are there plans for funding these services from other sources in the future? (eg. secure funding from Medicaid, Child Welfare, Juvenile Justice, other)

Service Table 10: Future Funding Plans	
System of Care Services	**Planned Sources for Future Funding**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services (specify)	
Other services	

Attachment 6: Financial Mapping

Finally, we would like your thoughts about the factors in your state likely to be relevant to generating sustainable funding for statewide SOC services.

16. What are the main barriers to funding the system of care services on a statewide basis? *(probe: what agencies are responsible for addressing these barriers?)*

17. Now that we have discussed the barriers, what factors in your state are facilitating the funding of the system of care services on a statewide basis?   *(probe: what agencies or other entities are involved?)*

Closing Comments

18. What else can you tell us to help us understand the Mental Health Authority's contribution to financing SOC or related services for children with SED and their families in your state?

We plan to summarize the information you have provided and give you a chance to review it to be sure we correctly understand your state's financing. Thank you very much for your help.

> End of Instrument:
>
> Thank you for participating in the financial mapping portion of the National Systems of Care Expansion Evaluation.

Attachment 6: Financial Mapping

CHILDREN'S MENTAL HEALTH INITIATIVE
NATIONAL SYSTEM OF CARE EXPANSION EVALUATION

DRAFT FINANCIAL MAPPING SURVEY

MEDICAID AGENCY VERSION

INTRODUCTION

Thank you for your willingness to participate in this interview. The goals of this interview are to:

- Acquire and verify information about key services in the state's mental health service system for children and how they have changed over the grant period, specifically:
    - o Service eligibility criteria
    - o Funding sources
- Identify any additional services introduced as part of the state's SOC, any changes in eligibility criteria for SOC services or how children's MH and SOC services are funded.

CONFIDENTIALITY/INFORMED

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMSHA).

We will be asking you to share information about various topics related to funding of system of care implementation and expansion.

This session will last approximately 90 to 120 minutes.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, aggregate data will be used to summarize the findings.

[OBTAIN INFORMED VERBAL CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a few National Evaluation staff members.

Attachment 6: Financial Mapping

INSTRUCTIONS

The interviewer will ask you several questions. Please ask for clarification and provide as accurate information as possible.

Date of Interview: _____   Interviewer's Initials: _____

Agency/Organization Name: _____

Name & Position of Interviewee: _____

Our initial set of questions concerns the full scope of your state's Medicaid and SCHIP program and its children's mental health services.

1. The table below shows the Medicaid eligibility criteria you previously reviewed. Do you have any additions or corrections? (*This will have been prepopulated and submitted to the respondent prior to the interview for review and correction.*)

Eligibility Category	Ages 0-1 (% of Federal Poverty Levels)	Ages 2-5 (% of Federal Poverty Levels)	Ages 6-19 (% of Federal Poverty Levels)
Medicaid eligibility criteria: ages 0-5 _____%Federal Poverty Level ages 6-19 _____%FPL			
Medicaid expansion eligibility:			

Attachment 6: Financial Mapping

SCHIP eligibility criteria:			
Other category (specify)			

2. Does your state use Managed Care Organizations (MCO) or Managed Behavioral Health Organizations (MBHO) for children enrolled in Medicaid or SCHIP? What children's eligibility categories are included in these managed care programs and what children's eligibility categories are excluded? What geographies are included and what geographies are excluded?

Managed Care Type	Used? Y- Yes N- No	Eligibility Categories Included	Eligibility Categories Excluded	Geographic Areas Included	Geographic Areas Excluded
MCOs					
MBHOs					
Other					

3. Approximately what share of Medicaid/SCHIP enrolled children are enrolled in MCOs and MBHOs in your state?

Managed Care Type	Share of children enrolled 1-more than 75% 2 – 50-75% 3 – 25-50% 4 – 0-25%
MCOs	
MBHOs	
Other	

Attachment 6: Financial Mapping

4. The table below shows the Medicaid children's mental health services that you have previously identified. We will be using this service list in our subsequent questions. Do you have any additions or corrections to make to this list?

Service Table 1: State Medicaid Services	
CMHI Evaluation Service Category/ Service Name	**State Medicaid Department/ Service Name**
Psychiatric Inpatient Care	
State Hospital	
Community or Psychiatric Hospital	
Non-Hospital 24 Hour Care	
Residential Treatment Programs	
Therapeutic Foster Care	
Ambulatory Mental Health Services	
Partial Hospital	
Traditional Outpatient Mental Health Care	
Psychotropic Medications	
Traditional Case Management	
Crisis Intervention	
Psychiatric Crisis Intervention	
Mobile Crisis Services	
Crisis Stabilization (up to 72 hours)	
Telephonic Crisis Services	
System of Care Services	
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	

Attachment 6: Financial Mapping

Outreach	
Psychosocial Rehabilitation	
Home and Community Based Services	
Peer Services	
Day Treatment	
Other	
Supportive Services	
Respite	
Transportation	
Other	
MH Services Provided by Medical Organizations	
Hospital Emergency Services	
Primary Care Mental Health Services	

5.   Are any of these services carved out of Medicaid or SCHIP managed care plans? Please specify.

Service Table 2: Managed Care Status		
CMHI Evaluation Service Category/ Service Name	**Carved Out of MCO?** Y-Yes N- No	**Carved Out of MBHO?** Y-Yes N- No
Psychiatric Inpatient Care		
State Hospital		
Community or Psychiatric Hospital		
Non-Hospital 24 Hour Care		
Residential Treatment Programs		
Therapeutic Foster Care		
Ambulatory Mental Health Services		

Attachment 6: Financial Mapping

Partial Hospital		
Traditional Outpatient Mental Health Care		
Psychotropic Medications		
Traditional Case Management		
Crisis Intervention		
Psychiatric Crisis Intervention		
Mobile Crisis Services		
Crisis Stabilization (up to 72 hours)		
Telephonic Crisis Services		
System of Care Services		
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Outreach		
Psychosocial Rehabilitation		
Home and Community Based Services		
Peer Services		
Day Treatment		
Other		
Supportive Services		
Respite		
Transportation		
Other		
MH Services Provided by Medical Organizations		
Hospital Emergency Services		
Primary Care Mental Health Services		

