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National Council on Aging

Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services

A Project of the Substance Abuse and Mental Health Services Administration and the National Council on Aging

DRAFT

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Foreword

For some years, the National Council on Aging (NCOA) has been interested in sustainability, particularly around evidence-based health programs through the work of our Center for Healthy Aging. Likewise, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) have focused increased attention and resources on the sustainability of grantee services.

NCOA approached CMHS-SAMHSA in 2009 with an idea to study what has worked in sustaining older adult behavioral health services among past grant recipients. NCOA was subcontracted to work for, and with, SAMHSA to assess sustainability and financing of these programs.

We are thankful to SAMHSA for its support. This report provides the lessons learned from 12 past SAMHSA and U.S. Administration on Aging (AoA) grantees and a roundtable of national experts. SAMHSA supported interviews of eight past SAMHSA Older Adult Targeted Capacity Expansion grantees and the expert meeting. NCOA supported four interviews with organizations implementing Healthy IDEAS and PEARLS depression care programs. This report is based on all interviews and consultations with national organizations, national experts, SAMHSA, and AoA. We thank the grantees and our national advisors for their time and participation in this project.

Executive Summary

Older adults and aging baby boomers are a growing and widely diverse population that will present major challenges to the nation's behavioral health care system. There are effective interventions for most mental and substance abuse disorders experienced by older adults. But sustaining and financing these services requires creativity. This paper provides an overview of the behavioral health needs of older adults, shares lessons learned from past grantees, identifies key factors influencing sustainability, and reviews sources of financing.

Over the years SAMHSA has demonstrated that—**Behavioral Health is Essential to Health • Prevention Works • People Recover • Treatment is Effective.** Those principles are the foundation for this paper on sustaining community behavioral health services for older adults.

Older Adult Behavioral Health Needs and Community Services

- **One in four persons aged 55 and over experiences a mental health disorder**—such as anxiety, cognitive impairment, or a mood disorder—that is not part of the normal aging process. As many as one in five older adults in the community experiences symptoms of depression. There are effective evidence-based program models to treat these disorders. Unfortunately, most do not receive treatment. Less than a third of older adults in need of mental health services receive care.

- **Behavioral health care covers prevention, treatment, and supportive services.** Mental health and substance abuse services are delivered in a variety of settings by specialty and non-specialty providers and increasingly through integrated physical health and behavioral health service models.
- **Community-based behavioral health services include care management,** traditional and nontraditional outreach, professional training, psychotherapy, and psychiatry. Non-medical services, such as transportation and housing assistance, help individuals maintain their lives in the community.
- **Older adult community behavioral health services are financed through a patchwork** of public and private sources. These include the federal-state Medicaid program, the federal Medicare program, private insurance, charging for services, and some discreet public and private programs. Public sources play a larger role in financing behavioral health care than in overall health care.

Key Findings: Lessons Learned from Past Grantees

- **Learn the business side of behavior health.** Learn how to provide covered services, become a provider, and bill a third-party payer such as Medicaid, Medicare, or private insurance. If you're already a provider, learn how to bill more effectively. Plan for sustainability from day one. Prepare clear strategies for gradual financial self-sufficiency.
- **Pursue multiple and diverse financing sources.** Approach potential funding sources early on and solicit feedback. Identifying funder needs early allows time to obtain data or change your approach. Also, expand the search. For example, if you are an area agency on aging, pursue behavioral health funding in addition to more familiar aging sources.

- **Measure service outcomes from the outset.** The most important factor to sustainability can be documented impact. To secure additional, long-term support, a potential funder will need evidence that the service is having positive client outcomes. Use data to make the funding case.
- **Use braided funding to sustain services.** Weave together multiple funding sources to support a coordinated package of services. In this approach, the funds remain in separate strands but are joined or "braided" at the client-level.
- **Integrate the work into your organization.** Choose a service that can be built into ongoing work. For example, embedding depression care into traditional care management can be a meaningful and practical service enhancement.
- **CEO commitment is critical.** To be sustained, a service must be a priority in the organization. Only the CEO exercises this authority.
- **Engage local partners** such as area agencies on aging, community mental health centers, and community health centers. The advantages of partnerships and strategic collaboration should not be underestimated.

Principles of Sustainability

- The **Sustainability Framework** offered in this paper compiles literature and real-world experiences to identify key features known to influence sustainability that service providers and funders can apply to their work. The factors have been grouped into program, community, and organizational factors.

Program Factors

- Demonstrated effectiveness
- Designed for results
- Fits with mission
- Readily perceived benefits
- Financial resources and financing strategy
- Articulated theory of change
- Flexibility
- Human resources

Organization Factors

- Program champions
- Leadership by CEO
- Managerial and systems support
- Integration in the organization
- Organization stability and flexibility
- Sustainability plan and action

Community Factors

- Community / state support for program
- Availability of resources
- Political legitimacy

Sources of Financing for Older Adult Behavioral Services

- The **Financial Resource Guide** provided in this report offers a review of public, nonprofit, and private funding sources and financing streams. The guide describes the funding source and how to secure funding.
- Medicaid plays a large role because of its broad benefits package, eligibility, and federal-state financing. In 2014, Medicaid eligibility expands to 133% of the Federal Poverty Line in all states.
- Medicare covers 38 million older adults. It was originally enacted to finance medical care for older adults, and coverage of behavioral health services was very limited. Today, the federal program has expanded its minor role in financing behavioral health care but maintains historical coverage limitations. Specifically, Medicare does not cover care management and supportive services.

- The Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services (CMHS) Block Grant is being combined with the Substance Abuse Prevention Block Grant, to be known was the Uniform Block Grant. The CMHS Block Grant, the largest federal program dedicated to financing behavioral health care, provided grants to states to support and enhance capacity to provide comprehensive, community-based systems of care. Administration on Aging (AoA) funding also can be used to support evidence-based behavioral health programs for older adults.

- A large number of other federal, state, and local public programs finance services to support older adults with behavioral health needs. Historically, state and local entities were the primary authorities in financing and delivering behavioral health services. State and local funds support a range of services, including care management and supportive services.
- Private financing for behavior health includes private insurance and charging for services (out-of-pocket costs). Traditionally, many private insurance plans have had very limited behavioral health coverage. Out-of-pocket payments include copayments for services covered by insurance, payment for services not covered by insurance, or payment for all services by individuals without insurance. Out-of-pocket payments vary by insurance coverage.
- Philanthropic sources account for a small portion of all behavioral health financing. Most of these funds strategically target innovative pilot programs or provide incentives for systems change.
- Recent reforms, including parity and the Affordable Care Act (ACA) of 2010, have significant implications for behavioral health financing. In 2008, Congress passed federal parity legislation that requires health plans to provide the same level of coverage for behavioral health as offered for medical / surgical care. The ACA will lead to a substantial expansion of insurance coverage, which could replace out-of-pocket or direct government payment for behavioral health services with insurance coverage to finance costs. (Garfield, on behalf of Kaiser Commission on Medicaid and the Uninsured)

I. Introduction

Older adults and aging baby boomers are a growing and widely diverse ethnic and cultural population that will present major challenges to the nation's public and private mental health, primary care, and substance abuse systems. We know that there are effective interventions for most behavioral health disorders experienced by older Americans and that they can accrue overall health benefits from successful treatment.[i]

Background

One in four persons aged 55 and over experiences mental health disorders that are not part of the normal aging process—such as anxiety, cognitive impairment, or a mood disorder.[ii] As many as one in five older adults in the community and more than one in three in primary care settings experience symptoms of depression.[iii] Effective treatment exists. Unfortunately, the majority of older adults do not receive treatment. Less than a third of older adults in need of mental health services receive care.[iv]

Behavioral health care covers prevention, treatment, and supportive services. Community-based services include care management, traditional and nontraditional outreach, professional training, psychotherapy, and psychiatry. The behavioral health care system provides mental health and substance abuse services in a variety of settings by specialty and non-specialty providers. Treatment is most commonly delivered on an outpatient basis. There has been increased interest and investment in integrated physical health and behavioral health models of service. Non-medical services, such as transportation and housing assistance, also help individuals maintain their lives in the community.

Older adult community behavioral health services are financed through a patchwork of public and private sources. Funding sources include the federal-state Medicaid program, the federal Medicare program, private insurance, charging for services, and some discreet public and private programs. Public sources play a larger role in financing behavioral health care than in overall health care.

In 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded the first of three cycles of the Older Adult Targeted Capacity Expansion (TCE) grant program to help communities provide direct services and build the necessary infrastructure to meet the diverse behavioral health needs of older persons. In 2006, the U.S. Administration on Aging (AoA) initiated the Evidence-based Disease and Disability Prevention grant program through which 27 states have deployed evidence-based interventions. Today, SAMHSA and AoA are collaborating to identify and promote evidence-based community behavioral health programs.

Federal investments in pilot and demonstration projects, like the SAMHSA Older Adult TCE grant program, are important in testing, disseminating, and improving behavioral health services for older Americans. Pilot and demonstration projects are an important mechanism through which successful programs and methods can be emulated and inform national policy. Delivery models that prove to be effective can lead to expanded coverage for services.

Purpose

A variety of public, nonprofit, and private sector funders support community initiatives designed to address gaps in behavioral health prevention and treatment services, including a small number for older adult behavioral health services. The purpose of this project was to identify successful strategies and financing, barriers, and facilitators in sustaining community-based behavioral health services for older adults beyond an initial grant period.

Sustainability research and the experiences and creative ideas of previous grant recipients implementing behavioral health promotion, prevention, and treatment programs for older adults can inform future programming and investment. This report will be helpful to current and future grant recipients in developing strategies for sustaining programs over the long term. Policymakers and funders also will find the report valuable in designing and evaluating grant programs.

