

RAND **ALEX DOPP**

THE UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES

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COST, IMPACT, SUSTAINABILITY AND FISCAL MAPPING PROCESS OF SERVICES FOR PROBLEMATIC SEXUAL BEHAVIOR OF YOUTH

NSSBY Workshop
February 26, 2025

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RAISE YOUR HAND IF YOU'RE A...

- Service Organization Rep
- Implementation Practitioner
- Researcher
- Policymaker

...AND IF YOU WORK IN...

- Public mental health services
- Community-based services
- Children's Advocacy Centers
- Somewhere else

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RAISE YOUR HAND IF YOU WORRY ABOUT...

- Finding the funds needed to make sustainment feasible
- Your EBP implementation efforts being sustained for the long term
- Prioritizing equity and serving marginalized groups in the face of these practical challenges
- Keeping the lights on and people employed

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TODAY'S AGENDA

PART 1

(1) Background on sustainment

(2) Development and use of the Fiscal Mapping Process

[30-MIN BREAK]

PART 2

(3) Practice using the Fiscal Mapping Process (on your own or in groups)

(4) Reflections and next steps

Learning Objectives:

attendees will be able to...

- ✓ Understand the purpose and application of the Fiscal Mapping Process tool
- ✓ Learn about resource needs and supports for implementation of PSB-CBT
- ✓ Learn at least 3 financing strategies for evidence-based behavioral health services
- ✓ Learn how to apply the Fiscal Mapping Process tool to an EBT program at their agency
- ✓ Work collaboratively to identify resource needs, funding objectives, and potential financing strategies for their EBT program
- ✓ Develop 2-3 action items for continue application of the Fiscal Mapping Process toward financial sustainment of their EBT program

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SUSTAINMENT OF EBPs

Evidence-based practices (EBPs) can be great for our clients...

...but also hard for service agencies to sustain in practice

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...but also hard for service agencies to sustain in practice



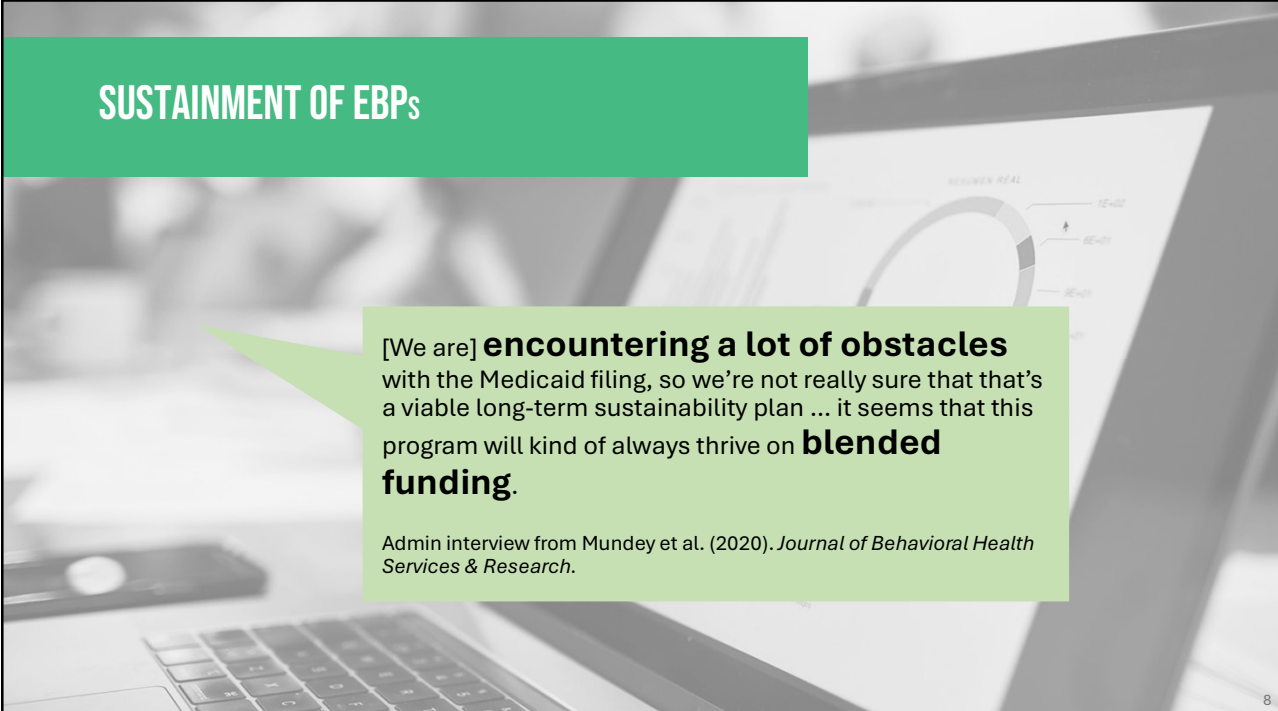
The background image shows a person's head and shoulders in profile, looking at a computer screen. Overlaid on this are three logos: 'psb' in a stylized font with a large 'p' and 's' and a 'b' that is a right-pointing arrow; 'TF-CBT' with four colorful human figures above the text; and 'PCIT' in large, bold, colorful letters (P: red, C: green, I: orange, T: blue).

