

**Revenue Options for Interagency
Coordination of Services to
Children with Disabilities**

(2001 Minn. Laws 1st Spl. Sess. Chap. 6 Art. 3 Sec. 18)

October 11, 2002

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Background

During special session in 2001, the Minnesota legislature charged the Commissioners of the Department of Children, Families and Learning (CFL) and the Department of Human Services (DHS) to develop a plan and recommended procedure for utilizing available federal funds in coordination of services necessary for the implementation of the individual interagency intervention plan (IIIP) (Minn. Spec. Session Laws 2001 § 6, Art. 3, Sec. 18; Minn. Stat. § 125A.023, subd. 4(b)(4)). The legislation stated:

By July 1, 2002, the commissioner of children, families, and learning shall, in conjunction with the commissioner of human services, develop a plan to identify possible revenue options from medical assistance funds, including targeted case management, and other appropriate federal funds and develop a recommended procedure for use at the local level for the purpose of coordination of services needed to implement the individual interagency intervention plan required in Minnesota Statutes, section 125A.023, subdivision 4, paragraph (b), clause (4).

The individual interagency intervention plan (IIIP) is the standardized written plan developed by the committee mandated in the Interagency Services for Children with Disabilities Act (Minn. Stat. § 125A.023). This statute defines both the composition of the committee and development of a standardized written plan as a responsibility of that mandated committee. The statute states (Minn. Stat. § 125A.023, subd. 4(b)(4)):

State interagency committee. (a) The governor shall convene a 19-member interagency committee to develop and implement a coordinated, multidisciplinary, interagency intervention service system for children ages three to 21 with disabilities. The

commissioners of commerce, children, families, and learning, health, human rights, human services, economic security, and corrections shall each appoint two committee members from their departments; the association of Minnesota counties shall appoint two county representatives, one of whom must be an elected official, as committee members; and the Minnesota school boards association, the Minnesota administrators of special education, and the school nurse association of Minnesota shall each appoint one committee member. The committee shall select a chair from among its members.

(b) The committee shall: [...]

(4) develop, consistent with federal law, a standardized written plan for providing services to a child with disabilities;

To fulfill the legislative charge of identifying revenue options for implementation of coordinated interagency services, the commissioners convened a committee consisting of managers who exercise administrative oversight of federal and state funds for the provision of services to children with disabilities. This committee included members of the State Interagency Committee convened in response to the Interagency Services for Children with Disabilities Act. This interagency committee adopted the title of “Revenue Options Leadership Committee” and met nine times between December 10, 2001 and September 12, 2002.

During their meetings between December of 2001 and September of 2002, committee members examined interagency initiatives administered by CFL and DHS. In the course of this work the committee: developed a work plan; articulated a vision for service coordination; identified questions for evaluation of interagency service coordination systems; finalized recommendations for local procedures in implementation of the IIP; and identified existent federal and state sources of

funding for the coordination of services in the implementation of the IIP. These products are included in the remaining sections of this report.

Revenue Options Committee Membership (from 12/10/2001 to 10/10/2002)

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Ann Boerth	DHS – Revenue Enhancement Consultant
Pam Erkel	DHS - Supervisor, Consumer Options
Amalia Mendoza	DHS – Program Consultant, Children’s Mental Health
Joanne Mooney	CFL – Prevention & Intervention Program Planner
Colleen Olson	DHS – Maternal & Child Health Assurance Specialist
Michael Sharpe	University of Minnesota
Robyn Widley	CFL – Supervisor, Special Education Interagency Services

Work Plan

The Revenue Options Leadership Committee developed a work plan at its meeting of January 24, 2002. The work plan adopted by the committee consisted of two phases. The first phase of the committee's work was to focus on interagency coordination of services for individual children and families. The second phase was to focus on interagency coordination of service systems. The work plan was as follows:

A. Phase 1: Interagency Service Coordination for Individuals and Families (January 2002 to October 2002)

Policy Definition Task:

1. Adopt a working definition of service coordination.

Research Tasks:

2. Identify funds available for service coordination.
3. Identify the eligible population, services, and application of each fund.
4. Identify gaps in service coordination between available funds.
5. Identify the current local procedures for utilization of funds to provide service coordination.

