



## **Report to the Legislature**

# **Blended Funding Report**

Chapter 219, Laws of 2000, Section 2

June 2004

Department of Social & Health Services  
Children's Administration  
Management Service Division, Office of Federal Funding  
PO Box 45710  
Olympia, WA 98504-45710  
(360) 902-7936  
Fax: (360) 902-7903

**Department of Social and Health Services  
Legislative Report on Blended Funding Projects**

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## **Blended Funding Projects**

### **Executive Summary**

Chapter 219, Laws of 2000, Section 2, as codified in RCW 74.14.A.060, requires the Department of Social and Health Services (DSHS) to report annually to the legislature on the progress in blending funds to provide enhanced services to children and their families with multiple needs. This report is the fourth in a series of reports to the legislature on the development and implementation of blended funding projects.

Blended funding involves the co-mingling of funds into a single pool from which services can be funded. This report addresses the formal blended funding project for children and families that DSHS has undertaken, as well as other innovative funding approaches to support collaborative service delivery.

The Title IV-E Demonstration Waiver Project, a formal blended funding project with federal Department of Health and Human Services, was terminated on June 30, 2003. Sites in Spokane and Clark Counties operated during the project period. Both ceased after encountering difficulties that included a very small service population, payment methodology, evaluation design and providing specialized placement options.

The King County Blended Funding Project continues to operate and is serving 25 youths who have demonstrated high, cross-system service needs that have not been met successfully through existing services and service rates. The funding for 2003 is from King County Department of Mental Health Regional Support Network (RSN), Puget Sound Educational Service District, and Region 4 Division of Children and Family Services (DCFS.) At times the school district where the child resides also contributes on a child by child basis. Although most of the funding for this program is blended, some is not.

There are numerous barriers to blending funds across categorical programs. These barriers have been noted in previous reports and include the frequent need for formal waivers of federal requirements, defined eligibility for specific programs, varying interpretations of the amount of flexibility available, and onerous evaluation requirements when flexibility is granted.

For these reasons, few department dollars are available to blend with other service funding. The department, in the interest of better coordination of service, is undertaking initiatives that encourage “braiding” of funds and integration of services. Braided funds retain their funding streams, tracking requirements and specific eligibility for services, but are offered as part of a coordinated package of services to shared clients. This report describes a few of the numerous DSHS efforts to improve coordination of services with braided or other innovative funding.

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**INTRODUCTION**

In accordance with the requirement of Chapter 219, Laws of 2000, Section 2, this document has been prepared to report the work of the Department of Social and Health Services (DSHS) in blending funds to provide enhanced services to children and their families with multiple needs.

Blended funding involves the co-mingling of funds into a single pool from which services can be funded. This report addresses the formal blended funding project for children and families that DSHS has undertaken, as well as other innovative funding approaches to support collaborative service delivery.

As noted in the last three reports, the categorical funding in most DSHS programs limits opportunities to truly blend funding to provide services. This, however, does not prevent the department from coordinating services to shared clients. This report only addresses the DSHS blended funding or coordinated service projects that provide services to children and their families.

**BLENDED FUNDING PROJECTS**

**Title IV-E Demonstration Waiver Project**

With the passage of the Adoption and Safe Families Act (ASFA) in 1997, the federal government made demonstration waivers available to state child welfare programs. This allowed for innovative uses of federal funds through the Title IV-E program. In 1999, Washington State's DSHS Children's Administration (CA) applied for and obtained a waiver that allowed up to ten project sites statewide. The waiver allowed Title IV-E funds to be used for children, services and administrative activities not normally eligible for IV-E reimbursement.

The Washington State Title IV-E Demonstration Waiver used a managed care model and blended flexible funding to provide comprehensive services to children in the child welfare system, between the ages of eight and seventeen. The project was designed with the hypothesis that services partnered through several child-serving entities (such as Regional Support Networks and Educational Service Districts) can provide a better outcome for children at an overall lower cost to both the state and federal government. It originally focused on children who are high cost (as defined by the individual sites) who were in need of mental health and/or special education services, and had a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis.