Methods

We conducted a literature review on sustaining community programs to identify principles and draft a framework that outlines key factors of the program, the organization, and the community that have been found critical to sustainability. The **Sustainability Framework** draws on a number of research articles, not least of which was Savaya et al's 2008 insightful case study *Sustainability of Social Programs.*

We adopted the following definition and metrics for this project:

Definition of Sustainability (Rabin et al)

The extent to which an evidence-based intervention [program] can deliver its intended benefits over an extended period of time after external support from the donor agency is terminated.

Measures of Sustainability (Scheirer)

- Continued program activities
- Continued measured benefits or outcomes for new clients
- Maintained community capacity

This report includes the experiences of eight Wave II Older Adult TCE grantees and four community organizations implementing evidence-based depression care management programs for older adults, specifically Healthy IDEAS, and PEARLS. We had rich conversations reflecting on key strategies used to secure long-term funding, including how grantees planned for sustainability, the factors that influenced their ability to sustain services, and which funding sources were pursued. Following the interviews, we convened a meeting of expert advisors to interpret lessons learned and articulate key strategies in sustaining older adult behavioral health services.

We know that not everything should be sustained, and this paper does not comment on the quality of evidence for programs implemented through grants. As we see it, sustainability is one piece that fits along a continuum of program development and is related but separate from research, translation, continuous quality improvement, and scaling of programs.

II. Overview

This report offers two products for service providers and funders. The **Sustainability Framework** is the result of a review of the literature, 12 key interviews with past grant recipients, and a roundtable of national experts. The **Financial Resource Guide** for older adult behavioral health services provides a review of public, nonprofit, and private funding sources and financing streams. The guide describes the funding source and how to secure funding.

Findings

We categorized program sustainability in one of three levels:

1. **Fully Sustained.** Programs continue to provide all older adult behavioral health services offered during the grant.
2. **Partially Sustained.** Programs continue services at reduced levels or continue some but not all services offered during the grant.
3. **Not Sustained.** Programs do not continue services offered during the grant.

Seven of the 12 past grantees fully sustained the services offered during the grant period, three partially sustained, and two did not sustain. Not surprisingly, those who fully sustained were most likely to report early planning for sustainability, a formal sustainability plan, and a financing strategy.

No one funding source was sufficient for any sustained program. Funding secured after the initial grant included private insurance; charging participants for services; Medicaid and Medicare; federal, state, and local government grant programs; and philanthropic funding. Grantees shared details of funding, and we heard innovative approaches in raising revenue and strategic partnership. One of the lessons learned was the positive influence of braided funding on sustainability (see next page). Here are other key lessons learned:

- **Learn the business side of behavior health.** Learn how to become a provider, provide covered services and how to bill (including documentation requirements) third-party payers such as Medicaid, Medicare, or private insurance. If you're already a provider, learn how to bill more effectively. Plan for sustainability from day one. Prepare clear strategies for gradual financial self-sufficiency.
- **Pursue multiple and diverse financing sources.** Approach potential funding sources early on and solicit feedback. Identifying funder requirements early allows time to obtain data or change your approach. Also, expand the search. For example, if you are an area agency on aging, pursue behavioral health funding in addition to more familiar aging sources.

- **Measure service outcomes from the outset.** The most important factor to sustainability can be documented impact. To secure additional, long-term support, a potential funder will need evidence that the service is having positive client outcomes. Use data to make the funding case.
- **Use braided funding to sustain services.** Weave together multiple funding sources to support a coordinated package of services. In this approach, the funds remain in separate strands but are joined or "braided" at the client-level.
- **Integrate the work into your organization.** Choose a service that can be built into ongoing work. For example, embedding depression care into traditional care management can be a meaningful and practical service enhancement.
- **Engage local partners** such as area agencies on aging, community mental health centers, and community health centers. The advantages of partnerships and strategic collaboration should not be underestimated.
- **CEO Involvement is critical.** To be sustained, a service must be an organizational priority. Only the CEO exercises this authority.

Braided Funding

Braiding funding is defined as weaving together two or more funding sources to support services. Funds from various sources are used to pay for a coordinated package of services for older adults. Tracking and accountability for each source of funding is maintained at the administrative level. The funds remain in separate strands but are joined or "braided" for the individual. Braided funding has distinct threads rather than pooled, or blended, funding. Braided funding sources include:

- Behavioral Health
- Aging
- Medicare
- Medicaid

Some types of services were sustained more often than others (for a full description of older adult behavioral health services included in this report, please see the Glossary). Sustained services included: care management, depression care management, psychotherapy, and psychiatry—all of which are billable services. The ability to bill is often a contributing factor to sustaining behavioral health services. We heard from a number of grantees that using limited grant dollars to learn how to bill Medicaid and Medicare, or to bill more effectively, can be a long-term game changer for the community organization.

Embedding a program or service into existing services is one of the strongest strategies to sustain services. Depression care management lends itself particularly well to this example as it can be embedded and marketed to potential funders as enhanced care management.

Recent policy changes will affect the financing of behavioral health services. It is important to stay informed of new opportunities that arise following the 2010 Affordable Care Act (ACA) and Mental Health Parity and Equity Act of 2008. As these laws are implemented, more people than ever will have access to treatment for behavioral health and addiction services through expanded public and private insurance coverage. Organizations will face major changes ahead to serve greater numbers and offer effective, patient-centered care.

III. Sustainability Framework

The **Sustainability Framework** compiles literature and real-world experiences to identify key features known to influence sustainability that service providers and funders can apply to their work. The factors have been grouped into program, community, and organizational factors.

Sustainability Framework

Program Factors

- Demonstrated effectiveness
- Designed for results
- Fits with mission
- Readily perceived benefits
- Financial resources and financing strategy
- Articulated theory of change
- Flexibility
- Human resources

Organization Factors

- Program champions
- Leadership by CEO
- Managerial and systems support
- Integration in the organization
- Organization stability and flexibility
- Sustainability plan and action

Community Factors

- Community / state support for program
- Availability of resources
- Political legitimacy

No one we spoke with for this report suggested that any of the 17 factors listed are unimportant. We did, however, hear that some factors are more critical to sustaining older adult behavioral health services than others. We therefore ranked the program, organization, and community factors in descending order, with those we heard most often listed first.

Community organizations, specifically behavioral health and aging service providers, and funders will benefit from applying the 17 factors and strategies to their work. Our conversations with past grantees and advisors gave added insight, enriching the literature, to organizations and funders tackling sustainability of these programs.

Organizations and funders are encouraged to adopt the recommendations from the **Sustainability Framework** and consider ideas provided.

RECOMMENDATIONS

For Organizations & For Funders

Program Factors

1. **Demonstrated effectiveness.** A program must be able to document its success and disseminate evidence among stakeholders. (Savaya et al; Shediac-Rizkallah & Bone; Steadman et al) Programs must be able to document their impact and effectiveness. Steadman et al found that the most important factor was the ability to document positive client outcomes. Program impact and effectiveness is useful as a marketing tool, to promote the program, and to raise replacement funding. (Cornerstone; Weiss et al; Stevens & Peikes) Ongoing Program Evaluation is a valuable tool to identify problems in the program and facilitate flexibility. (Savaya et al) Program evaluation determines program effectiveness and establishes cost-effectiveness, which can inform strategies for sustainability. (Weiss et al) Evaluators can facilitate parts of this process in development of an initiative's theory of change, goals, and objectives. (Steadman et al)

Community Organizations are encouraged to:

Measure clinical outcomes to determine whether services are getting the desired results. Measurement helps build support for sustainability and funding. Identify and collect implementation process measures to identify areas that may require changes to attain clinical outcomes and to understand where to make quality improvements in care. Evaluate services / practices from the start of demonstration grants.

Continue to collect outcome measures even when new funding or financing is secured for services started under a grant. Often, funders require different documentation for payment.

Consider securing outside assistance with data collection and analysis.

Funders are encouraged to:

Support the use of implementation science in proven older adult behavioral health services. Funders also can support researchers and program disseminators as they:

- Develop and disseminate materials to help adopt proven behavioral health services with fidelity and continual quality improvement.
- Provide individualized technical assistance beyond program implementation training. Have program disseminators advise on outcomes measures and measurement.
- Identify, disseminate, and assist organizations in using outcome and process measures in implementation and ongoing evaluation.
- Study cost-effectiveness and return on investment, including research to identify when and why cost-shifts occur and what incentives may decrease utilization in one area but increase it in another.
- Research which behavioral health prevention and treatment services decrease the downstream utilization of publically funded health services, especially hospitalizations.

Support organizations that have ongoing measurement and quality improvement systems in place. If evaluation is not ongoing, it is unlikely evaluation will be continued after the grant. Ask in the RFP if a program evaluation system is in place.

Disseminate program models and findings from demonstrations.

2. **Designed for results.** Having a results orientation means defining "success" for the initiative, measuring progress over time, and adjusting the work based on what is learned. Clearly define the target population, the needs to be met by the program, the expected outcomes of the program, and the interventions employed to attain them. (Cornerstone, Savaya et al) Make sure community needs are driving the program. (Shediac-Rizkallah & Bone)

3. **Fits with mission.** Project activities that contribute to the organization's goals and are "sold" that way are more likely to receive internal support and resources that allow them to be sustained. (Scheirer)

Community Organizations are encouraged to:

Consider their "organizational readiness" to adopt an evidence-based program in order to understand the resources and work required for successful implementation and sustainability. Program developers and disseminators are in the best position to understand what factors make an organization "ready" to adopt a specific evidence-based program or service. Sometimes dissemination materials indicate factors required for "readiness." If not, consult with program disseminators.

Funders are encouraged to:

Consider "organizational readiness" in funding programs. Program developers and disseminators are in the best position to understand what factors make an organization "ready" to adopt a specific evidence-based program or service. NCOA has found in its work on diffusion of innovations that many factors that influence "readiness" to successfully adopt an innovation also influence sustainability. These include demonstrated and perceived benefits of the program, fit with the organization, and available financial, human, and other resources.