Attachment 6: Financial Mapping

6.   Are there clinical or other authorization or eligibility criteria for these services?

Service Table 3: Eligibility Criteria		
State MHA or Medicaid Department/ Service Name	**Clinical** Y - Yes 1 - SED 2 - Other N - No	**Other** Describe
Psychiatric Inpatient Care		
State Hospital		
Community or Psychiatric Hospital		
Non-Hospital 24 Hour Care		
Residential Treatment Programs		
Therapeutic Foster Care		
Ambulatory Mental Health Services		
Partial Hospital		
Traditional Outpatient Mental Health Care		
Psychotropic Medications		
Traditional Case Management		
Crisis Intervention		
Psychiatric Crisis Intervention		
Mobile Crisis Services		
Crisis Stabilization (up to 72 hours)		
Telephonic Crisis Services		
System of Care Services		

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Service Table 3: Eligibility Criteria		
State MHA or Medicaid Department/ Service Name	**Clinical** Y - Yes 1 - SED 2 - Other N - No	**Other** Describe
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Outreach		
Psychosocial Rehabilitation		
Home and Community Based Services		
Peer Services		
Day Treatment		
Other		
Supportive Services		
Respite		
Transportation		
Other		
MH Services Provided by Medical Organizations		
Hospital Emergency Services		
Primary Care Mental Health Services		

7. Does Medicaid share funding for any of these services with other public entities (such as the mental health, child welfare, or juvenile justice agencies or schools)? Who are the other payers and what types of costs do they cover (e.g., room and board, education)?

Attachment 6: Financial Mapping

Service Table 4: Non-Medicaid Funding Sources						
State Service Name	**Federal** (specify source)	**State** (specify source)	**County** (specify source)	**Grant Funded** (specify source)	**Other** (specify source)	**Notes**
Psychiatric Inpatient Care						
State Hospital						
Community or Psychiatric Hospital						
Non-Hospital 24 Hour Care						
Residential Treatment Programs						
Therapeutic Foster Care						
Ambulatory Mental Health Services						
Partial Hospital						
Traditional Outpatient Mental Health Care						
Psychotropic Medications						
Traditional Case Management						
Crisis Intervention						
Psychiatric Crisis Intervention						
Mobile Crisis Services						
Crisis Stabilization (up to 72 hours)						
Telephonic Crisis Services						
System of Care Services						
Wraparound Planning						
Intensive Care Coordination						
Flexible Funding						

Attachment 6: Financial Mapping

Service Table 4: Non-Medicaid Funding Sources						
State Service Name	**Federal** (specify source)	**State** (specify source)	**County** (specify source)	**Grant Funded** (specify source)	**Other** (specify source)	**Notes**
Outreach						
Psychosocial Rehabilitation						
Home and Community Based Services						
Peer Services						
Day Treatment						
Other						
Supportive Services						
Respite						
Transportation						
Other						
MH Services Provided by Medical Organizations						
Hospital Emergency Services						
Primary Care Mental Health Services						

8.   Are fees charged to participating families for any of these services? If so, for what services and how much?

Service Table 5: Self-Pay			
State Service Name	**Self-pay?** Y – Yes N- No	**Amount of copay** $ or %	**Notes**
Psychiatric Inpatient Care			
State Hospital			

Attachment 6: Financial Mapping

Service Table 5: Self-Pay			
State Service Name	**Self-pay?** Y – Yes N- No	**Amount of copay** **$ or %**	**Notes**
Community or Psychiatric Hospital			
Non-Hospital 24 Hour Care			
Residential Treatment Programs			
Therapeutic Foster Care			
Ambulatory Mental Health Services			
Partial Hospital			
Traditional Outpatient Mental Health Care			
Psychotropic Medications			
Traditional Case Management			
Crisis Intervention			
Psychiatric Crisis Intervention			
Mobile Crisis Services			
Crisis Stabilization (up to 72 hours)			
Telephonic Crisis Services			
System of Care Services			
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Outreach			
Psychosocial Rehabilitation			
Home and Community Based Services			
Peer Services			
Day Treatment			
Other			

Attachment 6: Financial Mapping

Service Table 5: Self-Pay			
State Service Name	Self-pay? Y – Yes N- No	Amount of copay $ or %	Notes
Supportive Services			
Respite			
Transportation			
Other			
MH Services Provided by Medical Organizations			
Hospital Emergency Services			
Primary Care Mental Health Services			

Our next set of questions pertains to any Medicaid mental health services designated for or primarily used by children with Serious Emotional Disturbance (SED).

9.   Does Medicaid use a specific definition for Serious Emotional Disturbance (SED) in connection with any mental health services? Y _____   N _____

9.a. If yes, How is it defined?

SED Definition: _____

_____

_____

_____

9.b. If yes, to which services does it pertain?

Attachment 6: Financial Mapping

Service Table 6: SED Services		
State Service Name	**SED Qualification?** Y-Yes N-No	**Comments**
Psychiatric Inpatient Care		
State Hospital		
Community or Psychiatric Hospital		
Non-Hospital 24 Hour Care		
Residential Treatment Programs		
Therapeutic Foster Care		
Ambulatory Mental Health Services		
Partial Hospital		
Traditional Outpatient Mental Health Care		
Psychotropic Medications		
Traditional Case Management		
Crisis Intervention		
Psychiatric Crisis Intervention		
Mobile Crisis Services		
Crisis Stabilization (up to 72 hours)		
Telephonic Crisis Services		
System of Care Services		
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Outreach		
Psychosocial Rehabilitation		
Home and Community Based Services		
Peer Services		

