

# Ohio Children's Alliance

*Leading change for child and family service providers*

May 6, 2021

## Ohio Children's Alliance Testimony on HB 110

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and Members of the Senate Health Committee, thank you for the opportunity to offer testimony today regarding House Bill 110, the Main Operating Budget bill for FY 2022-2023.

My name is Mark Mecum; I am the CEO of the Ohio Children's Alliance. Founded in 1973 as Ohio's first statewide child advocacy organization, the Ohio Children's Alliance provides leadership for Ohio's at-risk children, families, and community agencies. Our membership is composed of over 80 agencies throughout Ohio that provide foster care and behavioral health services to over 100,000 children and family members each year.

The agencies that comprise the Ohio Children's Alliance are essential to the communities they serve, especially during this uncertain time. They strengthen families with evidence-based programming, treat kids with complex behavioral health issues, keep kids safe in foster care, and so much more. They are also preparing Ohio's next class of foster care alumni for bright futures through the *Bridges* program which we operate through a partnership with ODJFS. Our member agencies are at the center of Ohio's health care and social service delivery system for vulnerable families. Collectively, we offer a unique and important view of HB 110.

We are grateful and proud of many of the proposed investments in children services in the Executive and House-passed budgets, particularly, the proposed investments in child, family, and community protective services line items. This funding equips our child protection system to keep pace with the historic influx of children entering foster care, funds a portion of their costs to contract for foster care from community agencies, enhances our efforts to strengthen families and prevent kids from entering foster care in the first place, and helps support the cost of implementing the federal Family First Prevention Services Act, the largest national child welfare reform effort of my lifetime.

We believe there is still room in this budget to include additional strategic, common-sense provisions that save taxpayer dollars and provide opportunities for significant return on investment in child and family services.

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**Our recommendations for changes in HB 110 are focused on the following strategic issues facing our communities:**

#1 Accreditation of Community Child Welfare Agencies

Community child welfare agencies responded to the pandemic with heroics. Every day, these essential workers are providing services to children and families in need – but the demand for services is far out-pacing Ohio’s supply, especially within our foster care system. Working to prevent children from entering foster care by supporting families, including kinship families, is an important part of Ohio’s strategy. However, we also need solutions for the approximate 15,000 foster children already being served in this overwhelmed system.

We recommend that the Legislature consider strategies that promote higher quality of services provided by community agencies and streamline state bureaucratic regulations. It was in this spirit that the General Assembly passed legislation over 15 years ago to permit state licensing agencies to enact “deemed status” arrangements with their licensed community agencies. In simple terms, “deemed status” demonstrates that an organization not only meets but *exceeds* state government standards for a particular area of regulation, such as maintenance of records. Through deemed status, nationally-accredited child welfare agencies would be recognized by their certifying agency, ODJFS, as complying with the state licensing regulations that overlap with their national accreditation requirements.

While there are nearly a hundred state regulations that would be eligible for deemed status, only one, to our knowledge, has been deemed, which is the regulation that requires agencies to store meeting minutes of their board of directors. Clearly, the law that the General Assembly created is not being used to its full potential.

Creating a stronger deemed status opportunity would free up public and private child welfare agencies to do more direct service work and would also save state government resources by cutting down on redundant regulatory oversight, such as around the topics of maintenance of personnel and case records, and documentation that a residential center uses a trauma-informed treatment model. Achieving this would produce a more efficient system for the more than 100 licensed public and private child welfare agencies across the state.

This opportunity is even more critical today due to a new federal law, the Family First Prevention Services Act, which requires more child welfare agencies to

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possess national accreditation than ever before. Ensuring Ohio's accredited child welfare agencies have access to deemed status opportunities will promote the attainment of national accreditation and will narrow redundant state regulatory activities, ultimately freeing up government resources.

Many states have implemented deemed status opportunities for their child welfare agencies. We have found that least one-fifth of all states across the country have a deemed status arrangement with their child welfare agencies, including other Midwestern states such as Michigan, Iowa, and Illinois.

We request that existing language in the Revised Code be strengthened around deemed status for child welfare agencies so that it is actually used in practice.

Eliminating duplicative bureaucratic requirements is a win-win. It will allow agencies to spend more time and resources on direct services for children and families and the state will have achieved a more efficient, cost-saving system.

