
Family Peer-to-Peer Support Programs in Children's Mental Health

A Financing Guide

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Introduction and Background

Family peer-to-peer support is the most fundamental element of the children's mental health family movement and has been for more than 20 years. As this support has become more formalized and organized into programs, it is now at risk in several ways. These risk factors are discussed in ***Family Peer-to-Peer Support Programs in Children's Mental Health: A Critical Issues Guide (September 2008)***. Of major importance among these factors, is the financing of the programs and services. This guide offers several guidelines and important steps to developing sustainable funding. Sources of funding in this time of global economic upset will require on-going study by family leaders. There is, however, an overview of current funding sources offered within this document.

A Few Words about Program Sustainability

Today, sustainability is a hot topic in just about any arena: the environment, endangered species, natural resources, and, of course, our socio-economic structures such as mortgages, school loans and unemployment benefits. We can learn a lot from these discussions and apply the lessons learned in other arenas to sustaining family peer-to-peer support programs. As mentioned in ***Family Peer-to-peer Support Programs in Children's Mental Health: Critical Issues Guide*** (September 2008), these programs are the mantle of the children's mental health family movement and have arrived at a critical crossroads where their sustainability is at risk.

So, what are those major lessons learned from other arenas?

#1 Sustainability planning is ***not a one-time event***. It should go on throughout the life of any initiative. Furthermore, sustainability planning processes must be flexible enough to deal with unexpected crises or changes in the environment. (i.e.: the

2008 failure of various financial institutions bankrupted more than one public foundation that was supporting non-profit programs) #2 Sustainability is ***about far more than just money***. Internally, it is about clarity in vision, mission, goals and objectives and must involve on-going assessment of outcomes. Externally, it is about political influence, credibility, and working relationships with partners.

#3 In general, sustainability ***relies on the proper organizational focus***:

OUTCOMES drive PROGRAM & PROGRAM drives FINANCING

*Chase the outcomes, not the money!*ⁱ

While this Guide focuses on financing family peer-to-peer support programs, it is important to consider this information within an organized and on-going planning process; within the larger context of program mission, vision, goals and outcomes; and to never accept funding that does not support the mission.

"Sustainability depends on developing a clear plan for putting in place and keeping in place the key elements that make an initiative successful. It inevitably requires finding adequate funding. But it also requires an array of other resources: political, technical, and administrative. Figuring out what resources are needed and how to marshal them is what sustainability planning is all about."

The FINANCE PROJECT. Building for the Future.

Financing Guidelines for Family Peer-to-Peer Support Programs

To make these ideas more concise, the following guidelines are offered for family peer-to-peer support programs.

Finance to support the program & never the other way around

Finances should never compromise the program. Grants, contracts, donations, and gifts often come with strings attached. Ask critical questions of the source. For example, will this require the donor be advertised on the organization's website? What message would that ad or that sponsorship give to members, constituents, and community about the organization and the family support program? What else is being asked of the program? Is it too much added burden? Does it compromise integrity? Does it compromise outcomes? Is the funding adequate to allow the scope of work to be done with a high level of quality? These are just a few of the question that should be asked before deciding on accepting any particular funding.

Focus on program outcomes, demonstrate the outcomes, and monitor the outcomes

It really is all about the outcomes. Any good program worth funding and sustaining needs to be able to clearly articulate why they do what they do. That is, clearly stated goals as a starting place. Evidence that those goals *can* be achieved with this program; evidence that those goals *are* being achieved with this program; and evidence that those goals *will continue to* be monitored for achievement with this program is critical to program quality and sustainability.

In ***Family Peer-to-peer Support Programs in Children's Mental Health: Critical Issues Guide*** (September 2008), it was discussed that family peer-to-peer support programs are pressed to prove their worth. In order to sustain and in order to get funders to contribute, outcomes must be clearly stated. There must be a way to measure them and a mechanism to conduct ongoing monitoring. Therefore, when deciding what needs to be funded or when building the budget, be sure to include money needed to incorporate on-going assessment of the program.

Diversify funding sources

Another lesson made clearly evident during the 2008-2009 economic crises is that investments should always be diversified. The more funding sources a program has, the better insulated it is from crises that may cause a funder to disappear, to become disenfranchised with the program, or any other unexpected change in the environment.

Included in the message to diversify is to maximize any opportunity to create public-private partnerships. Mix support from government with support from private foundations or local commerce. This will be an added bonus to all of your funders. One of the biggest bonuses will be helping them create new partnerships.

Study your funding sources as carefully as they do you

Carefully examine any funding source before you engage them with a proposal. One source of credibility for your program lies in the "strings" attached to any funding it receives. Any and all contracts, donations and grants should be carefully reviewed for obligations that might be included in the small print. Those obligations must align with the mission and vision of your program as well as adhere to the guidelines laid out in the previous sections of this guide.