Attachment 6: Financial Mapping

State Service Name	SED Qualification? Y-Yes N-No	Comments
Service Table 6: SED Services		
Day Treatment		
Other		
Supportive Services		
Respite		
Transportation		
Other		
MH Services Provided by Medical Organizations		
Hospital Emergency Services		
Primary Care Mental Health Services		

10. (If applicable) What process is used to determine whether a child has SED? Are there tools used to assess SED? (If so, please specify)

SED Determination Process: _____

_____

_____

_____

SED Tools:

_____

11. What kinds of providers deliver Medicaid children's mental health services?

- child/family choice of any willing provider_____
- use of a lead agency _____
- public (state or county) offices _____
- other specify _____

Attachment 6: Financial Mapping

_____

_____

12. Does your agency have a method of generating information on the service utilization and cost of Medicaid enrolled children with SED? *Probes: matched client IDs, defined SED by diagnoses or claims, have a marker in the Medicaid system that identifies clients with SED*

For this part of the evaluation, we are focusing on some of the core services needed by children with SED in a system of care. These include wraparound planning, intensive care coordination, flexible funding, family peer services and youth peer services. We recognize that Medicaid may not cover all these services or may include additional services when thinking about systems of care.   The next set of questions addresses how these five services fit into the overall service system for children with SED.

13. For any of these services covered by Medicaid, what Medicaid option is used to finance them?

Service Table 7: Medicaid Option				
System of Care Services	**State Plan Service** Y- Yes N-No	**Medicaid Managed Care Waiver** Y- Yes N-No	**Medicaid Home & Community Based Waiver** Y- Yes N-No	**Other Medicaid Waiver (specify)**
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Family Peer Services				
Youth Peer Services				

14. Who authorizes children to receive wraparound planning, intensive care coordination, flexible funding and family or youth peer services?

Service Table 8: System of Care Service Eligibility				
System of Care Services	**Provider clinical**	**State or county**	**Summary assessment**	**Other (specify)**

Attachment 6: Financial Mapping

	clinician	submitted to state/county	
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Family Peer Services			
Youth Peer Services			

15. Are specific tools used to make this determination? (If so, please specify)

Service Table 9: Tools	
System of Care Services	**Eligibility Determination Tool**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services	

16. What kinds of provider organizations deliver these services?

Service Table 10: Providers	
System of Care Services	**Provider Type**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services	

17. Are these services available statewide? Would you say they are available in 75% to 100% of the state, 50%-75% of the state, 25%-50% of the state or less than 25% of the state?

Attachment 6: Financial Mapping

Service Table 11: Statewideness		
System of Care Services	**Statewide?** 1-Statewide 2 – 50-75% of State 3 – 25-50% of State 4 – 0-25% of State	
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Family Peer Services		
Youth Peer Services		

18. Which SOC services could potentially be funded by Medicaid either under your current state plan or through a state plan amendment? Are there plans for using Medicaid to fund any of these services in the future?

Service Table 12: Future Funding Plans		
System of Care Services	**Potential for Medicaid funding** Y-Yes N-No	**Plans for Future Funding**
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Family Peer Services		
Youth Peer Services (specify)		
Other services		

Attachment 6: Financial Mapping

Finally, we would like your thoughts about the factors in your state likely to be relevant to generating sustainable funding for statewide SOC services.

19. What are the main barriers to funding the system of care services on a statewide basis? *(probe: what agencies are responsible for addressing these barriers?)*

20. Now that we have discussed the barriers, what factors in your state are facilitating the funding of the system of care services on a statewide basis?   *(probe: what agencies or other entities are involved?*

Closing Comments

21. What else can you tell us to help us understand Medicaid's contribution to financing SOC or related services for children with SED in your state?

_____

_____

_____

_____

_____

_____

We plan to summarize the information you have provided and give you a chance to review it to be sure we correctly understand your state's financing. Thank you very much for your help.

End of Instrument:

Thank you for participating in the financial mapping portion of the National Systems of Care

CHILDREN'S MENTAL HEALTH INITIATIVE
NATIONAL SYSTEM OF CARE EXPANSION EVALUATION

DRAFT FINANCIAL MAPPING SURVEY

MENTAL HEALTH PROVIDER TRADE ASSOCIATION VERSION

INTRODUCTION

Thank you for your willingness to participate in this interview. The goals of this interview are to:

- Acquire and verify information about key services in the state's mental health service system for children and how they have changed over the grant period, specifically:
  - o Service eligibility criteria
  - o Funding sources
- Identify any additional services introduced as part of the state's SOC, any changes in eligibility criteria for SOC services or how children's MH and SOC services are funded.

CONFIDENTIALITY/INFORMED

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMSHA).

We will be asking you to share information about various topics related to funding of system of care implementation and expansion.

This session will last approximately 60 to 90 minutes.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, aggregate data will be used to summarize the findings.

[OBTAIN INFORMED VERBAL CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a few National Evaluation staff members.

[OBTAIN VERBAL CONSENT TO RECORD SESSION]

INSTRUCTIONS

The interviewer will ask you several questions. Please ask for clarification and provide as accurate information as possible.

Date of Interview: _____   Interviewer's Initials: _____

Agency/Organization Name: _____

Name & Position of Interviewee: _____

Our initial set of questions concerns the scope of children's public mental health services provided in your state.

1. We have interviewed the Medicaid and Mental Health Authority in your state/county to develop this list of the children's mental health services they purchase or provide. Which of these children's mental health services do your members provide?