4. **Readily perceived benefits.** Clients and staff must believe the program has value. Staff or key stakeholders must perceive benefits to themselves and / or clients for the program to be sustained. (Scheirer)

Community Organizations are encouraged to:

Select evidence-based practices that staff members believe are important to improving client service.

5. **Financial resources and financing strategy.** Adopt an entrepreneurial spirit (SAMHSA) and prepare clear strategies for gradual financial self-sufficiency. (Shediac-Rizkallah & Bone) Use a strategic financing orientation: estimate the resources the organization will need and develop financing and funding sources to provide a stable base of resources over time. (The Finance Project)

Tasks of Financial Sustainability

a. Engage in early financial planning
b. Identify program champions
c. Involve community leaders
d. Diversify sources of income
e. Make a convincing case
f. Explore the possibility of incorporating the program into existing budgets
g. Manage costs
h. Engage in savvy marketing (Gordon)

Essential Elements of Financial Sustainability

a. Strategically and continually seek resources to support programs
b. Set priorities and incorporate them within existing funding streams
c. Manage costs efficiently as possible
d. Increase demand for the program (Gordon)

Community Organizations are encouraged to:

Allow time to become thoroughly familiar with all possible funding and financing opportunities. Research and seek advice on sustainable financing options by meeting with experts, public and private funders, and third-party payers. Past grantees also can offer advice on sustainable financing, data tracking systems, and collaborating with behavioral health boards and aging services.

Determine whether part or all of the service offered is a covered benefit by Medicare, Medicaid, and / or commercial insurance, and if so, pursue provider status. Plan for and collect self-payment fees.

Learn about the interests of funders and relate services to these interests. For instance, agencies wanting to offer depression care management have been successful in securing funding from sources that value and support case / care management. They have encouraged funders to see depression care management as an "enhanced" case / care management practice.

Funders are encouraged to:

Develop an electronic library of business models and cost-effectiveness and return on investment (ROI) papers for evidence-based behavioral health programs, services, and practices.

Facilitate sustainable financing by structuring grants and requirements to encourage program sustainability by:

- Including step-down funding so there isn't a funding cliff when the grant ends (e.g., Year 1 $600,000, Year 2 $400,000, Year 3 $200,000).
- Funding new programs over a longer time (such as five years) to foster stronger infrastructure development, increased staff expertise in assessing and meeting population needs, and increased sustainability.
- Offering Phase 1 Planning Grants and Phase 2 Implementation Grants, particularly for organizations with little experience in direct behavioral health service provision. A phased approach can facilitate the development of requisite infrastructure and partnerships; ensure demonstrated progress before major funding; encourage quality assurance, staff training, and skill building for implementation of evidence-based practice; and lead to skills to successfully attain permanent funding.
- Asking grantees to learn how to collect self-payment fees and learn about third-party billing and how to become a Medicare and Medicaid provider.
- Offering flexibility in service mandates when multiple sources of funding are used.

Provide increased technical assistance on sustainable financing, including presentations and grantee interaction with payers, local experts, and past grantees to discuss topics such as potential for becoming a Medicare and / or Medicaid provider and how to do so; how to bill payers; how to access area agency on aging funding; and how past grantees have handled sustainability, data tracking systems, and collaboration with behavioral health boards and aging.

Fund services that can be financially sustained. Consider funding prevention and treatment services that are medically necessary and billable to payers like Medicaid, Medicare, and commercial health insurance and become a provider. Also recognize that some services do not appear to be sustainable through third-party reimbursement and will need to find other sources of support. These services may be very important in addressing the needs of older people.

6. **Articulated theory of change.** A theory of change helps sustainability because it forces the very real consideration of the time and resources needed to achieve meaningful change and continue to make a demonstrable difference after the life of the grant. (Weiss et al) Be able to explain how the intervention will bring about the desired outcomes. (Steadman et al; Weiss et al)

7. **Flexibility.** The ability of a program to change in accord with changing circumstance can significantly affect chances of survival. (Savaya et al; Stevens & Peikes) Programs undergoing changes and modifications in the course of implementation had better chances of being sustained. (Scheirer) Flexibility of programs, however, must be balanced with fidelity to the original program.

Community Organizations are encouraged to:

Understand which key elements of a proven program must be conducted in the same manner as the original research and which elements may be "adapted" and in what manner. "Adaptation" of original programs and practices occurs when organizations implement or replicate evidence-based programs. Funders and state and local organizations must know the essential program elements in order to maintain fidelity. Review the parameters of adaptation and proposed changes with the original researchers or designated disseminators of the program.

8. **Human resources.** Staff preparation and training, especially training in creative and flexible problem-solving, increases the likelihood of sustainability. (Shediac-Rizkallah & Bone) Training or expertise is needed in strategic planning, program evaluation, leadership, and fundraising. (Johnson et al) Flexible staff time and use of volunteers can be important. (Savaya et al, Johnson et al, Shediac-Rizkallah & Bone)

Organizational Factors

9. **Program champions.** Program champions enthusiastically advocate for the needs of the program, particularly to help secure resources for its continuation. (Scheirer) Champions need to be in a relatively high position in the organization, with the ability and authority to make necessary compromises and negotiate. The program champion often is responsible for conceiving or implementing the program. (SAMHSA; Savaya et al; Scheirer; Shediac-Rizkallah & Bone; Steadman et al; Stevens & Peikes; The Finance Project)

Community Organizations are encouraged to:

Think through how to engage several program champions over the long run. Champions are critical, especially in starting up a new program or practice. When there is only a single champion and s/he leaves an organization, the departure can create difficulties for sustaining programs.

10. **Leadership by CEO.** The CEO and governing board (advisory board, board of directors) must be behind a program, or it will not continue after funding. Only s/he can ensure the program is among the organizational priorities and that there are funded positions in the future. Top management support has been found to be a primary factor in sustaining innovations. (Johnson et al) Most sustained projects had a second champion, such as an advisory board member, in addition to the program champion responsible for conceiving or implementing the program. (Evashwick & Ory)

Community Organizations are encouraged to:

Ensure that the CEO is a leading supporter of the program. Even when the other sustainability factors are adequately addressed, if the CEO is not fully supportive, the program is at greater risk of termination, particularly when organization-wide cuts must be made.

11. **Managerial and systems support.** The organization must have strong internal systems, including fiscal and information management, program evaluation, personnel, and governance. (The Finance Project) Program staff can seek development support from the organization, including assistance in fundraising activities, consultation on available public and private resources, and grant writing. (Cornerstone) Organizational structure must support the ability to develop long-term plans. (Stevens & Peikes)

Community Organizations are encouraged to:

Have data collection and analysis systems in place. This is the best way to ensure ongoing measurement and evaluation after the initial grant ends.

12. **Integration in the organization.** Developing organizational policies and procedures that incorporate program elements can ensure that those pieces will remain part of the routine activities after grant funding. (Johnson et al) Self-contained programs are less likely to be sustained than programs that are well-integrated with existing systems. (Shediac-Rizkallah & Bone)

Community Organizations are encouraged to:

Embed evidence-based programs and practices in routine services. Aging and social service agencies are encouraged to embed evidence-based depression care in case management as an enhanced practice for older adults.

13. **Organization stability and flexibility.** Sustainable programs are a result of a dynamic process of organizational change, consisting of changes in the organization's structure, approaches, and values. (Savaya et al) Stability of an organization and its ability to integrate new elements contribute significantly to the sustainability of new programs. (Johnson et al) Management's openness to new ideas and readiness to take risks for the program increase its chance of survival in the organization. (Pluye et al)

14. **Sustainability plan and action.** Begin by articulating what the organization wants to achieve through its work and then clearly identify the strategies and activities to reach these goals. (The Finance Project) Use strategic analysis and look at what is happening outside your organization, beginning with a needs assessment / environmental scan. (Weiss et al) Consider potential "homes" in the community for the program.

Funders are encouraged to:

Require detailed sustainability plans in RFPs and be rigorous in the review, critique, and acceptance of sustainability plans.

Consider asking grantees to use the Sustainability Framework offered in this report as a planning tool for sustainability.

Require potential grantees to show how they will use grant funds to develop and implement strategies to secure sustainable financing and / or embed the new service or practice in ongoing services of the organization that already have long-term stable funding.

Ask applicants to give evidence of meeting with potential funders to understand the measures that will be required for the next funder to make funding decisions. The original outcome and process measures may not be sufficient.

Fund the development and testing of a Sustainability Scale based on this Sustainability Framework. Organizations could use this scale to assess progress, and funders could use it to rate grant-funded projects at mid-points to assess their likelihood of sustaining project services. With such a measure, funders can provide more support and targeted technical assistance to grantees to increase preparation for sustainability.

Community Factors

15. **Community/state support for program.** Community support for a program influences sustainability. (Savaya et al; Steadman et al) Engage stakeholders by articulating common goals, partnering with other organizations, and engaging local leaders with influence. (Stevens & Peikes)

Community Organizations are encouraged to:

Find and engage consumer champions in roles such as on advisory boards, boards of directors, evaluation and fundraising. Such champions can act as a community liaison. Conduct public education and awareness campaigns among agencies to foster referrals.

Partner with geriatric education centers, schools of nursing, and schools of public health to secure training, research, and clinical expertise forming academic-community partnerships.

Partner with Community Behavioral Health Centers and Federally Qualified Health Centers that have behavioral health services.