Financing Strategies for Family Peer-to-Peer Support Programs

The following strategies are recommended for fully funding family peer-to-peer support programs.

Develop a Plan

Today, most family peer-to-peer support programs lack the capacity to partake in extensive strategic financial planning. It is simple reality that small family-led and community-based programs such as these are generally struggling to simultaneously deliver services and support their program staff with livable wages and adequate benefits. The Internet contains a plethora of information to assist an organization in developing a strategic financial plan. The discussion of this process is beyond the scope of this document. However, the basic steps can be streamlined along with other critical components of good quality program development, implementation, evaluation and sustainability:

Step 1: Develop an ideal budget for your program

Step 2: Map current resources, fiscal and otherwise

Step 3: Identify gaps in resources

Step 4: Identify potential diverse sources to fill those gaps, including other resources identified in the second step. These may include volunteers, the donated skills of a board member, or in-kind donations, such as the use of a local retailer's copy machine.

Matching the budget to the resources

The search for funding sources can be far more creative if, in addition to searching for support that might pay for the entire program, budget categories are each considered separately. Once you have drafted a budget, which is only a projected plan for what you think it will cost to run your program, consider various ways to support each category. For example, perhaps rent can be an in-kind donation from a partner organization. Or the cost of making copies might be donated by the Chamber of Commerce. A government grant might cover salaries. There are also foundation grants that help to cover infrastructure costs, which are administrative expenses.

It is recommended that you work with an accountant, perhaps a volunteer board member with accounting experience, when developing the budget to ensure you have included all expenses in the proper way. Think thoroughly and critically to ensure all needs are covered.

Salaries and fringe benefits

Salaries and fringe benefits are included in this category for employees only. Many grantors require that salaries for administrative and fiscal staff be figured into overhead and that the salary line be limited to those providing direct services. Payments to contractors would be included in direct expenses.

Since the inception of the family movement, families have provided services and support to other families on a volunteer basis. As more is understood about the value of family peer-to-peer support programs and their role within the mental health workforce, the family movement should advocate ensuring that all family members providing this service are paid living wages. If volunteers are available, their time, skills and knowledge should go toward administrative, outreach, or supportive tasks -- not to peer support.

A word of warning about living wages: do not rely solely on federal poverty guidelines to determine what a living wage is in your community. While there is currently discussion about updating the formula

for the federal poverty guidelines, that will take some time. A report on National Public Radio recently revealed some important history.

*"...the poverty line was created back in the 1960's. At the time, Americans spent about a third of their income on food. So the government simply took the cost of a basic food plan and multiplied it by three. Since then, the poverty line has been adjusted for inflation, but that's it – even through Americans today spend far less of their income on food, and far more, on other things, such as health care."*ⁱⁱ

An additional concern is that the current guidelines are the same for anyone in the 48 contiguous states and the District of Columbia. There is no accommodation made for regional differences in cost of living, with Hawaii and Alaska as the only exceptions. Families raising children with serious mental health needs, because of extra expenses, are too often facing financial challenges. It is important that we strive to provide wages and benefits that do not further compromise the well-being of families.

Fringe benefits generally include insurance, social security, Medicare, worker's compensation, unemployment insurance, disability insurance, and health insurance. Once these expenses are accounted for, a percentage of salary will be determined as the program's standard rate.

Matching labor funds to sources means finding the government agencies, public foundations, or private grants that would support services. If your program serves families receiving substance abuse and/or child welfare services look to those agencies as potential funders. If your program serves families who work for a large factory in your community, perhaps the local Chamber of Commerce or the labor union would provide some funding. Often sources that support labor budgets will also support related expenses and overhead.

Direct expenses

Expenses directly related to the work of providing family peer support services are included in this category. Examples include mileage for providers driving to meet families, training costs for providers on-going education (registration fees and travel expenses), cell phones for providers who work outside the office meeting with families, and gifts or thank you event expenses for volunteers who support the overall program.

Indirect expenses or overhead

Are generally represented by taking a percentage of the direct expenses and is included to cover things like rent, administrative and fiscal staff and general office supplies.

Maximize the potential in volunteer labor

Considering the discussion above about ensuring living wages for families providing critical services to other families, it is recommended that volunteer labor be used for other kinds of tasks. They might be recruited to cover some of your administrative tasks, plan an event, or even provide fiscal or legal services.

Your volunteers may play one role in your program today, but seeing the roles they could play tomorrow is another way to sustain your program. Identify volunteers' skills and aspirations as well as making their vision part of the program's vision. This can help create opportunities for your program to remain in the community for many years to come. The old community development adage, "people support what they help to create," can be the foundation of a sustainable project. Giving volunteers opportunities to learn

new skills and test them out in new situations while you can support and coach them, can encourage “their leadership development”.