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SUSTAINMENT OF EBPs

[We are] **encountering a lot of obstacles** with the Medicaid filing, so we're not really sure that that's a viable long-term sustainability plan ... it seems that this program will kind of always thrive on **blended funding**.

Admin interview from Munday et al. (2020). *Journal of Behavioral Health Services & Research*.



The background image is a blurred view of a laptop screen displaying a line graph with data points and a trend line. The graph has a y-axis labeled 'NUMBER REAL' and an x-axis with values 1E+02, 5E+01, and 1E+01.

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SUSTAINMENT OF EBP_s

- Limited, fragmented funding is a major challenge to sustainment
- Costs include service delivery, training, quality assurance, care coordination, and supplies
- Funding sources rarely cover all sustainment costs



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OUR THINKING ABOUT SUSTAINMENT IS GROUNDED IN THE PUBLIC HEALTH SUSTAINABILITY FRAMEWORK



Schell et al. (2013). Public health sustainability framework. *Implementation Science*. <https://doi.org/10.1186/1748-5908-8-15>

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***SUSTAINTOOL.ORG* OFFERS TOOLS FOR MEASURING SUSTAINMENT CAPACITIES**

PSAT | Program Sustainability Assessment Tool

- Assesses the sustainment capacities of a wide range of programs in public health and other fields (e.g., social services, education)
- Best suited for full programs with their own operational components, such as dedicated staff
- *Examples:* a healthy school lunch initiative, an adult literacy program

CSAT | Clinical Sustainability Assessment Tool

- Assesses the sustainment capacities of a clinical practice
- Best suited for discrete practices that are integrated within existing workflows
- *Examples:* a mental health screening procedure, a hand hygiene process