16. **Availability of resources.** Analyze funding trends and conduct a fiscal analysis to determine factors that are likely to affect the amount of philanthropic dollars available over the course of an initiative and beyond. Develop a strategy to pursue public and / or private funding. (Weiss et al) Communities that have foundations or other private funders can educate grantees about raising funds, managing money, and leveraging loans; these communities are more likely to see these projects sustain themselves. (Annie E. Casey; Stevens & Peikes)

17. **Political legitimacy.** Political support promotes program sustainability. (Scheirer) Clearly defined community decision-making processes are important. (Stevens & Peikes) Identify policies that are conducive to secure funding.

Community Organizations are encouraged to:

Find and work with powerful state champions to secure funding / financing for older adult behavioral health services and secure Medicaid coverage and state funding.

IV. Financial Resource Guide

Financing community behavioral health services for older adults requires creativity. As current grantees plan and prepare to continue older adult behavioral health services, they will need to find alternative funding sources. These funding sources may include state funds, Medicaid, Medicare, grants, private insurance, and other third-party payer sources. The **Financial Resource Guide** provides information and resources for funding evidence-based programs (EBPs), including behavioral health services.

Start planning from the beginning, initiate a formal sustainability plan, and develop a specific, itemized financial strategy. Sustainable funding strategies include:

- Braided funding
- Securing provider status and reimbursement
- Collaborating with area agencies on aging (AAAs) and community behavioral health centers (CMHCs)
- Pursuing familiar funding streams but also expanding the search (e.g., as an aging service provider, explore behavioral health funding or as a behavioral health provider, seek aging funding)
- Considering additional state, federal, and foundation funding opportunities

We encourage funders to take an active role in securing replacement funding with grantees. The Annie E. Casey Foundation suggests that foundations "reach out to other funders on behalf of a site, jointly develop an exit strategy, open doors that might not be accessible to grantees, and help grant recipients identify and pursue alternative resources." Educate the grant program staff on public financing streams so they may, in turn, help navigate grantees through available opportunities.

Federal investments in pilot and demonstration projects, like the SAMHSA Older Adult TCE grant program, are important in testing, disseminating, and improving behavioral health services for older Americans. Demonstration projects test how well innovations are working in the field. Pilot and demonstration projects are also an important mechanism through which successful programs and methods can be emulated and inform national policy. Delivery models that prove to be effective can lead to expanded coverage for services.

For more information, NCOA provides articles, resources, and examples of growing and sustaining revenues in "12 Sources of Millions & Billions for Aging Services & Programs" available online at *www.ncoa.org/funding*.

Financing Community Behavioral Health Services for Older Adults

Additional Federal

CDC
- Original research (RCTs)

HRSA
- Federally Qualified Health Centers

USDA
- Community Food Project

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Local & State Government

- Special taxes
- State Behavioral Health
- State Aging

42

Philanthropic

- Foundations
- United Way

43

Other Funding

- In-kind
- Social enterprise
- University
- Hospital

47

Private Insurance and Charging for Services

- Approved provider for local carrier
- Copay or sliding scale

Private Insurance and Charging for Services

What is it?

Historically, private insurance has limited coverage of behavioral health services. With the federal parity legislation passed in 2008, most private health plans are now prohibited from imposing stricter treatment limitations and financial requirements for behavioral health benefits than offered in medical and surgical benefits.

Private insurance covers some, but not all, behavioral health services. Coverage varies by insurance plan. Services must be provided by specific types of professionals for reimbursement.

Why seek it?

Organizations that offer behavioral health services to vulnerable populations, including low income older adults, may bill private insurance for insured clients and charge other clients market price or charge on a sliding scale. Many of these organizations also bill Medicaid for Medicaid clients and may offer services at reduced or no fee to those who cannot pay. Other organizations are not set up to, or choose not to, bill private insurance and charge for services. Organizations have billing and charging systems in place are better able to support continued services.

What are the benefits?

Charging for services and billing insurance offer a sustaining revenue stream covering the cost of some or all behavioral health services.

Four of the TCE grantees interviewed in this study charge clients and / or bill private insurance for some or all of the evidence-based services they offer, including care management, referral to specialty behavioral health services, and psychotherapy and psychiatry. The SAMHSA TCE grant allowed agencies time to learn how to bill and set up a billing system.

How do we bill for it?

NIATx at the University of Wisconsin helps behavioral health care organizations remove barriers to treatment and recovery by improving the cost and effectiveness of the care delivery system. Its website offers service provider and system-level toolkits, details on billing codes, promising practices, approaches to working with health care reform, and an online community.

The NIATx Third-party Billing Guide helps agencies make the transition from grant funding to billing for their services. It provides step-by-step assistance to organizations with no third-party billing capacity and provides suggestions for improving collections and strengthening business practices for those with some experience. It outlines the process for identifying and contracting with major insurance payers.

The National Council for Community Behavioral Healthcare also offers an instructive publication on self-pay and private insurance. *Realizing Your Viability: The Tenets of a Successful Agency* offers a basic introduction to moving from a total grant environment to a more sustainable "pay mix," including self-pay and third-party billing.

FOR MORE INFORMATION:

NIATx at the University of Wisconsin

www.niatx.net

- Available on the NIATx website: *NIATx Third-party Billing Guide*

National Council for Community Behavioral Healthcare (NCCBH)

- Available on the NCCBH website: *Realizing Your Viability: The Tenets of a Successful Agency* (Craig Fair and Diane Bell, 2010): *https://store.thenationalcouncil.org*

Centers for Medicare and Medicaid Services (CMS)

MEDICAID

- State Plan Services
- Home and Community-Based (HCBS) Waiver

MEDICARE

- Fee for service (FFS)
- Advantage (HMO)

Medicare

What is it?

Medicare is primarily a health insurance program for people aged 65+, but it also covers people with severe disabilities under age 65 and people with End-Stage Renal Disease. Participants can choose standard Medicare, which is a fee-for-service model, or Medicare Advantage, the managed care plan option (see box).

Standard Medicare covers specific outpatient, inpatient, and partial hospitalization benefits for behavioral health care. Many beneficiaries also purchase Medigap insurance to cover some of the expenses not reimbursed by Medicare. Individuals eligible for Medicare with low incomes may qualify for Medicaid and / or the Medicare Savings Programs (covering out-of-pocket fees).

What is Medicare Advantage?

Medicare Advantage plans are offered by private companies approved by Medicare. They may cover additional behavioral health services. Beneficiaries face different cost-sharing rules. Plans can charge different out-of-pocket fees and have different rules for benefits (i.e. referral needed to see a specialist). These rules can change every year.

Medicare pays for behavioral health services such as behavioral health assessments and interventions, psychological diagnosis interviews, psychotherapy, psychiatry, and psychological testing. Medicare payment is tied to diagnosis and services and qualification of the service provider.

Why seek it?

Medicare offers agencies an ongoing financing stream to pay for specific behavioral health services that an organization may start under a grant. However, Medicare payment may not cover certain costs of services in evidence-based programs such as outreach and care coordination. Standard Medicare pays for specific health services provided by specific licensed or certified providers, including psychiatrists and other physicians, clinical psychologists, nurse practitioners, clinical nurse specialists, and clinical social workers. Some providers, such as functional rehabilitation occupational therapists, provide services addressing physical and behavioral disorders.

For social service agencies, AAAs, and behavioral health providers, it is important for clinical staff to enroll with the Centers for Medicare and Medicaid Services (CMS). Once enrolled, these providers can bill for Medicare-covered behavioral health services. Clinical staff must be licensed by the state to practice, and they may need to meet additional qualifications. CMHCs and Federally Qualified Health Centers may enroll to become Medicare providers.

What are the benefits?

When clinical staff and / or agencies become Medicare providers and bill for services, they are in a position to extend their behavioral health services to many more Medicare beneficiaries than can be served under a grant. Medicare is a sustaining source of revenue. Five TCE grantees secured Medicare financing for psychotherapy or psychiatry services.

How do we become a Medicare provider?

For standard Medicare, payments for services are made to providers after they have submitted claims to Medicare. Medicare contracts with Regional Fiscal Intermediaries to review and pay claims to providers. CMS has an online Supplier Enrollment section designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers (see below).

In the public sector, both Medicare and Medicaid are billed using the Healthcare Common Procedure Coding System (HCPCS). The HCPCS is primarily two separate and different sets of codes, referred to as Level I Current Procedural Terminology (CPT codes) and Level II (State codes). The Level I CPT codes were created and are maintained by the American Medical Association; CMS maintains the Level II State codes.

FOR MORE INFORMATION:

CMS

www.cms.gov

- Available on CMS website: "Tips to Facilitate the Medicare Enrollment Process"
- Available on CMS website: Medicare provider and enrollment

SAMHSA

www.samhsa.gov

- Available on SAMHSA website: "State by State List of Medicaid Codes Used to Reimburse for Behavioral Health Services"
- Available on SAMHSA website: "Behavioral Health Codes and Payers for Medicare"

American Psychological Association

www.apa.org

- Available on APA website: "Medicare Fee-for-Service Provider Enrollment Contact List"
- Available on APA website: "The National Provider Identifier"
- Available on APA website: "Becoming a Medicare Provider"
- Available on APA website: "Medicare Handbook: A Guide For Psychologists"

Medicaid

What is it?

The federal-state Medicaid program provides medical and medically related services and benefits to the most vulnerable populations. In general, Medicaid provides three types of health services:

- Health insurance for low-income families and individuals with disabilities.
- Long-term institutional and / or community-based care of older Americans and individuals with disabilities.
- Supplemental copayments coverage for low-income Medicare beneficiaries (dual eligibles).

Within federal guidelines, each state establishes its own eligibility standards, benefit packages, and payment rates. Essentially there is a different Medicaid program in each state.[v] Each state formulates and administers a state plan outlining the nature and scope of the services to be provided in that state under Medicaid.

While some behavioral health services are included among the "mandatory services" required by federal law, most community-based behavioral health services are among the "optional services" that states may choose to include in their Medicaid program. Services must be "medically necessary". Examples of optional services include case management and a variety of professional services from psychologists, clinical social workers, and others, such as Certified Peer Support Specialists. Psychosocial rehabilitation is an optional service under federal guidelines[1]. Some states provide behavioral health services through contracts with managed care systems.