Policy Recommendation Tasks:

6. Identify and apply principles for agencies' revision of local procedures.
7. Report recommendations for local procedures to the Minnesota legislature.

B. Phase 2: State Interagency Systemic Coordination of Services (October 2002)

The Revenue Options Leadership Committee was integrated with the MnSIC Funding Workgroup and the MnSIC Service Coordination Workgroup to form the Coordination of Services Group. The Coordination of Services Group developed its own work plan to develop state interagency system coordination in conjunction with other priorities and initiatives of the MnSIC State Interagency Committee.

Products

The “Revenue Options Leadership Committee” met on nine occasions between December 10, 2001 and September 12, 2002. During its meetings between December of 2001 and September of 2002 committee members examined interagency initiatives administered by CFL and DHS. In the course of this work the committee completed the following products to be used in the local coordination of services necessary for the implementation of the IIP:

1. Vision for Service Coordination
2. Service Coordination – Questions for Evaluation
3. Recommendations for Local Implementation of the IIP
4. CFL and DHS Administered Funds Available or Dedicated for Service Coordination

These products are presented as the remainder of this report.

***Revenue Options Leadership Committee
Vision for Service Coordination***

Service Coordination for children and youth with disabilities (as defined in Minnesota Stats. §§ 125A.02 & 125A.023) is:

1. A distinct family/person-centered philosophy and team-based process to:
 - a. Identify the needs for services of children with disabilities and their families.
 - b. Develop outcome-focused plans and services that address the needs, and builds on the strengths and capacities, of children, youth and families.
 - c. Address gaps of and within services.
 - d. Identify and coordinate sources of payments for services.
 - e. Coordinate the delivery of services.
 - f. Evaluate services and supports.
2. The provision of information and assistance to individuals and families, so that they enhance their ability to live full lives in their community and schools by:
 - a. Working with complex systems across agency lines.
 - b. Identifying available services, advocacy, system responsibilities and family rights.
 - c. Making informed decisions about what services they want to use.
 - d. Developing and managing with the individual/family and other professionals a coordinated single plan, which in Minnesota is the Individual Interagency Intervention Plan (IIIP).
3. The coordination of services across multiple programs, agencies, case managers, and assessments, to support the overall system in meeting the person's/family's needs.
4. A necessary component of an interagency coordinated service system, for the promotion of more effective and comprehensive service delivery systems that result in better out-comes for children and youth with disabilities and their families.
5. The facilitation of connections with schools, rehabilitation services, mental health providers, medical and health care providers, job development and supports, post-secondary education supports, public health services, corrections (when needed), social services, and natural supports within the individual's/family's community.

6. Locally designed and implemented.
7. Individual coordination and other activities that encompass case management and interagency facilitation duties, including:
 - a. Care Coordination
 - b. Case Management
 - c. Individual Education Plan (IEP) Management
 - d. Wraparound Facilitation
 - e. Family/Community Connection
 - f. Interagency Facilitation

Revenue Options Leadership Committee

Service Coordination - Questions for Evaluation

The following questions are based on the definition of service coordination for children and youth with disabilities developed by the Revenue Options Leadership Committee (see this committee's *Vision for Service Coordination* and Minnesota Stats. §§ 125A.02 & 125A.023). These questions can help to evaluate the status of service coordination in a community or collaborative, or to evaluate service coordination components in funding initiatives being considered by a community or collaborative:

- A. How do we use a distinct family/person-centered philosophy and team-based process to:
 - 1. Identify the needs for services of children with disabilities and their families;
 - 2. Develop outcome-focused plans and services that address the needs, and builds on the strengths and capacities, of children, youth and families;
 - 3. Address gaps of and within services;
 - 4. Identify and coordinate sources of payments for services;
 - 5. Coordinate the delivery of services; and
 - 6. Evaluate services and supports?

- B. How do we provide information and assistance to individuals and families, so that they enhance their ability to live full lives in their community by:
 - 1. Working with complex systems across agency lines;
 - 2. Identifying available services, advocacy, system responsibilities and family rights;
 - 3. Making informed decisions about what services they want to use; and
 - 4. Developing and managing with the individual/family and other professionals a coordinated single plan, which in Minnesota is the Individual Interagency Intervention Plan (IIIP)?