This latter requirement was found too restrictive and CA requested, and was granted, an amendment from the federal government to drop the need for a DSM diagnosis. Additional amendments were requested and also granted to: 1) lower the age of eligibility to six; 2) revise the implementation date and projected number of sites and number of children served; and 3) allow for-profit child placing agencies to participate.

The waiver sought to improve permanency outcomes for children by providing services in the home or placement in the least restrictive setting, decreasing the length of stay in high cost care, and preventing high cost placements. CA's waiver allowed for blended funds from multiple child serving agencies to be used in a new service delivery model via a case rate. Federal stipulations included a random assignment of children to the project and to more traditional services so outcomes would be scientifically reliable. They also required an independent evaluation of the project.

The initial plan called for up to 10 sites and up to 1000 children enrolled statewide. CA implemented two project sites: Spokane and Clark County, both with the local Regional Support Networks.

#### Spokane County Project

The Spokane site operated from May 2000 to November 2000 when the subcontractor determined it could not provide services within the contracted case rate. As the rate sought was significantly outside CA's average expenditure for high cost care, the site closed after enrolling 11 children.

#### Clark County Project

CA and Clark County signed an initial contract in September 2001 for a Title IV-E Demonstration Waiver Project. It incorporated Individualized and Tailored Care principles, such as family-centered, strength-based and community-based plan development and practices. In this process, the use of child and family teams as decision-makers provided strength-based planning and delivery, whole family intervention plans, and development of one plan across child welfare and mental health systems for each child and family. Services to meet the needs identified by the child and family team are provided to the greatest extent possible.

This project additionally served as the demonstration site under Engrossed Substitute House Bill (ESHB) 2574, which directed DSHS "to establish demonstration sites for statewide implementation of a children's system of care."

Clark County and CA jointly funded this project. CA paid the County a case rate for each child assigned to the Title IV-E Demonstration Project group. Children were assigned one of two possible case rates by CA based upon their eligibility for Behavior Rehabilitative Services or for high cost foster care.

The County added funds to each case rate. CA was responsible for approximately two-thirds of the total project funding, and the County was responsible for approximately one-third of the funding. The costs of services for the enrolled children were paid from the pooled funds. The County was responsible for any cost overruns beyond the pooled funds. Children's Administration paid \$1,056 per month for high cost foster care and \$3,168 per month for high cost group care. The county contributed \$500 per month for children who are high cost foster care, and \$1,500 per month for high cost group care.

The first referrals to the program occurred at the end of March 2002. Eight children were enrolled in the project's demonstration group, and five were in the control or comparison group as of June 30, 2003.

By mutual agreement of CA and Clark County, the project terminated on June 30, 2003. The termination of the project was the result of specific program and evaluation design. The difficulties encountered in both sites are discussed below.

### Difficulties Encountered

#### Payment Methodology

A case rate funding methodology is most appropriately used with a high number of clients. Contractors are then able to "average" their costs over multiple clients. The target population in both sites was a small group of very high need children. Both sites were only able to enroll a few children, defeating the advantages of a case rate payment methodology.

#### Risk for Community Partners

Enlisting partners in the Title IV-E waiver project was a major challenge. While acknowledging our shared clientele and the common sense behind blending dollars, there was no financial incentive for participation as the case rate design called for the partner to bear the sole risk of cost overruns.

#### Evaluation Design

The federally required random assignment used in the evaluation design meant that some children received the demonstration project services while others received "usual" services. There was reluctance to refer high-need multi-system children to a project where they might or might

not receive what was considered best practice services. This was one factor in the small number of children involved in the project sites.

In Clark County, the RSN and local CA staff felt that the rigid evaluation design limited their flexibility, the very aspect of improved care they were hoping to demonstrate.

The small number of children involved in the two projects sites has also led to a final evaluation which is only qualitative in nature.