Service Table 1: State MHA & Medicaid Services		
CMHI Evaluation Service Category/ Service Name	**State MHA & Medicaid Department/ Service Name**	**Provided by Trade Assn Members?** Y-Yes N-No
Psychiatric Inpatient Care		

Attachment 6: Financial Mapping

State Hospital		
Community or Psychiatric Hospital		
Non-Hospital 24 Hour Care		
Residential Treatment Programs		
Therapeutic Foster Care		
Ambulatory Mental Health Services		
Partial Hospital		
Traditional Outpatient Mental Health Care		
Psychotropic Medications		
Traditional Case Management		
Crisis Intervention		
Psychiatric Crisis Intervention		
Mobile Crisis Services		
Crisis Stabilization (up to 72 hours)		
Telephonic Crisis Services		
System of Care Services		
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Outreach		
Psychosocial Rehabilitation		
Home and Community Based Services		
Peer Services		
Day Treatment		
Other		
Supportive Services		
Respite		

Attachment 6: Financial Mapping

Other		
Transportation		
MH Services Provided by Medical Organizations		
Hospital Emergency Services		
Primary Care Mental Health Services		

2. The following table indicates the eligibility criteria for these services. [*Note: the income and clinical eligibility criteria will be populated from our interviews with the state Medicaid and Mental Health agencies.*] Are there any barriers for eligible children to receive these services? Please describe.

Service Table 2: MHA Eligibility Criteria			
State MHA or Medicaid Department/ Service Name	**Income** Y – Yes % FPL N - No	**Clinical** Y - Yes 1 - SED 2 - Other N - No	**Barriers** Describe
Psychiatric Inpatient Care			
State Hospital			
Community or Psychiatric Hospital			
Non-Hospital 24 Hour Care			
Residential Treatment Programs			
Therapeutic Foster Care			
Ambulatory Mental Health Services			
Partial Hospital			
Traditional Outpatient Mental Health Care			
Psychotropic Medications			
Traditional Case Management			
Crisis Intervention			

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Service Table 2: MHA Eligibility Criteria			
State MHA or Medicaid Department/ Service Name	**Income** Y – Yes % FPL N - No	**Clinical** Y - Yes 1 - SED 2 - Other N - No	**Barriers** Describe
Psychiatric Crisis Intervention			
Mobile Crisis Services			
Crisis Stabilization (up to 72 hours)			
Telephonic Crisis Services			
System of Care Services			
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Outreach			
Psychosocial Rehabilitation			
Home and Community Based Services			
Peer Services			
Day Treatment			
Other			
Supportive Services			
Respite			
Other			
Transportation			
MH Services Provided by Medical Organizations			
Hospital Emergency Services			
Primary Care Mental Health Services			

Attachment 6: Financial Mapping

3. What agencies or other entities pay for each of these services? What is the method of payment (cost reimbursement or grant, unit rate, class rate, case rate)?

Service Table 3: Funding Sources						
Service Category/Service Name	**Funding Sources**					**Method of Payment**
	Medicaid	**State Mental Health Authority**	**County Mental Health Authority**	**Grant** (specify)	**Other** (specify)	CR-Cost reimbursement U – unit rate C – class rate CA – Case rate
Psychiatric Inpatient Care						
State Hospital						
Community or Psychiatric Hospital						
Non-Hospital 24 Hour Care						
Residential Treatment Programs						
Therapeutic Foster Care						
Ambulatory Mental Health Services						
Partial Hospital						
Traditional Outpatient Mental Health Care						
Psychotropic Medications						

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Traditional Case Management						
Crisis Intervention						
Psychiatric Crisis Intervention						
Mobile Crisis Services						
Crisis Stabilization (up to 72 hours)						
Telephonic Crisis Services						
System of Care Services						
Wraparound Planning						
Intensive Care Coordination						
Flexible Funding						
Outreach						
Psychosocial Rehabilitation						
Home and Community Based Services						
Peer Services						
Day Treatment						
Other						
Supportive Services						
Respite						
Other						
Transportation						
MH Services Provided by Medical Organizations						
Hospital Emergency Services						
Primary Care Mental Health Services						

Attachment 6: Financial Mapping

4. Are fees charged to participating families for any of these services? If so, for what services? Do your members use sliding fee scales? Are co-pays charged to families for any of these services? If so, for what services? Approximately what percentage of co-pays are collected?

Service Table 4: Self Pay				
State Service Name	**Self-pay?** Y – Yes N- No	**Sliding Fee Scale?** Y – Yes N- No	**Co-pays?** Y-Yes N-No	**Approximate percentage of co-pays collected** 1-> 75% 2- 50%-75% 3- 25%-50% 4- < 25%
Psychiatric Inpatient Care				
State Hospital				
Community or Psychiatric Hospital				
Non-Hospital 24 Hour Care				
Residential Treatment Programs				
Therapeutic Foster Care				
Ambulatory Mental Health Services				
Partial Hospital				
Traditional Outpatient Mental Health Care				
Psychotropic Medications				
Traditional Case Management				

Attachment 6: Financial Mapping

Service Table 4: Self Pay				
State Service Name	**Self-pay?** Y – Yes N- No	**Sliding Fee Scale?** Y – Yes N- No	**Co-pays?** Y-Yes N-No	**Approximate percentage of co-pays collected** 1-> 75% 2- 50%-75% 3- 25%-50% 4- < 25%
Crisis Intervention				
Psychiatric Crisis Intervention				
Mobile Crisis Services				
Crisis Stabilization (up to 72 hours)				
Telephonic Crisis Services				
System of Care Services				
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Outreach				
Psychosocial Rehabilitation				
Home and Community Based Services				
Peer Services				
Day Treatment				
Other				
Supportive Services				
Respite				
Other				
Transportation				
MH Services Provided by Medical Organizations				

Attachment 6: Financial Mapping

Service Table 4: Self Pay				
State Service Name	**Self-pay?** Y – Yes N- No	**Sliding Fee Scale?** Y – Yes N- No	**Co-pays?** Y-Yes N-No	**Approximate percentage of co-pays collected** 1-> 75% 2- 50%-75% 3- 25%-50% 4- < 25%
Hospital Emergency Services				
Primary Care Mental Health Services				

Our next set of questions pertains to Medicaid or Mental Health Authority services designated for or primarily used by children with Serious Emotional Disturbance (SED).

5. Which Medicaid or Mental Health Authority services, if any, are designated for children with Serious Emotional Disturbance (SED)?