- C. How are services coordinated across multiple programs, agencies, case managers, assessments, to support the overall system in meeting the person's/family's needs?

- D. How do we promote more effective and comprehensive service delivery systems that result in better out-comes for children and youth with disabilities and their families?

- E. How do we facilitate connections with schools, rehabilitation services, mental health providers, medical and health care providers, job development and supports, post-secondary education supports, corrections (when needed), social services, and natural supports within the individual's/family's community?

- F. How do we enact local design and implementation?

- G. How do we encompass case management and interagency facilitation duties, including:
 - 1. Care Coordination;
 - 2. Case Management;

3. Individual Education Plan (IEP) Management;
4. Wraparound Facilitation;
5. Family/Community Connection; and
6. Interagency Facilitation

Revenue Options Leadership Committee

Recommendations for Local Implementation of the IIP

The Revenue Options Leadership Committee (hereafter “Committee”) developed recommendations for the local coordination of services needed to implement the individual interagency intervention plan (IIP) required in the Interagency Services for Children with Disabilities Act (Minn. Stat. § 125A.023, subd. 4(b)(4) (2002)). The recommendations of the Committee are as follows:

1. Service Coordination for Children with Disabilities

The Committee, and its constituent state agencies, recommends that local systems for the provision of IIP service coordination be designed and implemented so as to meet the criteria described in the Committee’s document *Vision for Service Coordination*.¹

2. Single Service Coordinator for Each Individual Interagency Intervention Plan (IIP)

The Committee recommends that local-level systems for the provision of IIP service coordination be designed and implemented so as to ensure a single service coordinator for each IIP. The Committee further recommends that the Minnesota System of Interagency Coordination (MnSIC) develop a legislative proposal for the statewide implementation of this recommendation.

3. Local Design and Implementation of Service Coordination

The Committee recommends that future local design and implementation of IIP service coordination systems should both originate from, and be implemented through, local-level collaboration of counties and school districts.

4. Service Coordination Models

The Committee recommends that the process of local design and implementation of IIIP service coordination consider possible models, including but not limited to those identified by the MnSIC:²

- a. Dedicated Service Coordination:** One or more person(s) are available in the local interagency coordinated system whose sole responsibility is to provide full-time service coordination.
- b. Primary Interventionist:** The provider with the most contact with the individual/family fulfils the service coordination role.
- c. Interagency Team:** Service coordination is provided by a member of the interagency team based on choice or overall needs.
- d. Wraparound Services:** Service coordination is planned with the input of the child and family, and responds to the identified strengths and needs of the individual child and family.
- e. Mixed/Combination of Models:** The local interagency coordinated system supports and provides service coordination from any of the preceding models.

Within this recommendation, the Committee also advises that the process of local design and implementation include consideration of multiple options for staffing service coordinators, including but not limited to: county social services case managers, early childhood special education service coordinators for the individualized family service plan (IFSP), special education pupil individual education plan (IEP) managers, county public health nurses, and county probation agents. In the context of any of the preceding models, centering the responsibility of service coordination in one of these staffing options could eliminate the need for the entrance of multiple case managers into the lives of children with IIIP's, and their families.

Specifically for example, county case managers are currently involved in the lives of most children and youth with disabilities. In addition, all children with IIIP's are receiving special education

services and have assigned to the coordination of their individual-specific special education services either a service coordinator (for IFSP's) or pupil IEP manager, either of whom could potentially fulfill the role of IIP service coordinator. In individual cases, children with IIP's and their families may also be receiving other services, such as county public health services or county corrections services, that present potential staffing for coordination of IIP services in any of the preceding models.

5. Revenue Options for Service Coordination

The Committee identified funds administered by the Department of Children, Families and Learning, and funds administered by the Department of Human Services, that are available or dedicated for types of service coordination which fit the criteria described in the Committee's document *Vision for Service Coordination*.³ The Committee recommends that the local process of determining the dedication of funding and fiscal responsibility for IIP service coordination include consideration of the funds identified by the Committee, and the guidelines for governance agreements published by the MnSIC.⁴

Within this recommendation, the Committee advises that the locations of fiscal responsibility for service coordination should be determined so as to provide maximized funding for IIP service coordination, either on a case-by-case basis or systemically on the local level. The majority of current federal and state funding for local-level case management and service coordination flows through the Department of Human Services, and locating fiscal responsibility for service coordination with county social services may therefore be an option for maximizing funding for service coordination. Similar to options for staffing service coordinators, other potential options for locally maximizing funding for service coordination may include locating some amount of fiscal responsibility in other sectors, such as county public health services, school district special education services, or county corrections. Decisions regarding the location of fiscal responsibility should be considered during the local process of designing and implementing a system for IIP service coordination.