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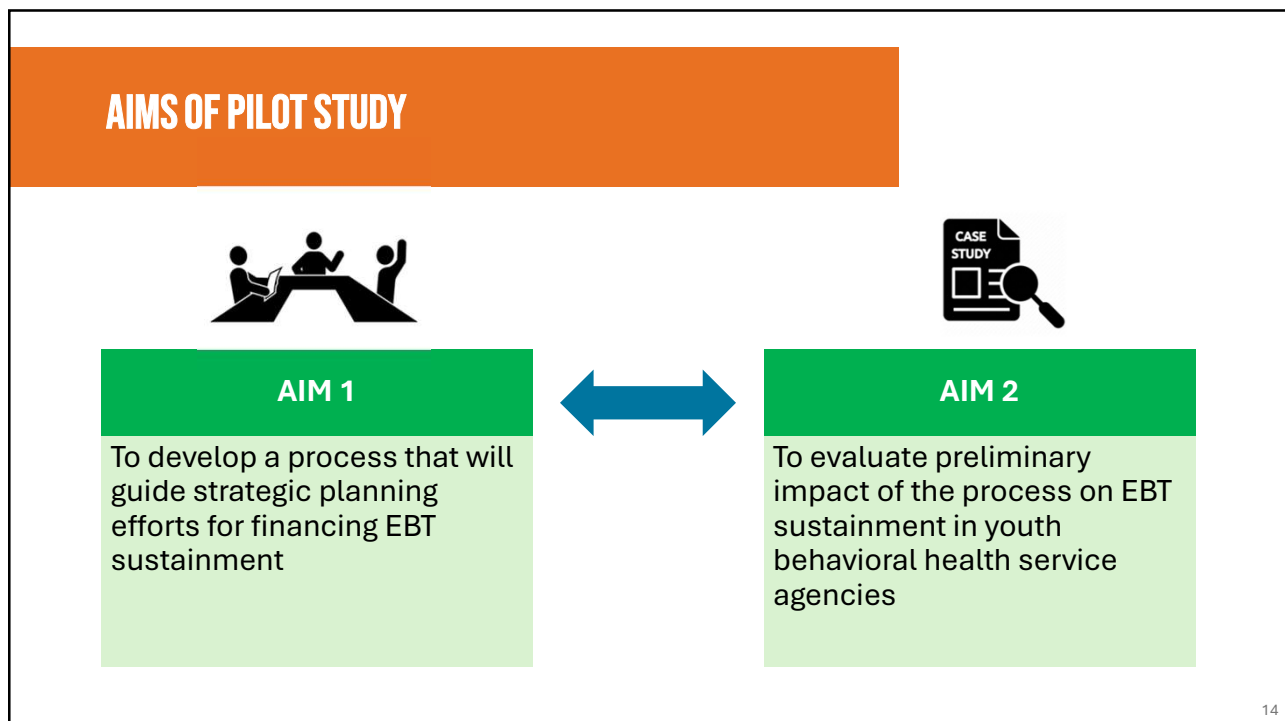
QUESTIONS SO FAR?

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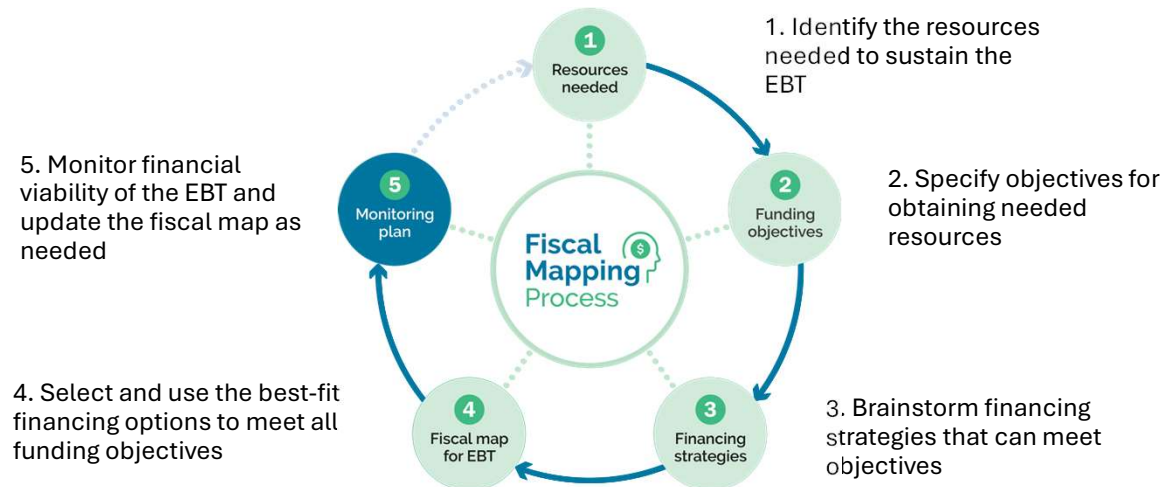


