

**Building Sustainable Systems Change:  
A Guide to Non-Federal Match Funding**

**For  
System of Care Communities That Are Part of  
The Comprehensive Community Mental Health Services  
For Children & Their Families Program**

**Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
Department of Health and Human Services**

**Final Draft  
October, 2008**

# Table of Contents

Introduction.....	2
Federal Rules on Match.....	3
Basic Requirements.....	3
Maintenance of Effort.....	4
What Counts as Non-Federal Match?.....	5
Rules for Indian Tribes and Tribal Organizations.....	7
Funds That Cannot be Used as Match.....	7
Accountability with Respect to Match.....	8
Strategic Planning for Match As a Tool Towards Sustainability.....	10
How to Raise Match: In Hindsight.....	10
Creating a Strategic Plan on Match.....	11
Experiences of Sites in Finding Non-Federal Match.....	13
Role of Partner Agencies in Meeting Match Requirements.....	13
Meaningful Initial Commitments.....	13
Building Alliances More Slowly.....	15
Improving Relationships.....	18
Raising New Funds with Partners.....	19
Redirecting Funds.....	19
Increasing State and Local Resources.....	22
Taxing Districts/Tax Levies.....	24
Making Grants.....	26
Selling Services.....	27
In-Kind Match.....	28
Placement of Key Staff Positions.....	30
Using the Private Sector.....	30
Tribal Communities' Strategies.....	30
Funding the Family Organization.....	34
Finding Resources in Tough Times.....	34
Conclusion.....	35
Appendix:	
Contacts.....	37

## Introduction

This guide is intended to assist states and communities with improving their strategies for raising the required non-federal matching funds for the Comprehensive Community Mental Health Services for Children and their Families Program. The goal of this program is to create sustainable services and systems that meet the needs of children and youth with serious mental health challenges and their families. The first step to achieving sustainability is for the sites funded through this program to raise the non-federal matching funds required under the law. This Guide:

- Summarizes federal rules on non-federal matching funds, including laws and federal regulations, provides policy guidance regarding non-federal matching funds;
- Discusses the connection between match requirements and sustainability of a site and summarizes how successful sites have used the match requirements to further their goals of sustainability; and
- Describes strategies successfully used by sites that have raised non-federal matching funds.

The Comprehensive Community Mental Health Services for Children and Their Families Program, according to its legislative history, was intended as a system reform initiative. Grants were to promote more effective ways to provide mental health services and supports to children, adolescents, and their families. Congress made clear that the intention of this program was to turn a fragmented service delivery approach, where families received support from multiple case managers and uncoordinated care, into a single, comprehensive community-oriented delivery system for children with serious mental health challenges and their families. The program was also, quite deliberately, built upon the prior Child and Adolescent Service System Program (CASSP) of the Center for Mental Health Services, which articulated a set of principles for interagency, comprehensive integrated systems of care for children and their families emphasizing strengths-based approaches, cultural competence, youth engagement, family-driven care and other key principles.

Looked at in this light, it is clear why the legislation requires an early and on-going financial commitment from the grantee or the local community. Adherence to the CASSP principles and applying them across all significant child serving systems is a major undertaking. If applicants are serious about making such fundamental changes, they should be able to demonstrate that commitment through provision of resources; and if they are successful in establishing a strong system for children then it is important that those gains be maintained. The federal government's launch of a site is not intended to result in only a time-limited demonstration program. Applicants for these cooperative agreements must have the intention to continue to operate with system of care principles after the period of federal support. Gary Blau, Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services has often noted that "it is not simply the six years of the federal grant program that are important; it is the six years after the grant ends that is important."

Sites therefore need to begin from day one to work on building the base for a sustainable system that will continue long after the federal government ends its support. To assist them, Congress

provided a significantly longer period of grant support for these initiatives than is normally the case. Instead of three year grants (typical of other research and demonstration programs), these reform initiatives have been given six years of funding.

Moreover, the ultimate goal of the program was that the reforms developed as a result of these grants would affect child mental health services delivery statewide. While each state may need to see a successful local demonstration of the system of care philosophy, the program is intended to encourage states to bring these innovations to scale.

Twenty years after the program was launched this philosophical approach has not altered, but continued efforts are needed to achieve these high expectations. It is not easy to expand funding for mental health services or alter traditional ways of delivering care, but in many communities, successful and sustainable systems of care have emerged.

## **Federal Rules on Match**

### **Basic Requirements**

Under federal law, each public entity that receives a grant under this program must make available, either directly or through donations from public or private entities, non-federal contributions toward the costs incurred in carrying out the purposes of the grant as outlined by the federal government.

The fiscal rules on match reflect the underlying intentions described above. Federal funding is provided over a significant, six year period of time, which is in contrast with typical federally funded demonstration projects that are often funded for three years. The federal government at no time support all of the costs of these systems; sites are expected to achieve partnerships with other state and local child serving agencies as well as with non-governmental organizations that will invest the time, energy and funding necessary to lay the groundwork for long-term program sustainability. These match requirements are a core element of the program and cannot be waived.

The federal contribution incrementally declines throughout the life of the funding, and various other funding sources must therefore increase their commitment to cover the costs. This facilitates a gradual hand-off from the federal grant to state, local, tribal and private sources of funds. This incremental match approach is not unique to the Comprehensive Community Mental Health Services for Children and Their Families Program; indeed, according to the Comptroller General of the federal Department of Health and Human Services the intent of a number of federal programs is built on a theory that:

“The lure of federal grants entices state and local governments into allocating new resources to satisfy the non-federal match for programs they otherwise would not have

funded on their own... (However,) they would most likely agree to spend new resources on the same project if most of the project cost were paid for by the federal government.”<sup>1</sup>

For this program, the law requires a non-federal match every year on a declining basis: match levels specified by the statute are:

- Three federal dollars to one local dollar in years one through three;
- One federal dollar to one local dollar in year four; and
- One federal dollar to two local dollars in years five and six.

The combined grant and match funds are not intended to finance the services furnished through these systems if other resources are available. As services come on line, sites are expected to use other financing streams -- particularly the major federal programs funding services for children, such as Medicaid, the Individuals with Disabilities Education Act (IDEA), foster care, juvenile justice, child welfare family support programs and Maternal and Child Health. This ensures ongoing availability of funding for the services, and allows the site to use its federal money (and its local match) for start-up, innovation, infrastructure development, evaluation and other activities that will both help children and their families and build local and state support for continuing the program after federal funds terminate.

Once again, this approach was anticipated and designed into the program from the start. According to the House Committee Report on the authorizing legislation (from 1992):

“While this federal grant will not pay for (Medicaid and other services funded by mainstream federal programs), it is important that children receive these services to the extent that they are eligible.”<sup>2</sup>

### **Maintenance of Effort**

Before the federal government will make an award under this program, the applicant must be able to demonstrate that it has raised the first year of the non-federal match. To calculate this, the law requires maintenance of effort – that is, the applicant must show that previous spending on community mental health services for children to be served by the site will continue at its prior level. The new federal grant funds must expand resources.

To calculate the maintenance of effort, sites must determine the amount expended by the applicant for the same purposes over the prior two year period. This means that funds spent over the two previous years for community mental health services for children in the same locality as that served by the grant must be averaged. Only non-federal match funds over and above this averaged amount can be counted as the first year of match for a grant.

---

1 Principles of Federal Appropriations Law, Second Edition, Volume II, 10-59.

2 House Report 102-464, Community Mental Health and Substance Abuse Services Improvement Act of 1992 (Section 104 of which is the Children’s and Communities’ Mental Health Systems Improvement Act).

From then on, the maintenance of effort amount remains as a base, and every year's non-federal match amount must be over and above this base amount. Funds counted as match in all six years of the grant must be funds that exceed this averaged maintenance of effort amount.

Maintenance of effort funds are, however, only those that were spent:

- By the applicant agency (not those of other partner agencies);
- For the purposes for which grant funds are authorized to be spent; this means:
  - Only funds spent on children who fit the definition of the target population for the site;
  - If the applicant is a state, only funds expended in the locality of the system of care site (assuming the site is not state-wide);
  - Only funds spent on community services, if funds expended on residential services are not included as part of the maintenance of effort. However, if the funds are ultimately diverted to community services they can count as match provided all match rules are met.

### **What Counts as Non-Federal Match?**

Federal law defines matching funds as:

- Non-federal public or private funds;
- Funds that are not used as match for any other federal program;
- Unrecovered indirect costs
- Funds that are spent on the system of care;
- Either cash or in-kind, fairly evaluated.

Matching funds must also be spent for the same purposes as authorized for the federal funds allocated under the grant. For example, funds spent on residential treatment services that have a bed capacity of more than 10 beds cannot be counted as match, as this is not an expense permitted under the statutory language governing the program.

Matching funds must be funds (or in-kind contributions) that are in-hand and have been spent in the year for which they are claimed. Sites may not count contributions that have been promised but not received.

Importantly, sites are not forced to claim as match all the non-federal funds that they may have raised. Funds that meet the match requirements can be carried forward and spent in a future fiscal year. When sites do this, they need SAMHSA permission. Importantly, sites must understand that the match ratio that applies is for the grant year in which the funds will be spent, not the prior grant year in which the matching funds were raised. If the match requirement is higher in the new fiscal year, it is often desirable to spend the match in the year it was collected, instead of carrying it forward.

The requirements for meeting the non-federal match rest with the public entity that has been awarded the grant. It cannot be required of contractors or sub-contractors, although contractors or subcontractors may contribute to the match. The grantee may request assistance in meeting the

match requirements from public or private entities, including child serving agencies, private corporations, foundations and non-profit entities, but it may not demand this assistance.

