

**Kent County  
Family & Children's  
Coordinating Council**



---

**KCFCCC Meeting Minutes**  
**January 6, 2015 12:00pm – 1:30pm**  
Kent County Admin Office – **Room 311**  
300 Monroe Ave NW

---

**Members/Alternates**

**Present:**

Teresa Branson, Candace Cowling, Lynne Ferrell, Scott Gilman, Jack Greenfield, Lynn Heemstra, Ron Koehler, Gary Lemke, Sharon Loughridge, Jacob Maas, George Meek, Julie Ridenour, Diana Sieger, Patti Warmington.

**Members Absent:**

Tom Czerwinski, William Forsyth, Patricia Gardner, Cynthia Gladyness, Kevin Konarska (Ron Koehler represented), Adam London (Teresea Branson represented), Nancy Marshall, Maureen Noe, Teresa Neal, Savator Selden-Johnson.

**Guests:**

Veneese Chandler, Dynetta Clark, Tracie Coffman, Rebekah Fennell, Kathy Freberg, Kristen Gietzen, Maureen Kirkwood, Carol Paine-McGovern, Donna Tefft, George Tyndall, Matthew VanZetten.

**1. Welcome & Call to Order**

Lynne Ferrell opened the meeting with a welcome and introductions were done. The agenda was reviewed and accepted.

The November 2014 minutes were reviewed. A motion to accept the minutes was provided by George Meek, second by Sharon Loughridge – vote was UNANIMOUS.

**2. Public Comment**

None.

**3. network180 Funding**

Matthew provided introductory comments, saying there have been challenges with the Prepaid Inpatient Health Plan (PIHP) switch from network180 to the Lakeshore Regional Partners. It changed our funding allocations as a region. Further, the Healthy Michigan role out caused a reduction in State General Funds for mental health services. The goal of Scott Gilman's presentation is to better understand the current status of network180s funding.

Scott Gilman began his presentation by providing a handout to members that reviewed historical funding for network180. The three main pots are: Medicaid, General Fund and Healthy Michigan. He went on to explain these funds.

Traditional Medicaid is used only for people with a physical disability or a serious and persistent mental illness. The handout he provided gave an overview of the funds and expenses over the last four years, which identifies a gap of around \$5,000,000 for the current budget year. He explained how the funding was determined by the State. One of the issues being faced is a lot of Healthy Michigan clients are on Medicaid and the funds cannot be co-mingled.

State general fund money is the most flexible of the funds. Historically, these funds served those ineligible for Medicaid, those with insurance that doesn't pay for intensive case management or home-based services, prevention programs, KSSN services, certain undocumented people, and a lot of the creative, innovative programs. The funding has been reduced from about \$16 million in 2012 to about \$8 million in 2015, \$2 million of which will be set aside for those committed to a State hospital. For uninsured people in Kent County that need to use General Fund money, only the urgent services can be provided due to the funding shortage.

Scott said he is optimistic that a supplemental will come through. The Department has suggested one will be provided after the Governor releases his budget in February.

Healthy Michigan is the third funding stream for network180. Enrollment has exceeded expectations and is going well. Historically, network180 served people who had mild and moderate needs using various funds and this is the group that needed help, but not hospitalization. The health plans are now covering this category and network180 only gets funds for the serious and persistent mental health population.

#### **4. Mental Health Gaps**

Matthew VanZetten gave a brief overview on this topic. He said Jack Greenfield, Scott Gilman, Maureen Kirkwood and he met to discuss concerns raised at the November KCFCCC Council meeting regarding underserved or missing people due to the rollout of Healthy Michigan and network180's transition to the new CMH partnership.

Maureen Kirkwood, Executive Director of Health Net of West Michigan, said they are a new 501(c)3 organization that came from the merging the old Kent Health Plan and the Children's Health Care Access Program. They provide services for children through senior citizens. Health Net still maintains a program called Safety Net Health Insurance

plan, formerly called Plan B. The people covered under this plan are those who are not eligible under any other programs. It includes the undocumented population and those ineligible for any other government programs.