- Provide orientation and training to insure they understand the program, its activities, their specific roles, and expectations of their performance
- Provide feedback on their performance
- Provide ongoing skill development opportunities
- Identify short term opportunities for those who have limited time to offer
- Provide ongoing coaching as needed
- Always, always, always demonstrate appreciation for their contributions

Recruit the Right Stakeholders and Program Champions

Getting the right people to understand and cherish the contribution of your program to your community will go a long way toward helping you access resources. Malcolm Gladwell’s 2002 best seller, *The Tipping Point*, advises us to cultivate acquaintances. His book also reminds us about 1960’s study by Stanley Milgram that revealed we are generally only 5 or 6 steps away from knowing anyone else. In other words, there are only 6 degrees of separation between you and anyone else you might need to or want to know. Today’s world of high-tech social networking makes it easier and faster to do. Many magazines and periodicals devoted to growing small businesses suggest using Facebook, Twitter, blogs, and other kinds of technical ways to reach people in your community and talk up the accomplishments and the promise of your program. Gladwell’s book further advises that to really get the word out, the message (about your program) will need to be in the hands of three kinds of people: those who know lots of people, those who know a lot and have the social skills to share their knowledge, and those who can persuade others to share their views. Gladwell calls these people Connectors (social glue); Mavens (databanks) and Salesmen.ⁱⁱⁱ

Market your passion and mission. Effective marketing contributes to program sustainability.

Comparing Potential Sources of Funding

The following table compares private foundation grants to public grants.

Comparing Private to Public Grant Sources	
Private Foundation Sources	Public/ Government Sources
<i>The purpose of the grant-giving agency is set by donors and trustees</i>	<i>The purpose of the grant-giving agency is set by legislation</i>
<i>Most funders award grants to 501©(3) non-profit organizations but some award fellowships and awards to individuals</i>	<i>Most funders award grants, contracts, and loans to nonprofit organization, for-profit entities and to individuals</i>
<i>Most grants are awarded for one year and, in general, grants are smaller than those awarded by public sources</i>	<i>Most multi-year grants are awarded for large amounts of money</i>
<i>The application process requires a limited number of contacts with individuals within the funding agency</i>	<i>The application process is bureaucratic and may require applicants to work with staff at multiple levels of government</i>
<i>Grants are sometimes awarded in response to simple two-page letters with back-up materials</i>	<i>Most proposals are lengthy (as long as 40 pgs)</i>

<i>Agency files are private; generally, applicants may not have access to reviewer comments or successful grants submitted by other agencies; review panels and board meetings may be closed to the public</i>	<i>Agency records must be public. Generally reviewer comments are available to applicants and copies of successful proposals submitted by other agencies may be requested</i>
<i>Foundation priorities may change quickly according to trustees' interests</i>	<i>Agency priorities may change abruptly when new legislation is passed</i>
<i>Developing personal contacts with trustees or with foundation staff may enhance the applicant's chances of securing a grant</i>	<i>Personal contact with the grant administration federal agency staff may compromise a proposal</i>
<i>After accepting a grant, in most cases the agency is required to file a brief final narrative and financial report</i>	<i>In accepting a government grant, agencies may be required to follow specified contracting & hiring practices and bookkeeping & auditing procedures. They may have to prove other compliance with federal regulations. Government grants require intensive and expensive management</i>

The following table is a comparison of diverse base funding sources.

Method	Description
Individuals	Gifts to organizations from private individuals may be given in support of specific programs or may be for any of a nonprofit's costs.
Foundations	A nongovernmental, nonprofit organization with funds and a program managed by its own trustees. There are private, family, community, and corporate foundations. Foundation funds are often ideal for filling in the gaps that public funds cannot or will not support. They are also easier for newer, smaller or more rural centers to access.
Corporations	Some corporations create their own foundations (which award grants) and some award contributions directly. Check to see if they have public affairs, community relations or marketing departments. Many corporations give <i>in-kind</i> gifts, which are contributions of goods and services rather than or in addition to cash contributions.
Special events	Picnics, chicken dinners, youth jams, luncheons, church bazaars, health fairs, bake sales, celebrity events, etc. These are all types and sizes of special events.

In-kind donations	Donations of time, talent, equipment supplies, free or discounted services and free or discounted products
Membership fees	Funding sources are impressed and give more freely if the grass roots program is doing its share. (See www.ffcmh.org) for membership scale ideas)
Religious groups	Don't forget to contact churches to see if you can work together on the projects. For example, your organization wants to start a food bank, used clothing bank, hold rummage sale, etc.
United Way	United Way will send you the necessary guidelines and forms for applying for funds that are usually ongoing.
Service organizations	PTA's, Kiwanis, Elks, Lions, Veterans, etc.
Labor unions	The Teamsters Training Centers provide safety & health training at no cost to students across the country. www.teamsterstraining.org

Government Funding Sources

In human and educational services, federal funds are distributed to states in three basic ways: through block grants, entitlement programs, and competitive grants. Federal funds will have restrictions on the expenditures under any of these three avenues. Some must be spent only for certain types of programs or for certain target populations. Some allow the money to be spent on a variety of program types and allow states to choose which service areas they wish to address.