6. If applicable, what process is used to determine whether a child has SED? Who is authorized to determine whether a child has SED? *(Probes: Provider clinician, state or county clinician, summary assessment submitted to State/County, other. What is the role of providers in determination of SED status?)*

Service Table 5: SED Services			
State Service Name	**SED?** Y – Yes N- No	**Authority for Determination of Eligibility**	**Notes**
Psychiatric Inpatient Care			
State Hospital			
Community or Psychiatric Hospital			
Non-Hospital 24 Hour Care			

Attachment 6: Financial Mapping

Service Table 5: SED Services			
State Service Name	**SED?** Y – Yes N- No	**Authority for Determination of Eligibility**	**Notes**
Residential Treatment Programs			
Therapeutic Foster Care			
Ambulatory Mental Health Services			
Partial Hospital			
Traditional Outpatient Mental Health Care			
Psychotropic Medications			
Traditional Case Management			
Crisis Intervention			
Psychiatric Crisis Intervention			
Mobile Crisis Services			
Crisis Stabilization (up to 72 hours)			
Telephonic Crisis Services			
System of Care Services			
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Outreach			
Psychosocial Rehabilitation			
Home and Community Based Services			
Peer Services			
Day Treatment			
Other			

Attachment 6: Financial Mapping

Service Table 5: SED Services			
State Service Name	**SED?** Y – Yes N- No	**Authority for Determination of Eligibility**	**Notes**
Supportive Services			
Respite			
Other			
Transportation			
MH Services Provided by Medical Organizations			
Hospital Emergency Services			
Primary Care Mental Health Services			

7. Do families have a choice of providers for these (SED) services? *(Please describe range and availability of family choices)*

For this part of the evaluation, we are focusing on some of the core services needed by children with SED in a system of care. These include wraparound planning, intensive care coordination, flexible funding, family peer services and youth peer services. We recognize that you may not provide all these services or may include additional services when thinking about systems of care. The next set of questions addresses how these five services fit into the overall service system for children with SED.

8. What is your understanding of the definition of the population of focus for the state's CMHI grant?

SOC population of focus definition:

Attachment 6: Financial Mapping

9. Who authorizes children to receive wraparound planning, intensive care coordination, flexible funding and family or youth peer services? *(Skip if this question has been answered above.)*

Service Table 6: System of Care Service Eligibility				
System of Care Services	**Provider clinical**	**State or county clinician**	**Summary assessment submitted to state/county**	**Other (specify)**
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Family Peer Services				
Youth Peer Services				

10. Are specific tools used to make this determination? (If so, please specify) *(Skip if this question has been answered above.)*

Service Table 7: Tools	
System of Care Services	**Eligibility Determination Tool**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services	

11. Which of these services are provided by your members?

Service Table 8: Providers	
System of Care Services	**Provider Type**
Wraparound Planning	
Intensive Care Coordination	

Attachment 6: Financial Mapping

Flexible Funding	
Family Peer Services	
Youth Peer Services	

12. Do private insurers pay for any of these services? Which services? What method is used to pay for them (unit rate, case rate, other)? For what circumstances or conditions are they authorized?

Service Table 9: Private Insurance Coverage			
System of Care Services	**Covered?** Y-yes N-no	**Payment method** U- unit rate CA – Case rate	**Reasons for authorization**
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Family Peer Services			
Youth Peer Services			

13. Are these services available statewide to children enrolled in Medicaid? Would you say they are available in 75% to 100% of the state, 50%-75% of the state, 25%-50% of the state or less than 25% of the state?

Service Table 10: Statewideness		
System of Care Services	**Statewide?** 1-Statewide 2 – 50-75% of State	

Attachment 6: Financial Mapping

	3 – 25-50% of State 4 – 0-25% of State	
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Family Peer Services		
Youth Peer Services		

14. What promising options for future funding of these services do you see?

Service Table 11: Future Funding Options	
System of Care Services	**Options for Future Funding**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services (specify)	
Other services	

Finally, we would like your thoughts about the factors in your state likely to be relevant to generating sustainable funding for statewide SOC services.

15. What are the main barriers to funding the system of care services on a statewide basis?
(*probe: what agencies are responsible for addressing these barriers?*)

Attachment 6: Financial Mapping

16. Now that we have discussed the barriers, what factors in your state are facilitating the funding of the system of care services on a statewide basis?   *(probe: what agencies or other entities are involved?)*

Closing Comments

17. What else can you tell us to help us understand providers' perspective on financing SOC or related services for children with SED in your state?

We plan to summarize the information you have provided and give you a chance to review it to be sure we correctly understand your organization's financing. Thank you very much for your help.

> End of Instrument:
>
> Thank you for participating in the financial mapping portion of the National Systems of Care Expansion Evaluation.

Attachment 6: Financial Mapping

CHILDREN'S MENTAL HEALTH INITIATIVE
NATIONAL SYSTEM OF CARE EXPANSION EVALUATION

DRAFT FINANCIAL MAPPING SURVEY

YOUTH AND FAMILY ORGANIZATION VERSION

INTRODUCTION

Thank you for your willingness to participate in this interview. The goals of this interview are to:

- Acquire and verify information about key services in the state's mental health service system for children and how they have changed over the grant period, specifically:
  - o Service eligibility criteria
  - o Funding sources
- Identify any additional services introduced as part of the state's SOC, any changes in eligibility criteria for SOC services or how children's MH and SOC services are funded.

CONFIDENTIALITY/INFORMED

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMSHA).

We will be asking you to share information about various topics related to funding of system of care implementation and expansion.

This session will last approximately 60 to 90 minutes.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the

Attachment 6: Financial Mapping

evaluation team. In any of our reports, aggregate data will be used to summarize the findings.

[OBTAIN INFORMED VERBAL CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a few National Evaluation staff members.

[OBTAIN VERBAL CONSENT TO RECORD SESSION]

INSTRUCTIONS

The interviewer will ask you several questions. Please ask for clarification and provide as accurate information as possible.