Notes

1. Revenue Options Leadership Committee, “Vision for Service Coordination” (April 24, 2002), see pages 12 and 13 of this report.
2. Minnesota System of Interagency Coordination (MnSIC), “Existing Models of Service Coordination in Minnesota,” Position Paper – Service Coordination for Children and Youth with Disabilities Ages 3-21 (Issue 2, Spring 2001, pp. 2-3).
3. Revenue Options Leadership Committee, “CFL and DHS Administered Funds Available or Dedicated for Service Coordination” (May 22, 2002), Revenue Options Leadership Committee Report, see pages 20 through 35 of this report.
4. Minnesota System of Interagency Coordination (MnSIC), Developing an Interagency Structure for Local Coordination of Services: Governance Manual (St. Paul: Minnesota System of Interagency Coordination, 2002). Available on the internet at www.mnsic.org/products/governance.pdf.

Revenue Options Leadership Committee

Revenue Options for Service Coordination

The following tables present the funds that are administered by the Department of Children, Families and Learning (CFL) and the Department of Human Services (DHS), and that are available or dedicated for local provision of service coordination to children with disabilities (as defined in Minn. Stats. §§ 125A.02 and 125A.023):

Table 1 CFL-Administered Funds Available for Service Coordination

Table 2 DHS-Administered Funds Dedicated for Service Coordination

Table 3 DHS-Administered Funds Available for Service Coordination

For each table, the following terms and definitions apply:

Funds Available for Service Coordination	Funds for which service coordination of some type is a permissible expenditure, but not necessarily the sole permissible expenditure. It is possible that only a portion of these funds may be expended for service coordination, depending on expenditures of the fund in other areas.
Funds Dedicated for Service Coordination	Funds for which service coordination of some type is the sole permissible expenditure.
Fund	The formal name or title of the fund.
Source	The government appropriator and original fiscal agent of the fund.
Funding Mechanism	The means by which the fund is allocated or distributed: Grant: Funds are provided on a basis other than expenses incurred by the receiver of the funds, e.g. census, child count, etc. Reimbursement: Funds are provided on the basis of expenses incurred by the county or school district receiving the funds.

**Programs &
Services
Funded**

The names or other identifiers of funded local county and school district programs, which may include certain types of service coordination, case management, or other activity included in the Revenue Options Leadership Committee “Vision for Service Coordination.”

**Description of
Fund Use for
Service
Coordination**

A description of the manner in which the fund may be used to locally provide service coordination to children with disabilities (as defined in Minn. Stats. §§ 125A.02 and 125A.023).

**Fiscal Year 2001
Fund Size**

A rating of the approximate overall size of the fund as it is received by CFL or DHS prior to allocation, based on year 2001 data. The size of the fund does not necessarily represent the amount of the fund expended to provide service coordination to children with disabilities (as defined in Minn. Stats. §§ 125A.02 and 125A.023). The rating system is detailed on each page, and more specific information should be provided by the administrating agency of the fund (CFL or DHS).

Table 1. CFL-Administered Funds Available for Service Coordination

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Assistance to States for the Education of Children with Disabilities (Part B of the IDEA)	Federal	Grant	Special Education	School districts may use up to 5% of annual grant to implement a coordinated services system, which can include case management services to facilitate the linkage of Individual Family Service Plans (IFSP's) and Individual Education Plans (IEP's).	5
Preschool Grant for Children with Disabilities					
State Special Education Aid	State	Reimbursement	Special Education	Reimburses the school district expense of providing special instruction and special education related services to students with disabilities. School districts may be reimbursed for pupil IEP management by special education staff, as defined for special education.	5