### Specialized Placement Options

Both sites were dedicated to keeping children in the most normal environment possible. Despite this commitment, it was sometimes necessary to serve youth in specialized foster care or residential settings as the target population was children who are most difficult to serve. Although the RSN was able to develop provider networks for a wide range of treatment and community support services, expanding the provider network to include placement resources did not occur as the RSN is not a child placing agency. The lack of a RSN contracted placement provider network required the creation of a CA based payment mechanism for placement services. This was a large administrative burden for a small number of children.

### Next Steps

CA and Clark County regard the Title IV-E demonstration project as an excellent pilot to increase our mutual understanding of collaborative service delivery. Discussions are currently underway regarding an improved approach to providing services to this population. Educational Service District 112 and the Public Health and Safety Network are involved in the development of the new program. Portland State University will be involved in an evaluation of the new project. The project is being designed without relying on a federal Title IV-E waiver, as the burdensome requirements are not seen to be worth the increased flexibility.

### Statewide Waiver

As CA had no potential partner for additional sites, CA terminated the Title IV-E Child Welfare Demonstration Waiver effective June 30, 2003. We anticipate that the independent evaluation from Mercer will be available later in the year.

## **King County Blended Funding Project**

The King County Blended Funding Project began in 1998 with start-up funds from the Robert Wood Johnson Foundation, The Casey Foundation, Washington Institute for Mental Illness Research and Training, Seattle School District, DSHS Juvenile Rehabilitation Administration (JRA), and CA's Division of Children and Family Services (DCFS). The funding for 2003 is from King County Department of Mental Health-Regional Support Network (RSN), Puget Sound Educational Service District, and Region 4 DCFS. Sometimes the school district where the child resides also contributes on a child by child basis. As described more fully below, much of the funding in this program is blended. The project also uses braided funding processes.

The community-based teams are lead by the child's family, a blended funding care manager, and parent advocates. United Voices, a local parent organization, provides family advocacy when the family believes that an advocate will help them understand and participate in the project. The "team" decides what will be needed to best support the child in the community. The King County Blended Funding Project allows flexibility to choose a set of supports both within and beyond available categorical services. The families are provided training and support, then given the opportunity to create and manage their own plan.

Through the use of flexible funds, a single care manager, and the support of a community-based system, the team enables:

- Families to be a full participating team member in deciding outcomes for their family;
- The child, family, care manager, community, and service systems to become more motivated to change;
- Service systems and families to collaborate more effectively on behalf of the children;
- The child's base of support with in her/his natural community (family, school, neighborhood) to become stronger;
- The child's needs to be met across multiple domains;
- The child's behavior and functional status to improve, and
- The cost of care to decreases.

The population of youth served by the King County Blended Funding Project is children who have demonstrated high, cross-system service needs that have not been met successfully through existing services and service rates. Additionally, eligible children are those who have received high cost services through DCFS or schools and continue to need intensive services from several systems of care. All are CA clients (dependent children), meet Medicaid eligibility requirements, and meet the medical necessity requirements of the mental health system.



Once a youth is accepted into the project, the care manager assigned to the child and family will help the family develop a community team. The family team will include a wide range of professionals, paraprofessionals, community members, and natural support networks. The team members are responsible for creating a case plan participating in the selection of providers developing community support and participating in the management of the budget. Additionally, they support cost containment, participate in the evaluation of the project, develop outcomes and goals for the child and the family, and assess the effectiveness of services in meeting designated outcomes and needs.

The individualized plan makes use of both project funds and informal natural support systems to increase the opportunity for positive outcomes for the child and family. A goal of the project is to have 25% of the support for each child and family come from informal supports. Funding may be used to purchase a variety of support services, which may include:

- Mental Health: medication, therapy, day treatment, evaluation, psychiatric services;
- Alternative Health: massage therapy, acupuncture, holistic, naturopathic;
- Placement Supports: respite, foster care, residential treatment, day care, relative placement;
- Educational Services: special supports to maintain in school, tutoring, therapeutic setting outside school district;
- Basic Needs: clothing, food, furniture, home repairs, telephone, car repairs, eye glasses, dental;
- Recreational Activities: parks and recreation programs, entertainment, camp, music lessons, art classes; and,
- Shared Supports: case aides, mentors, and interpreters.