## #2 Professional Treatment Staff Parity

In Ohio's foster care system, "professional treatment staff" are the direct service workers that provide in-home supports to children placed in treatment foster homes, and to their foster parents. Typically, they are the case manager, but also the support services staff, that supervise foster homes and deliver behavioral health interventions. As you know, Ohio has a behavioral health workforce shortage, which is cause alone to examine state law requirements for who foster care agencies can employ to perform this important work.

In short, state law requires all of these direct service workers, even the support staff, to possess licenses in social work, counseling, or a similar profession. That is, if they work for a private sector agency, such as a nonprofit agency. However, if the same person were employed by a public children services agency to perform the same work, the individual must only have a bachelor's or associate's degree and/or have work experience in a human services-related area.

Therefore, Ohio law gives public agencies the ability to access a much wider pool of candidates to be employed in foster care. This public agency standard mirrors how our state's mental health program also permits non-licensed professional to deliver case management and supportive services. Given this discrepancy, and Ohio's behavioral health workforce shortage, the time is now to re-evaluate state law standards for who can perform foster care case management in the private sector.

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To help community agencies meet the demands of maintaining a sufficient foster care workforce, the time is now to establish parity in the state law requirements for foster care case managers. We believe that the current licensure requirement for private agency employees should be removed, and that the identical requirements that the state permits for public children service agencies should be afforded to private foster care agencies.

Requirements in several neighboring states: Pennsylvania, Kentucky, West Virginia, Indiana, and Michigan are in line with what we are requesting in Ohio. Creating parity between public and private agency professional treatment staff requirements will help ensure that Ohio's workforce can meet the increased need for treatment foster care.

### Home Study Assessor Requirements

Home Study Assessors are specially certified child welfare professionals that evaluate families interesting in becoming foster care or adoptive caregivers. They perform a study of the home, interview family members and friends, and evaluate the home environment. These steps are part of the process of becoming approved by our state to foster or adopt children.

Current law sets forth the minimum requirements for becoming a Home Study Assessor, which include completion of the state certification program, and possession of a social work license or similar license. However, just like with the treatment foster care requirements noted above, public employees at county agencies are exempted from the social work licensure requirement.

The challenges facing our foster care and behavioral health systems today warrant the Legislature's consideration to scale back the licensure requirement for all home study assessors. Our state continues to maintain near record numbers of children entering foster care, while simultaneously facing a massive shortage of licensed social workers willing and available to work in the child welfare field. Further, according to our member agencies, many of the best home study assessors are current and former county agency employees who were able to become certified assessors without possessing a social work license.

Our child welfare system needs to continue to adapt to meet the demand of children and families, and that includes expanding the pool of Home Study Assessors to include individuals without social work licenses. Completion of the state Home Study Assessor certification program should remain, along with a required possession of a Bachelor's degree or higher.

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## Student Wellness and Success

A key benefit of the Student Wellness and Success Funds (SWSF) has been a focus on meeting the developmental needs of every student, every school, every family, and every community. Every school received funding to prioritize developing programs that support student wellness founded in the Ohio's Whole Child Framework that aspires to create an environment where every student is healthy, safe, engaged, supported, and challenged. This is especially important in the wake of COVID-19, which has affected all children across the state.

We applaud the House of Representatives for their effort to propose an updated school funding formula as part of the biennial budget. However, we have three major concerns by the approach of combining the Student Wellness and Success Funds with the Economically Disadvantage funds into the Disadvantaged Pupil Impact Aid (DPIA).

First, the overall funding for this program is reduced in the House-passed version. The proposed DPIA fund is appropriated at \$620 million, whereas, the SWSF and Economic Disadvantage Pupil fund are each currently funded at \$400 million per fiscal year for a combined \$800 million. This amounts to a \$180 million decrease.

Second, the proposed fund would be distributed solely based on the number of low-income students identified by whether they receive free or reduced lunch. By comparison, the Student Wellness and Success dollars as originally created provides a base funding allocation to each school plus an additional tiered per student payment based on a federal poverty index. As a result, many, if not most, schools will actually lose funding based on the House-passed formula.

Most importantly, the proposed Base Cost Funding Formula includes Social/Emotional/Security/Life Support as one of several factors captured within the Instructional and Student Supports category (15% of Base Cost). However, this is simply a formula used to develop the base cost. The unrestricted nature of the base funding does not guarantee use to support activities or initiatives as defined under SWSF.

We recommend restoring R.C 3317.26 Student Wellness and Success authorization language and funding to the Executive budget version. Further, we request consideration be given to requiring schools partner with community behavioral health providers whenever possible, and further defining spending guidelines.

