

Taking Wraparound to Scale: Moving Beyond Grant Funding

By **Dayana Simons**

States and communities across the country have implemented the Wraparound care planning process for children and youth with serious behavioral health challenges – and many have done so on a relatively small scale, using time-limited grant funding. Taking Wraparound to scale outside of a grant mechanism may seem daunting, but – through provisions in the Affordable Care Act that facilitate the implementation of home- and community-based services (HCBS) and the alignment of federal priorities around behavioral health care for children and youth – states now have several opportunities to consider for doing so.

Federal Support

Historically, there have been two major federal initiatives addressing the needs of children and youth with significant mental health conditions: the Substance Abuse and Mental Health Services Administration's (SAMHSA) Children's Mental Health Initiative (CMHI) and the Centers for Medicare & Medicaid Services' (CMS) Psychiatric Residential Treatment Facility (PRTF) Demonstration Program. System of care grantees are likely familiar with CMHI's approach to promoting coordinated, community-based care for children and adolescents with serious mental health challenges and their families. CMS's PRTF Demonstration Program was designed to establish the value of community-based interventions for youth in, or at risk of entering, a PRTF. Results from these initiatives have not only shown that access to HCBS significantly improves the quality of life for children, youth, young adults, and families, but that these services are also cost effective for Medicaid programs that have designed benefits for this population.¹

In May 2013, CMS and SAMHSA issued a joint bulletin outlining promising approaches to behavioral health care for children, youth, and young adults with significant mental health challenges. The guidance is meant to help states that are crafting or re-designing Medicaid benefits for these populations to achieve the goal of keeping them successfully in their homes and communities, and out of more restrictive settings. The bulletin describes seven specific services and supports for children, youth, and young adults with complex behavioral health needs – one of which is intensive care coordination using the Wraparound approach.

Intensive Care Coordination and Wraparound

Intensive care coordination, as described in the bulletin, includes:

- Conducting assessments and service planning;

- Accessing and arranging for services;
- Coordinating multiple services;
- Facilitating access to crisis services;
- Assisting the child and family in meeting basic needs;
- Advocating for the child and family; and
- Monitoring progress.²

Wraparound is a structured approach to service planning and care coordination for individuals with complex needs – most often children, youth, and their families. It is built on key system of care values, which means the process is family- and youth-driven, team-based, collaborative, individualized, and outcomes-based. Wraparound also adheres to specified procedures, including engaging youth and families, customizing care plans, discovering strengths and needs, leveraging natural supports, and monitoring progress. It can be used in conjunction with intensive care coordination to holistically address behavioral and social needs.³

Financing Strategies for Intensive Care Coordination using Wraparound

Wraparound has been paired with intensive care coordination in states and communities across the country for some time. Funding strategies for these programs range from the exclusive use of Medicaid funds, to pooled funds across child serving systems, including child welfare, juvenile justice, Medicaid, and mental health.

Many of these programs evolved from grant-funded system of care efforts, and like systems of care, have funding strategies unique to the environments in which the programs function and to the populations they serve. However, some common strategies across programs include:

- **Leveraging Medicaid** for long term sustainability (e.g., Massachusetts), and
- **Implementing blended/pooled** (e.g., Wraparound Milwaukee, Louisiana), or **braided** (e.g., New Jersey) financing by working with child-serving systems and stakeholders across state agencies.

Medicaid Funding Strategies

Among the Medicaid funding authorities mentioned in the joint CMCS and SAMHSA bulletin are the 1915(b), 1915(c), and 1915(i) provisions, as well as the Money Follows the Person (MFP) demonstration and the Balancing Incentives Program (BIP). The latter two options are being used by Georgia in conjunction with a 1915(c) HCBS waiver to support intensive care coordination using Wraparound statewide.