As of February 2003, there were 25 youths and their families involved with the project, for an average total cost of \$5800 per month. There are 10 youths receiving placement services outside their family home.

The children and families served by this project need multi-system services. By coordinating the funding and providing individualized services, the children stay out of placement longer and are reunified faster, thus keeping the average cost down. Because of the project, the natural support systems have the skills to support the family and hopefully will continue to be a support to the family after the child is no longer a part of the project.

This project began prior to the Title IV-E Demonstration Waiver Project and has its own evaluation component. It would have been too disruptive to fit the existing project under the requirements of the Title IV-E waiver. Since the King County Project was not included in the waiver, CA cannot blend any federal

funding. Instead, placement services are paid directly by CA (with state and federal funds) and deducted from CA's monthly contribution payments made to the project. This approach is often called braided funding, which is described more fully below. Other funds CA provides to the project are blended with mental health and educational funding to support a broad array of needed services.

## **BARRIERS TO BLENDED FUNDING**

There are numerous barriers to blending funds across categorical programs. In previous reports, the department outlined several elements that prevent the blending of service dollars. These barriers are still relevant now.

- Blending of federal dollars requires formal waivers, when allowed, from federal statutes and regulations.
- Restrictions on state funds through budget provisos or limiting statutes often prevent the department from combining funds to provide more flexible services.
- Eligibility for receipt of funds is restricted. Categorical or earmarked funds must be tracked, cannot be co-mingled, and must serve a specific designated population.
- DSHS community partner agencies interpret their ability to be flexible differently. Some are not willing to release control of their dollars. Also, non-profit and for profit providers are restricted by the grantors of their funds.
- Federal waivers do allow for more flexible use of funding but often require an onerous "experimental" approach which can increase complexity and cost.

## **INNOVATIVE FUNDING APPROACHES TO SUPPORT COLLABORATIVE SERVICE DELIVERY**

Blended funding involves the co-mingling of funds into a single source from which case managers can draw service dollars. As noted previously, few department dollars are available to blend with other service dollars. The department, in the interest of better coordination of service between service providers, is undertaking initiatives that encourage "braiding" of funds and integration of services. Braided funds retain their funding streams, tracking requirements and specific eligibility for services, but are offered as part of a coordinated package of services to shared clients.

The following sections describe only a few of the programs utilizing braided or other innovative funding approaches to provide more seamless services to children and their families.

## **PROGRAMS USING BRAIDED OR INNOVATIVE FUNDING**

### **Families and Communities Together (FACT) Initiative – Spokane and Whatcom County**

FACT is a community-guided initiative designed to improve outcomes for families, neighborhoods and communities. It focuses on building a community network of DSHS programs and community partners and improving access to multiple services. In Spokane, the Northeast Community Center, DSHS divisions and Spokane School District 81 are engaged to provide families with focused services to address parenting and teen issues, allow easier access to services, and remove family crisis barriers. In Whatcom County, four service access points are being considered for integrated delivery of all state and community services currently available: a rural school in Kendall; a school neighborhood project in Bellingham; a rural school district service area in Blaine; a social service organization in Bellingham. Both projects are anticipated to begin operation on February 17, 2004.

### **Troubled Youth Shared Clients**

This project focuses on high-risk juvenile offenders and their families residing in Yakima County. Eligible youth are receiving services from either JRA or DCFS and at least one other division, and are at high risk for out-of-home placement and/or return to a JRA institution. Typical youth are scheduled for release from a JRA institution within 60 days, and are returning to questionable family stability or support. Youth tend also to be either dependent in DCFS custody, or are at risk of family disruption. Prior to the project, these youth often ended up after release in very high cost foster or group care, generally without much family support or placement stability. Families were hesitant for the youth to return home, schools refused to permit re-enrollment, and negative cycles began again. Through the efforts of No Wrong Door (NWD) project service coordinators, the majority of youth have been successfully reunited with family members upon release, and appropriate supports for youth and family have been established.

