

# Money Matters



## Other Revenue Sources

Grant funds and Medicaid reimbursement are just two options. Other potential revenue sources include:

- Healthcare organizations, which may provide financial and in-kind support, as well as patient referrals.
- Bequest marketing, or fundraising through the acquisition of estates and late-life transfers of assets.
- Charging participants for services, which can be an important part of a diversified approach to funding.

## Use “Quilting” to Build a Diversified Approach to Funding

For most states trying to reduce depression in older adults, a single initiative can’t begin to address the needs of a diverse population. Instead, they must often “quilt” pilots and services together, sometimes in lieu of an evidence-based program or until they are ready to move forward with an evidence-based program. Quilting various funding sources together is just as important, as the examples below illustrate.

### Titles III-B and III-E Funding

Many states are taking advantage of funds available through Titles III-B and III-E of the Older Americans Act. The former provides funding for home- and community-based supportive services; the latter provides funding to caregivers of older Americans.

Washington State used Titles III-B and III-E funding to supplement other moneys, including county levy funding for veterans and individuals with chronic health conditions, and a Nursing Home Diversion grant.



### Grants from State Agencies or Philanthropic Organizations

Grants provide an excellent source of funds to initiate a program or augment an existing program. Although many grants tend to be time-limited or nonrenewable, they can lead to longer-term local service dollars.

Ohio used mini-grants to start up Healthy IDEAS and other evidence-based practices. These grants were an initiative of the Older Ohioans Behavioral Health Network, a collaborative of state human service agencies, providers, consumers, and families. A total of \$40,000, funded by the Ohio Department of Mental Health and Ohio Department of Aging, was distributed to each of Ohio’s 12 Area Agencies on Aging (AAA) to embed Healthy IDEAS in PASSPORT (Pre-Admission Screening System Providing Options and Resources Today), a Medicaid waiver program that provides services in home and community settings.



### Medicaid

Some states use Medicaid reimbursement for depression care management. One promising solution is the 1915(c) Home and Community-based Services (HCBS) waiver, which allows states to design programs to meet the needs of certain groups, including older adults.

Georgia seeks to embed Healthy IDEAS as a depression screening component of the state’s Community Care Services Program (CCSP), a 1915(c) HCBS waiver program. The Georgia Department of Human Resources Division of Aging Services, the State Unit on Aging, operates the CCSP and contracts with the 12 AAAs to provide local program management and coordination. The Fuqua Center for Late-Life Depression of Emory University is a valued partner, helping to train two lead care coordinators in each of the 12 AAAs.





For more information about funding and implementing evidence-based depression care management programs, visit the following sites:

**IMPACT**  
<http://www.impact-uw.org>

**PEARLS**  
<http://depts.washington.edu/pearlspr/>

**Healthy IDEAS**  
<http://www.careforelders.org/healthyideas>

### Other Critical Factors in Achieving Financial Sustainability

There's more to sustainability than finding potential sources of revenue. One key hurdle is selecting the right evidence-based program to match the unique needs of your organization and community. It's imperative that you define the desired long-term outcomes for program participants, then identify strategies to support those outcomes programmatically.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is preparing two resources that can help organizations effectively plan for and implement an evidence-based depression management



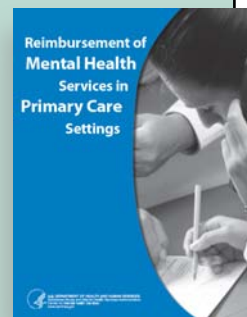
program. One is an Evidence-Based Practices KIT focusing on depression in older adults, which will be released in spring 2009. The second resource is an implementation guide for evidence-based practices. Part one of the guide covers implementation science and prevention with older adults, while part two covers implementation principles and process. Both of these publications will be posted online as soon as they are available:  
<http://www.samhsa.gov/OlderAdultsTAC/>.

Even after you implement an evidence-based program, the work to achieve long-term financial sustainability continues. Your organization should commit itself to:

- Establishing partnerships with other community groups or members.
- Conducting ongoing financial planning to make sure it is hitting key performance benchmarks.
- Implementing practices and systems that increase operational efficiency.
- Communicating successes effectively to funders and other stakeholders.

### Reimbursement in Primary Care Settings

In the primary care setting, it's important to understand the public reimbursement process, as well as the challenges that can impede reimbursement. In 2005–2006, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) identified the barriers to, and possible solutions for, reimbursement of mental health services provided in primary care settings.



You can find this information in SAMHSA's February 2008 report, *Reimbursement of Mental Health Services in Primary Care Settings*, which can be downloaded at <http://nmhicstore.samhsa.gov/cmhs/ManagedCare/pubs.aspx>.

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To learn more about related resources and initiatives, please visit the Healthy Aging Research Network at <http://www.prc-han.org>.