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[1] Missouri modified diagnostic eligibility criteria for its Medicaid-funded Comprehensive Psychiatric Rehabilitation Program to allow adults aged 60 and over, diagnosed with major depression, single incident, to qualify for a range of mental health services including evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. This program is provided by Missouri's community mental health centers.

Medicaid is the single largest payer for behavioral health services in the United States, providing services and supports for 58 million adults and children. The Affordable Care Act (ACA) provides funding to state Medicaid offices for expanded coverage and eligibility for prevention and chronic care for older adults. The National Council for Community Behavioral Healthcare reports that "behavioral health organizations must be ready to work with new Medicaid systems and to bill through the new health insurance exchanges, adapting to health care environments that demand greater accountability, increased efficiency in service delivery, and reduced variations in care."

Why seek it?

Five TCE grantees and three organizations conducting PEARLS and / or Healthy IDEAS depression care secured Medicaid financing for some or all of their evidence-based services, including care management, depression care management, referral to specialty behavioral health services, psychotherapy, and psychiatry. These services are being paid for under both Medicaid State Plan Services and Medicaid Home and Community-Based Services 1915(c) plan waivers.

Medicaid-eligible services in depression care programs (PEARLS, Healthy IDEAS, and IMPACT) delivered to Medicaid beneficiaries are covered by Medicaid in some states including Iowa, Maine, Tennessee, and Washington. Healthy IDEAS has been embedded in Medicaid care management services in several states.

Through waivers, the U.S. Secretary of Health and Human Services waives certain provisions required in regular state plans such as comparability, statewide coverage, and income and resource requirements. Waivers allow states to design programs that meet needs of certain groups. There are many 1915(c) Home and Community-Based Services (HCBS) waivers across the country designed to serve older adults. CMS provides technical assistance to states seeking state plan waivers.

In the state of Washington, through a Medicaid 1915(c) HCBS waiver (COPES), PEARLS depression care management is an authorized service. The COPES waiver includes Client Training, a service that supports training by licensed and certified providers to help clients remain in their home. Medicaid is paying for PEARLS in up to nine units or visits that cover costs of a trainer providing problem-solving treatment, correspondence, travel, client data tracking, psychiatric oversight, and follow-up phone calls.

What are the benefits?

When clinical staff in agencies become Medicaid providers and bill for services, they are in a position to extend their behavioral health services to many more individuals. These individuals must qualify for Medicaid coverage through income or disability status to receive Medicaid services. Medicaid is a sustaining source of revenue.

How do we become a Medicaid provider?

Contact your state Medicaid agency. Each state sets requirements, enrolls, and approves health care professionals and agencies to become Medicaid providers. Find state Medicaid agencies online on the National Association of State Medicaid Directors website at *www.nasmhpd.org*. Find state Medicaid agency websites and contact information.

FOR MORE INFORMATION:

CMS

www.cms.gov

- Available on CMS website: "Overview of Medicaid"
- Available on CMS website: a profile of "State Medicaid Behavioral Health Initiatives"
  - Montana's 1915(c) Home and Community-Based Services Waiver for Adults with Behavioral Illness. This Severe Disabling Mental Illness (SDMI) Waiver program provides consumers a choice of receiving long-term care services in a community setting instead of a nursing home. The package of services includes case management, homemaker, personal assistance, adult day health, habilitation, respite, psychosocial rehabilitation, dietitian / nutrition / meals, illness management and recovery, wellness recovery action plan, and others.
  - Iowa's 1915(i) State Plan Amendment. This optional 1915(i) State Plan Home and Community-Based Services (HCBS) benefit option allows individuals to access home and community-based services through the state plan instead of a waiver. Unlike 1915(c) waivers, individuals do not have to meet an institutional level of care in order to receive these services. Iowa's State plan HCBS benefit offers statewide case management services and habilitation services.

SAMHSA

www.samhsa.gov

- Available on SAMHSA website: "Examples of State Billing Codes for Mental Health Services, Publicly Funded"
- Available on SAMHSA website: "Table of Mental Health Codes and Payers"
- More information about Certified Peer Support Specialists is available on the National Association of Peer Specialists website *http://www.naops.org*
- More information on Washington HCBS and the COPES waiver is available on the Department of Social and Health Services website at *www.aasa.dshs.wa.gov*
- Find state Medicaid agencies online on the National Association of State Medicaid Directors website at *www.nasmhpd.org*

Substance Abuse and Mental Health Services Administration (SAMHSA)—Federal Behavioral Health

- Uniform Block Grant (formerly the CMHS and SAPT Block Grants)
- Mental Health Transformation—State Incentive Grant
- Discretionary Grant Programs

Uniform Block Grant

Previously the Community Mental Health Services (CMHS) Block Grant and the Substance Abuse Prevention and Treatment (SAPT) Block Grant

What is it?

Note: The CMHS Block Grant is being combined with the previously separate Substance Abuse Prevention and Treatment (SAPT) Block Grant into one grant, known as the SAMHSA Uniform Block Grant. The CMHS Block Grant funded states and territories to support and enhance capacity to provide comprehensive, community-based systems of care for adults with serious behavioral illnesses and children with serious emotional disorders through outreach, behavioral and other health care services, individualized supports, rehabilitation, employment, housing, and education. As of June 2011, anticipated funding levels for the Uniform Block Grant were unavailable. This overview is on the CMHS Block Grant.

	FY 2011 Funding Levels
Anticipated Total Available Funding:	$399 million
Anticipated Number of Awards:	59 (50 states + DC and territories)
Anticipated Award Amount:	Up to $55 million per year Range: $50,000 to $53 million Average: $6.8 million

SAMHSA changed FY 2012/2013 Block Grants to help get state behavioral health systems ready for 2014 when more people will be insured through Medicaid or third party insurance. Under the new approach states and territories have the opportunity to use block grant dollars for prevention, treatment, recovery supports and other services that supplement services covered by Medicaid, Medicare and private insurance.

Why seek it?

Funds may be used at the discretion of the state to achieve described objectives. State plans must meet prescribed criteria. Services under the plan are provided only through appropriate, qualified community programs, which may include community mental health centers (meeting prescribed criteria), child behavioral health programs, psychosocial rehabilitation programs, behavioral health peer-support programs, and behavioral health primary consumer-directed programs.

What are the benefits?

Program authority is vested in the individual states, providing them a relatively flexible funding source. However, CMHS Block Grant funds cannot be used for inpatient services, cash payment to recipients, capital development, or purchase of major medical equipment. This program is the cornerstone of the federal partnership with states to plan and deliver state-of-the-art, community-based behavioral health services for the target population where they live.

Two TCE grantees interviewed in this study were Community Mental Health Centers and used CMHS funding to sustain some or all of the evidence-based services they offer, including gatekeeper outreach, depression care management, care management, psychotherapy, and psychiatry.

How do we obtain CMHS funding?

SAMHSA awards formula and competitive grants under its authorities in Title V of the Public Health Service Act. The agency administers the $1.8 billion Substance Abuse Prevention and Treatment (SAPT) block grant and the $420 million CMHS block grant, both of which are authorized in PHSA Title XIX.

To receive funding, CMHS must approve a state's annual plan that articulates specific goals, objectives, and performance standards for the use of the allocated funds. The plan must be developed with input from their State Planning Council. States generally allocate the majority of their funds to local political subdivisions, e.g., county behavioral health departments, through a formula grant.

The Block Grant application requires states to complete standard forms, tables, and narrative sections, including an annual report that describes the amounts of Block Grant expenditures and the activities funded by the grant. States are required to submit an assessment of statewide and locality-specific need for authorized activities. Block grant recipients must adhere to SAMHSA's National Outcome Measures.

FOR MORE INFORMATION:

SAMHSA

www.samhsa.gov

- Find the most current information on the CMHS and CSAP joined block grant, the SAMHSA Uniform Block Grant, at *www.samhsa.gov*
- See current funding opportunities at *www.samhsa.gov/Grants*

SAMHSA Discretionary Grant Programs

Older Adult Targeted Capacity Expansion (TCE) Grant

What is it?

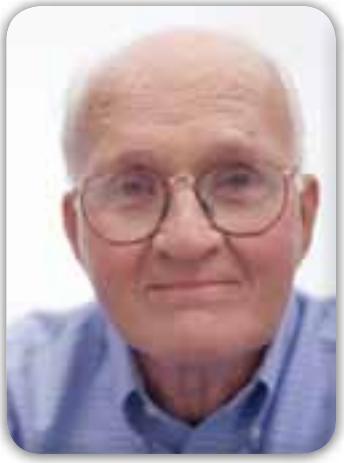
In addition to Block Grant programs, SAMHSA is able to fund discretionary grant programs. One recent grant program was the Older Adults TCE Grant Program, the purpose of the program was to help communities provide direct services and build the necessary infrastructure to support expanded services for meeting the diverse behavioral health needs of older persons. The target population of older adults was defined as individuals aged 60+ who are at risk for or are experiencing behavioral health problems.

	FY 2008-2011 Funding Levels
Anticipated Total Available Funding:	$4.154 million
Anticipated Number of Awards:	10
Anticipated Award Amount:	Up to $415,400 per year
Length of Project Period:	Up to 3 years

Why seek it?

The program supported an array of activities to help grantees build a solid foundation for delivering and sustaining effective behavioral health outreach, treatment and prevention services, and resources to support the direct delivery of services. Grantees can use funds for infrastructure building and support, as well as for the support of direct service delivery. As of June 2011, the program is not expected to continue.

What are the benefits?