Cash match can be new state or local dollars and can include:

- New state or local general fund dollars appropriated to any child serving system or agency that are spent on the system of care or children served by the system of care;
- Funds redirected from services previously offered to a child in another part of the state who is returned (or moves to) the area served by the program and is provided services through the system of care;
- Funds redirected from residential or other institutional services and spent on community services for a child who is served by the program;
- Funds from private entities, including private health insurance payments, donations from business or charity groups, etc.
- Earned income, such as a payment for site's services, training, etc.

Although match funds may not be federal funds or funds used to match any other federal program, this does not mean that funds used to supplement reimbursements under other federal programs cannot be match. For example, additional costs of a Medicaid-covered service can be funded with grant or matching funds if the Medicaid reimbursement is less than the actual cost of the service. A non-Medicaid service can also be paid for with grant or matching funds even when furnished to a child who is Medicaid-eligible.

In addition to cash, match can be claimed for in-kind contributions from any source. In-kind match:

- May be plant, space, equipment, or services;
- Must be fairly evaluated;
- Must be an allowable cost under the terms of the grant if the party receiving the contributions were to pay for them, and
- Volunteer services must be an integral and necessary part of the system of care's operations.

To fairly evaluate in-kind supports sites must make certain calculations.

- Space or equipment where a third party retains title must be valued at the fair rental rate (if this is uncertain, an estimate from a local realtor is acceptable);
- Volunteer services by professional or technical personnel, family members or youth, consultants and others must be an integral and necessary part of an approved program and constitute an allowable cost if the program had to pay for them;
- When calculating volunteer rates when the grantee does not have employees performing similar work, rates must be consistent with those paid for similar work in the labor market in which the grantee competes;
- Volunteer rates can include reasonable fringe benefits;
- Supplies must be calculated at the market value at the time of the donation.

To claim donated time as match, sites should ensure that accurate time logs are kept, using consistent rules, and that the value placed on the time is appropriate and acceptable to auditors. (See below for more details on accounting for match.)

## **Rules for Indian Tribes and Tribal Organizations**

The over 500 federally-recognized Indian Tribes and Alaska Native Villages have different rules and different options with respect to raising the non-federal match for this program. Tribes are sovereign entities that have a government-to-government relationship with the federal government. According to 2005 annual Census Bureau estimates, 4.4 million Americans identify themselves exclusively as American Indian or Alaska Native, over a million of whom live on federal reservations or on off reservation trust lands. These reservations are located in whole or in part within thirty-five states.

Indian Tribes and Tribal Organizations may use other federal funds to meet match requirements under this program. Under Public Law 93-638, the Indian Self-Determination Act, federally-recognized Indian Tribes have the option to withdraw from federal agencies the funds used to operate programs for tribal members. These tribes then assume direct administration of federal Indian Health Services or Bureau of Indian Affairs funds. Those that assume this responsibility are then free to use the funds converted under PL 93-638 as match for this program.

Furthermore, tribal sites may need to raise less non-federal match than other sites because the federal government can assume more of the costs of direct services. For Indian Tribes and Tribal Organizations, Medicaid is matched 100 percent if the services are furnished through an Indian Health Service provider. Many mental health ambulatory services fall under this rule. As long as the service could have been furnished in the facility, the full 100 percent federal match can be claimed by the state and passed on to the Tribe.<sup>3</sup> The claims for these services flow through the state Medicaid agency, which also receives federal administrative funds.

In addition to Medicaid, another potential source of ongoing financing for services to tribal children is special education funds under the Individuals with Disabilities Education Act. Federal law permits IDEA funds to be provided directly to tribes by the Department of Interior to ensure that children aged 5-21 receive a free and appropriate education. In addition, IDEA funds for infants and toddlers (age 0-3) are provided directly to tribes by the Department of Interior.

## **Funds That Cannot be used as Match**

There are strict rules regarding funds that can and cannot be counted as match. These rules are articulated in the program's authorizing law, in other federal law governing matching funds, and in Department of Health and Human Services regulations.<sup>4</sup> Matching funds cannot be:

---

3. Under Section 105(b) of the Social Security Act, states receive 100 percent federal Medicaid match for the services furnished in Indian Health Service facilities (clinics). This reimbursement is paid at the all-inclusive facility rate. Those tribes that have opted to take over Indian Health Service activities under Public Law 93-638 also are covered by this rule. They can receive the all-inclusive facility rate for services provided to Medicaid-eligible children, although the state Medicaid agency must bill the federal government for these funds to be obtained.

4 See Code of Federal Regulations, Title 45, Part 74, Section 23

- Federal funds from any source;
- Non-federal funds that have been used as a match for other federal funding (such as the non-federal share of Medicaid or Title IV-E);
- Funds that are spent for a purpose not permitted for the federal grant funds;
- Funds not spent on the system of care, but spent instead in another part of the state or locality;
- Funds expended for services to children in the community who are not served by the system of care,
- Funds that are required to meet the federal maintenance of effort requirement (see above).

The rules with respect to using funds from federal entitlement programs, such as Medicaid, Title IV-E and IV-B of the Social Security Act (child welfare funding) and IDEA have caused considerable confusion. While these funds are crucial to running and sustaining a system of care, neither the federal nor the non-federal share of these program funds can be used as match. In its fiscal accounting, a site must be able to show the cost of services to children that has been paid through, for example, Medicaid including both the federal share and an amount that represents the state share of that service cost. These funds must be clearly separate from the funds that the site is claiming as non-federal match.

### **Accountability with Respect to Match**

All costs used to satisfy matching requirements must be thoroughly documented by the grantee and are subject to audit. Audits may be conducted by the federal agency and in addition, many states and localities have specific audit rules that must be followed.

Accountability for in-kind match includes appropriate documentation of the specific contribution and its value. To make certain that matching funds have been calculated correctly, the grantee should strive to ensure that all matching funds meet the following criteria:

- Are verifiable by inclusion in the recipient's records;
- Are not included as contributions for any other federally-assisted project or program;
- Are necessary and reasonable for proper and efficient accomplishment of program objectives;
- Are allowable under applicable cost principles;
- Are not paid by the federal government under any other award;
- Are provided for in the approved budget of the grantee.

Indirect costs must be at the federally-approved rate and sites can find the per diem and mileage travel rates on line at the U.S. General Services Administration web site ([www.gsa.gov](http://www.gsa.gov)).

Key data must be collected to justify claiming volunteer time, such as name, employment (if any) and task performed. Forms that collect the necessary documentation of donated time need to include:

- Name of individual concerned
- Title or indication of role
- Date of activity
- Explanation of activity
- Time spent (time in and time out)
- Allocated cost of time per hour or ½ hour unit (provide space on the form for calculation of total value of time, based on rate per hour)
- Entity funding the time, if person is employee of contributing organization
- Costs of child care for family members
- Costs of transportation to event
- Contributed overhead costs for any space that is used (rent, utilities, phone, fax, supplies, other equipment).

The federal government will allow a site to claim the value of the work, not necessarily the value of the specific person's time. When staff of any agency provide services, training or input on a committee they are using the expertise for which they are paid. In these circumstances, the person's salary can be used as the basis for calculating the value of the time contributed. The same rule applies if any other individual, such as someone from the community, volunteers their time to perform tasks that are dependent upon their skills and training.

When individuals provide a very different type of service than the service for which they are paid, their salary is not the basis for claiming match. In that situation, it is necessary to show what the site would have had to pay if it had purchased this same service. Thus, if a highly qualified person with several degrees drives children to a recreational event, the match that can be claimed is the hourly cost of a driver, not the hourly salary paid to this individual.

Documentation regarding the contribution of staff time from other agencies can be more simply obtained. Contributing partner agencies should write a letter that details their contribution in terms of the personnel who are contributing time, their hours and the total value of the agency's contribution. It is not necessary to cite a person's specific salary, which is something some agencies are reluctant to do.

Sites should carefully examine the requirements the federal government has with respect to these cost-allocations. The critical federal auditing requirement is Circular A-133, the Single Audit Report, from the Office of Management and Budget (OMB). This circular requires providers that have received more than \$500,000 in federal funds during the previous year to have an audit each year. The report of the audit must be submitted within 30 days after receipt of the auditor's report or within 9 months after the end of the audit period (which ever is earlier) and submitted to the Federal Clearinghouse designated by the OMB.

Sites must identify for SAMHSA their non-federal contributions and ensure that the audit required in the OMB Circular A-133 demonstrates compliance with the federal rules on match. Independent audits are the most certain way of ensuring that all federal and state requirements are met. Generally accepted government auditing standards and accounting principles are understood by state and local budget and finance officials and apply to the documentation of non-federal matching funds under this program.