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FISCAL MAPPING PROCESS: OVERVIEW



Published tool is available at RAND.org: <https://doi.org/10.7249/TLA2678-1>

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STUDY DESIGN AND TIMELINE: 12-MONTH PILOT TEST



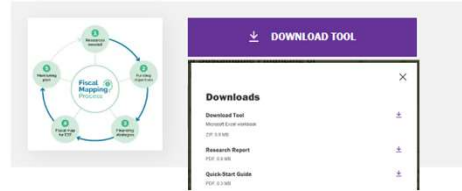
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SUPPORT MATERIALS

The Fiscal Mapping Process rand.org/pubs/tools/TLA2678-1.html

A Strategic Planning Tool for Sustainable Financing of Evidence-Based Treatment Programs in Youth Behavioral Health Services



Fiscal Mapping Process Orientation Video



Implementation Research and Practice



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HOW TO USE THE FISCAL MAPPING PROCESS



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COMPLETED EXAMPLE

Fiscal Map Program Details	
① See "Program detail resources" tab for guidance on selecting an EBT and fiscal mapping team.	
Agency or organization name	
Example agency	
Evidence-based behavioral health treatment	
PSB-CBT	
Site(s) implementing the EBT program	
OKC clinic	
Who is contributing to fiscal map completion?	
Name	Role or Title
Jane Doe	PSB program director
John Doe	CFO
Notes about the process	
Jane filled out Fiscal Map with clinical management expertise, reviewed monthly with John to get fiscal expertise and senior leadership decision-making. Have used the tool for ~8 months now.	

Federally Qualified Health Center in Oklahoma

Four clinicians deliver services in the PSB-CBT program

Biggest sustainment challenge is maintaining PSB-CBT clinicians in face of turnover

Agency has been using the Fiscal Mapping Process for about 5 months

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STEP 1: RESOURCES NEEDED



Step 1: Resources Needed

Identify all resources needed to sustain your EBT program. Include resources you already have, those you need to build capacity, and future needs (such as training new clinicians).

Resource	Used for EBT?	1-Yr Outlook?
Clinician time (EBT delivery, care coordination, etc.)	Yes	Support uncertain
<i>Notes/describe:</i> Group delivery and coordination; family sessions; case mgmt; going to court		
EBT training, supervision, and consultation expenses	Yes	Hard to support
<i>Notes/describe:</i> Trainer/consultant fees and time; in-house training; CEU guest speakers		
Clinical assessment/evaluation measures for EBT	Yes	Support uncertain
<i>Notes/describe:</i> Measures are no-cost, but staff have to manage		
Tech/materials (manuals, equipment, software, etc.)	Yes	Easy to support
<i>Notes/describe:</i> Recording equipment; tablets for telehealth; PSB books and handouts		
Travel (service delivery, community outreach, etc.)	Yes	Easy to support
<i>Notes/describe:</i> Travel and time for home-based delivery, MDT meetings, court meetings		
Overhead expenses (space, advertising, billing, etc.)	Yes	Support uncertain
<i>Notes/describe:</i> Space for group, MDT; hard to advertise PSB services; development office		
Partnerships (interdisciplinary and community engagement)	Yes	Hard to support
<i>Notes/describe:</i> Time/supplies for MDT mtgs, Community Change Process; reporting to court		
Other resources (specify in notes; ex. incentives to use EBT)	Yes	Support uncertain
<i>Notes/describe:</i> Family advocates; resources for PSB team well-being; ATSA memberships		

① Resource

Uncertain how to estimate costs for your chosen EBT program? See the "Step 1 resources" tab for useful information, such as EBT time and cost models, a guide for designing PCIT rooms, and telehealth and home delivery expenses. Asking clinicians for their input is also very helpful!