## Telehealth Grant Funding for Mental Health Providers

Telehealth has proven to be an effective tool to connect Ohio kids and families to health care services, including behavioral health, through videoconferencing and other forms of virtual technology. By increasing access to mental health resources, telehealth has the ability to equip children and their health care providers with the right care, delivered at the right time, and delivered in a convenient, secure, and safe platform. It also inspires innovation, efficiency, and cost-containment.

While behavioral health providers are still adjusting to this new mode of delivery, best practices are quickly developing. There is an increased emphasis on not just expansion of services, but quality of services, and treatment outcomes. Within our own network of behavioral health agencies, their utilization of telehealth as a means of delivering behavioral health services to jumped from 3% in the months prior to the pandemic, to now hovering around 63%. This quick transition demonstrates the commitment of Ohio's community agencies to maintaining a stable level of service to vulnerable children and families.

Now is the time to invest in the expansion of telehealth infrastructure for behavioral health providers. Telehealth is here to stay and behavioral health providers want to keep up the pace, but many are struggling with the transition. In order to ensure behavioral health providers can adapt to new modalities, program development, community engagement strategies, software and hardware infrastructure, technology resources for families, and training are going to be pivotal. We request that the Senate establish a one-time \$10 million competitive grant to support the expansion of telehealth infrastructure for community behavioral health providers.

**In addition to these priorities, there are several items we *support* that we request you consider:**

### The Kinship Support Program

The budget for ODJFS includes funding for Ohio's new Kinship Support Program (KSP). The KSP would expand services for an estimated 4,000 children in child protective services custody who are cared for by 2,600 kinship families. The KSP was established on December 29, 2020 with the passage of Senate Bill 310. The legislation provides a temporary subsidy to the eligible kinship families and lays the groundwork for them to receive even more support by community agencies funded through the federal Title IV-E Foster Care Program. The KSP represents a

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significant shift in our child welfare system by empowering families to care for their own kin, instead of foster parents.

In order for the new KSP program to be successful, we encourage the Legislature to maintain the proposed state funding for the temporary subsidies in the Executive Budget. Further, we recommend that the state's match obligation of Title IV-E expenditures for these kinship-foster families be provided by ODJFS instead of county child protective services agencies. If a new state GRF fund is not established to fund Ohio's matching requirements, we worry that the expenses of the program will be funded out of dollars needed at the local county level for child protection.

### Medicaid Managed Care

The Department of Medicaid, along with legislative leaders, stakeholders, and families has painstakingly worked to build a next generation managed care system that is efficient, transparent, and outcomes-based. The five interlocking components include managed care organizations, a single pharmacy benefit manager, OhioRISE: a specialty managed care program for multi-system youth, a fiscal intermediary, and centralized credentialing. ODM's SFY 22-23 proposed budget incorporates this redesigned managed care program which we believe has the promise to transform care for those that need it most. We fully support this new direction of the Ohio Medicaid program. We ask that the Senate continue to protect the Executive budget appropriations to Medicaid Managed Care.

### Protect Vital Behavioral Health and Child Welfare Resources

It is critical to support funding across state agencies that serve vulnerable children and families, particularly our multi-system youth. This includes at least continued levels of funding dedicated to behavioral health and child welfare services in the ODM, DODD, OhioMHAS, and ODJFS budgets, especially the House's increase for recruitment and retention of the behavioral health workforce in MHACD27.

We applaud the commitment of the General Assembly and the DeWine administration to supporting families, communities, and providers that care for them. We ask that the Senate protect and enhance vital resources that will provide return on investments and include provisions that save taxpayer dollars and support the children services workforce.

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Finally, we call your attention to a memo sent you on April 30, 2021 by a coalition of statewide behavioral health and provider advocacy groups, including the Ohio Children's Alliance. This memo, enclosed, collectively expresses concerns with proposed amendments related to county behavioral health authorities. Of particular importance is the proposed amendment that would alter the 120-day notice requirement (R.C. 340.03) affecting contracting between county behavioral health authorities and behavioral health provider agencies. While we are committed to exploring ways to improving the contracting process and requirements in this space, we are concerned that simple removal of the 120-day notice requirement without simultaneously enacting a new framework would cause disruption to our fragile system of community behavioral health care.

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and Members of the Senate Health Committee, thank you again for the opportunity to testify today. I would be happy to answer any questions you may have.