SAMHSA funded community organizations to serve populations / communities with specific needs. Grantees may pursue diverse strategies and methods to achieve their capacity expansion goals. They may target specific subpopulations of older persons with particularly high needs within their communities, such as racial/ethnic groups, individuals in rural areas, or those with high degrees of behavioral and physical health co-morbidities.

The primary source of funding for the eight TCE grantees interviewed in this study was the Older Adult TCE SAMHSA grant. Of the eight, six grantees sustained some or all of the older adult behavioral health services implemented through the grant by securing a variety of sustained funding and through creative partnerships. The Older Adult TCE grant program, like other demonstration or pilot programs, can be instrumental in getting a new evidence-based program off the ground or disseminating an existing evidence-based program in a new location and bringing services to an unreached population.

FOR MORE INFORMATION:

SAMHSA

www.samhsa.gov

- See current funding opportunities at *www.samhsa.gov/Grants*

Mental Health Transformation State Incentive Grant (Transformation Grant)

What is it?

The Mental Health Transformation State Incentive Grant (MHT SIG) program is a five-year federal grant program designed to help states and local governments transform their behavioral health programs to be more effective and better promote recovery and resiliency.

	FY 2010-2015 Funding Levels
Anticipated Total Available Funding:	$16.5 million
Anticipated Number of Awards:	22
Anticipated Award Amount:	Up to $750,000 per year
Length of Project Period:	Up to 5 years

Why seek it?

This program fosters adoption and implementation of permanent transformative changes in how public behavioral health services are organized, managed, and delivered so that they are consumer-driven, recovery-oriented, and supported through evidence-based principles and best practices.

What are the benefits?

Funding supports states and local governments to create and / or expand treatment capacity within five of SAMHSA's Strategic Initiatives related to prevention and wellness, trauma-informed care, military families, housing and homelessness, jobs, and the economy.

Some states have used Transformation Grant funds to support older adult behavioral health services; however, none of the grantees interviewed for this project had received these funds.

FOR MORE INFORMATION:

SAMHSA

www.samhsa.gov

- See current funding opportunities at *www.samhsa.gov/Grants*

SAMHSA and Health Reform

Health reform created many opportunities to improve health care quality, including the integration of primary and behavioral health care. SAMHSA has taken a primary role in the promotion and adoption of primary and behavioral health care integration nationwide through a number of different initiatives including a) a provision of the Affordable Care Act (ACA) that allows states to establish health homes through their Medicaid program, b) the establishment and awarding of primary and behavioral health care integration grants nationwide, and c) the establishment of the SAMHSA—HRSA Center for Integrated Health Solutions.

Health Homes

SAMHSA, in collaboration with CMS, have been working together to encourage states to take advantage of an opportunity in Health Reform for states to build a person-centered health home that results in improved outcomes for beneficiaries and better services and value for state Medicaid and other programs, including mental health and substance abuse agencies. SAMHSA has developed several national initiatives regarding primary care and behavioral health coordination.

Primary and Behavioral Health Integration Grants

SAMHSA has awarded grants to 64 community-based health agencies to build partnerships and infrastructure needed to initiate or expand the integration of primary care services for people in treatment for serious mental illnesses and co-occurring substance use disorders. The objectives of the grant program are to better coordinate and integrate primary and behavioral health care resulting in:

- Improved access to primary care services
- Improved prevention, early identification and intervention to reduce the incidence of serious physical illness, including chronic disease
- Increased availability of integrated, holistic care for physical and behavioral disorders
- Better overall health status of clients.

SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

The Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. Jointly-funded between SAMHSA, HRSA and run by the National Council for Community Behavioral Healthcare, CIHS provides training and technical assistance to Primary and Behavioral Health Care Integration grantees, as well as to community health centers and other primary care and behavioral health organizations.

FOR MORE INFORMATION:

- Information on each of these initiatives along with tools that can be used when adopting an integrated model can be found at *www.samhsa.gov/healthreform*
- The SAMHSA-HRSA Center for Integrated Health Solutions website, *www.integration.samhsa.gov*, provides a wide array of training and technical assistance to improve the effectiveness, efficiency, and sustainability of integrated services.

U.S. Administration on Aging (AoA)—Federal Aging

- Title III—Grants for State and Community Programs
- Evidence-Based Disease and Disability Prevention (EBDPP)

Title III: Grants for State and Community Programs

Older Americans Act

What is it?

The Older Americans Act (OAA) of 1965 is considered the major vehicle for promoting the delivery of social services to the aging population. Total OAA funding was $1.9 billion in FY 2011. The OAA authorizes seven titles, including Title III: Grants for State and Community Programs on Aging. Title III authorizes funds for supportive and nutrition services, family caregiver support, and disease prevention and health promotion activities. Total Title III was almost $1.4 billion in FY 2011.

Why seek it?

Title III funds are intended to be a catalyst for bringing together public and private resources in the community. All services are required to be statewide and the non-federal share of the funding should not be less than 15% (match-funding requirements for AAAs are determined by State Units on Aging).

Some funds have been used to support evidence-based behavioral health programs through III-B: Supportive Services, III-D: Disease Prevention and Health Promotion Services, and III-E: Family Caregiver Support Programs.

	FY 2011 Funding Levels
Title III-B: Supportive Services	$368 million
Title III-D: Disease Prevention and Health Promotion Services	$21 million
Title III-E: Family Caregiver Support	$154 million
Title III (Total)	$1.36 billion

What are the benefits?

Title III funding is a sustainable source of funds to support behavioral health programs and services. It can supplement grant funding in order to increase access for older adults or to replace grant funding if it is no longer available.

Two TCE grantees and one organization conducting Healthy IDEAS use Title III-B: Supportive Services funding to support some or all of the following services: gatekeeper outreach, care management, depression care management, psychotherapy, and psychiatry.

How do we obtain Title III funds?

Contact your local Area Agency on Aging to pursue Title III funding. AoA awards funds to 56 state agencies on aging and 629 area agencies on aging, which can be nonprofit or public agencies, based on the number of persons aged 60 or older in the state to plan, develop, and coordinate systems of supportive in-home and community-based services for older persons. State agencies are required to pass all Title III funds to area agencies to administer within their state-defined planning and services areas.

FOR MORE INFORMATION:

AoA

www.aoa.gov

- Available on AoA website: "State Units and Area Agencies on Aging Finder"
- Available on AoA website: "Overview of OAA"
- See AoA website for current funding opportunities
- The National Health Policy Forum provides an overview "The Basics—Older Americans Act of 1965: Programs and Funding" at *www.nhpf.org*

Evidence-Based Disease and Disability Prevention (EBDDP) Program:

AoA Discretionary Projects

What is it?

The Evidence-Based Disease and Disability Prevention Program supports the development of a distribution and delivery system for evidence-based prevention programs that serve older adults in locations such as senior centers, nutrition programs, senior housing, and faith-based organizations. Under EBDDP grants, 24 grantees across the country are supporting dissemination of evidence-based programs in their communities. Since 2006, AoA has awarded $22 million and has leveraged an additional $20 million to support evidence-based programs in 27 states.

The EBDDP program is funded through AoA Discretionary Projects. The following funding levels are AOA Discretionary Projects, not the EBDDP program exclusively.

	FY 2010 Funding Levels
Anticipated Total Available Funding:	$72 million
Anticipated Number of Awards:	260
Anticipated Award Amount:	Up to $2 million per year Range: $15,000 to $2 million Average: $200,000

Why seek it?

The goal of the EBDDP program is to increase seniors' access to interventions that have proven to be effective in reducing their risk of disease, disability, and injury. Under EBDDP grants, 24 states are supporting dissemination of evidence-based programs in their communities. These include depression and/or substance abuse programs, as well as physical activity, falls management, nutrition, and chronic disease programs.

What are the benefits?

AoA supports states to develop infrastructure, workforce, and capacity to deliver EBDDP programs through the aging services network and local partners. These programs help keep older adults healthy and engaged in their communities.

How do we obtain EBDDP funding?

The EBDDP was funded through May 2011. In March 2010, one-time Recovery Act funding was provided to 47 states and territories to conduct the evidence-based Chronic Disease Self-Management Program (CDSMP). These states are building infrastructure for disseminating evidence-based programs. Some states are addressing behavioral health.

FOR MORE INFORMATION:

AoA

www.aoa.gov

- Available on AoA website: background on the EBDDP program
- See current funding opportunities at *www.aoa.gov*

Additional Federal

CDC

- Original research (RCTs)

HRSA

- Federally Qualified Health Centers

USDA

- Community Food Project

Additional federal sources of funding have provided direct and indirect support for community-based older adult behavioral health services. The Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) (through FQHCs), and U.S. Department of Agriculture (USDA) are examples of creative sources of federal funding. Other opportunities may be available depending on the specific details and services offered in your older adult behavioral health program.

Centers for Disease Control and Prevention (CDC)

CDC funds original research of evidence-based health programs. The CDC and Prevention Research Centers' (PRC) Healthy Aging Network (PRC-HAN)—a collaborative effort of nine university member PRCs and the CDC's Aging Studies Branch—has developed a research and dissemination agenda for the public health aspects of healthy aging and launched national demonstration projects and specialty workgroups.

One organization interviewed in this study conducts PEARLS depression care. It has a strong partnership with the research center that CDC funded to perform the original randomized control trial of PEARLS—the University of Washington, Health Promotion Research Center.

FOR MORE INFORMATION:

CDC PRC-HAN

www.prc-han.org

Health Resources and Services Administration (HRSA)

Federally Qualified Health Centers (FQHCs)

What are FQHCs?

The FQHC program enhances the provision of primary care services in underserved urban and rural communities. FQHCs are "safety net" providers, such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service (PHS) Act, certain tribal organizations, and FQHC Look-Alikes (see box).

What Is an FQHC Look-Alike?