The illustration below shows examples of sources of behavioral health funding for children and families across multiple systems. Note that these funding streams tend to operate categorically and are protected by different interest groups. The strategic challenge for family leaders is to understand these funding streams, which agency administers them, and how they may or may not be appropriate funding sources for family peer-to-peer support programs. The second strategic challenge is how to leverage your knowledge of these funding streams to collaborate with system partners on how a particular funding stream might be used to fund family delivered peer-to-peer support in their system.

The following illustration is reprinted with permission from Sheila Pires.^{iv} It provides examples of public funding sources that might be appropriate for family peer-to-peer support programs. Following the illustration is an annotated listing of the most common federal funding sources for children's mental health.

Medicaid

- Medicaid In-Patient
- Medicaid Outpatient
- Medicaid Rehabilitation Services Option
- Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- Targeted Case Management
- Medicaid Waivers
- TEFRA Option

Education

- ED General Revenue
- ED Medicaid Match
- Student Services

Child Welfare

- CW General Revenue
- CW Medicaid Match
- IV-E (Foster Care and Adoption Assistance)
- IV-B (Child Welfare Services)
- Family Preservation/Family Support

Mental Health

- MH General Revenue
- MH Medicaid Match
- MH Block Grant

Other

- WAGES
- Children's Medical Services/Title V-Maternal and Child Health
- Mental Retardation/Developmental Disabilities
- Title XXI-State Children's Health Insurance Program (SCHIP)
- Vocational Rehabilitation
- Supplemental Security Income (SSI)
- Local Funds

Substance Abuse

- SA General Revenue
- SA Medicaid Match
- SA Block Grant

Juvenile Justice

- JJ General Revenue
- JJ Medicaid Match
- JJ Federal Grants

Federal Medicaid

Medicaid is a jointly funded federal-state program that provides a wide range of health, rehabilitative and long-term care services either as a child's sole insurance or as a secondary payer supplementing private insurance. Medicaid can be used to pay for community-based services to help keep children in their homes, instead of being placed in institutions. States use various options. These include:

- The Rehabilitation Services Option allows flexibility to cover a broad array of home and community services, but cautions that service definitions are often adult-focused and need to be customized for children and youth.^v

- Medicaid 1115 and 1915(b) demonstrations and waivers also allow flexibility to cover a broad array of services and supports;^{vi vii}
- Home and community-based waivers (1915 c) waivers allow flexibility to cover populations, as well as types of services, not covered in a state’s Medicaid plan, but which can be used only for those who would otherwise be in an institutional (i.e. hospital) level of care, not currently including residential treatment facilities;^{viii}
- The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, is the broadest entitlement to services for children and youth ages 0-21, requiring periodic screens and provision of medically necessary services, even if those services are not included in a state’s Medicaid plan; however, in practice, EPSDT is implemented primarily with respect to physical health issues (even though Federal Medicaid law requires inclusion of behavioral health screens and services if needed);^{ix}
- Targeted case management, can be focused on high need populations, such as youth with serious behavioral health disorders, but which is not sufficient without other services being available;^x
- Administrative case management, which can be used to help families access and coordinate services, but which is not sufficient without other services being available;^{xi}
- Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) provision allowing coverage for youth with serious disorders who can meet SSI disability criteria whose families exceed the income levels of Medicaid eligibility. The TEFRA does not expand array of services, cost concerns are an issue so often TEFRA is limited to a small number of youth, and, in any event, many youth with serious behavioral health disorders have difficulty meeting the SSI disability criteria;^{xii}

The “bottom line” is that states are grouping together a variety of Medicaid options to cover and contain home and community-based services and that an overarching strategic financing plan, which crosses child-serving system to improve outcomes for children and youth with behavioral health challenges is missing. Family leaders have an opportunity here to be more active and informed partners in the development of financing strategies to broaden family peer-to-peer support programs.

State Medicaid

State Medicaid agencies are playing an increasing role in funding, managing, and monitoring public mental health services in States. States and providers have come to depend on Medicaid dollars to fund community-based care. As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use service delivery system. When electing to provide peer support services for Medicaid beneficiaries, State Medicaid agencies may choose to collaborate with State Mental Health Departments. As you begin to think about the future of your family peer-to-peer support program sustainability, it is important to understand the relationship between Medicaid and your state mental health authority.