## Strategic Planning for Match As a Tool Towards Sustainability

### How to Raise Match: In Hindsight

Graduated sites and sites in their last few years of the federal grant have significant wisdom to share with those who are just beginning this process. Much of their advice can be summarized as follows:

- These grants are about systems change, they are no longer demonstration projects. As such, leaders must plan how to shift the way systems address child mental health issues and not focus all their energy on building new services.
- Changing a system requires addressing issues across child serving systems. Resources for meeting children's needs are spread across these systems and good outcomes cannot be achieved, and the site cannot succeed, without building strong relationships with other agency leaders and staff. No one agency can do this alone.
- When sites open doors with other child serving agencies they must focus from the start on doing business a new way in order to achieve better outcomes for children and families. Once trust has been built, collaborating agencies can take risks together.
- Address long-range financing issues early. The first two years of the grant can be overwhelming in terms of programmatic issues, but financing must be given substantial attention. Otherwise, in year four (when the federal grant declines as a proportion of overall costs) there will be a crisis and a panic.
- As sites make financial plans, leaders need to get out of the "match frame of mind." It is critical to find the non-federal match for the program, but if sites focus on how to fund a sustainable system, match funds will generally emerge. Remember, cash is always nice to have, whether or not it meets the match requirements.
- Consider this grant as venture capital, as a way to invest in and demonstrate effectiveness of new services and approaches or in new infrastructure. Use the federal grant to institutionalize improved practices in the community; this will lead to financial support that can then be sustained over time.
- Financing for sustainability is an evolutionary process. It starts with building relationships and then creating commitments of financial support. Many strategies can come on line over a period of years.
- If the site runs into difficulty with raising all of the match in cash resources, leaders should consider all the possibilities for in-kind match in order to survive. However, do not rely 100 percent on in-kind match, as this often does not lead to any expansion in services nor is it likely to result in real systems change.

## Creating A Strategic Plan On Match

The focus of any plan regarding resources must be on finding resources that will sustain the program after federal funds terminate at the end of the six year grant. With that as the goal, developing sources of non-federal funds for services and activities that cannot be paid through the usual sources is a critical part of the plan. Sites funded in earlier years have used a number of strategies to find the resources to sustain their systems of care.<sup>5</sup> Those strategies rated highest by those sites are:

- Securing Medicaid funding
- Expanding state mental health authority resources
- Obtaining and coordinating funds with other systems
- Redeploying funds into lower cost service alternatives

Since federal funds cannot be used as match, and nor can state or local Medicaid match, the first of these strategies is entirely a sustainability strategy. It will not directly help sites meet their match requirements. Nevertheless, Medicaid funding for as full a range of services as is possible under federal law is critical to the continued survival of the system of care. On the other hand, by drawing down available service dollars through Medicaid, sites may free up grant and non-federal funds for activities that can be funded no other way, thus making the most of their grant and the match.

The other three strategies for creating a financially sustainable system of care, however, relate directly to the match requirement. State mental health funding, certain funds available to other systems and funds redeployed from high end services are potentially eligible as funds that can be claimed as match. Creating a strategy for obtaining match funds through these strategies leads a site directly towards the goal of sustainability.

Approaching match requirements with these concepts in mind requires the site to focus early and very seriously on its relationship with other child serving agencies and the state mental health authority.

Studies of community initiatives that are successfully sustained have found that diversifying funding is essential. Successful agencies also combine cash resources with in-kind contributions.<sup>6</sup> Typically, successful sites under the child mental health program have incorporated these strategies, have used multiple funding streams that cut across the various child serving agencies and often leverage other public and private resources as well.

Tapping into all available resources will require investing in staff with strong financial and program expertise. Program needs should always drive funding decisions, and program leaders

---

5 Stroul, Beth A., *The Sustainability of Systems of Care: Lessons Learned*. From the Report on the Special Study on the Sustainability of Systems of Care. (June, 2006). Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Child, Adolescent and Family Branch.

6 *Sustaining Comprehensive Community Initiatives; Key Elements for Success. Financing Strategy Brief*. New York, NY: The Financing Project. [www.financeproject.org](http://www.financeproject.org).

need knowledge of the various funding opportunities, particularly Medicaid and other major federal financing programs, that can provide sustainability. Individuals with this combination of program and financing skills can also be valuable assets in planning how to raise the necessary non-federal match.

It is critical that sites have a serious plan about raising match, and this should be a subpart of an overall financial plan for sustainability. Finding the non-federal match to enable a site to continue its operations in the later years of the grant is a challenge. The strategies described in this section are intended to give some ideas to pursue, but every site will need to develop its own unique ideas for including match funds as part of the overall financial sustainability plan.

As part of a financing plan, sites should consider:

- Creating a planning group of truly committed individuals from across child serving agencies to work on a specific plan to gradually back-out federal dollars as services get up an running and other money is found to support them;
- Engage others in their planning, such as the family organization, business representatives and other private sector entities;
- Creating a mix of in-kind support and cash match from various sources;
- Having realistic objectives and tasks that do not overwhelm the ability of the site to follow-through – plan to do five things around match in year one, 5 more in year two, etc.
- Starting to track outcomes early (even with crude measures) to show other agencies value of supporting the system – demonstrating success in returning youth from residential placements, for example, may be particularly attractive to child welfare, juvenile justice and education agencies.
- Plan how to reduce overall reliance on federal funds as the program grows – if the program has been built, in the last few years it may not be necessary or advisable to take the full amount of federal funds available as this can reduce the final drop-off in federal funding;

If, in any one year, the site is particularly successful in raising non-federal match, it can also consider carrying match funds forward to the next fiscal year instead of over-matching in one year. Although this will require matching those funds at the rate required for the subsequent fiscal year it may relieve the pressure on the next fiscal year.

States can also play an important role in ensuring the interagency collaboration that is needed for a strong system of care and that, indirectly, can lead to non-federal match. Interagency bodies at the state level can deal with overall systems issues and state-level financing policies that a local site cannot address.

## **Experiences of Sites in Finding Non-Federal Match**

The following sections describe the various strategies most commonly, and most successfully, used by sites to raise non-federal match for this program. This information was collected through contacts with a number of national experts on financing for system of care sites and through telephone conferences with officials in eight system of care sites. In addition, a few examples are included here from research conducted for the first SAMHSA Matching Guide (in all cases, older examples are identified as such). Contact information is provided where individuals were willing to have other sites communicate with them in order to get further information on their strategies.

### **Role of Partner Agencies in Meeting Match Requirements**

All of the sites and experts interviewed for this report made remarkably similar comments about the role of other child serving systems in meeting the match requirements. Strategies for utilizing the grant funds and/or match rules to link with these agencies were also described.

A first critical factor is how the applicant agency first approaches other systems. Generally, there are common goals among mental health, child welfare, juvenile justice and education with respect to the children in their care. However, the agencies may initially have very different views of how to get there.

Building a true partnership with one or more agencies can only be done if the applicant agency works with another agency to identify its particular current concern and to agree upon an approach to meet that concern.

In addition to the major child serving systems (mental health, child welfare, juvenile justice and education) other potential partnering agencies include substance abuse, mental retardation/developmental disabilities, health, juvenile courts and probation, employment and vocational rehabilitation agencies and others.

### **Meaningful Initial Commitments**

The ideal situation is when two or more child serving agencies come together prior to applying for federal funds with a true and meaningful commitment to providing wraparound services to children through the system of care philosophy. All applicants for federal funds create coordinating bodies with representatives from several systems. However, there is a significant difference between an agency signing off on an application as a favor to another agency or assigning people to sit on a coordinating council and a full commitment to the system of care approach by the agency head. Where the latter can be achieved, two or more agencies can join together to pool resources that will guarantee the site a certain level of non-federal funding throughout the grant and beyond.

- Central Massachusetts Communities of Care identified lessons learned during the implementation efforts of a first cooperative agreement for the creation of a system of care in the city of Worcester, and applied these lessons when it received a second award

in the Central Massachusetts area. In the initial grant, the Department of Mental Health was the formal applicant and other agencies signed on as a gesture of support. However, on the second round, project coordinators recognized the need for a shared commitment to a comprehensive system of care across all departments within the Executive Office of Health and Human Services and worked to secure concrete, mutually beneficial partnerships. The resulting arrangement allowed the Secretary's Office of Human Services (which includes Child Welfare, Mental Health, and Youth Services) to serve as the applicant, and each agency pledged \$111,000 in non-federal cash match at the outset, thus ensuring that each agency had a vested interest in the outcomes of comprehensive partnerships. The agencies have all maintained this level of commitment throughout the years.

- Rhode Island has received three grants to implement systems of care in the state, and lessons learned in the first pilot site allowed the state to achieve certain successes when it took the system of care approach statewide through a second grant.

Project REACH was the first grant received and data collected early during this grant revealed a dearth of services for youth incarcerated in the juvenile justice system. In the last two years of Project REACH, the site recognized this as an opportunity to build an alliance with the juvenile justice system by utilizing grant funds to address core problems faced by the juvenile justice system. Three half-time Family Service Coordinator positions were created in community agencies with a very high percentage of youth returning from juvenile detention and/or corrections. These positions were filled by family members of youth with co-occurring behavioral health and justice issues. A half-time Transition Coordinator position was created within the correction facility. Finally, wrap around funds were allocated to the three areas to be served. While the pilot was funded by system of care dollars, because Rhode Island built on existing infrastructure, the outlay was quite small, amounting to 2 FTEs and some wraparound funds under \$100,000.

This then became the basis for Rhode Island's second system of care grant, Project Hope, which expanded systems of care statewide and increased the range of community providers participating. Comprehensive, family driven transition services to youth moving out of the juvenile justice system through Project Hope resulted in reduced recidivism rates by the youth served. The program has proven effective and popular, and has seen some of the lowest recidivism rates in the country. The juvenile justice program has been fully sustained by the state since federal funds expired. Widespread community, legislative and executive branch support led to a \$1.9 million line item being added to the state budget.