Table 1. CFL-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Early Intervention Program for Infants and Toddlers with Disabilities (Part C of the IDEA)	Federal	Grant	Interagency Early Childhood Intervention Service Coordination	Service coordination is funded for children eligible for special education, ages birth through two years.	1
Family Services Collaborative Implementation Grants	State	Grant	Family Services Collaborative Implementation	Funds are used for the design and implementation of integrated local service delivery systems for children and their families that coordinate services across agencies and are client centered. These delivery systems provide a continuum of services for children birth to age 18, or birth through age 21 for individuals with disabilities. Each grant is for a period of five years, and this fund will be reduced to zero and end entirely in 2004.	1

Table 1. CFL-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
IDEA Capacity Building and Improvement Funds	Federal	Grant	Special Education: Coordinated Services Transition Continuous Improvement Monitoring Process	Allocated only to school districts, charter schools, and cooperatives that are designated federal applicant agencies. Funds are used to assist local school districts in making the systematic changes needed to accomplish the legislative requirements in Minn. Stat. 125A.023 related to the development of a statewide, coordinated interagency service system for children with disabilities, ages 3-21. In addition, these funds are used to establish, expand or implement interagency arrangements between public schools and other agencies concerning the provision of services to children with disabilities, ages 3-21, and their families.	1

Table 1. CFL-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Children's Trust Fund	Federal	Grant	Child Abuse Prevention	Funds are used for state child abuse prevention initiatives. Services for children with disabilities is a priority area for the fund.	1
Childcare Development Fund	Federal	Grant	Childcare Development Demonstration Projects	Childcare development may include service coordination activity for children and families.	1
Healthy Childcare America Fund	Federal	Grant	Childcare Development	Childcare development may include service coordination activity for children and families.	1

Table 2. DHS-Administered Funds Dedicated for Service Coordination

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 Fund Size Rating (\$) 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Title XIX Medicaid	Federal	Reimbursement MA Service Reimbursement Child Welfare Targeted Case Management	Expansion of Prevention Services	Reimbursement for county costs of delivering child welfare and some case management services based upon monthly billing rate for specific MA eligible clients served. CW-TCM earned by the county only for clients of a Children’s Mental Health collaborative must be directed into the Integrated Fund of the collaborative.	3
		Reimbursement Mental Health Targeted Case Management (MH-TCM)	Expansion of community-based mental health services after caseload standards are met.	Reimbursement for county costs of delivering mental health targeted case management services based upon monthly billing rate for specific MA eligible clients served.	1

Table 2. DHS-Administered Funds Dedicated for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
State Appropriation	State	Grant	Children's Mental Health Case Management (old state share prior to TCM)	Grant authorized under Minn. Stat. §256B.0625, subd. 20 transfer from Medical Assistance funding to mental health grants to maintain state funding level of non-federal share for mental health case management prior to implementation of monthly bundled billing system for TCM.	1
State Appropriation	State	Grant	Chemical Dependency (CD) Case Management	Case management for youth with chemical dependency.	1

Table 3. DHS-Administered Funds Available for Service Coordination

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Title XIX Medicaid	Federal	Reimbursement	<p>Medicaid Waivered Services</p> <p>MA Services included in 1915(c) home and community based service Medicaid Waivers:</p> <p>Community Alternative Care (CAC) Services</p> <p>Community Alternatives for Disabled Individuals (CADI) Services</p> <p>Traumatic Brain Injury (TBI) Services</p>	<p>Counties are reimbursed for services provided to MA eligible clients as outlined in each waiver. Case Management is only one of the activities under the waiver. Fund total is for all waived services provided to children by both counties and their contracted vendors.</p>	1

Table 3. DHS-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Title XIX Medicaid	Federal	Reimbursement	Mental Retardation & Related Conditions (MRRC) Services	Counties are reimbursed for services provided to MA eligible clients as outlined in the waiver. Case Management is only one of the activities under the waiver. Fund total is for all MRRC waived services provided to both adults and children by both counties and their contracted vendors.	3
State Appropriation	State	Grant	TEFRA Restructuring Grant	In a county receiving TEFRA funds, those funds should be under the control of the Children's Mental Health or joint Children's Mental Health /Family Services collaborative, and thus part of the Integrated Fund. The money may be transferred to another partner to provide services to the TEFRA target population if collaborative approval is given for the transfer.	1