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STEP 2: FUNDING OBJECTIVES



Step 2: Funding Objectives

List action-oriented objectives aimed at obtaining or maintaining funding for resource needs and key factors that help or hinder each objective. 3+ objectives are typical for EBT programs.

Objective #1:	Top Facilitators (help meet the objective)	Top Barriers (hinder the objective)
Support monthly MDT and Community Change Process meetings	Huge benefit to implementation Strong partnership with courts Helps facilitate all other objectives	Coordinating time and space Grant can't pay for food Stigma about PSB shows up
Objective #2:	Top Facilitators	Top Barriers
Cover all clinician time for PSB-CBT delivery (including out of session)	Grant funding to cover (OJJDP?) Family advocates help balance Motivated by well-being resources	Billing for prep not allowed Low Medicaid rates Pressure to have 1 clinician/group
Objective #3:	Top Facilitators	Top Barriers
Budget ongoing training, supervision/case review, and certification prep	Built-in time for salaried employee "Train-the-supervisor" training Supervisors are motivated	Time for training is limited Clinician and supervisor turnover Admin, clinical roles come first
Objective #4:	Top Facilitators	Top Barriers
Ensure adequate senior leader training to support PSB program	Senior leader training is available PSB is a community/org priority Other depts value EBT delivery	Leaders skeptical about training Not a familiar cost for EBTs Development office needs ideas
Objective #5:	Top Facilitators	Top Barriers
Maintain support for PSB materials and travel	Grants always budget these items No-cost measures	Have to keep up grant-writing No item data mgmt currently
(i) Look at "Step 2 resources" and "Completed Example" tabs for help developing objectives.		

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STEP 3: FINANCING STRATEGIES



Step 3: Financing Strategies

3A: Financing Strategies Already Used

#	Type of Strategy	Funder/Source	Using Strategy?	Sustainable?	Notes/Describe:
1	Grant funding	OJJDP	Yes, for other EBTs/programs	Uncertain	Added PSB-CBT to grant application for next 3 yrs (update - funded!)
2	Cost offset	State MH agency	Yes, for this EBT	Yes	State initiative that covers costs of training/consultation fees
3	Standard fee-for-service reimbursement	State Medicaid	Yes, for this EBT	No	Barely covers in-session clinician time

3B: New Financing Strategies to Be Explored

#	Type of Strategy	Funder/Source	Using Strategy?	Sustainable?	Notes/Describe:
6	Grant funding	NCTSN	No, but used previously for this EBT	Uncertain	To cover out-of-session (unbillable) clinician time; not awarded last cycle
7	Capitated or patient-based payments	State Medicaid	No, never used	Yes	"Behavioral health home" (CCBHC) model now available in state
8	Shifting funds between programs	internal	No, but used previously otherwise	No	Have borrowed from residential programs; need to limit carefully

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STEP 4: FISCAL MAP FOR EBT

Step 4: Fiscal Map for EBT

Now let's put everything together! The fiscal map shows your identified funding objectives (from Step 2) and financing strategies (from Step 3). Complete the map by specifying (1) what % of each objective is covered by each strategy and (2) when an objective is covered enough that you consider it met.

Note: You can click the blue links to return to previous steps; the text entered in those steps is displayed below the link. The gray boxes can be used to take additional notes within Step 4.