Medicaid Advisory Committee

Federal regulations require that there be a Medicaid Advisory Committee in each state to advise the State Medicaid director about health and medical care services. The membership of this committee must include the director of either the public welfare department or the public health department, whichever does not include the Medicaid agency and citizens of the state. These members are often appointed by the Governor and sometimes by the state legislature or with the legislature approval. There is no explicit requirement for State mental health agency representation.^{xiii}

By federal mandate a state must conduct open forums about what it intends to do with the State budget with regard to Medicaid and Human Services Programs

- *Do you know the members of your state's Medicaid Advisory Committee?*
- *Does the Medicaid Advisory Committee membership include family members with experience navigating the Medicaid system?*

Medicaid State Plan

The Medicaid agency is required by federal law to submit a plan for how they will use Medicaid money.

- *Does your state have Medicaid rules that reflect current knowledge on family peer-to-peer support services?*
- *Is family & youth peer support a Medicaid covered service in your Medicaid state plan?*
- *What are the service components in your state's Medicaid plan? Are they clearly defined?*
- *Does your state's Medicaid Plan cover family education and peer support, family support, respite, behavioral management skills training, and transportation and interpretation services for families? How are they defined in your state's Medicaid plan?*
- *How does your state define family in its Medicaid Covered Services Guide and what guidance is offered regarding coverage of services to family members?*

Mental Health Block Grant

Block grants are payments to states for a generally described purpose. Although the amount for each grant is set by formula, the state decides exactly how the funds will be used and how they will be allocated among communities.

The Community Mental Health Services Block Grant, administered by the Center for Mental Health Services (CMHS) in the Substance Abuse and Mental Health Services Administration (SAMSHA), U.S. Department of Health and Human Services (DHHS) is awarded to States, Territories, and the District of Columbia (collectively referred to as States) to establish or expand a community-based system of care for adults with serious mental illnesses and children with serious emotional disturbances. States request funds by submitting annual applications (State Plans) that are approved by the Secretary of DHHS to receive Mental Health Block Grant funding. States are using Block Grant dollars-as well as other Federal and State funds, local resources, and private contributions-to transform the mental health service delivery system in their states from one dictated by outmoded bureaucratic and financial incentives to one driven by consumer and family needs that focuses on building resilience and facilitating recovery.^{xiv}

Census data is used to determine the shares disseminated to various regions or states in this and many other programs.^{xv}

State Mental Health Planning Councils

Beginning with the passage of Public Law 99-660 in 1986, and continuing through Public Law 101-639 (1990), Public Law 102-321 (1992), and Public Law 106-310 (2000), the federal government has mandated mental health planning as a condition for receipt of federal mental health block grant funds^{xvi}. It further required that the planning process include various stakeholder groups—consumers of mental health services, parents of children with emotional disturbances, family members of adults with serious mental illness, representatives from State agencies: mental health, education, vocational rehabilitation, criminal justice, housing, social services and the state Medicaid agency as well as public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services. U.S. States and Territories then formed these councils, which now exist in every state. At least half the members must not be either State employees or providers of mental health services.

- *Does your family run organization have parent representatives on the council?*
- *In many states, block grant dollars support family support activities? Do you know which providers receive mental health block grant funds in your state? For what activities?*
- *Does your State Mental Health Planning Council educate local and state legislators on mental health issues?*
- *Do legislators regularly attend your state’s Council meetings?*
- *Can the public attend the meetings?*

There is a National Association of Mental Health Planning & Advisory Councils that provides support, policy development, knowledge products, and technical assistance to the nation’s State-based councils that can be accessed to find out more about your state’s council. (www.namhpac.org)

Child Welfare

Child Welfare Service Program (Title IV-B, Subpart I of the Social Security Act). This program authorizes federal funds in the form of grants to states for a wide range of child welfare services and activities. Individual children who receive services from the child welfare system through the use of these funds do NOT have to meet any federal income requirements.^{xvii}

Family Preservation/Family Support. In 1993, title IV-B, subpart 2 was created within the Social Security Act to provide funding specifically dedicated to child welfare preventive services. Originally named the Family Preservation and Family Support Services program, the program’s scope was expanded in 1997 and was reauthorized as the Promoting Safe and Stable Families Program. (PSSP)^{xviii}

The PSSP program includes both mandatory and discretionary funding for a range of family; family preservation; family reunification; and adoption promotion and support services. It also includes funding

for court improvement that should be set aside for Indian tribes, evaluations and technical assistance; and should be for new targeted funding.

Family support services are focused on voluntary, preventative activities that help families nurture their children and avoid the onset of crisis. Activities can include respite for parents and caregivers, home visiting services, and parenting education.

The funds are managed by the state child welfare agency, which develops a five-year child and family service plan. This funding is very flexible in its use, so there is usually a lot of competition for how the funds will be spent.