- Monroe County, NY has also been successful at fostering early, mutually beneficial commitments from agencies that have a stake in system of care outcomes. Prior to applying for a system of care cooperative agreement, Monroe County established a cross-system collaboration between the Mental Health, Child Welfare, and Juvenile Justice systems, with the goal of providing integrated, community-based wraparound services to youth served by all three systems. This collaboration built an initiative known as the

Youth and Family Partnership (YFP), led by an Interagency Leadership Team comprised of the directors of each agency with additional leadership and collaboration from other community leaders. This initiative built on New York policy that may not be applicable in other areas, but the key lesson from this site is how the early interagency partnerships led to later success in supporting a system of care site.

The YFP initiative took advantage of a New York policy that gives counties a 50-50 state-local rate for children in foster care, compared with a 65-35 state-local rate for preventive services such as wraparound. The YFP initiative shifted foster care dollars into preventive services so as to reduce the county's rate. Funds historically used for residential placements were reinvested in the development of YFP with the expectation that costs per child would decrease and outcomes would improve. Start-up funding from the state mental health authority and staff support from county juvenile justice, mental health and child welfare systems also supported the program.

The initiative began as a pilot for 25 youth and their families and was able to demonstrate compelling outcomes from the fiscal, functional and satisfaction standpoints. The program was expanded twice and now serves 100 youth and their families. Having laid the groundwork, the county then sought a SAMHSA cooperative agreement to enhance this existing cross-system collaboration and make the services available to more youngsters.

### **Building Alliances Slowly**

Not all agencies will immediately buy into the full philosophy of systems of care – many will only come to that point after some positive experience of meeting the needs of the children their system is responsible for in a better way.

Sites should therefore scan the environment early (if possible even before applying for federal funds) and look for opportunities to work with key partners on the problems those key partners want to solve. Once good relationships exist and there is common thinking, the partner agency may be able to contribute either staff time or resources to the initiative, creating a source of match funding. The site can begin such a process by reviewing where children are currently placed and how they are served and by which agency. Sites can be opportunistic about where to partner, working with agencies that are more ready to accept system of care values.

Levels of commitment will vary. Some agencies may be ready to commit resources immediately, others will need to see the results before they will commit. All agencies are pressed for funds, and expanding budgets is never easy and sometimes not an option. One approach is to test out the system of care approach – this can be done through a pilot or demonstration project, or more comprehensively for all children in a particular target group (such as children in out-of-state placements or at risk of placement in high end residential treatment in the partner's system).

Such pilots may be jointly funded, in which case it is possible there will be resources that the site can claim as match. Often, however, these pilots are best thought of as loss-leaders – the system

of care will have to use grant funds and basic service dollars (such as Medicaid or Title IV-E) to meet the costs. Over time, and with success, the partner agency should be asked to work some of these costs into its budget. Not only will that create match funds, it will also strengthen the inter-relatedness between the agencies and is likely to lead to continuation of the program following the termination of federal funds.

- Creating meaningful, committed partnerships with other agencies was the goal of the Central Massachusetts Communities of Care from the outset of a second award the area received. As summarized above, each core agency pledged \$111,000 in non-federal cash match; a level of funding that has remained stable and consistent through the first four years the grant. As match requirements increased in each year, however, so did the discrepancy between the amount of cash match initially pledged and the amount needed to fulfill requirements. To address some of these needs, the site entered into a partnership with the Department of Elementary and Secondary Education (DESE) and received some cash with plans to obtain much of the remaining match required from schools that are implementing Positive Behavioral Interventions and Supports. Through an Interagency Services Agreement, the DESE provides \$100,000 a year to support PBS-related system of care efforts. Although the funds are federal dollars allocated for school improvement, IDEA, etc. and therefore not match, the funds nevertheless sustain the site and create critical alliances between the state level Department of Education, independent school districts and the mental health system of care.

Communities of Care also gets contractual, cash contributions from Worcester public schools for training/coaching on wraparound facilitation, cultural competence, partnering with families, etc. The site leaders view PBIS as a valuable way to engage the schools in collaboration. Initial resistance gave way as undeniable changes in school climate, decreased discipline referrals, suspensions, etc. were experienced.

- In 2001, state policy makers in Rhode Island targeted the problematic high rate of out of state placements for children and youth in the child welfare system. This became a priority issue for child welfare. Data collected by the state indicated that many children and youth could be served in much less restrictive settings in their communities with increased contact with families and natural supports. The child welfare agency launched the Child by Child Project, led by two senior administrators and with representation from behavioral health, child welfare, and juvenile justice to reduce these out of home placements. The SAMHSA-funded site, Project REACH, worked with child welfare to develop therapeutic foster care, starting with 10-12 beds for children with the most serious issues. Project REACH offered a range of individualized alternatives to support children and youth targeted by the Child by Child Project in more natural settings and was able to contribute substantially to a 50% reduction in out-of-state placements in one calendar year. Expanding therapeutic foster care freed up \$10 million from high end residential placements that could be redirected towards home and community-based services. The Legislature, impressed by this outcome, increased funding by \$75,000 to maintain Project REACH efforts. All of these state funds were available for use as match, although in fact the Project also used some of them as match for Medicaid.

- In Pima County, Arizona, Project MATCH similarly found that focusing on therapeutic foster care enabled a successful partnership with child welfare. When the cross-system governing body for Project MATCH, the Leadership Council, identified development of therapeutic foster care as a priority, the system of care invested federal grant funds to recruit and train therapeutic foster families and to demonstrate the value of this service in partnership with the child welfare agency. Child Welfare licensing rules were used as the basis to identify foster families who would be eligible to be trained to participate in therapeutic foster care (TFC) services. Arizona, in fact, hired the author of the child welfare system's standard foster care curriculum – which emphasized foster parents' roles in facilitating children's positive relationships with their own family members – to develop the therapeutic training components as well.

Child welfare foster family recruitment agencies competed to secure grants from Project MATCH's federal funds to combine with their existing committed resources to enhance recruitment efforts. The non-federal child welfare and other private agency funds that were committed were claimed as matching funds. Federal dollars thus seeded TFC services as an alternative to traditional residential treatment and group home programs; and once proven viable in addressing challenging treatment needs of children in family and community settings, the TFC services were co-funded by Child Welfare (custodial care) and behavioral health/Medicaid (active treatment components). Eventually over 100 therapeutic foster care placements in Pima County were able to effectively replace scores of less effective and more costly residential treatment placements.

One most effective strategy for beginning to work with another agency is to embed system of care staff in that agency's programs. This strategy works especially well with Education. Schools are often willing to contribute space and possibly administrative support and, because schools have significant state and local general fund dollars, all of this is potentially match. Over time, experience shows that schools often can be encouraged to pick up some or all of the costs of the embedded staff. Sites have also used this strategy to place workers in probation offices, child welfare systems, Head Start programs and other child care settings.

In other sites, there has been collaboration so that certain staff expertise is hired by a partner agency, while the applicant (usually a mental health agency) uses the federal funds or other resources to provide training for these new workers. The salary and other costs of the individual hired is also in-kind support for the site.

- Monroe County, New York focused on matching and sustainability by training case workers from Child Welfare in facilitation of the child and family team process (wraparound) for children entering the foster care system. As a high proportion of these youth are children with significant behavioral and emotional challenges, the intent is to reduce the use of higher end out of home services and focus on the development of community-based alternatives to meet the needs of children and families without further disruption of the family unit. The decision to embed this practice within the existing staff of one of Monroe County's largest child serving systems was intentional, as it rendered the practice sustainable after the cooperative agreement funding ended.

- Oregon recognized Head Start and other child care programs as an ideal location for integration of system of care staff and principles into the community. Child care and Head Start programs pay for monthly consultation visits from system of care staff; compensation which is considered match. As centers have begun to realize the value of services and expertise provided by system of care staff, programs are beginning to assist with contributions for some staff costs as well.
- Co-location was also used some time ago in South Carolina, where The Village program co-located 90 child-service workers with other agencies, with only six working out of the Village's own facility. Most of these were placed in schools, several in child welfare and juvenile justice and a few in a health clinic.

### **Improving Relationships**

There are many ways to build or improve relationships between agencies. If there is reluctance to move forward jointly (or even when agencies are already beginning to work together) sites have found strategies help to create or to cement relationships and unified goals, such as:

- Forming a group to examine state or local spending patterns and to figure out how agencies can work together to create more cost-effective services and to ensure that any cost savings remain available for child services;
- Partnering on programmatic aspects can also be a stepping stone to partnering on resources. In a number of sites interagency work groups have developed cross-agency policies – such as a single assessment tool, cross-agency access to electronic plans of care, joint training for case managers, etc.

Another way is to provide opportunities for partner agencies to participate in training opportunities, including CMHS sponsored events, or bringing in experts to provide technical assistance on issues of concern to the partner agencies.

- One site took staff from mental health and education agencies to a conference organized by the Council for Exceptional Children which gave them the opportunity to meet and begin to build a plan for change;
- A number of sites have participated in Georgetown University Policy Academies, which are organized to provide a very significant amount of group planning time for multi-agency delegations and often allow the group to determine a policy agenda to focus on.

These and similar activities lead to stronger working relationships and a desire to tackle larger problems.

## **Raising New Funds with Partners**

Partnerships among child serving agencies have been successful in raising new funds for a specific set of services. These can be either small-scale pilot programs or more expansive initiatives, depending upon circumstances. Sites can partner with another agency to strengthen their application for federal grant funds (for example, a federal education grant, a substance abuse grant from SAMHSA, a housing grant, etc.).

