

Updated 2-11-08

Impact Year Two Implementation Work Plan for Strategy 6: Align Funding Streams and Structures

Goals addressed by strategy 6

- Every family, regardless of formation or agency of initial contact will obtain the resources necessary to provide for their child with severe emotional disorder (SED).

Activities	Status of Activities and Quarterly CQF Data	Work Group Recommendations
<p>1. Establish finance and sustainability policies Establish policies that will coordinate cross-system funding and create a locus of accountability to shift from residential and inpatient services to home and community-based services. These policies should achieve the following:</p> <ul style="list-style-type: none"> ○ County government support for a community-based system of care ○ Interagency agreement committing community partners to the system of care ○ Stable county funding for youth and families ○ Expansion of the population served as resources allow ○ Sustainability of funding for the system of care, including support for strengthening family and youth involvement and cultural competency of staff <p>(a) Develop and implement a strategic approach to inform the community (the public and policymakers) of the progress in developing the system of care (year one, development of strategy and initial</p>	<p>1.a. The communications work group monthly progress reports describe the activities undertaken to inform the public and policymakers.</p>	

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<p>implementation, and through year six, for continuous reporting)</p> <p>(b) Develop policies (agreements, resolutions, etc.) that will enhance, expand, and sustain funding for the system of care, including investments in supports that will strengthen family and youth involvement and cultural competency of staff (year one, describe what has been accomplished, and year two through six develop and establish policies)</p> <p>(c) Secure the partnership and support of the Capital Area United Way and identify and form relationships with other new community partners for investments in the system of care (year two through six)</p> <p>(d) Inform community partners of the services that are provided to the community, which will continue to be available if the juvenile justice millage is renewed (postscript: the millage was renewed)</p>	<p>1.b. The sustainability work group monthly progress reports describe the policies that have been developed.</p> <p>1.c. The work group reports describe progress on securing new partnerships and support from new community partners.</p>	

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<p>2. Design mechanisms to implement finance and sustainability policies Design and implement the mechanism for managing care and cost, applying effective wrap-around policies and procedures, i.e., capacity to carry out the use of funds per memorandums of agreement.</p> <p>a) Develop a service agreement between Ingham County, the Department of Human Services (Ingham County), and the Ingham Family Division of the Circuit Court (as payers), and CMH (as provider) for the provision of comprehensive home based services to children and youth with SED. The contract will include a cross-agency protocol for payment for services for children and youth involved with multiple system partners (i.e., courts, DHS, CMH) and cross-agency mechanisms to coordinate procurement of services and supports</p> <p>b) Redirecting funds by allowing savings from reduced out-of-home expenditures to be used for increased home and community-based care</p>	<p>2. The work group reports describe the progress made in establishing a baseline to monitor funding for home and community-based services.</p> <p>2.a. The work group reports describe progress on service agreements.</p> <p>2.b. The work group reports describe progress to develop a method for fund redirection.</p>	

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c) Increasing local control over funding for behavioral health services and supports for children and families; Providing flexible funds for child and family teams to use to fund services and supports that are not reimbursable	2.c. The work group reports describe progress in providing flexible funds.	
d) Mechanisms for coordinated funding of services for individual children and families, e.g., child and family teams that develop and implement single plans of care, cross-agency assessment and service planning, and cross-agency protocols for serving youth with co-occurring disorders	2.d. The progress report of the system assessment, services, and supports work group describes progress on single plan of care and other coordination of services.	
e) Similar or consistent provider contracting mechanisms and rate structures for behavioral health services and supports and consideration of single or joint certification of providers and joint training of providers	2.e. TBD	
f) Protocols to monitor and prevent cost shifting	2.f. TBD	
g) Describe and monitor the resources (amount of funding by source) that support services for children and families	2.g. The work group reports describe the progress to monitor resources, including: <ul style="list-style-type: none"> • Medicaid (SED C Waiver and 1915B Waiver) • Mental Health Block Grant • State and local mental health and state matching funds 	

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	<ul style="list-style-type: none"> • Child care fund • Juvenile justice millage • SED Waiver • TANF (IV-A, IV-B Part I, Child Welfare) <p>The following funding streams are under consideration:</p> <ul style="list-style-type: none"> • TANF (IV-B Part 2 – Promoting Safe and Stable Families; IV-E Waiver (pilot) • Developmental Disabilities • CPCP 	
<p>h) Develop a “play book,” with a key role for the System of Care Coordinator, which will provide the System of Care Team with a guide for assessing eligibility for services and supports and assuring the best use of all funding sources</p>	<p>2.h. TBD</p>	
<p>i) Develop and establish mechanisms for redirecting funds from savings to community-based care, including consultation with the Department of Human Services Child Care Fund management to create the capacity and accountability for redirecting local Child Care Funds</p>	<p>2.i. The work group reports describe progress to develop and establish methods for redirecting funds to community – based care.</p>	
<p>j) Develop and establish mechanisms to direct and sustain funding to the assessment, design, implementation, and evaluation of home and community-based services, including the training, technical assistance, and supports necessary for the full participation of families and youth in these activities</p>		

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<p>3. Maximize federal, state, and local funding</p> <p>a) Incorporating key activities, e.g., family support and advocacy, youth involvement, and strengthening cultural competency of staff, in the SED Children’s Waiver rates as a part of Medicaid administration</p> <p>b) Exploring all the ways Medicaid can be used to finance behavioral health services and supports for children and families through the FQHC billing and cost-based reimbursement system and the Medicaid administration and outreach benefit</p> <ul style="list-style-type: none"> • Develop the rationale for the use of Medicaid administration funding for system of care activities. • Establish policies and procedures for system of care activities to be covered by Medicaid administration funding. <p>c) Explore and develop all potential ways to maximize Medicaid coverage for system of care activities and linkages with local efforts to extend access to an organized system of health care in Ingham County.</p> <p>d) Approaching private employers to purchase home-based children’s services</p>	<p>3. The work group reports describe progress on maximizing funding.</p>	

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<ul style="list-style-type: none"> e) Coordinating efforts to maximize entitlement funding for behavioral health services and supports with local initiatives to achieve 100 percent access to an organized system of care and zero disparity in health status f) Enroll eligible children into the SED children's waiver 		