Thank you,

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## FY 2022-2023 Budget Priority: Enhance NEMT

The Code of Federal Regulations **requires** States to ensure that eligible, qualified Medicaid beneficiaries have NEMT to take them to and from providers.

Medicaid non-emergency medical transportation (NEMT) is an important benefit for Ohioans who need to get to and from medical services but have no other means of transportation.

This is especially important for children who receive Day Treatment. Day Treatment is a critical part of the continuum of educational and of mental health care for children across the state. By integrating behavioral health services into the school day, **mental health providers can deliver intensive, structured treatment**. It serves as an important and effective prevention service for children with serious emotional disturbance.

Many of our organizations' programs are struggling to keep this important mental health service open for vulnerable children due to transportation barriers.

Although NEMT is a Medicaid-funded program, it is administered on a county-level by ODJFS. The patchwork administration of transportation raised serious concerns prior to the COVID-19 pandemic that was exacerbated by the virus.

For several months in 2020, *some* CDJFS offices stopped providing direct transportation altogether for children in need of day treatment services, instead offering them public bus passes to meet their OAC requirement to offer transportation. This left many families in those counties with two options: buy a bus pass to ride with their child or drive them, sometimes long distances, to their treatment. Children fell through the cracks for months because their parents work and have other children in the home.

OAC 5160-15-11: *Each county department of job and family services (CDJFS) has the responsibility of ensuring necessary transportation of medicaid-eligible individuals for the purpose of obtaining medicaid-coverable services.*

When we struggle to transport these children, they miss out on critical care opportunities and we risk further disruption which can lead to further detrimental mental and physical effects that can lead to them entering residential treatment, DYS facilities, and threats of self-harm.

To ensure consistent administration of this program for all recipients going forward, we **request that guardrails be placed for NEMT in the Revised Code**. While we understand each county works differently, we need more uniformity and structure especially concerning minors that need safe, supervised transportation.



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## **FY 2022-2023 Budget Priority: Reduce Red Tape in Child Welfare**

While Ohioans struggle to cope with the impacts of COVID-19, our community child welfare agencies have responded with heroics. Every day, these essential workers are providing services to children and families in need – but the demand for services is far out-pacing Ohio's supply.

In simple terms, "deemed status" demonstrates **that an organization not only meets but exceeds expectations for a particular area of expertise.**

While prevention programs and emphasis on kinship families are important pieces of the puzzle, we also need solutions for the 15,000 children already being served in this overwhelmed system.

Through deemed status, nationally-accredited child welfare agencies would be recognized by ODJFS as complying with the state licensing regulations that overlap with their national accreditation requirements.

While language was codified 15 years ago permitting agencies to utilize deemed status in Ohio, it is not being utilized to its full potential. Creating a stronger deemed status arrangement would free up public and private child welfare agencies to do more direct service work and save state government resources by cutting down on bureaucratic monitoring and regulation.

Expanding deemed status is a great opportunity that would achieve a more streamlined and cost-efficient regulatory system for more than 150 licensed child welfare agencies across the state.

This opportunity will magnify during 2021, due to new federal and state policies that require even more Ohio child welfare agencies to achieve national accreditation.

We have found that least one-fifth of all states across the country have a deemed status arrangement with their child welfare agencies, including other Midwestern states such as Michigan, Iowa, and Illinois.

In October 2021, all child welfare agencies providing residential services will be required to have national accreditation through the Family First Prevention Services Act which was signed into law in 2018.

**We request that language be strengthened around deemed status for child welfare agencies in the Revised Code.** It will allow agencies to spend more time and resources on direct services for children and families and the state will have achieved a more efficient, cost-saving system.



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## **FY 2022-2023 Budget Priority: Supporting Telehealth for BH Providers**

Mental health is vital to overall health and long-term success. Without early diagnosis and treatment, children with mental health conditions can experience problems at home, in school, and in building relationships.

Social distancing policies, uncertain school and child care arrangements, and the economic downturn have had important implications for the health and well-being of Ohio children and families which impact their mental health in ways we have never seen before.

On October 19, 2020, the Joint Committee on Agency Rule Review (JCARR) made the temporary expansion of OhioMHAS and ODM telemedicine services rules permanent

At the same time, telehealth delivery has seen exponential growth as a direct result of COVID-19, and projections indicate that the industry is only going to grow even after the crisis is over. Ohio is recognizing that telehealth delivery is the way of the future, and expansion efforts are underway

While behavioral health providers are still adjusting to this new mode of delivery, best practices are quickly being developed and there is an increased emphasis not just on expansion of services, but quality and results. This quick transition demonstrates the commitment of Ohio's community agencies to maintain a stable level of service to vulnerable children and families.