In creating such an initiative, there is the opportunity for both the site and the other agency to bring resources (staff, overhead or cash funds) to the table so as to both meet requirements of each grant, and also, most importantly, to sustain the effort once the other grant has run its course. In some states there may also be the potential to apply this strategy to obtaining a state grant. Relationships built in this manner are strong and can often move on to working jointly on other critical issues.

- In Wasco County, Oregon, School District 21 has applied for a large, 5-year grant from the Department of Education that will sustain school-based system of care efforts developed early in partnership with the Columbia River Wraparound System of Care. Funding from this grant will assist with the cost of site care coordinators and allow continuance of efforts in classrooms already benefiting from these services. This approach aims to help system of care partners sustain projects borne out of system of care partnerships.

## **Redirecting Funds**

The redirection of funds spent on residential care or on expensive and less effective clinical services to support a wraparound community services approach is another strategy rated relatively high by successful graduated sites.

When this strategy is employed, it is likely that some of the redirected funds will be federal or state Medicaid dollars, which cannot be claimed as match. Even though this may be a critical strategy for providing good care and for sustainability it will not help the site with its match issues. However, in many cases, other agencies are using state funds for at least a portion of these costs. Group homes, for example, cannot be billed as a Medicaid service. Both child welfare and juvenile justice agencies frequently place children in group settings that are not fully reimbursed by Medicaid, and as a result the non-federal funds they are using (if redirected to community care) can count as match.

As states try to use less out-of-home interventions and increase community-based alternatives, the shift in dollars (if dedicated to a site's population of focus) can be counted as non-federal match. According to one site, this is another case where it is essential to have someone who really knows and understands "the numbers." This is often not the chief executive of the site, but rather a veteran accountant, MIS or financial management individual who has been around for a while and who will be able to identify multiple year shifts and trends.

- Central Massachusetts Communities of Care has successfully obtained a substantial amount of in-kind match funds by redirecting resources previously utilized for residential treatment and inpatient services into system-of-care services in the community. In year three alone, the site expects \$320,000 in Child Welfare funds to be redirected to support community-based services.
- In year two of its federal award, Columbia River Wraparound System of Care, Oregon initiated a collaborative effort to redirect funds for youth who would otherwise be suspended from school or moved to a higher level of care. In partnership with the school system and the Juvenile Justice Department, the site sought to keep youth in the community by effectively reducing the number of school suspensions and restrictive placements. Both Juvenile Justice and the Department of Education contributed funds and augmented their contributions with in-kind support such as space and overhead. Additionally, each partner supplied some dollars to be used as flexible funds, all of which were counted as match. Each partner contributed staff resources, with Juvenile Justice supplying one staff member, Education one teacher and one aid, and the system of care site contributing one care coordinator and a part-time therapist. The total cost of each classroom amounted to \$75,000, and currently two such classrooms have been developed in Wasco County, in addition to two other classrooms in surrounding counties.
- Shifting children from costly and restrictive residential programs back into their communities, and shifting the cost-savings into system of care efforts, was a primary goal identified by the Cuyahoga County Tapestry System of Care in Ohio. Approximately 500 children were in residential care, with 250 of them placed out of state. The number in residential care has been reduced to about 250, board and care payments have been cut in half and children receive care in the community. This was accomplished through collaboration between Tapestry and child welfare, as well as with residential programs, to design a comprehensive Care Coordination model. The residential provider was informed that while residential beds would decrease, the system of care would work with providers to retrain and re-direct the work force and would provide sufficient revenue to keep program afloat while they re-tooled to provide new community-based services.

The county's child welfare agency redirected its placement funds to support 14 neighborhood collaboratives, ultimately resulting in \$4.2 million of redirected funds, eight Care Coordination Partnerships and two Residential Step-Down contracts. Each of the eight care management entities is a partnership of at least one child welfare-contracted Neighborhood Collaborative (an association of organizations, including residents, parents, providers, schools, faith based organizations and others, that come together to respond to the needs of children and families in their neighborhoods) and one Mental Health Board agency that provides Medicaid treatment services and has a residential services capacity. Each Neighborhood Collaborative is "represented by" one or more specific community center or settlement house.

The Care Coordination Partnerships provide care management and wraparound plans for the total 900 children served by the System, and a payment rate structure was developed that was viewed equitable across all providers, with Care Coordination rates ranging from

\$18.50-\$21.80 per child per day. The director of child welfare describes the Care Coordination Partnerships as the new business model – the lead agency is the clinical/Medicaid provider with expertise in stabilizing kids. As a result of this redirection, residential board and care payments for children dropped from \$105 million in 2001 to \$55 million in 2007.

- Also in the Tapestry program, funds used to provide services to children in a juvenile justice facility were redirected into the system of care when that facility was closed. Tapestry received \$12 million as a result of this closing, some of which is the product of the sale of the facility and property itself. 160 children have been moved from this facility and the dollars will follow them into the community through contracts for system of care services.
- In part to convince other agencies to partner, and in part to improve services, Rhode Island's Project REACH evaluated the cost and the potential cost savings of offering a range of individualized alternatives to out-of-state placements, such as therapeutic foster care. Project REACH calculated that the cost of TFC services was only 65-70% of the cost of residential care, and using this information, was able to persuade the Child Welfare agency to partner in an expansion of therapeutic foster care. These efforts ultimately reduced out-of-state residential placements by half, freeing up \$10 million from high end residential placements in favor of home, community and foster care supports.
- Nebraska Family Central sought data from the state to identify the funds being spent by child welfare to serve each child placed in an out-of-home setting (including Therapeutic Foster Care and group homes) so as to determine how these children could be better and more efficiently served by the system of care in their home communities. The data included the costs for each of the services being provided. Using these data, the site created a proposal to the state, offering to serve these children through a case-rate of 95% of the cost for out-of-home care. This appealed to the state because it would provide at least 5% cost savings upfront and had the potential to produce better outcomes.

The redirected funds were then used for non-treatment services (placement costs and informal supports, such as transportation and housing), while treatment was billed to Medicaid. This strategy to take existing funding and use it in a different manner to achieve better results initially resulted in \$500,000 in cost savings per year which later grew to total cost savings of \$900,000 yearly.

The cost savings experienced by the site were used in several ways. The site was able to expand the number of children and families served as well as youth at risk of becoming part of the target population. Savings were also used to provide technical assistance to other regions and service areas in the state that were striving to implement similar principles. Savings were also used to fund the family advocacy and support organization which the site considers a vital component to the system of care. The system of care currently provides in excess of \$550,000 annually to purchase value added services and supports provided by Families CARE.

Some of the cost savings were used to develop the Early Intensive Care Coordination Program that concentrated on youth with a mental health diagnosis who exhibited high risk behaviors. This was very successful. 76% of the youth served did not enter the child welfare system, 87% remained with their parents or a relative and the program further saved a projected amount of \$592,704 that the state would have expended on these children if their parents would have had to relinquish custody in order to access needed mental health services

Additionally the site developed the School Based Intervention Program (SBIP) utilizing cost savings. SBIP uses wraparound principles to develop strength-based, individualized and specific interventions to assist students meet their educational needs and to ensure that each student and family have a voice in developing their educational goals. Youth entered the program due to non-compliance issues, academic problems, poor peer interactions, hyperactive-impulsive behaviors and police contact.

### **Increasing State and Local Resources**

In the final analysis, the long-term success and sustainability of a system of care will depend upon policy makers in the state and locality appreciating the value of this approach and being willing to invest in it. Reaching this point may be difficult in some areas, and graduated sites report very mixed success with the strategy of increasing state and local appropriations. When this is achieved, however, it puts the system of care on a very sound footing. While some sites report they have not managed to break through the barriers, it is very important for sites to persevere and press for this support; it may just be a matter of time and implementation of a careful, planned education strategy involving others besides the leaders of the site.

General fund dollars from states and localities are, of course, always match dollars. Thus, it is never too early to begin to plan how to accomplish an increase in these resources. A good goal is for there to be a line item in the county or state budget for the system of care.

This is where a partnership between agencies can be very effective. Policy makers are impressed when one or even more systems' leaders request additional funds as a group, even though one agency may be urging budget increases for another. Developing a joint proposal for expanding resources to support system of care services for children can bring benefits to all. For example, in Rhode Island the system of care site's work with schools led to the Education system joining with mental health to argue with legislature for sustaining the site. \$4 million of state funding was secured.

Securing increased state or local resources requires strong community support and education of policy makers. Community leaders – particularly those familiar with the site, such as its advisory board members or families – can be highly influential, especially if they have standing within the community. In addition to working with other agencies on this strategy, sites need therefore to partner with the community and with the family organization to develop a strategy for increasing resources for children's services. The voice of family members and of youth can be harnessed and the skills of a social marketing expert can generate support.

- One family organization that has been especially effective in promoting the need for community services for children and families is Keys for Networking in Kansas which has a long track record of successes. This group played a significant role in persuading policy makers to secure a home and community based waiver for children and to expand system of care services around the state. Several campaigns to secure funding from the legislature have been successful, with Keys for Networking playing a central role. Co-planning between Keys for Networking, the system of care site, and the providers association was critical to this success. With the resulting state funding, Kansas has been able to move from an institutional based system to a community based system for children over the past ten years serving 20 percent more children while holding costs level.

There is no reason that a system of care site cannot engage in activities that justify its existence and that show the unmet needs in the area, and therefore the necessity for increased general fund support from local or state sources. None of this is lobbying, which is not allowed to be done with federal funds. The lobbying of the legislature is, of course, best done by families and advocates, although non-profit system of care staff can also lobby. Generally, however, system of care staff or agency heads should play a back-up role, supporting and explaining the requests for increased funds when questions arise.