Percentage of Objective Met by Each Financing Strategy

	1	2	3	4	5	6	7	8	9	10	
	OJJDP: Grant funding	State MH agency: Cost offset	State Medicaid: Standard fee-for-service	public: Fundraising and investor donations		NCTSN: Grant funding	State Medicaid: Capitated or patient-based	internal: Shifting funds between programs	State Medicaid: Increased fee-for-service		Amount Covered
Objective #1	25%	0%	0%	20%	0%	0%	0%	30%	0%	0%	75%
Support monthly MDT and Community Change Process meetings	Relying too much on shifting internal funds to be sustainable yet. Good option for fundraising b/c these are general operation activities - potentially increase contribution from that source here to meet objective?										Objective met?
											Not yet
Objective #2	50%	0%	30%	20%	0%	0%	0%	0%	0%	0%	100%
Cover all clinician time for PSB-CBT delivery (including out of session)	OJJDP grant can cover the out-of-session costs that are not reimbursed. Leadership team in agreement that two therapists per group plus family advocate support are essential - pressure to downsize has										Objective met?
											Yes
Objective #3	25%	50%	0%	5%	0%	0%	0%	0%	0%	0%	80%
Budget ongoing training, supervision/case review, and certification	Manageable for now, as long as state keeps subsidizing PSB-CBT training; hoping to make up the difference with extra \$ here and there from new strategies										Objective met?
											Not yet
Objective #4	0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	20%
Ensure adequate senior leader training to support PSB program	Currently a big gap, and OJJDP budget cannot support senior leader training. Trying to determine whether OJJDP grant or CCBHC model is more feasible (short term) and sustainable option.										Objective met?
											Not yet
Objective #5	75%	0%	0%	10%	0%	0%	0%	0%	0%	0%	85%
Maintain support for PSB materials and travel	Manageable for now with OJJDP grant, but could also be supported by CCBHC rate?										Objective met?
											Yes

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STEP 5: MONITORING PLAN

Step 5: Monitoring Plan

Each time you update your fiscal map, use this step to lay out how you will monitor the plan and return to it on an ongoing basis.

Date when fiscal map was last updated
9/15/2023

Date next update is due (suggest 1-3)
12/12/2023
*Add this date to your calendar

Who is responsible for monitoring updates?
Jane
Note: The list of names in the drop-down menu is from Step 1. Click the blue link at left to jump back and edit that list.
[\(names from Step 1\)](#)

Action Items for the Team

Action	Relevant Step	Who Is
Follow up with Medicaid	Step 3	Jane
Look into CCBHC funding	Step 4	John
Decide about NCTSN gra	Step 4	John

EBT sustainment supports and/or barriers to monitor
Big burden to manage fee-for-service plus grants - looking to streamline. CCBHC is a great opportunity; might allow hiring of more clinicians. OJJDP grant gives us time to breathe and figure this out.

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TIPS FOR MAKING THE MOST OF FISCAL MAPPING

Identify who from your organization will work on the tool

- Set aside time to work on the tool each month
- Use the embedded Completion Checklist to monitor progress

Engage key decision-makers and partners

- Within your agency (leadership, clinicians)
- Funding partners
- Community partners and leaders
- Service recipients
- When and how will you engage with them?