Date of Interview: _____   Interviewer's Initials: _____

Agency/Organization Name: _____

Name & Position of Interviewee: _____

Our initial set of questions focuses on the scope of services your organization provides, both as part of [program name of system of care program] and any additional services you may provide.

1. What services does your organization deliver to children with mental health problems and their families? Are any of these services delivered by certified peers?
   (*Note: we expect that each organization will deliver only a few of these services.*)

Service Type	Peers Certified? Y- Yes N-No	Service Description (if needed)
Outreach		

Attachment 6: Financial Mapping

Support groups		
Information and referral		
Advocacy		
Parent peer support		
Parent peer care coordination		
Youth peer support		
Other (specify)		
Other (specify)		

2. What are the eligibility criteria for the SOC services you provide? Are any of your organization's services designated only for children with Serious Emotional Disturbance (SED)? (*Record in table below*)

Service Type	Target Population			Other eligibility criteria (if needed)
	All children	SED only	Other	
Outreach				
Support groups				
Information and referral				
Advocacy				

Attachment 6: Financial Mapping

Parent peer support				
Parent peer care coordination				
Youth peer support				
Other (specify)				
Other (specify)				

3. What other functions or activities related to the system of care does your organization perform? (e.g., social marketing, evaluation, advisory group participation)

_____

_____

_____

_____

_____

_____

Our next set of questions concerns the financing for the services you provide.

4. What agencies or other entities pay for each of these services? When a payer covers only part of the cost of the service, what do they pay for? How does your organization finance the balance of the cost?

Attachment 6: Financial Mapping

Service Type	Funding Source						Source of balance of funds
	CMHI Grant	Medicaid	Mental Health Agency	Other Grant	Other (specify)	Other (specify)	
	F-full cost S- shared cost						
Outreach							
Informal Peer support (support groups, etc.)							
Information and referral							
Advocacy							
Family Peer support							
Family Peer care coordination							
Youth Peer Support							
Other (specify)							
Other (specify)							
Balance of program costs							

Attachment 6: Financial Mapping

5. a. Are participating families charged a fee for any of these services? If so, for what services? Do you use a sliding scale?

b. Do private insurers pay for any of these services? Which services? For what kind of conditions or circumstances?

Service Type	Funding Sufficiency		Private Insurance? Y-yes No-No	Conditions or Circumstances when covered
	Self pay? Y- Yes N-No	Sliding Fee Scale Y- Yes N-No		
Outreach				
Informal Peer support (support groups, etc.)				
Information and referral				
Advocacy				
Family Peer support				
Family Peer care coordination				
Youth Peer Support				
Other (specify)				
Other (specify)				
Balance of program costs				

Attachment 6: Financial Mapping

6. Please list any additional sources of funding for your organization's operations.

7. a. Are these funding sources sufficient to maintain your operations? Please rate the current sufficiency of funding sources for each of the services you provide. Rate sufficiency on a scale from 1 to 4 where 1 is not all sufficient and 4 is wholly sufficient.
    b. Approximately what percentage of your current funding sources for each service are sustainable? (Less than 25%; 25% to 50%; 50% to 75%; 75% or more.)

Service Type	Sufficiency for current operations	Sustainability
	1 is not at all sufficient. 4 wholly sufficient	1-> 75% 2- 50%-75% 3- 25%-50% 4- < 25%
Outreach		
Informal Peer support (support groups, etc.)		
Information and referral		
Advocacy		
Family Peer support		
Family Peer care coordination		
Youth Peer Support		
Other (specify)		
Other (specify)		
Balance of program costs		

Attachment 6: Financial Mapping

Finally, we would like your thoughts about the factors in your state likely to be relevant to generating sustainable funding for statewide SOC services.

8. What are the main barriers to funding the system of care services on a statewide basis? *(probe: what agencies are responsible for addressing these barriers?)*

9. Now that we have discussed the barriers, what factors in your state are facilitating the funding of the system of care services on a statewide basis? *(probe: what agencies or other entities are involved?*

Closing Comments

11. What else can you tell us to help us understand the youth and family perspective on financing your organization's services, or other SOC or mental health services for children in your state?

We plan to summarize the information you have provided and give you a chance to review it to be sure we correctly understand your organization's financing. Thank you very much for your help.

> End of Instrument:
>
> Thank you for participating in the financial
> mapping portion of the National Systems of Care

Attachment 6: Financial Mapping

CHILDREN'S MENTAL HEALTH INITIATIVE
NATIONAL SYSTEM OF CARE EXPANSION EVALUATION

DRAFT FINANCIAL MAPPING SURVEY

TRIBAL VERSION

INTRODUCTION

Thank you for your willingness to participate in this interview. The goals of this interview are to:

- Acquire and verify information about key services in the Tribal mental health service system for children and how they have changed over the grant period, specifically:
  - o Service eligibility criteria
  - o Funding sources
- Identify any additional services introduced as part of the state's SOC, any changes in eligibility criteria for SOC services or how children's MH and SOC services are funded.

CONFIDENTIALITY/INFORMED

The National Evaluation team is conducting an evaluation of system of care expansion grantees on behalf of the Substance Abuse and Mental Health Services Administration (SAMSHA).

We will be asking you to share information about various topics related to funding of system of care implementation and expansion.

This session will last approximately 60 to 90 minutes.

Your participation is completely voluntary, and you have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, aggregate data will be used to summarize the findings.

[OBTAIN INFORMED VERBAL CONSENT]

We would like to record this interview so that we can be sure to accurately capture your responses. A recording would only be reviewed by a few National Evaluation staff members.

[OBTAIN VERBAL CONSENT TO RECORD SESSION]

Attachment 6: Financial Mapping

INSTRUCTIONS

The interviewer will ask you several questions. Please ask for clarification and provide as accurate information as possible.

Date of Interview: _____   Interviewer's Initials: _____

Agency/Organization Name: _____

Name & Position of Interviewee: _____

Our initial set of questions concerns the scope of children's public mental health services provided by your tribe and the state and/or county.