Title IV-E Foster Care and Adoption Assistance Program provides federal assistance on behalf of eligible children needing care away from their families who are in the placement and care of the State agency administering the program, and to provide financial support for the cost of proper and efficient administrative and training costs. Title IV-E refocuses federal support to avoid removal of children from their homes except when absolutely necessary, and through “permanency planning” to return children as quickly as possible from foster care to their own or relative homes, adoptive homes, or other permanent living arrangements.^{xix xx}

John H. Chafee Foster Care Independence Program, Title 1. This program provides funds to state’s to assist youth and young adults (up to age 21) that are leaving foster care by providing educational, vocational, practical, and emotional services and supports. Title I of Public Law 106-169 gives the state the option to extend Medicaid coverage to youth between 18 and 21 years of age, who were in foster care on their 18th birthday.^{xxi}

Temporary Assistance for Needy Families (TANF) Block Grant. Within the TANF block grant, there is considerable flexibility for state’s to use funds for a variety of child welfare services. States have the discretion to use TANF funds to meet any of the program’s four broad policy goals that include providing assistance to families so that children may be cared for in their own homes. Some of the child welfare services that can be funded through the TANF block grant include: employment and training opportunities, child care; transportation, intensive in-home services; parenting classes; domestic violence prevention; mental health, and substance abuse treatment; and a variety of family support services.^{xxii}

Community-Based Child Abuse Prevention Program. Under the Community-Based Grants for the Prevention of Child Abuse and Neglect (formerly the Community-Based Family Resource and Support program and now administratively know as the Community-Based Child Abuse Prevention Grants (CBCAP), discretionary grants may be awarded to selected Indian tribes, tribal organizations, and migrant programs to develop linkages with the Statewide CBCAP program and/or to provide services otherwise consistent with the purposes of the CBCAP. These funds must support more effective and comprehensive child abuse prevention activities and family support services, including an emphasis on strengthening marriages and reaching out to fathers, that will enhance the lives and ensure the safety and well-being of migrant and Native American children and their families. This discretionary grant program also supports a national resource center, Family Resource Information Education, and Network Development Services (FRIENDS) to assist CBCAP lead agencies for the Community-Based Child Abuse Prevention grants with the development and evaluation of their programs and activities.^{xxiii} To view information about current and previously funded grants go to either: ACYF Directory of Funded Grants or Children’s Bureau Listing of Discretionary Grant and Competitive Grant awards. (www.acf.hhs.gov)

Juvenile Justice

Here are a few of the currently funded program summaries from The Office of Juvenile Justice and Delinquency Prevention web site (www.ojjdp.ncjrs.org/funding).

Drug-Free Communities Support Program. This discretionary or project grant provides funding to help reduce substance abuse among at-risk children and youth and to reduce substance abuse over time among adults.^{xxiv}

Juvenile Justice and Delinquency Prevention State Formula Grants. These formula or block grants are awarded to states and territories to increase the capacity of state and local governments to support the development of more effective education, training, research, prevention, diversion, treatment, accountability-based sanctions, and rehabilitation programs in the area of juvenile delinquency and programs to improve the juvenile justice system. Grants can be used for program-related activities such as academic support, dropout prevention and recovery, character building, leadership development, and mentoring.^{xxv}

Title V Community Prevention Grants funds collaborative, community-based delinquency prevention programs. The funding is allocated by Congress to states based on a formula. A State Advisory Group or SAG is appointed by the Governor to oversee the program and broader juvenile justice issues. States then award Community Prevention Grants to qualified local government through a competitive grant process. At the community level among other requirements a local Prevention Policy Board is formed and a 3-year comprehensive prevention plan must be developed. Programs can be funded for up to 3 years. Work with your local Prevention Board: or contact your state Title V coordinator. Some of the activities supported are after school/recreation, prevention curricula, behavior management; parent training, mentoring, vocational/job training and leadership and youth development.^{xxvi}

Children's Advocacy Centers. The Centers coordinate the investigation, treatment, and prosecution of child abuse cases by utilizing multidisciplinary teams of professionals involved in child protective and victim advocacy services, law enforcement and prosecution, and physical and mental health. Each year, the National Children's Alliance (collaborating partner) releases its request for proposals to provide monetary sub grants to existing and developing Children's Advocacy Centers. Applications and information are available on the National Children's Alliance web site www.nationalchildrensalliance.org.

Information Sharing to Prevent Juvenile Delinquency: A Training and Technical Assistance Project (family strengthening/parenting). *Juvenile Information Sharing (JIS)* aims to increase the capacity of youth-serving agencies to build multi-agency partnerships in which information is exchanged in a timely and secure way. For more information, visit JIS's web page <http://www.juvenileis.org/>.

Tribal Youth Program helps tribal communities prevent juvenile delinquency, reduce violent crime and improve tribal juvenile justice systems. For more information, visit TYP's web page www.tribalyouthprogram.org.

Goals 2000: Parental Assistance Program

Title IV of the Goals 2000 Act provides grants to local non-profit organizations to work collaboratively with schools and other organizations to increase parental involvement in their children's learning. Goals 2000 has funded 28 Parental Assistance Centers nationwide through a highly competitive process. Each center serves an entire state or a region within a state, and focuses on both urban and rural areas that have large concentrations of low income, minority, or limited English proficient parents, though services and information are offered to all interested parents. For more information, see www.ed.gov.