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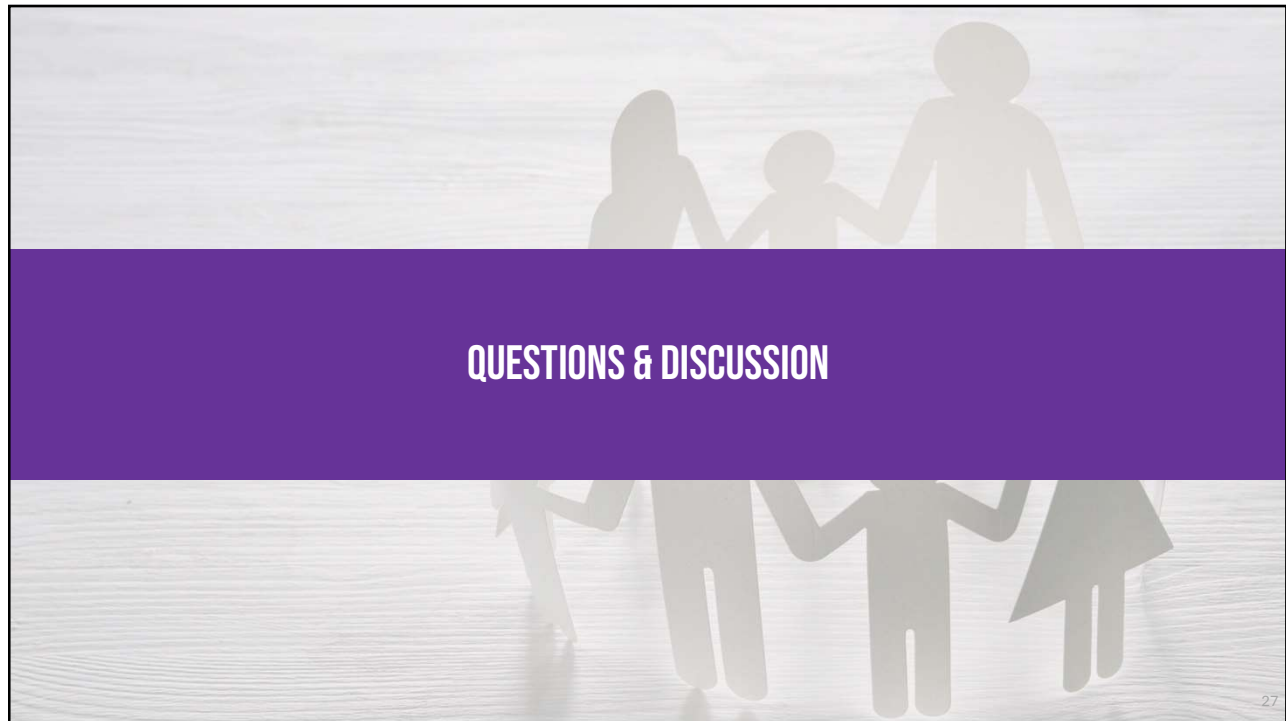
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EXPERIENCES USING FISCAL MAPPING FOR PSB-CBT

- Description of service agencies and agency representatives involved
- How Fiscal Mapping was introduced to agencies
- How agencies have used the tool so far
- Feedback on benefits and challenges to using the tool for PSB-CBT

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PART 2: TIME TO PRACTICE FISCAL MAPPING!

Partner up with colleagues or neighbors, or work solo

We will circulate to answer questions

Take ~50 minutes to:

- [OPTIONAL] Select, complete, and score (last page) PSAT or CSAT for your PSB-CBT program
- Orient to the Fiscal Mapping Process
 - Review the Quick Start Guide
 - Specify the Program Details
 - Look at the resource tabs
- Start filling out Steps 1-3

Download all materials from Box:
<https://tinyurl.com/NSSBY-sustain>

We will then regroup to share experiences

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SHARING EXPERIENCES WITH THE GROUP

Brief background

- Your organization and partner(s)
- Relevant details of your PSB-CBT program
- Your role(s) in the process

What did you find most useful about the sustainment assessment and strategic planning tools?

What were the greatest challenges you encountered in applying and making sense of the tools?

How do you expect community partners would view the tools? [if no community partner representation today]

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WHO IS PLANNING TO...

1. Share a sustainment capacity assessments tool with your team(s)?
2. Share the Fiscal Mapping Process with your team(s)?
3. Use these tools for sustainment planning with a specific EBP or project?
4. Use these tools in research or evaluation projects and proposals?
5. Engage in other next steps for sustainment planning you'd like to share?

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FINAL REFLECTIONS ON TODAY'S LEARNING OBJECTIVES

1. PSB-CBT implementation and sustainment capacities that inform strategic planning and financing priorities
2. Key steps and tools that can guide planning for sustainable financing of PSB-CBT
3. How community-academic partnerships can effectively address sustainable financing for PSB-CBT

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ACKNOWLEDGEMENTS

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Maddison North

Byron Powell

Jeanne Ringel

Jane Silovsky

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PLEASE STAY IN TOUCH!



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Renee

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