SAMHSA provides sites with many tools that can be used to demonstrate the need for these funds. The evaluation data can be powerful. Packaging the data that shows the system can save taxpayers money (comparing wraparound community care costs with alternative residential placements through child welfare, juvenile justice or education) is critical. Data on decreased lengths of stay, decreased admissions, decreases in level of intensity of community services are all important. In addition to specific cost data, policymakers respond to data that shows outcomes are improving as children are with their families in the community, are doing better in school and staying out of juvenile justice.

- Cuyahoga Tapestry in Ohio uses data to drive decision making and shares this data with county officials and the public. Family stories are woven in with the data. Funders in Cuyahoga County now rely on the data and all systems analyze the data to determine if they are achieving their goals and outcomes and guide decision-making. When the national evaluation ends, the county will sustain this data system. Highlighting the data led to greater support from the county. Data from the 2004 study of the costs of mental health services for children who were placed by child welfare resulted in approval from the county board to invest \$9.5 million in the system of care.

Any increase in funds for children's wraparound services not only will help the site survive, and it can be claimed as match.

- Pima County, Arizona's Project MATCH strengthened the family voice by encouraging families to take their stories to policy makers. Advocacy training and education empowered family members and youth to explain to policymakers the need for increased resources and have allowed families to participate in reform and policy-making efforts and infrastructure development. Monthly Leadership Council meetings became

increasingly well-attended by families, youth and community organization representatives, especially when the schedule was modified to better meet availability by rotating weekday, evening and Saturday meetings. State legislative representatives and state senators began to make themselves available in person, or via telephone conference, to interact with these increasingly informed constituents, and even offered guidance about how they could effectively participate in political processes to help convince other elected officials to join their common causes.

- Monroe County, NY successfully obtained state and county funds as match. Of the total match funds, 89.6% are child welfare funds (state and local) and 13.4% are mental health funds. Work to promote the concepts of systems of care began prior to receiving SAMHSA funding. Staff from mental health, child welfare and juvenile justice agencies promoted system of care thinking and adoption of the SOC values base into practice. Their initial social marketing focused on promotion of positive outcomes, including improvement in youth and family functioning, client and family satisfaction as well as significant cost reductions. Highlighting these achievements across the county resulted in an expansion of services as well as piquing the interest of providers and system partners not previously engaged in system of care work. Once SAMHSA funding was secured, training and technical assistance supports were made available to a broader audience including mental health providers, community-based agencies, families and youth.

In Monroe County, a strong interagency partnership led to a commitment that the state and local funds will remain in place for the duration of the SAMHSA grant, and to sustain the system of care when the funding ends.

### **Taxing Districts/Tax Levies**

In some states authority exists for certain taxes to be dedicated to certain purposes, including children's services and/or mental health services. Dedicated revenue sources provide stable funding over time, and represent additional new funds for the site which can be counted as match.

There are various ways in which this can be done: Special taxing districts, special tax levies, establishing children's trust funds, earmarking a proportion of specific revenue for a specific purpose (such as cigarette or alcohol taxes), setting fees or narrowly-based taxes and tapping into tobacco settlement revenue.

Special taxing districts are independent units of local government, and generally they raise their revenue from property taxes. To create such a district requires state authorization, so this is only a possible strategy for sites situated in states that have provided the authority. However, localities in those states can initiate a new tax (this often requires local voter approval) and dedicate it to the system of care or, more broadly, to children's mental health or children's services – in which situation, the system of care would receive a portion of the tax revenue.

A Children's Trust Fund is a separate, designated account with special rules for managing the funds, which may come from a variety of sources. Either states or localities can create Children's Trust Funds.

A number of localities and states have raised funds through specific taxes for mental health or children's services and systems of care can be beneficiaries of these initiatives.

- Developing a local tax funding stream for children's mental health was a strategy used by the Children and Family Services Authority in St. Charles County, Missouri to fund its system of care. Missouri had state legislation authorizing localities to place a tax initiative on the ballot, relating to either property tax or sales tax. Leaders from the site began by polling the community to determine what the public would support. This indicated that a sales tax had a strong chance of passage, while a property tax would fail. They also strategically decided to put the issue before the voters during a presidential election, as their best chance was if there was a large turn-out. The polling also indicated which services and needs had the most support among the voters.

A team of players was then organized, consisting of social service providers, board members of provider agencies and civic leaders and community volunteers. The campaign worked with various natural allies, such as unions, health entities, businesses and faith-based groups. They also sought local political support.

(None of this work was, of course, funded with the federal grant or match funds. Grant funds can be used to educate the community about children's unmet needs and how successful community services developed by the site are in terms of outcomes and cost-effectiveness as long as the federal funds are not used for lobbying the tax initiative.)

This effort did not succeed immediately, and in fact the issue had to be put to the vote three times. However, the work in the early losses was valuable because it educated the community about children's needs.

- Florida authorizes its localities to create by ordinance an independent special district to provide dedicated funding for children's services through Children's Trust Funds. A vote is required to obtain residents' approval. State law fixes the maximum amount that can be raised, and funds come from property taxes. Several such funds exist, and Dade County created a successful initiative to establish a trust fund in 2002. The political strategies used in St. Charles and Dade Counties were extremely similar, and both were highly successful.
- Also in Florida, THINK of Hillsborough County benefits from a Children's Trust Fund established in 1989. The governing council of a Children's Board computes the proposed tax rate, which cannot exceed 0.5 mills of the assessed value of properties subject to tax. THINK is a recipient of some of these funds, and uses them primarily for early intervention.

Earmarking certain revenue for specific purposes is a more common strategy for channeling funds into behavioral health care. Several states and counties have created such revenue streams in the past. Many of these taxes were approved in the 1990's or even earlier, but there are still success stories from states seeking new revenue for their health or behavioral health care systems. These activities demonstrate that voters can still be persuaded to support taxes when they are assured of where the funds will go. This is a potential stream of new revenue that county-based and statewide sites should not ignore.

- Cuyahoga County has two health and human services tax levies, and these generate \$225 million annually for services. These levies underwrite the county department of health and have been used as local match among other purposes. These funds were used as the initial match for the SAMHSA cooperative agreement (amounting to \$9 million).
- In 2006, Spokane County, Washington created a new sales tax set aside (0.1% of the sales tax) to be used for mental health and chemical dependency treatment. Other Washington counties have adopted the same strategy.
- In 2004, Butler County, Ohio was successful in receiving voter approval for renewal of a property tax levy for mental health which would otherwise have expired.
- In 2004, Oklahoma voters approved an increase on the cigarette tax and some of the funds from that increase will be used for health care.
- In 2003, Jackson County, Missouri voters approved the continuation of a county-wide ¼-cent sales tax with 71 percent of the vote. This tax generates approximately \$20 million for substance abuse programming, including prevention, treatment, law enforcement and prosecution.

## **Making Grants**

The site itself can also become a grant maker, stimulating local entities to contribute some resources of their own, which in turn can be claimed as match. This strategy has proved successful for several sites.

Developing a mechanism (such as an RFP) to award small mini-grants focused on priority areas and then challenging local entities to come up with their own match can create services or opportunities for children and families that could well be sustained. Activities for which this might be done could include, for example, training respite workers, contracting with family groups for peer support or advocacy, or buying and operating a van for recreational outings.

Potential applicants for these mini-grants include the family organization, local faith groups and other community organizations. United Way and other funders might also see the opportunity to multiply the impact of their own funds through this mechanism.

- Project REACH in Rhode Island, in partnership with the local school departments, created competitive school-based funding opportunities using the SAMHSA funds.

Schools were encouraged to apply for modest amounts of funds (approximately \$300,000 over 3-4 years) that were awarded based upon a commitment to system of care values and the demonstrated ability of each school to obtain match funds from other sources. The amount of grant support decreased throughout the life of the grant, and flexible use of the funding to meet the individual needs of each school was encouraged. Funds that schools raised as match for their grants from Project REACH were, of course, also allowable as match funds for Project REACH with SAMHSA.

Schools offered several different models for supporting youth; most adopted the Family Service Coordinator model, in which family members of children and youth with SED and educational needs were paired with school personnel in helping to identify and respond effectively to child and family needs. Upon the conclusion of these grants, services that had been launched through this approach were sustained by three of the four schools that had been funded through a variety of local resources, including collaboration with community agencies, and through Medicaid and Special Education funding.

- A similar mini-grant approach was taken by Project MATCH in Pima County, Arizona to encourage the expansion of services to priority areas. In years 5 and 6 of its SAMHSA grant, the Leadership Council of the site identified priorities for expansion and issued a request for proposals from providers. Providers applying for funds were required to demonstrate they had non-federal match sources. Funds were granted for the establishment of several small projects. For example, one mini-grant recipient used these funds to train respite care providers and certify them through various child-serving agencies, thus creating viable employment opportunities for respite care workers who were then able to provide services across all mental health, child welfare and developmental disability agencies. Other grants were used by agencies able to raise funding independently, but needed and used mini-grant funding to match funding from other outside sources. The mini-grant dollars were then used as that match, effectively doubling the contributions of the appreciative funders. As with the Rhode Island example above, this strategy also provided Project MATCH with funds that could be claimed as match for the SAMHSA grant.

## **Selling Services**

Sites have much to offer their communities and other child serving agencies. In some sites, other agencies purchase wraparound services from the site, paying either a case rate or fee-for-service. In order to claim match, the site must determine whether or not this income is coming from a source that is allowable as non-federal match.