HRSA designates some nonprofit primary care providers as FQHC Look-Alikes. As the name implies, these organizations are very similar to FQHCs and receive cost-based reimbursement for their Medicaid and Medicare services. The main difference is that FQHC Look-Alikes do not receive Section 330 grant funds for uncompensated care.

Why seek FQHC status?

Several sustainable sources of funding sources are available to FQHCs, including:

1) Federal operating grants (Section 330 funding)
2) Medicaid reimbursement
3) Medicaid enrollment workers (reimbursement for Medicaid-eligible personnel on site)
4) Medicare reimbursement
5) Federal loans for developing and operating managed care and practice management networks or plans and capital investment (including IT)[vi]

What are the benefits?

There are many benefits of being an FQHC. For FQHCs that are PHS 330 grant recipients, the biggest benefit is the grant funding. For new starts, funding up to $650,000 can be requested (FQHC Look-Alikes are not eligible). Other benefits include:

- Enhanced Medicare and Medicaid reimbursement
- Medical malpractice coverage through the Federal Tort Claims Act
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost
- Access to National Health Service Corps
- Eligibility for various other federal grants and programs

Two TCE grantees were FQHCs, one partnered with a FQHC, and a fourth has since become a FQHC. The grantees used FQHC funding to support services, including outreach, depression care management, psychotherapy, and psychiatry. All four grantees continue the FQHC supported services.

The TCE grantee who partnered with an FQHC continues psychotherapy with a copay (see Charging for Services). In addition, the Iowa Geriatric Education Center at the University of Iowa, School of Internal Medicine, used HRSA funding to support an area agency on aging, the Aging Resources of Central Iowa, to train providers in evidence-based behavioral health programs and to demonstrate and evaluate pilot programs in community-based settings.

How do we become a FHQC?

Apply for a Community Health Center PHS 330 grant. The first step is to make sure your location or population served is eligible and that you have community support. Community Health Centers must serve a Medically Underserved Area or Population (see the MUA/MUP database).

To determine community support, you may want to hold a meeting. This will help you identify the people and groups willing to work with you on this project. New Access Point funding opportunities for Section 330 grants are posted on *Grants.gov* when available. The application guidance will include a description of how applicants can submit a Letter of Interest (LOI) to the Bureau of Primary Health Care.

Generally, an FQHC can modify its "Scope of Project" to expand services, sites, and / or providers covered by the FQHC. Look to PIN 2008-01 and PIN 2008-02[vii] for guidance, making sure to obtain Prior Approval from the Bureau of Primary Health Care (BPHC).

FQHCs and Health Reform

FQHCs are recognized as a critical component of health reform. Health reform calls for a total of $11 billion in new funding for the Community Health Centers (CHC) program, which includes FQHCs for the next five years. Of the total funding, $9.5 billion will allow FQHCs to expand their operational capacity to serve nearly 20 million new patients and enhance their medical, oral, and behavioral health services. $1.5 billion will allow FQHCs to begin to meet pressing capital needs by expanding and improving existing facilities and constructing new sites.

FOR MORE INFORMATION:

CMS

www.cms.gov

- Available on CMS website: "Fact Sheet: Federally Qualified Health Center" by the Medicare Learning Network

HRSA

- Find more information on FQHCs, FQHC look-alikes and primary care on the HRSA Bureau of Primary Health Care website *http://bphc.hrsa.gov*
- A FQHC provider guide with billing instructions is available on the Washington State Department of Social and Health Services website at *http://hrsa.dshs.wa.gov/*

United States Department of Agriculture (USDA)

Community Food Projects Program

What is it?

Started in 1996, the Community Food Projects Competitive Grant Program fights food insecurity by developing community food projects that help promote the self-sufficiency of low-income communities.

Why seek it?

For programs and organizations with a nutrition component of services, the Community Food Project grant program is a source of potential funding. Community Food Projects are designed to increase food security in communities by bringing the whole food system together to assess strengths, establish linkages, and create systems that improve the self-reliance of community members over their food needs.

Anticipated Total Available Funding:	$5 million
Anticipated Award Amount:	Up to $300,000
Award Recipients:	Nonprofit organizations with 501(c)3 tax status
	FY 2010-2011 Funding Levels

What are the benefits?

Community Food Projects meet state, local, and neighborhood food and agriculture needs and support infrastructure improvement and development, long-term solutions, and innovative marketing activities that are mutually beneficial to producers and low-income consumers.

One TCE grantee secured USDA Community Food Project funding to support a community garden component, an activity-based intervention, as part of a larger older adult behavioral health program.

FOR MORE INFORMATION:

USDA

www.csrees.usda.gov

Local & State Government

- Special taxes
- State Behavioral Health
- State Aging

Despite current financial challenges, potential funding opportunities in state and local government may exist. State and local funding may include: dedicated city or county funding, a special tax, or state aging and state behavioral health funds overseen by the State Unit on Aging and State Behavioral Health Authority, respectively. The following describes how states were funding older adult community behavioral health services as of June 2011. This is changing as a result of health reform, as provisions of the Affordable Care Act are enacted.

Special Taxes

Two grantees interviewed in this study secured special county levies. In Washington and Ohio, local taxes have been levied to raise revenue for services. In Washington, the King County Veteran's and Human Services Levy supports depression care management in the Seattle region. In Ohio, a Health and Human Services county levy reimburses the organization for non-Medicaid clients in traditional care management.

State Behavioral Health

Some states have dedicated funding for behavioral health services. Check with your State Mental Health Authority (SMHA) or Single State Agency (SSA), the state authority on substance abuse, for opportunities.

FOR MORE INFORMATION:

National Association of State Behavioral Health Program Directors (NASMHPD)

www.nasmhpd.org

- Available on the NASHMPD website: State Mental Health Authority (SMHA) Directory and contact information
- Available on the NASHMPD website: their "Older Persons Division"

SAMHSA

www.samhsa.gov

- Available on SAMHSA website: Single State Agency (SSA) Directory and contact information

State Aging

One grantee interviewed in this study, conducting PEARLS, secured state aging funding to support referrals to specialty behavioral health services, psychotherapy, and psychiatry. Some states have dedicated funding for aging services. Check with your State Unit on Aging (SUA) about opportunities.

FOR MORE INFORMATION:

AoA

www.aoa.gov

- Available on AoA website: State Unit on Aging (SUA) Directory

Philanthropic

- Foundations
- United Way

What is it?

The Giving USA Foundation and its research partner, the Center on Philanthropy at Indiana University, have reported U.S. charitable contributions since 1956. For 2009, they found that for the third year in a row, giving exceeded $300 billion. *(www.givingusa2010.org)*

Philanthropic and charitable organizations and foundations come in many sizes with many different program and populations interests. With the websites and online resources available today, one can quickly identify and learn about local, regional, and national foundations that may be of interest. There are a variety of types of foundations that may be sources for initial grants or longer-term grants.

Foundations

The Council on Foundations offers descriptions of various types of foundations:

- "Community foundations are tax-exempt public charities serving thousands of people who share a common interest—improving the quality of life in their area. Individuals, families, businesses, and organizations create permanent charitable funds that help their region meet local challenges. The foundation invests and administers these funds. All community foundations are overseen by a volunteer board of leading citizens and run by professionals with expertise in identifying their communities' needs. In the United States, community foundations serve tens of thousands of donors, administer more than $31 billion in charitable funds, and address the core concerns of nearly 700 communities and regions." *(www.cof.org)*
- In many communities, health foundations have been created when nonprofit hospitals and other health care organizations converted to for-profit status. As of 2006, Grantmakers in Health had identified 185 of these private health foundations with combined assets of $21.5 billion. These foundations, sometimes referred to as conversion foundations, are "very much engaged with their communities and seek their involvement in program planning and priority setting, according to a report from Grantmakers in Health. Some of these health foundations have taken leadership in their communities in promoting and supporting health care access, healthy aging, behavioral health, and evidence-based prevention programs. For an excellent example see the Health Foundation of South Florida *(www.hfsf.org)*.
- "Private independent foundations are distinct from private family or corporate foundations in that an independent foundation is not governed by the benefactor, the benefactor's family, or a corporation. Of the largest private foundations in the United States, most are independent foundations, although they may have begun as family foundations." *(www.cof.org)*
- "Corporate giving is the making of charitable investments by companies engaged in business activity. Responsible corporate funders plan their giving strategically to attack root causes of problems that threaten the health of global communities (and therefore the health of the corporations themselves). These social investments can be cash, products, in-kind services, or employee voluntarism. Many companies make charitable contributions through both a company-sponsored foundation and a corporate contributions program." *(www.cof.org)*

United Way

United Way is a major charity in the U.S. and abroad, and local United Ways give grants to their member organizations. United Way Worldwide is the leadership and support organization for the network of nearly 1,800 community-based United Ways in 45 countries and territories. United Ways help improve the education, financial stability, and health of people. United Way seeks a better life for all, including a quality education that leads to a stable job, enough income to support a family through retirement, and, good health. "In 2007, United Way of America annual revenue topped $4 billion for the first time, continuing its status as the nation's largest charity." (2007 United Way Annual Report)

What are the benefits?

Philanthropic funding can support start-up and continuing services, and in some instances it sustains a service over a long period. One example is case management for vulnerable older adults. Case management can be enhanced with depression care or other behavioral health services and funded for many years.

Four TCE grantees receive foundation funding for services, including outreach, gatekeeper outreach, care management, referral to specialty behavioral health provider, psychotherapy, psychiatry, and other support services. Foundation funding can offer flexibility to provide "other" services that complement and support traditional behavioral health services. These grantees used foundation funding to support a variety of additional services that included expressive therapy, peer counseling, support groups, and a wellness education initiative.

Two Healthy IDEAS and PEARLS grantees receive United Way funding for services, including gatekeeper outreach, depression care management, and referral to specialty behavioral health provider. The original funding for Healthy IDEAS was a three-year demonstration grant from the John A. Hartford Foundation to one of the grantees interviewed.