The 1915(i), which is not a new authority, but has been expanded by the Affordable Care Act, gives states an opportunity to amend their state Medicaid plans to offer intensive home- and



community-based behavioral health services (e.g., intensive care coordination using Wraparound), that were previously provided primarily through 1915(c) HCBS waiver programs. Under a 1915(i) state plan amendment, states must provide services statewide, and cannot limit the number of eligible children, youth, and young adults in the state who can receive the services if they meet the population definition (i.e., no wait lists). Additionally, the new provision no longer requires individuals to meet an institutional level of care (i.e., hospital or PRTF) in order to be eligible for services.⁴ Maryland is leveraging a recently approved 1915(i) state plan amendment to take intensive care coordination using Wraparound to scale statewide.

Other states and communities finance intensive care coordination programs using Wraparound through 1915(c) HCBS waivers in combination with 1915(b) Medicaid Managed Care waivers (e.g., Louisiana, Michigan), and/or Targeted Case Management funds (e.g., Maryland, Massachusetts, New Jersey, Wyoming).

Other Funding Strategies for Sustainability

State general funds and mental health block grants are also utilized by states and communities to support intensive care coordination using Wraparound (e.g., Louisiana), as are state general and local revenue (e.g., Michigan). Local health and human service dollars and tax levies are also used by some states and communities to support taking Wraparound to scale, both in conjunction with Medicaid and without.⁵

Additional strategies for sustaining funding include blended (or pooled) funding and braided funding. The former combines funds into one "pot" and maximizes flexibility, but precludes the ability to report which funding stream paid for a specific expense. This can be politically challenging, as funders must accept reports on services provided across the population being served, rather than services provided to specific children, youth, and families using their stream of dollars. In addition, some funds cannot be blended.⁶ Wraparound Milwaukee pools funds across child-serving systems, including child welfare, juvenile justice, Medicaid, and mental health to support the provision of services for children with serious behavioral health needs.⁷

Braided funding brings funding streams together to pay for more than any one stream can support, but keeps them separate, allowing for careful accounting of how every dollar from each stream is spent. Most federal funding streams require careful tracking of staff time, with requirements for allocation of personnel hours and other expenses to specific federal streams. Consequently, when multiple funding streams are paying for a single program or system, the system needs to be carefully designed to allow for sufficient reporting to ensure each funding stream is only paying for activities eligible under that stream.⁸ New Jersey braids behavioral



health, child welfare, and Medicaid funds to provide services such as intensive care coordination using Wraparound through its Children's System of Care.⁹

Two Key Considerations

However a state chooses to take Wraparound to scale, there are two key considerations for moving beyond grant funding into long-term sustainability:

1. Becoming acquainted with the state's Medicaid landscape, and
2. Aligning with state-level efforts.

Exploring options for financial sustainability is essential, as more states and communities implement intensive care coordination using Wraparound, as well as other promising approaches to behavioral health care for children and youth with complex needs.

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RELATED RESOURCE

Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles

This practical guide, developed by the Center for Health Care Strategies, with funding from the Centers for Medicare & Medicaid Services, profiles states and counties that have implemented intensive care coordination using high-quality Wraparound for children and youth with serious behavioral health needs. It outlines key features for established programs with demonstrated cost and quality outcomes, as well as for programs in the early stages of development. The resource is designed to help states and communities that are considering such programs to understand how they can be structured, implemented, and evaluated. Click [here](#).

¹ Center for Medicaid & CHIP Services (CMCS) and Substance Abuse and Mental Health Services Administration (SAMHSA). "Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions." Joint CMCS and SAMHSA Informational Bulletin. May 7, 2013. Available at: <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf>.

² Ibid.

³ D. Simons, S.A. Pires, T. Hendricks, and J. Lipper. Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles. Center for Health Care Strategies. July 2014. Available at: <http://www.chcs.org/resource/intensive-care-coordination-using-high-quality-Wraparound-children-serious-behavioral-health-needs-state-community-profiles/>.

⁴ CMCS and SAMHSA, op cit.

⁵ D. Simons et. al., op cit.

⁶ Spark Policy Institute. Understanding Blending and Braiding. <http://sparkpolicy.com/blendandbraid.htm>.

⁷ D. Simons et. al., op cit.

⁸ Spark Policy Institute, op. cit.

⁹ D. Simons et. al., op cit.