Table 3. DHS-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
State Appropriation	State	Grant	Children's Mental Health Community- Based Services	Grants established under Minn Stat. § 245.4886, subd. 1 support community-based mental health services, including case management, for children with SED and their families.	1
Federal Mental Health Block Grant	Federal	Grant	Children's Mental Health Federal Block Grant	Funding for community-based mental health services to children with serious emotional disturbance (SED) within an integrated system of mental health, health, education and social services.	1
State Appropriation	State	Grant	Mental Health Screening	Funds must focus on the identification, outreach, and service coordination for children and youth with emotional disturbances.	1

Table 3. DHS-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
State Appropriation	State	Grant	Collaborative Wraparound Grant	Funds are used as collaborative integrated funding to support interagency family service plans for children with severe emotional disturbance (SED) and/or emotional behavior disorder (EBD) served through the wraparound process. Funds must be put into the Children's Mental Health/Family Services Collaborative Integrated Fund.	1
State Appropriation	State	Grant	Mental Health Screening of Homeless Children	Funds must focus on the identification, outreach, and service coordination for homeless children and youth with emotional disturbances.	1

Table 3. DHS-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Title XX Social Services Block Grant	Federal	Grant	County Social Services	Funds twenty-nine categories of service, of which one is “case management.” Counties submit plans for approval in order to receive this grant.	2
State Appropriation	State	Grant	Adolescent Services Grants	Funds support mental health and supportive services to preadolescents and adolescents with SED and violent behavior. If applied for by a Children’s Mental Health or Family Services Collaborative, not a county, then the Family Services Collaborative or Children’s Mental Health Collaborative must put ASG funds into their Integrated Fund.	1

Table 3. DHS-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
State Appropriation	State	Grant	Children's Mental Health Service Capacity Building Grants	Funds are used to achieve and demonstrate positive outcomes for children with severe emotional disturbance (SED) and their families. Grants are administered outside the Children's Mental Health Combined Grant.	1
Title IV-E Funding Allocation	Federal	Reimbursement Local Collaborative Time Study	Expansion of Early Intervention or Prevention Services	LCTS reimbursements, though received by the county first, must be put in the Children's Mental Health or Family Services Collaborative Integrated Fund. The collaborative has jurisdiction over how the funds are spent.	2
		Social Services Time Study	County Social Services	Funds are expended for social services.	1

Table 3. DHS-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
Title IV-E Funding Allocation (cont.)	Federal	Indian Child Welfare Time Study	Tribal Child Welfare Services	80% of funds are allocated to tribes based upon formula in Minn. Stat. §260.821-20% RFP as recommended by DHS and Tribal CW Advisory Council	1
Title XIX	Federal	Reimbursement Local Collaborative Time Study	Expansion of Early Intervention or Prevention Services	LCTS reimbursements, though received by the county first, must be put in the Children’s Mental Health or Family Services Collaborative Integrated Fund. The collaborative has jurisdiction over how the funds are spent.	1
State Appropri.	State	Grant	Tribal Child Welfare Services	80% of funds are allocated to tribes based upon formula in Minn Stat. §260.821-20% RFP as recommended by DHS and Tribal CW Advisory Council.	1

Table 3. DHS-Administered Funds Available for Service Coordination (cont.)

Fund	Source	Funding Mechanism Grant or Reimbursement	Programs & Services Funded	Description of Fund Use for Service Coordination	Size of Fund (Granted or Reimbursed) in Fiscal Year 2001 <u>Fund Size Rating (\$)</u> 1: 0 to 20 million 2: 20 million to 40 million 3: 40 million to 60 million 4: 60 million to 80 million 5: 80 million or more
State Appropriation	State/ Federal	Grant	Family Preservation Services	Family Preservation Grant consists of state funds and approximately 7 percent federal IV- B1 Funds.	1
State Appropriation	State	Grant	Family Preservation Aid	The allocation for the Family Preservation Aid was created in the 1994 Omnibus Tax Bill. The Dept of Revenue pays these funds to the county treasurer's office, but spending must be reported to DHS. Spending requirements are the same as the DHS Family Preservation Services Grant.	1
Foundation	Private	Grant	Alternative Response	Specific foundation funding for implementation of an Alternative Response Model for children and families at risk of child maltreatment.	1