How do we secure this funding?

Learn about the foundations that support health concerns in your community and region. Looking for foundations supporting behavioral health and older adult concerns may also be useful, but the focus may be more narrow than needed. Learn all that you can from reviewing websites identified here, foundations you may have heard of, and a Google Search for "Health Foundations in Your Community."

Review materials to understand a foundation's awards in different interest areas, as well as the number and level of awards. Learn the types of organizations funded and understand their mission and role in the community. Visit the Foundation Center website, a leading source of information about philanthropy worldwide, or visit one of five regional learning centers and 450 funding information centers located in public libraries, community foundations, and educational institutions.

Meet with foundation representatives to learn more about the mission and current interest of the foundation. Share the mission, vision, competencies, and interests of your organization, and look for common ground. Learn how to apply for funds. Many foundations will accept letters of interest or concept papers and are willing to offer feedback before full proposals are submitted. Use these learning opportunities to gain a deeper understanding of how the organization conducts it grant work and offer the foundation a chance to get to know you and your organization.

Visit your local United Way website and office to learn the funding priorities and how to become a member organization eligible for funding. Speak with organizations already funded and with civic leaders involved with United Way.

Meeting representatives of potential funding sources can be very informative. You can learn how others view community needs and the services available. This can provide insight on the education work needed to bring attention to older adult behavioral health. Potential funders are often willing to suggest other community leaders or funders who may be interested in your issues, so ask for referrals.

FOR MORE INFORMATION:

The Chronicle of Philanthropy

http://philanthropy.com

- The Chronicle of Philanthropy is a major news source for nonprofit leaders, fundraisers, grantmakers, and others involved in philanthropy: *http://philanthropy.com/page/About-The-Chronicle-of/235/*

Giving USA

www.givingusa.org

- Available on Giving USA website: Report "Giving USA 2011"

The Foundation Center

www.foundationcenter.org

- Available on the Foundation Center website: the most comprehensive database on U.S. and, increasingly, global grantmakers and their grants.

United Way

http://liveunited.org/

- Available on the United Way website: find the United Way for any community

Other Funding

- In-kind
- Social enterprise
- University
- Hospital

Social Enterprise

A new approach to financing behavioral health services is driving revenue through entrepreneurial ventures related to an organization's initiative and mission. Two TCE grantees have employed social enterprises to support some older adult behavioral health outreach. One secured a number of creative funding sources, including developing a small but important revenue stream from older adult and behavioral health-related social enterprises including a farmers market and swap market. Another grantee has tapped a strong and affluent gay community locally, raising funds through social fundraising events for the gay, lesbian, bisexual, and transgender older adults that the initiative serves.

Universities

Universities in your area may have an interest in aging and behavioral health. University staff can be great partners, particularly in the area of evaluation, where their expertise can be instrumental in documenting impact of a program and demonstrating effectiveness to potential and current funders. Universities may also have some funds to directly support services. One TCE grantee secured a small amount of support from the state university to do community outreach.

Hospitals

Some organizations have partnered with a hospital or hospital association on older adult behavioral health initiatives. One Healthy IDEAS grantee has begun a new partnership with an area hospital and has enfolded Healthy IDEAS into routine care with the hospital-provided case manager / coach delivering the depression care management program to inpatients, thanks to joint partnership on a larger care transition project.

In-Kind

Think broadly about the range of assets your partners and potential partners might provide e.g., cash, important connections, facilities, books or materials, referrals, their reputations, in-kind resources, or marketing support. (Gordon) Many grantees interviewed received in-kind support in some capacity, including FTEs of project leader and host organization staff time, office space, overhead, human resources, and related functions performed by the host organization.

Appendix

Glossary of Services

We interviewed programs with a variety of older adult behavioral health services, which we divided into the following broad categories:

- Psychotherapy / psychiatry
- Referral to specialist
- Care management
- Depression care management
- Outreach
- Gatekeeper outreach
- Primary care training

Many older adults rely on their family doctor for all of their treatment. Few older adults (less than 3%) report seeing a behavioral health professional for treatment, a rate that is lower than that of any other adult age group.[viii]

Psychotherapy / psychiatry

Specialized counselors will see individuals and families in their offices or other settings for psychotherapy or "talk therapy." Some types of psychotherapy, such as cognitive behavioral therapy, can be very effective in treating conditions like depression, anxiety, and personality disorders. There are a limited number of geriatric psychiatrics. They generally see patients in their office and other settings and can provide psychotherapy and prescribe medication.

Referral to specialist

Programs that do not provide outpatient counseling (psychotherapy) or psychiatry themselves may refer patients to behavioral health specialists outside their organization. This can be a practical solution for non-behavioral health or clinical agencies, such as Area Agencies on Aging or senior centers. However, it is noted research has indicated that some older adults have resistant to going to identified psychiatric or behavioral health specialists.[ix]

Care Management

Traditional care management is the collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health and other needs through communication and available resources to promote quality cost-effective outcomes.[x] The service may be delivered by social workers, nurses, and other service providers. Some home-based nursing services specialize in psychiatric nursing and can provide behavioral health counseling, as well as help managing medication for homebound persons. Private outpatient and home-based nursing services are generally paid through private insurance and/or a person's ability to pay full fees. In some cases, Medicaid and/or Medicare will cover some of the costs.

Depression Care Management

These programs seek to decrease depressive symptoms among patients. Services include screening, education, referral to behavioral health and health providers, behavior activation, and problem-solving therapy. Among the grantees interviewed, there were three evidence-based depression care management programs: Healthy IDEAS, PEARLS, and IMPACT.

Outreach

Traditional outreach informs the public of service availability. It relies on traditional referral sources (e.g. medical providers, family members, informal caregivers, or other concerned persons) to identify and refer older adults for comprehensive assessment.

Gatekeeper Outreach

Gatekeeper (or non-traditional) outreach brings at-risk older adults to the attention of professionals by developing a network of nontraditional community referral sources called "gatekeepers" who regularly interact with older adults (e.g. police officers, post office employees, merchants, building superintendents), outside the traditional referral system of health care professionals or caregivers. Gatekeepers identify and refer older adults for assessment.

Primary Care Training

Research indicates primary care physicians provide the majority of behavioral health care in the United States. Unfortunately, most are not fully prepared to diagnose and treat behavioral illnesses. Training can provide primary care physicians with resources and support to provide patients with adequate behavioral health care, including access to psychiatrists who can review/consult on patient cases, a care team, detailed medical guide, checklists, and tools.

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Interview Protocol

1. NCOA has drafted a brief summary of the program based on the final TCE grant report. Does our summary capture the major elements of the program; is there anything you would add?
2. Were any of these components/activities underway before the TCE grant and how were they financed?
3. Which components/activities continued after the grant; which ones continue today?
4. Did (does) your organization measure outcomes for the program?

Financial sustainability

5. What financial and other resources were required on an annual basis to sustain the program components/activities (for example, level of funding needed, FTEs needed, in-kind serviced needed); what were the sources of that support?
6. What other resources did your organization pursue; what resources may have been worthwhile to pursue? See the following chart, it offers you a guide to types of funding.

Funding Sources ☑

Federal/State Behavioral Health Funding	Block grant	☐
	Transformation grant	☐
	State MH funding	☐
	Other	☐
Federal/State Aging Funding	AoA Evidence-Based Disease and Disability Prevention Program	☐
	Older Americans Act	☐
	State Aging funding	☐
	Other	☐
Local Government Funding	City	☐
	County	☐
	Special tax	☐
	Other	☐
Medicaid	State plan services	☐
	HCBS waiver	☐
	MH waiver	☐
	Other	☐
Medicare	FFS	☐
	Other	☐
Other Federal		☐
Philanthropic & Charitable Orgs	Foundations	☐
	United Way	☐
	Other	☐
Health Care Orgs	CMHCs	☐
	FQHCs	☐
	Other	☐
Charging for Services/ Private Insurance		☐
Other		☐

Sustainability Framework

Next think about sustainability and how it relates to these areas: the program, the organization, and the community. We are interested in learning which characteristics supported sustainability after the grant period. For each area (program/organization/community) consider the top factors that influenced whether or not your program sustained over the long-term. For definitions of factors see our framework (attached).

- Program factors—What features of the program contributed to long-term sustainability
- Organization factors—What features of the organization contribute to long-term sustainability
- Community factors—What features of the community contributed to long-term sustainability

7. What had the greatest influence on sustainability?

Program Factors ☑

Designed for results	☐
"Fits" with mission	☐
Articulated theory of change	☐
Demonstrated effectiveness	☐
Readily perceived benefits	☐
Flexibility	☐
Human resources	☐
Financial resources & financing strategy	☐
Other	☐

Organizational Factors ☑

- Organizational stability & flexibility ☐
- Program champions ☐
- Managerial and systems support ☐
- Integration in organization ☐
- Sustainability plan and action ☐
- Other ☐

Community Factors ☑

- Community/state support for program ☐
- Political legitimacy ☐
- Availability of resources ☐
- Other ☐

Planning for sustainability

8. How did your organization plan for sustainability?
9. What would help grantees in the future; are there any changes to the TCE grant program you would recommend to help sustainability? (What technical assistance would be helpful to you, e.g., measuring outcomes, financial impact, breaking down a policy barrier, skill in proposal writing, etc.)

Grantees and Advisors

Grantees

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Cambridge Health Alliance Boston, MA
Centerstone Community Mental Health Center Nashville, TN
Chiricahua Community Health Center, Elfrida, AZ
Cuyahoga City Community Mental Health Board Cleveland, OH
Elder Independence of Maine, Lewiston, ME
Jefferson Center for Mental Health, Arvada, CO
Longview Wellness Center, Longview, TX
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Notes

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A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

ncoa

National Council on Aging