Mentoring Grants

These discretionary grants are provided to programs that assist at-risk children through the support and guidance of a mentor to improve academic performance; improve interpersonal relationships between children and their peers, teachers, other adults, and family members; reduce dropout rates; and reduce juvenile delinquency and gang involvement. Local education agencies (LEA's), nonprofit community-based organizations (CBOs), faith-based organizations and organizations in partnership with an LEA and a nonprofit CBO may apply to receive funds. For more information, see www.ed.gov/programs/dvpmmentoring/index.html.

Safe Schools/Healthy Students Initiative

This discretionary or project grant, administered through the Office of Elementary Secondary Education, provides funding to promote healthy childhood development and prevent violence behaviors through fully linked education, mental health, law enforcement, juvenile justice, and social services systems. For more information, see <http://www.ed.gov/programs/dvpsafeschools/index.html>.

Maternal Child Health Services Block Grant (Title V)

Since 2002, the U.S. Department of Health and Human Services, through the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) and the Centers for Medicare and Medicaid Services (CMS), has awarded grants to establish and enhance Family-to-Family Health Information and Education Centers in 36 states. The mission of these centers is to provide information and other supports to family members and to professionals who serve children and youth who have special health needs. Family Voices, a national advocacy organization, provides training and technical assistance to the funded grantees through a cooperative agreement with Maternal and Child Health Bureau and to the CMS Grantees through contracts with the Office of Research and Sponsored Programs at Rutgers University and the Independent Living Research Utilization (ILRU).^{xxvii}

Family Support 360

Family Support 360 is an initiative of the U.S. Department of Health and Human Services Administration on Developmental Disabilities (ADD), part of the Administration for Children and Families. Through this effort, ADD provides planning and implementation grant opportunities to create one-stop centers to assist the families of individuals with developmental disabilities. For more information, see www.addfamilysupport360.org.

Summary Conclusion

During this time of tumultuous global economic change, it behooves family leaders and family peer-to-peer support programs to stay current on how funding streams and opportunities are changing. The

guidelines offered in this document provide the direction to build funding with integrity and credibility, always with an eye to sustainability. The funding sources included are subject to change and should be reviewed often. Family peer-to-peer support programs are encouraged to apply their best efforts toward careful planning using these guidelines and recommendations. Always, always, always seek funding that supports the mission of your program and never accept money that diverts attention into other directions. Apply best efforts and adequate resources toward documenting the outcomes of your program and, last but not least, diversify funding.

Updated information about family peer-to-peer support programs will continue to be available at www.ffcmh.org or call the National Federation at 240-403-1901.

Appendix A: Special Tips

- How to do fundraising courses are available through many service groups, such as United Way.
- Volunteers are frequently available from large corporations who support their employees to donate time to local nonprofits.
- The local Chamber of Commerce is a great source for learning more about local employers.
- Free legal services may be available in your area from the National Disability Rights Network. See www.napas.org.
- Outreach can be augmented by offering local civic groups a free presenter for their meetings.
- Start funding searches within your local community. Many decisions about the spending of public funds occur at the local level.
- Local resource librarians are excellent sources of information about government, foundation and corporate grant opportunities.
- Educate elected officials and their staff about your program and its value to the community.
- Offer your program as a resource to elected officials on children's mental health issues and families' needs.
- Frequently review upcoming funding opportunities and profiles of government agencies through a grants alert at www.omhrc.org/OMH/whatsnew.
- Know your state plans for Medicaid and federal block grants.

Appendix B: Taking Inventory Checklist

- ❑ We have built a pool of grass roots volunteers to help our program accomplish its long term funding needs.
- ❑ We have assembled a database of contributions managers at foundations, corporations, and government agencies, and because they are stewards of others' money required to justify their donations, we base our solicitation of them on rational grounds, rather than emotive appeal.
- ❑ We prioritize individuals, corporations and foundations for funding potential, understanding that real wealth lies in the hands of individuals.
- ❑ We never assume our solicitors know our organization, the purpose of the campaign, or how to ask for money and we always equip them with easy-to-use solicitation kits that provide needed information and instill confidence.
- ❑ We always seek the best possible solicitor-prospect, taking advantage of solicitors' peer contacts, friendships, and leverage. Prospects are more likely to give when they know the "asker" knows someone they respect and who can make a strongly credible, personal case for support.
- ❑ We have staff in place to provide all needed campaign resources, including letters, lists, proposals, support data, and meeting arrangements, because the support provided to our volunteers and the information provided to our prospects will make the difference between campaign success and failure.
- ❑ We have created, monitored and maintained a financial system with excellent checks and balances.