Other sites have used the same strategy to sell their expertise rather than their services. Many sites have found other agencies eager to receive training and technical assistance on wraparound and the philosophy behind systems of care. Training staff of other agencies on strengths-based, wraparound services and how to work with families can be packaged into a money-making proposition, and once again, depending upon the source of the funds used to pay for these activities, can be a source of match. Training and consultation may also be a good way to move

another system towards a systems of care approach and can help to break down barriers, and build relationships.

A pre-requisite for this strategy is sufficient data to be able to calculate the costs that should be charged for the services.

- Pima County, Arizona's Project MATCH worked with a consulting group that provides wraparound system of care technical assistance, to develop a DVD-based training toolkit for wraparound facilitators featuring youth and families enrolled in the system of care. The production of the DVD was mutually beneficial; the consulting group donated \$15,000 worth of production time, that the site could use as match, for the creation of the DVD. The site was then responsible for a quarter of the production cost, or \$5,000. The consulting group benefited because it could use the DVD as a training resource for other sites.
- In an effort to reorient other agencies toward system of care principles, Central Massachusetts Communities of Care began offering various training opportunities. The site set up a subsidiary, Training and Learning Collaborative. Members of the Collaborative provide group training on wraparound as well as technical assistance, and receives payment for these from the Worcester public schools, child welfare and juvenile justice agencies.

### **In-Kind Match**

Although it is far preferable to build the necessary relationships to raise cash resources for match, many sites find themselves in a situation at some point during the six years when they need to include in-kind match to meet the federal requirements.\

Sources of in-kind match include other child-serving agencies, families, local businesses, foundations, public universities and community colleges, charities and faith-based organizations. Common sources of in-kind match used by many sites are people's time, space (and its related costs), equipment, opportunities provided for children and families, and training.

With respect to time, in-kind contributions are often:

- Staff time contributed by other agencies;
- Time contributed by families and youth;
- Administrative services;
- Time contributed by universities or others for technical assistance, data management or other similar activities;
- Time contributed by community members on the governing or advisory boards;
- Consultants who donate time or expenses (in whole or in part);
- Donated professional time (or reductions in fees) from local private providers;
- Contributions from universities or medical schools that provide services from their trainees or assist with evaluation or research;

- Contributed time/work from media consultants or web designers and free advertising, or
- Time of, for example, college student mentors.

With respect to space and its related costs, sites have claimed:

- Space contributed by other child serving agencies or community agencies for services, training, meetings and other uses;
- Furniture, telephone, computers, software, printers and other office supplies that are donated or loaned to the site, or
- Costs of utilities, etc. for donated space.

Equipment costs claimed for in-kind match include:

- Free use of lap-tops or PDAs;
- Cost of various forms of transportation donated by other entities, or
- Discounts from vendors or stores.

Donations that provide opportunities for children and families include:

- Cost of programs or activities for which the site is not charged but other children would be charged (YMCA classes, recreational opportunities, etc.);
- Outreach efforts to families that are conducted by non-profit groups, businesses or others in the community;
- Training for children or youth on daily living activities, such how to manage a budget or maintain a car;
- Literature and other materials to educate families and youth on mental health issues;
- Services contributed to the families with children in the system of care from any other community entity – theater groups, recreational providers, nutritionists, sports camps, banks, stores, etc.;
- Auto repair, or
- Services furnished by local businesses to families or children (such as banks that help families manage their funds).

Costs related to training include:

- Travel and time for conferences and training events for staff of the applicant or partner agencies, if not paid from local funds and not through federal funds but from local resources;
- Trainings provided by colleges and universities;
- Literature and training materials.

Virtually all sites use some or many of the above categories of potential in-kind match. In all cases, the site needs to document the value of these contributions in a manner that meets audit standards (see discussion of accountability in the first section of this guide).

## **Placement of Key Staff Positions**

Having other agencies accept responsibility to hire one of the positions mandated by SAMHSA's cooperative agreement is another way to gain non-federal match support while also building in sustainability. Incorporating as many functions as possible into existing staff roles in the sponsoring agency allows for sustainability of that function post SAMHA funding. It is also possible to place cooperative agreement staff positions within community organizations.

Monroe County, New York undertook social marketing through the Ad Council of Rochester, a non-profit marketing organization with a solid history of working with other area non-profit organizations and community initiatives on public education/awareness campaigns and other social marketing activities. The SAMHSA-required Social Marketing Manager has been embedded in the Ad Council allowing the sites to take full advantage of the expertise of that agency while providing an opportunity to incorporate SOC values and principles into the Ad Council's work with other community organizations. The Ad Council will maintain this staff position to continue social marketing efforts after SAMHSA funding has ended.

Other cooperative agreement staff positions were placed in community organizations. The Key Family Contact and Youth Coordinator is employed by the local Family Support organization. The Leadership structure is self-sustaining as well, building from an existing structure with a commitment to the system of care values.

- Monroe County also assessed each required SAMHSA staff function to determine its applicability with existing staff roles within the mental health agency. The functions of Principal Investigator, State/Local Liaison, Clinical Director and Technical Assistance Coordinator were filled by existing staff. Additionally, existing staff provide support in the areas of finance, quality improvement, performance management, training and coaching, and cultural and linguistic competence, allowing for the continuation of these functions at the close of SAMHSA funding. The administrative time of these positions can be claimed as match.

## **Using the Private Sector**

Sites should also consider reaching out to the private sector, particularly businesses and business groups as well as United Way, community organizations and faith-based groups. These organizations might provide valuable input by participating on the board or playing another active role and such participation can lead, potentially, to financial or in-kind support. Some large corporations also offer programs and services that might be available to families and youth and others might provide opportunities for youth to train for employment or may have programs that facilitate youth securing employment in their company.

## **Tribal Communities' Strategies**

Generally, American Indian and Alaska Native sites report greater difficulties in raising non-federal match, and it has proved particularly hard for these sites to secure cash match. First,

there is a general lack of resources in these impoverished areas and secondly state and local general funds are often very hard to obtain. Most of the funds Tribes can use to support child mental health services are federal, and therefore (except for PL 93-638 funds) unavailable for match. As a result, the non-federal match generally comes from for-profit or non-profit organizations including third party reimbursements, in-kind contributions and contributions from tribal organizations. In some areas, states are supporting tribal sites as well.

Despite the challenges, tribal sites can use many of the strategies discussed above for all sites. This section provides some additional ideas, to supplement the strategies discussed above that are specifically based on the experiences of Tribal sites.

Sites serving Tribal children often must operate within multiple jurisdictions, even sometimes across state lines. Tribes have varying relationships with the states in which they are located and when boundaries overlap with more than one state this further complicates such relationships. State agency funds are generally not routinely appropriated to the Tribes and therefore are not readily available for meeting the non-federal match requirements.

Common sources of match funds for Tribes include:

- PL 93-638 federal funds through the Bureau of Indian Affairs and Indian Health Service;
- The Tribes' own resources, such as from tribal business industries and gaming
- Tribal council funds
- In-kind match, including match from other systems such as child welfare
- Family in-kind match
- Donated time or resources from community groups or foundations
- Private insurance if the child is covered by a health plan.

PL 93-638 funds are an important source of funding for many Tribes. Sites can seek these resources directly, and they can also partner with providers who are themselves funded by 638 funds and/or with Indian Health Services and Bureau of Indian Affairs resources, and then claim in-kind match for services such providers donate to children in the system of care.

- Project MATCH in Arizona partnered with the Indian Health Services to invest in the infrastructure needed to provide tele-medicine services. Federal grant funds were used to invest in new tele-medicine end-points for the purpose of linking remote tribal communities with mental health practitioners and system of care services. The site used in-kind match from community partners in order to facilitate these services. For example, the Tohono O'odham Social Services agency offered the use of existing group home facilities to serve as a day program, and a base for family support and education, clinical services and case management in addition to the use of vehicles and other resources. Project MATCH then purchased the equipment needed to transmit psychiatric and other professional clinical services and supervision via satellite. Project MATCH then claimed some of the Indian Health Service and P.L. 99-638 service spending (for behavioral health assessment, medication management, and care coordination) for tribal children as matching funds under the special rules for Tribal Communities.

- Also a 638 tribe, the Choctaw Nation Health Services Authority provides tribal children with medical care at the Choctaw Nation Health Center, the first hospital funded and built by a tribe, or through one of seven local outpatient clinics. The Choctaw Nation CARES System of Care is free, therefore, to focus fully upon system of care efforts, while ensuring that children have access to good physical health services as well.

However, while PL 93-638 funds represent a good source of match for those Tribes that have elected to directly administer these funds, many of the over 500 federally-recognized Indian Tribes have not chosen this approach. For those tribes, this is not an option. Even where the Tribe may have control of 638 funds, there are many competing health and social service needs for these resources. Obtaining the match funds from this source is often extremely difficult.

A number of Tribes have resources from casinos and other gaming revenue and have used these funds as a source of cash match:

- The Choctaw Nation CARES System of Care benefits from gaming revenues made available by the tribal council to sustain system of care efforts in Oklahoma. Because this site receives 100% of funds from tribal and in-kind sources, gaming revenues are of vital importance to the long term sustainability of system of care efforts. In-kind sources for this particular site include staff time, office and school space, school equipment and supplies, and donations from other, non-governmental sources.

Tribes do not all exercise their right to develop their own taxes, and therefore may have no mechanism to raise the resources they need for match. Although some Tribes generate revenue through gambling operations, it is not always easy for sponsors of a child mental health program to secure those funds.