The project began January 1, 2002 with DCFS as the lead agency. Start-up funding for 1.0 FTE was split between JRA and DCFS to fund two half-time service coordinators. This funding ended June 30, 2002, but both divisions have continued to fund the service coordination model. The coordinators conduct standardized youth assessments, convene multidisciplinary staffings individualized to the families, and develop resources in the community tailored to youth and family needs. Examples include highly individualized educational plans

and a protocol to allow adjudicated offenders' families access to public housing. A team of Region 2 DSHS administrators and two county managers sponsor the project and facilitate access to their service systems for project youth and their families. More recently, project service coordinators also are points of contact and facilitate service access for Yakima CSO No Wrong Door project clients with DCFS or JRA service needs.

The Yakima CA-JRA project has served 24 cases to date. Outcomes include higher rates of family reintegration, greater permanency, and significant savings in foster care costs

### **Clark County School-Based Funding Project**

During the fiscal year 2003, the Mental Health Division contracted with the Clark County RSN to provide "...intensive mental health services in the school setting for severely emotionally disturbed children who are Medicaid eligible." The services are provided through teachers or teacher assistants qualified as, or under the supervision of, mental health professionals. Through the RSN, school districts are providing the matching funds for the Medicaid dollars provided by the department. The total cost of the program for fiscal year 2003 was \$985,000 and 1276 youths were served.

### **Shared Children/Shared Resources**

Region 5 DCFS has collaborated with RSNs in Pierce and Kitsap Counties to jointly fund a facilitator in each county to manage the multi-system discussion for high needs children. Each county has a multi-system committee (called Shared Children in Pierce and Shared Resources in Kitsap). The committees include representation from DCFS, Mental Health, schools, contracted providers and juvenile court. Children whose complex needs require intensive services are referred to the committee for review and prioritization for services.

### **Jefferson County Shared Child and Family Team (JCSCFT)**

The JCSCFT is a wraparound service project, designed to serve children with severe mental health issues in their own homes. It is a collaborative effort by the Port Townsend Children's Administration Office, Jefferson County Mental Health, Juvenile Services, the schools, and other agencies in the Port Townsend community. This project provides assistance with identifying and accessing consumer defined services, resource allocation, and barriers to service delivery, and utilizes a facilitator paid with blended funds from the Port Townsend CA Office, Juvenile Services, and Jefferson County Mental Health.

## **School-Based Prevention/Early Intervention Program**

To carry out the mandate of the 1989 Omnibus Alcohol and Controlled Substances Act, the Division of Alcohol and Substance Abuse (DASA) has established an interagency agreement with the Office of the Superintendent of Public Instruction (OSPI) to create a school-based drug and alcohol abuse prevention/early intervention program. In 2001-2002, over 600 schools participated in this program.

DASA provides funds to OSPI, which contracts with local grant applicants to employ more than 240 intervention specialists delivering services to students in approximately two-thirds of the secondary schools in Washington State. Other funding sources for the program include: federal Safe and Drug-Free School funds; Department of Health (DOH) Tobacco Prevention Control program; general contributions from local school districts; and local, state, and federal grants. The contracted amount from DASA is \$5.1 million per year.

## **Safe Babies, Safe Moms**

Safe Babies, Safe Moms (formerly the Comprehensive Program Evaluation Project, or CPEP) seeks to improve the health and welfare of substance abusing mothers and their young children. The project attempts to improve long-term outcomes for these families and represents an investment in their future.

The comprehensive services offered to substance abusing mothers who are pregnant and/or parenting children under age 3 include Targeted Intensive Case Management, Residential/Outpatient Chemical Dependency Treatment, Housing Support Services for Transitional Housing, Parenting Education, and Child Development Assessments and Referrals.

The project is a collaborative effort between the Department of Social and Health Services (Division of Alcohol and Substance Abuse, Medical Assistance Administration, Economic Services Administration, Children's Administration, Research and Data Analysis) and the Department of Health. Three pilot sites-Benton-Franklin Counties, Snohomish County, and Whatcom County-served 445 substance abusing women and their children from January 2000 through June 2003.