1. The following table that you provided for us previously lists the children's mental health services provided by your tribe, and the Medicaid or the Mental Health Authority services most often used by children in your tribe. Do you have any corrections or additions to make?

Service Table 1: State Tribal and Other Public Services		
CMHI Evaluation Service Category/ Service Name	**Provided by Tribe?** Y-Yes N-No	**State MHA & Medicaid Department/ Service Name**
Psychiatric Inpatient Care		
State Hospital		
Community or Psychiatric Hospital		
Non-Hospital 24 Hour Care		
Residential Treatment Programs		
Therapeutic Foster Care		
Ambulatory Mental Health Services		
Partial Hospital		
Traditional Outpatient Mental Health Care		
Psychotropic Medications		
Traditional Case Management		
Crisis Intervention		

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Psychiatric Crisis Intervention		
Mobile Crisis Services		
Crisis Stabilization (up to 72 hours)		
Telephonic Crisis Services		
System of Care Services		
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Outreach		
Psychosocial Rehabilitation		
Home and Community Based Services		
Peer Services		
Day Treatment		
Other		
Supportive Services		
Respite		
Other		
Transportation		
MH Services Provided by Medical Organizations		
Hospital Emergency Services		
Primary Care Mental Health Services		

2. How are tribal-funded children's mental health services organized and delivered? (provided by Indian Health Service clinic or health center, purchased from specialty providers, other)

3. What are the eligibility criteria for tribal mental health services?

Service Table 2: MHA Eligibility Criteria			
Tribe Name/ Service Name	**Income** Y – Yes % FPL N - No	**Clinical** Y - Yes 1 - SED 2 - Other N – No	**Other** Describe
Psychiatric Inpatient Care			
State Hospital			
Community or Psychiatric Hospital			
Non-Hospital 24 Hour Care			
Residential Treatment Programs			
Therapeutic Foster Care			
Ambulatory Mental Health Services			
Partial Hospital			
Traditional Outpatient Mental Health Care			
Psychotropic Medications			
Traditional Case Management			

Attachment 6: Financial Mapping

Service Table 2: MHA Eligibility Criteria			
Tribe Name/ **Service Name**	**Income** Y – Yes % FPL N - No	**Clinical** Y - Yes 1 - SED 2 - Other N – No	**Other** Describe
Crisis Intervention			
Psychiatric Crisis Intervention			
Mobile Crisis Services			
Crisis Stabilization (up to 72 hours)			
Telephonic Crisis Services			
System of Care Services			
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Outreach			
Psychosocial Rehabilitation			
Home and Community Based Services			
Peer Services			
Day Treatment			
Other			
Supportive Services			
Respite			
Other			
Transportation			
MH Services Provided by Medical Organizations			
Hospital Emergency Services			
Primary Care Mental Health Services			

4. What agencies or other entities provide funding or pay for each of these services?
   What is the method of payment (cost reimbursement or grant, unit rate, class rate, case rate)?

Service Table 3: Funding Sources								
Service Category/Service Name	**Funding Sources**							**Method of Payment**
	Dept. of the Interior IHS	**Other Tribal Funds**	**Medi-caid**	**State Mental Health Authority**	**County Mental Health Authority**	**Grant** (specify)	**Other** (specify)	CR-Cost reimbursement U – unit rate C – class rate CA – Case rate
Psychiatric Inpatient Care								
State Hospital								
Community or Psychiatric Hospital								
Non-Hospital 24 Hour Care								
Residential Treatment Programs								
Therapeutic Foster Care								
Ambulatory Mental								

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Health Services								
Partial Hospital								
Traditional Outpatient Mental Health Care								
Psychotropic Medications								
Traditional Case Management								
Crisis Intervention								
Psychiatric Crisis Intervention								
Mobile Crisis Services								
Crisis Stabilization (up to 72 hours)								
Telephonic Crisis Services								
System of Care Services								
Wraparound Planning								
Intensive Care Coordination								
Flexible Funding								
Outreach								
Psychosocial Rehabilitation								
Home and Community Based Services								
Peer Services								
Day Treatment								
Other								
Supportive Services								
Respite								
Other								
Transportation								
MH Services Provided by Medical Organizations								
Hospital Emergency Services								
Primary Care Mental Health Services								

5. Are fees charged to participating families for any of these services? If so, for what services? Are sliding fee scales used? Are co-pays charged to families for any of these services? If so, for what services? Approximately what percentage of co-pays are collected?

Service Table 4: Self Pay				
State Service Name	**Self-pay?** Y – Yes N- No	**Sliding Fee Scale?** Y – Yes N- No	**Co-pays?** Y-Yes N-No	**Approximate percentage of co-pays collected** 1-> 75% 2- 50%-75% 3- 25%-50% 4- < 25%
Psychiatric Inpatient Care				
State Hospital				
Community or Psychiatric Hospital				
Non-Hospital 24 Hour Care				
Residential Treatment				

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Service Table 4: Self Pay				
State Service Name	**Self-pay?** Y – Yes N- No	**Sliding Fee Scale?** Y – Yes N- No	**Co-pays?** Y-Yes N-No	**Approximate percentage of co-pays collected** 1-> 75% 2- 50%-75% 3- 25%-50% 4- < 25%
Programs				
Therapeutic Foster Care				
Ambulatory Mental Health Services				
Partial Hospital				
Traditional Outpatient Mental Health Care				
Psychotropic Medications				
Traditional Case Management				
Crisis Intervention				
Psychiatric Crisis Intervention				
Mobile Crisis Services				
Crisis Stabilization (up to 72 hours)				
Telephonic Crisis Services				
System of Care Services				
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Outreach				
Psychosocial Rehabilitation				
Home and Community Based Services				
Peer Services				
Day Treatment				
Other				
Supportive Services				
Respite				
Other				
Transportation				
MH Services Provided by Medical Organizations				
Hospital Emergency Services				
Primary Care Mental Health Services				

6. The following is a list of the other public services that you identified are frequently used by the children in your tribe. Have the children in your tribe who are eligible for these services experienced any barriers to receiving them? Please describe.