Although it may take a great deal of time and effort, the potential importance of state mental health authority funding means that sites may want to work hard to obtain it. A study conducted in 2007 to examine the unique financing opportunities and challenges of Tribal systems of care found that financial sustainability (and match funding) is directly influenced by the economic and political environment of the state or county.<sup>7</sup> To obtain state funding, tribal sites must work to develop workable relationships with their state. State resources might be more easily tapped if the site:

- Negotiates with the state for coverage of Tribal paraprofessionals as approved Medicaid providers;
- Determines the costs of its services
- Measures outcomes
- Reviews and if necessary improves infrastructure so the accounting system and billing capacity, contracts oversight and administrative practices comport with state standards.

---

7 Systems of Care Evaluation Update: Tribal System of Care Financing and Sustainability, at: [222.systemsofcare.samhsa.gov](http://222.systemsofcare.samhsa.gov)

Tribal organizations can advocate for their needs with state legislators or partner with other sites in the state in order to press for funding for all Native American sites in the state. Some Tribes have been successful at securing funds from state agencies and receiving funds from state programs. Mental health agencies in some states provide direct general revenue support to a site, and this facilitates the site being able to meet its match requirement.

To obtain state resources, tribes must reach the people within the state who can make key decisions. Tribal systems should spend the time to develop relationships with state funding sources. Some Tribal sites that have worked hard to form close working relationships with state officials have achieved shared training efforts, state licensing of Tribal services and increased funding for the Tribal system of care.<sup>8</sup>

Nonetheless, it can take the site several years of work before a state contributes resources. In the 1990's, this approach was successful for a site in Maine.

- In Maine, it took the site several years of meetings before the Passamaquoddy Tribe was able to secure financial aid from the state. Eventually they were able to persuade the state mental health commissioner to visit the site and see the services to children and families first hand. Shortly after, a grant for \$100,000 was made available.

It may also be helpful for the tribal site to become a 501(c)(3) non-profit organization because this can open the door for foundation grants, donations that are tax deductible and other fund raising.

- In Maine, a private group that ran a program for children offered to support the Tribal site by providing three years of funding at \$80,000 a year to underwrite the costs of a child therapist, equipment and staff training.

Tribal courts and child welfare agencies are other contributors and some sites are charging for provision of training on wraparound. The special education system might also contribute if the site is reducing the use of high end services. Again, one example is from the Maine site, funded earlier.

- The special education system in Maine provided significant in-kind support to the Passamaquoddy Tribe when it saw that the site was reducing residential placements. The site's children previously were placed at the highest rate in the state, but the site was able to reduce by 95% the number of children placed. The special education system hired 19 aides to work with children on a one-to-one basis while they were in school. The costs of these 19 aides was claimed as match for the site.
- The Choctaw Nation CARES site received funds from the Tribal council's economic development fund, and as well as in-kind support from the Tribe in the form of office space, school space, school equipment and supplies and staff time. Matching funds were also raised through donations.

---

8 Ibid

Tribal sites also make heavy use of in-kind match (see in-kind match section above). In fact, these sites generally have more in-kind match than cash match. In addition to the sources of in-kind match described above, Tribal sites have used contributions of staff time from other agencies for both services and planning (child welfare agencies have proved a particularly good source of in-kind match for Tribal sites). Time devoted to site affairs, such as participating on the governing board, by people who are employed by any 638 program, as well as those who are either volunteers or funded by any non-federal sources are also claimed.

Volunteer time from elders and tribal leaders can also be claimed as well as training time and other contributions from the tribal organizations. Other potential sources often claimed are contributions of time or space from for-profit or non-profit organizations.

In addition, it is important to track all donated administrative services, the costs of space, supplies and equipment in order to claim these as match. Families and youth time at meetings and time of local community volunteers who work with these children are also claimed.

Securing on-going funding for basic services is as important for Tribal sites as for other sites. Tribes that have a 638 contract or compact have a significant opportunity to secure Medicaid reimbursements.

### **Funding the Family Organization**

Family organizations can be a source of match (particularly in-kind) but more importantly they can be the independent voice that urges others to contribute resources to the site. Therefore, in addition to planning how to sustain the services, it is also critical to plan how to sustain the family organization. Sites can assist the family organization to apply for grants that so they can provide services, such as family support, respite and family advocates. Potentially, this strategy could also be used to secure resources for a youth group as well.

Communities entities might well contribute to the establishment and maintenance of the family organization, and such contributions will generally be eligible to count as non-federal match for the site. Faith based organizations, community businesses, financial institutions, providers and others can be a source of match if they support the family group.

### **Finding Resources in Tough Times**

While some sites report that tough fiscal times mean they cannot find non-federal match, many point out that they had their best opportunity to work with partners and change the way people do business during times of fiscal challenge. Redirecting funds is one very good option at such moments. In addition, using the match rules to press for sufficient resources to enable the federal funds to be used, and not returned to the federal Treasury, can be a strong argument.

Many sites recommend that in difficult times leaders take a long-term, value-oriented approach to difficult budget decisions. Successful sites report that holding onto the essential approach and elements of the system of care is the major objective in tough fiscal times.

Many also encouraged that sites expand their interagency work when faced with cuts in child services. Any cuts that must be accepted should be decided upon only through interagency alliances. Strategies used successfully by sites include:

- Bringing proposed cuts to the table for discussion across agencies (generally through the ongoing interagency system fiscal planning team) to work out how best to make reductions across systems with the minimum of adverse impacts on children and families. Threats and opportunities must be discussed, thought through and solved together.
- Braid funds so that it is possible to restructure and refinance activities that are threatened with cuts.
- Ensure that the philosophy and approach of the system of care continues, even while there is a reduction in services offered. Then when budget times improve, the system can easily grow again without losing the essential elements and approach to child services.
- Continue to provide support for those partners who can influence decisions on the budget. This includes the family organization as well as other agencies and community groups.

Finally, several sites reported that, in retrospect, they found the federal grant requirements and the requirements for match helped them to argue against cuts, since cuts to the match would lose their county or state even more in federal funding.

It is also important to remember that building an effective system of care is an incremental process at the best of times. Fiscal situations change, leaders change and opportunities come and go. It is important to view development and sustainability of a system of care as a never-ending journey, rather than a concrete and attainable short-term goal.

## **Conclusion**

Raising the non-federal matching funds for the Comprehensive Children and Their Families program in the Center for Mental Health Services has been successfully accomplished by funded sites. Through innovative use of existing resources and cultivation of fruitful partnerships with like-minded agencies, sites have realized the goal of sustainability of system of care efforts throughout, and in many cases beyond, the life of the grant. However, achieving sustainability requires strategic attention to several areas of particular importance. Thoughtful programmatic and fiscal planning is essential, as is expertise among the staff of the site. Considerable time and effort must be devoted to building various alliances, in addition to specific strategies to improve funding opportunities from public and private sources. Finally, the generation of strong support from families, communities and policymakers who will champion the continuation of system of care efforts will do much to encourage sustainability.

Finding match is ultimately a unique experience for each site. As this guide demonstrates, the mix of funds used for match varies considerably across sites and most have found some specific and unusual source of funding distinct to their locality or state. In the final analysis, it is important to be flexible, to cast a wide net in looking for resources and to engage in the necessary financial planning across multiple agencies and with families and the wider community. Ultimately, the creative and collaborative agency and community-wide partnerships described in this guide are the key to the success of sustainable system of care efforts.

## Contacts

The following individuals provided information for the examples used in this report and are willing to be contacted by sites interested in learning more.

Beth Baxter, Regional Administrator  
Region 3 Behavioral Health Services  
PO Box 2555  
Kearney, NE 68848-2555  
308-237-5223, ext. 222  
[bbaxter@region3.net](mailto:bbaxter@region3.net)

Susan Bowler, Ph.D., Administrator  
Rhode Island Department of Children, Youth and Families  
300 New London Avenue  
Cranston, RI 02920  
Phone: 401-528-3758  
[Susan.Bowler@dcyf.ri.gov](mailto:Susan.Bowler@dcyf.ri.gov)

Beth Dague, Director  
Cuyahoga Tapestry System of Care  
1400 W 25th St 4th floor  
Cleveland, OH 44113  
330-284-0808  
[bdague@aol.com](mailto:bdague@aol.com)

Neilia Kelly, Administrator  
Office of Mental Health  
1099 Jay Street, Bldg.  
J Suite 201A  
Rochester, New York 14611  
Phone: 585 753-6047  
[nkelly@monroecounty.gov](mailto:nkelly@monroecounty.gov)

Jody Levison-Johnson, LCSW, Director  
Child & Family Service Quality & System Development  
Coordinated Care Services, Inc. & TA Coordinator  
Monroe County ACCESS  
1099 Jay Street, Building J  
Rochester, NY 14611  
(585) 613-7648  
[jlevison-johnson@ccsi.org](mailto:jlevison-johnson@ccsi.org)  
[www.ccsi.org](http://www.ccsi.org)

Marilyn Richardson, SOC Project Director  
419 E. 7th St., Room 207  
The Dalles OR 97058  
(541) 296-5452, ext 3455

Frank Rider, M.S., Technical Assistance Coordinator  
Technical Assistance Partnership for Child and Family Mental Health  
National Federation of Families for Children's Mental Health  
5009 Elaine Ave., Raleigh NC 27616  
(623) 703-6793  
[frider@ffcmh.org](mailto:frider@ffcmh.org)  
<http://www.ffcmh.org/>