Maureen shared that Health Net has a steering committee that helped to design Health Net in its beginning stages. The committee consisted of members of the Health Net Board and representatives from Medicaid health plans, the hospital health systems, network180, the Health Department, the Chamber of Commerce, DeGage Ministries and a number of other community agencies. They plan to continue this steering committee as a means to look at the types of gaps identified at the last KCFCCC meeting. Maureen extended an invitation to the group to attend the meeting.

Next steps, Maureen will reach out to the steering committee to convene a meeting hopefully in February.

## **5. Child Welfare Consortia**

Matthew shared a quick overview of the issue saying Kent County was identified to go to 100% Purchase of Service for out of home child welfare services with DHS conducting investigations. With the support of network180 and our SAMSHA Grant, we went through a design process to improve the child welfare system. The whole child welfare system was reviewed including the funding streams. Then the State asked us to consider piloting a Performance Based Funding model. Matthew said the past year has been spent learning about care management entities, performance based funding, with DHS, the Court and the County trying to discern the way forward.

George Tyndall provided an update as to where this process is at the current time. There are plans to operationalize this by October 2015 or January 2016.

George shared that this will be a phased rollout. The 100% Purchase of Service is complete. All children who are in out of home care are being served by private agencies. The old payment system, which is a per diem process, will become a performance based contracting method. Although the structure is not identified yet, it will likely become a per-child basis of payment. The length of stay will not determine payment, so it benefits the agencies to provide better services in the most expedient way possible to return the child home.

The State also wants to move away from numerous contracts. The plan at the local level is to develop the Kent County Consortium Mall. The idea behind this is for a structure where all services are provided under the umbrella of one entity. Our agency partners would still provide the services and will be part of the structure. George went on to describe how the process could work.

Matthew added his comments, saying that the anchor stores will be the key to driving care for the families it's matched to. The CQI process will be evaluating the success of each of the anchor stores (the primary agencies). If an anchor store is doing poorly, they are all at risk with the State contract for collective outcomes for these kids and families,

so it incents them all to support each other. The other important aspect of the consortia is the braided funding.

**6. Pay for Success/Social Impact Bonds**

Matthew VanZetten, Laurie Craft, Rebekah Fennel and Wayman Britt went to Lansing in November for a conversation with representatives of the Governor’s Office about Kent participating with the State in a Pay for Success model. In the meantime, the Federal government has contracts with Harvard, Third Sector and a National Finance Fund to do provide technical assistance for new communities to learn more about Pay for Success models. Kent County and Kent ISD applied to Harvard to look at having a Harvard Fellow work with Kent County to a Pay for Success Model. The Fellow would be housed at the County and look at early home visiting and paybacks to keep kids out of various systems.

Lynne said there are a number of resources available explaining about this model and what it is designed to do. There are links and webinars and white papers and things of that nature.

**7. Kent County UnmetNeeds/Discretionary Funding**

Matthew VanZetten provided an update to the group on the Unmet Needs Fund and the ENTF work being done with KConnect and the DHS Board. He said there will be more ongoing meetings to look at service provisions of the money provided by the County to DHS to distribute to the community in outcomes. The County provides \$377,000 General Fund dollars for this program. It has historically gone to infrastructure system work. Pam Parriott and Tracie Coffman will be meeting with the DHS Board this month to look at some community data related to homelessness, education outcomes and a basic overview. This year will provide the educational background so hopefully the next rfp process for the DHS Board for Unmet Needs we might be able to invest in some system transformation work.

Current funders will be invited to meet with the DHS Board this year in this process.

**8. Nomination Committee Report**

The Nomination Committee had a game plan, but one of the members who was going to be asked to be a leader, recently announced his retirement this year. So the Committee has to reconvene.

**9. Miscellaneous**

None

**10. Adjournment**

The meeting adjourned at 1:28 p.m. The next meeting will take place on Tuesday, February 3, 2015, at the Kent County Administration Building, Room 311.