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Service Table 5: Barriers to Service	
Tribe Name/ **Service Name**	**Barriers** Describe
Psychiatric Inpatient Care	
State Hospital	
Community or Psychiatric Hospital	
Non-Hospital 24 Hour Care	
Residential Treatment Programs	
Therapeutic Foster Care	
Ambulatory Mental Health Services	
Partial Hospital	
Traditional Outpatient Mental Health Care	
Psychotropic Medications	
Traditional Case Management	
Crisis Intervention	
Psychiatric Crisis Intervention	
Mobile Crisis Services	
Crisis Stabilization (up to 72 hours)	
Telephonic Crisis Services	
System of Care Services	
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Outreach	
Psychosocial Rehabilitation	
Home and Community Based Services	
Peer Services	
Day Treatment	
Other	
Supportive Services	
Respite	
Other	
Transportation	
MH Services Provided by Medical Organizations	
Hospital Emergency Services	
Primary Care Mental Health Services	

Our next set of questions pertains to any Tribal services designated for or primarily used by children with Serious Emotional Disturbance (SED).

7. Are any tribal services designated for children with Serious Emotional Disturbance (SED)? If so, which services?

8. Does the tribe have any role in determining whether a child has SED? If yes, please describe.

Attachment 6: Financial Mapping

Service Table 6: SED Services			
State Service Name	**SED?** **Y – Yes** **N- No**	**Authority for** **Determination of** **Eligibility**	**Notes**
Psychiatric Inpatient Care			
State Hospital			
Community or Psychiatric Hospital			
Non-Hospital 24 Hour Care			
Residential Treatment Programs			
Therapeutic Foster Care			
Ambulatory Mental Health Services			
Partial Hospital			
Traditional Outpatient Mental Health Care			
Psychotropic Medications			
Traditional Case Management			
Crisis Intervention			
Psychiatric Crisis Intervention			
Mobile Crisis Services			
Crisis Stabilization (up to 72 hours)			
Telephonic Crisis Services			
System of Care Services			
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Outreach			
Psychosocial Rehabilitation			
Home and Community Based Services			
Peer Services			
Day Treatment			
Other			
Supportive Services			
Respite			
Other			
Transportation			
MH Services Provided by Medical Organizations			
Hospital Emergency Services			
Primary Care Mental Health Services			

For this part of the evaluation, we are focusing on some of the core services needed by children with SED in a system of care. These include wraparound planning, intensive care coordination, flexible funding, family peer services and youth peer services. We recognize that you may not provide all these services or may include additional services when thinking about systems of care. The next set of questions addresses how these five services fit into the overall service system for children with SED.

Attachment 6: Financial Mapping

9. First, we'd like to confirm our understanding of who the population of focus is for your current CMHI grant. Can you review this description and let us know if anything needs to be corrected? *(Note: we will summarize this from our review of grant documents using such categories as age, region, clinical criteria, functional criteria, use of certain type of service (eg. inpatient, residential), referral source, child welfare status, juvenile justice status, other)*

[Insert tribe specific description here}

10. Who authorizes children to receive wraparound planning, intensive care coordination, flexible funding and family or youth peer services?

Service Table 7: System of Care Service Eligibility				
System of Care Services	**Provider clinician**	**State or county clinician**	**Summary assessment submitted to state/county**	**Other (specify)**
Wraparound Planning				
Intensive Care Coordination				
Flexible Funding				
Family Peer Services				
Youth Peer Services				

11. Are specific tools used to make this determination? (If so, please specify)

Service Table 8: Tools	
System of Care Services	**Eligibility Determination Tool**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services	

12. Which of these services are provided by the tribe?

Service Table 9: Tribal Services	
System of Care Services	**Provider Type**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services	

Attachment 6: Financial Mapping

12. Do private insurers pay for any of these services? Which services? What method is used to pay for them (unit rate, case rate, other)? For what circumstances or conditions are they authorized?

Service Table 10: Private Insurance Coverage			
System of Care Services	**Covered?** Y-yes N-no	**Payment method** U- unit rate CA – Case rate	**Reasons for authorization**
Wraparound Planning			
Intensive Care Coordination			
Flexible Funding			
Family Peer Services			
Youth Peer Services			

13. Are these services available to the all eligible children in the tribe? Would you say they are available in 75% to 100% of eligible children, 50%-75%, 25%-50% or less than 25% of eligible children in the tribe?

Service Table 11: Extent of Access to Tribe		
System of Care Services	**Percent of eligible children?** 1 - > 75% 2 – 50-75% 3 – 25-50% 4 – 0-25%	
Wraparound Planning		
Intensive Care Coordination		
Flexible Funding		
Family Peer Services		
Youth Peer Services		

14. Do you see any promising options for future funding of these services?

Service Table 12: Future Funding Options	
System of Care Services	**Options for Future Funding**
Wraparound Planning	
Intensive Care Coordination	
Flexible Funding	
Family Peer Services	
Youth Peer Services (specify)	
Other services	

Attachment 6: Financial Mapping

Finally, we would like your thoughts about the factors in your state likely to be relevant to generating sustainable funding for tribal SOC services.

15. What are the main barriers to funding the system of care services to all children in the tribe who need them? *(probe: what agencies are responsible for addressing these barriers?)*

16. Now that we have discussed the barriers, what factors are facilitating the funding of the system of care services throughout your tribe? *(probe: what agencies or other entities are involved?*

Closing Comments

17. What else can you tell us to help us understand your tribe's perspective on financing SOC or related services for children with SED in your state?

We plan to summarize the information you have provided and give you a chance to review it to be sure we correctly understand your organization's financing. Thank you very much for your help.

End of Instrument:

Thank you for participating in the financial mapping portion of the National Systems of Care Expansion Evaluation.