### **Key Findings:**

- The low birth weight rate (LBW) for infants born after program entry decreased by 66%, compared to those born before program entry. The LBW rate for infants born after program entry (5.5%) was lower than the 8.9% LBW rate for identified substance abusers who gave birth in 1999 and received prenatal treatment for chemical dependency, and closer to the 4.8% LBW rate for Medicaid women with no known substance abuse.

- The rate of accepted CPS referrals during the first year of life decreased by 35% for infants whose mothers enrolled in Safe Babies, Safe Moms before delivery compared to those enrolled after delivery.
- Criminal justice involvement of Safe Babies, Safe Moms clients is extensive, with an average of 1.5 arrests per woman in the two years before program entry. A decrease of more than 50% in the arrest rate was observed for clients with CD treatment.
- Two-thirds of Safe Babies, Safe Moms clients (67.5%) received at least one Medicaid-paid family planning method in the year after enrollment. At one-year follow-up, one-third (34%) received non-reversible or more effective methods.

### **Infant Toddler Early Intervention Program (ITEIP)**

The Infant Toddler Early Intervention Program (ITEIP) has been a braided funding program since 1995. The program supports families, Tribes, state agencies, local communities and providers to ensure that all eligible infants and toddlers with disabilities and their families in Washington State have access to individualized, quality, early intervention services in accordance with the Individuals with Disabilities Education Act (IDEA) Part C.

The Infant Toddler Early Intervention Program is located within the Division of Developmental Disabilities within DSHS. Four other state agencies work in partnership with DSHS through an Interagency Agreement. Those agencies are:

- Office of Community Development (OCD);
- Department of Health (DOH);
- Department of Services for the Blind (DSB); and,
- Office of the Superintendent of Public Instruction (OSPI)

Because no one administration in Washington State is responsible for all early intervention services, DSHS as lead agency implements an interagency agreement with each of the participating state administrations. The purpose of the interagency agreements is to ensure implementation of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and their families.

The total number of children with Individualized Family Service Plans completed has continued to climb since 1995.

- 1995: 1,023
- 1996: 2,195
- 1997: 2,284
- 1998: 2,443
- 1999: 2,781

- 2000: 2,900
- 2001: 3,119
- 2002: 3,518
- 2003: 3,627

The annual unduplicated counts of children served in the last two federal fiscal years (FFY) are 5931 children in FFY 2002 and 6506 children in FFY 2003.

A full detailed annual report is submitted yearly to the Office of the Governor and is currently available for review.

### **Group Care Enhancement**

The Group Care Enhancement (GCE) program provides chemical dependency services for over 300 youth annually in residential facilities. Chemical dependency professionals are co-located at 20 different sites across Washington, including Children's Long-term Inpatient Placement (CLIP), Transitional Living, and Crisis Residential facilities, as well as runaway shelters. Several of these facilities also receive funding through the Mental Health Division and the Juvenile Rehabilitation Administration. Chemical Dependency Professionals provide screening and/or assessment, individual and group counseling, chemical dependency education, and continuing care planning.

They work with facility staff, mental health practitioners, and others to provide case consultation. The GCE counselor also provides education for staff regarding chemical dependency and participates in clinical staffing at the individual sites.

### **CONCLUSION**

The department continues to look for opportunities to blend discretionary funds. Federal and state statutory barriers, however, continue to prohibit blending funds for the majority of the resources DSHS receives, especially federal funds. One avenue to blend funding was the Title IV-E waiver. With this waiver, DSHS attempted to address behavioral, mental health or substance abuse issues and improve services for eligible children and their families. The restrictions and "experimental" evaluation design were serious detriments to the flexible, collaborative service delivery envisioned. The Title IV-E waiver was terminated June 30, 2003.

In an effort to improve services to clients, the department continues to pursue better coordination of services and seamless service delivery systems even though full blended funding may not be achieved. An ever increasing array of programs provide collaborative services to children and their families. The focus is on making service delivery easier, more seamless, from the client's perspective while finding efficient ways to meet the constraints and reporting requirements of multiple funding streams.