

System of Care Workplan

Objective	Action step	Activity	Responsible party	Timeline
Establish common vision and goal for system of care	Define target population(s)	Visioning retreat	Executive Steering Committee with support of HSC expert consultants	January 28, 29 2010
	Define values and principles			
	Define desired outcomes			
	Consider different design options			
Establish planning infrastructure	Further define operating guidelines for Executive Steering Committee	Visioning retreat	Executive Steering Committee with support of HSC expert consultants	January 28, 29 2010
	Clarify role, responsibilities and membership of Core Group			
	Clarify role and processes of Stakeholder Committee			
	Establish how families and youth will be involved in planning at all levels			
	Establish communications plan for 1) External stakeholders 2) Departmental staff 3) Regional staff 4) Legislature			
	Determine additional technical assistance needs; identify TA providers	Through planning activities	Executive Steering Committee, Core group, Project manager	Ongoing
Produce concept report for legislature	Explaining vision, goals, target population(s)	Taken from work of visioning retreat	Report drafted by Mercer and project manager; reviewed by HSC expert consultants; approved by steering committee	Submitted by February 26, 2010
	Process for SoC development	Taken from work of visioning retreat		
	High level description of opportunities in current state system	Information provided by Mercer and		

		information from visioning retreat		
	Inclusion of potential design options	Taken from work of visioning retreat, HSC expert consultants' information, and Mercer research		
	Citing examples of other state models	Taken from work of visioning retreat, HSC expert consultants' information, and Mercer research		
Mapping of current system strengths, opportunities and weaknesses relevant to population of focus	Identify state agency systems/programs serving population(s) of focus, including existing systems/programs, and those in development or pending implementation that may impact SoC implementation (e.g., Medicaid, child welfare, juvenile justice, mental health and substance abuse, etc.) – ID strengths, weaknesses and opportunities	Self assessment within departments	Planning Group with support of project manager and HSC expert consultants	Completed March 15
	Assess federal legislative and agency initiatives	Research, inventory and analyze federal opportunities	Planning Group and expert consultants	
	Assess private foundation/other private sector opportunities	Research, inventory and analyze opportunities		
Determine recommended system design	Identify array of desired services and supports including evidence based and effective practices	Research and evaluate possible approaches in terms of needs of population(s); evidence base;	Planning Group with support of HSC expert consultants	Completed May 31

	<p>Establish common practice model, eg family centered practice</p> <p>Determine recommended overall system design (i.e. organization of the delivery system), including mechanisms to allow customization of services and supports and intensive care management for high utilizing sub populations</p>	<p>cost; current system strengths and weaknesses and other relevant factors</p>		
Identify needed infrastructure	<p>Design governance structure</p> <p>Identify providers - types and training and capacity building needed</p> <p>Design quality measurement and improvement processes</p> <p>Determine mechanisms for ongoing and expanded partnerships with families/youth organizations at policy, management and service levels</p> <p>Identify and design needed information technology capacity, including EHRs</p> <p>Design utilization management process</p>	<p>Identify best practices, existing models, innovative approaches and implementation issues; determine most efficient and effective mechanisms to support recommended system design</p>	<p>Planning Group With support from HSC expert consultants</p>	<p>July 1</p>
Conduct cross-system analysis of service utilization, expenditures and financing related to population(s) of focus (e.g., Medicaid service utilization and	<p>Determine number of target population served historically (i.e. last two fiscal years)</p> <p>Determine expenditures per child/youth and total spending, including</p>	<p>Inventory and analysis of data submissions from state departments</p>	<p>Mercer; with input from HSC expert consultants to inform analysis and interpret results</p>	<p>Completed August 1 (assumes analysis begins immediately and all state agencies make utilization and expenditure data available in timely fashion)</p>

expenditures, child welfare service utilization and expenditures, etc.)	expenditures on “poor outcome and/or high cost” services			
	Define demographics of population served (e.g., age, race/ethnicity, regions), including identification of disparities and disproportionality			
	Identify current funding streams			
	Identify services used, including any evidence-based, credentialed services			
	Determine re-direction and refinancing opportunities within Medicaid	Assessment of current systems and unutilized options that would support system design		
	Identify potential reallocation of other federal funding streams (child welfare, prevention, special education, SAMSHA block grants, etc)			
	Identify potential redistribution of state general funds			
Analyze, determine final system design and financing strategies.	Medicaid waiver/s	Development of strategy to support system design and manage utilization	Mercer; with input from HSC expert consultants for analysis and recommendations	August 15 for analysis and recommendations to Executive Steering Committee
	Medicaid state plan amendments			
	IV-E waiver			
	Redirection of state general funds			
	Redirection of other federal funds Blended or braided funding			
Submit needed state plan amendments, waivers, other applications, BA-7s	Develop drafts	Write needed applications or other documents	Mercer; with input from HSC expert consultants and others as needed	Completed September 30
	Conduct public input process	Present to legislature, present at	Executive Steering Committee	Completed October 31

		community meetings and other public venues		
	Submit applications		DHH and other state agencies	By November 15
Development implementation plan	Develop policies and procedures	Determine most efficient and effective implementation steps with shortest reasonable timeline, responsible parties and required resources	Planning Group with support from Project Manager, HSC expert consultants, Mercer, and other consultants as needed	By December 31
	Promulgate rules as required			
	Develop reimbursement rates			
	Develop RFPs or Enroll Providers			
	Develop training and capacity building plan			