Endnotes

- ⁱ Palmer, G., Slaton, E. and Wood, G. Promoting and Sustaining Family-Run Organizations in a Public Health Approach. Presentation at the Georgetown University Training Institutes. Nashville Tennessee. July 16-20, 2008.
- ⁱⁱ Fessler, Pam. In New York City, Poverty Defined in New Terms. National Public Radio. September 10, 2009.
- ⁱⁱⁱ Gladwell, Malcolm. *The Tipping Point*. New York: Little Brown and Company. 2000.
- ^{iv} Pires, S (1995). Examples of sources of behavioral health funding for children & families in the public sector. Washington, DC: Human Service Collaborative
- ^v Kaiser Family Foundation, *Medicaid's Rehabilitation Services Option: Overview and Current Policy Issues*, <http://www.kff.org/medicaid/7682.cfm> (Sept. 10, 2009).
- ^{vi} CMS, *Section 1115 Medicaid State Waiver Program Demonstration Projects*, http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/03_Research&DemonstrationProjects-Section1115.asp (Sept. 10, 2009).
- ^{vii} CMS, *Section 1915(b) Authority Medicaid State Waiver Program Demonstration Projects*, [http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/04_Section1915\(b\)Authority.asp](http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/04_Section1915(b)Authority.asp) (Sept. 10, 2009).
- ^{viii} CMS, *HCBS Waivers-Section 1915(c) Medicaid State Waiver Program Demonstration Projects*, [http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915\(c\).asp](http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp) (Sept. 10, 2009).
- ^{ix} CMS, *Overview Medicaid Early & Periodic Screening & Diagnostic Treatment Benefit*, <http://www.cms.hhs.gov/medicaidearlyperiodicscrn/> (Sept. 10, 2009).
- ^x CMS, *Medicaid Definition of Covered Case Management Services Clarified*, <http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=2683> (Sept. 10, 2009).
- ^{xi} HRSA, *Case Management in Medicaid and EPSDT*, <ftp://ftp.hrsa.gov/mchb/epsdt/case.pdf> (Sept. 10, 2009).
- ^{xii} Bazelon Center for Mental Health Law, *Access to Services for Children with Serious Mental Disorders*, <http://www.bazelon.org/issues/children/publications/TEFRA/fact1.pdf>
- ^{xiii} Code of Federal Regulations, *2005 CFR Title 42, Volume 4*, http://edocket.access.gpo.gov/cfr_2006/octqtr/pdf/42cfr431.12.pdf
- ^{xiv} SAMHSA, *Community Mental Health Services Block Grant Program*, <http://mentalhealth.samhsa.gov/publications/allpubs/KEN95-0022/> (Sept. 10, 2009).
- ^{xv} U.S. Census Bureau, 2010 Census, <http://2010.census.gov/2010census/> (Sept. 10, 2009).
- ^{xvi} De Raismes, Joseph N., NAMHPAC, *The Evolution of Federal Mental Health Planning Legislation, 2005*, www.namhpac.org/docs/EvolutionofPlanningCouncilMay2005.doc
- ^{xvii} Administration for Children and Families, *Stephanie Tubbs Jones Child Welfare Services: Title IV-B, Subpart 1 of the Social Security Act*, http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act.htm (Sept. 10, 2009).
- ^{xviii} Administration for Children and Families, *Promoting Safe and Stable Families: Title IV-B, Subpart 2 of the Social Security Act*, http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act2.htm (Sept. 10, 2009).
- ^{xix} Administration for Children and Families, *Title IV-E Foster Care*, http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/fostercare.htm (Sept. 10, 2009).
- ^{xx} Administration for Children and Families, *Title IV-E Adoption Assistance*, http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/adopt_assist.htm (Sept. 10, 2009).
- ^{xxi} Administration for Children and Families, *John H. Chafee Foster Care Independence Program*, http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee_sum.htm (Sept. 10, 2009).
- ^{xxii} Administration for Children and Families, *About TANF*, <http://www.acf.hhs.gov/programs/ofa/tanf/about.html> (Sept. 10, 2009).
- ^{xxiii} Administration for Children and Families, *Community-Based Child Abuse Prevention Program*, http://www.acf.hhs.gov/programs/cb/programs_fund/discretionary/community.htm (Sept. 10, 2009).
- ^{xxiv} ONDCP, *Drug-Free Communities Support Program*, <http://www.ondcp.gov/dfc/> (Sept. 10, 2009).
- ^{xxv} OJJDP, *Funding*, <http://www.ojjdp.ncjrs.org/funding/funding.html> (Sept. 10, 2009).

^{xxvi} OJJDP, *Community Prevention Grants Program*, <http://ojjdp.ncjrs.org/cpg/index.html> (Sept. 10, 2009).

^{xxvii} HRSA, *Maternal and Child Health Bureau*, <http://mchb.hrsa.gov/programs/blockgrant/overview.htm> (Sept. 10, 2009).