Now is the time to advance the expansion of telehealth infrastructure for behavioral health providers. There is an unprecedented need for mental health services for kids and families. Behavioral health providers want to keep up the pace, but many are struggling with the transition. In order to ensure behavioral health providers can adapt to new modalities and ensure high quality service delivery, investment is going to be crucial.

Within our own network of behavioral health agencies, their utilization of telehealth services jumped from 3% before the COVID 19 outbreak, to now 63% post-COVID

**We request that the Legislature establish a one-time \$10 million competitive grant to support the expansion of telehealth infrastructure for community behavioral health service providers in the OhioMHAS budget.** Eligible uses of funds would include program development, community engagement strategies, software and hardware infrastructure, technology resources for families, and training.



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## **FY 2022-2023 Budget Priority: Professional Treatment Staff Parity**

"Professional treatment staff" are specialized foster home program agency employees that are responsible for:

- (a) Providing rehabilitative services to a child placed in a specialized foster home program or to the child's family;
- (b) Conducting home studies as an assessor for specialized foster homes;
- (c) Providing clinical direction to specialized foster caregivers; and/or
- (d) Supervision of treatment team leaders

Treatment foster care supports children with increased mental health needs. We expect the use of treatment foster care to ramp up as a result of FFPSA

These staff which are integral to treatment foster care, are in short supply. One way to address the workforce shortage is to put education and licensing requirements for professional treatment staff employed by private agencies on the same level as those employed by public agencies.

If a professional treatment staffperson is employed by a private agency then the individual must be either a: licensed social worker, professional counselor, marriage and family therapist, medical doctor, psychologist,

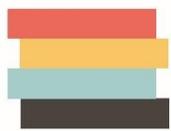
or be a master's level or registered nurse

However, if the same person were employed by a public agency, the individual must have a bachelor's or associate's degree in a human services-related study, have bachelor's degree in any field and employed for at least two years in a human services-related occupation, or been employed for at least five years in a human services-related occupation.

In order to create parity and fairness between the professional treatment staff employed by private and public agencies, and in an effort to address workforce shortages, **we believe that the current licensure requirements for private agency employees should be removed and that the prerequisites public agency employees utilize should be the standard for all professional treatment staff.**

Public agency requirements can be found in ORC 5153.112

Requirements in Pennsylvania, Kentucky, West Virginia, Indiana, and Michigan are in line with what we are requesting in Ohio. Creating parity between public and private agency professional treatment staff requirements will ensure that Ohio's workforce can meet the increased need for treatment foster care.



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## **FY 2022-2023 Budget Priority: Home Assessor Requirements**

Home Assessors are employed by Public Children Services Agencies (PCSAs) Private Child Placing Agencies, (PCPAs) and Private Noncustodial Agencies (PNAs) to perform certain duties related to the placement of children in foster care or adoption.

Home Assessors complete a home study of a prospective foster or adoptive parent, their family, and their home environment to determine if placement in that home is appropriate.

### [Child Welfare Information Gateway](#)

offers summaries of state statutes addressing home study requirements in the publication *Home Study Requirements for Prospective Foster Parents*.

In order to be a Home Assessor, a person must be either be a licensed professional counselor, social worker, marriage and family therapist; a civil service employee; a former PCSA employee; or a current PCSA employee. A student working to earn a four-year, post-secondary degree, or higher, in a social or behavior science, or both, may conduct assessor's duties but only under the supervision of a licensed professional

We believe that these licensure requirements are too restrictive and are contributing to workforce shortages in this area. Many of Ohio's neighbors, including Pennsylvania, Kentucky, West Virginia, Indiana and Michigan have less stringent requirements. With more kids entering Ohio's child welfare system, it is imperative that public and private agencies can keep up the pace and ensure that kids are being placed with families.

We now have over 16,000 children in out-of-home placements, a **23% increase** since 2016.

### **We support expanding the individuals eligible to perform the duties of a Home Assessors**

to include individuals with bachelor's degrees in: sociology, psychology; guidance and counseling; education; religious education; business administration; criminal justice; public administration; child-care administration; nursing; family studies; and any other human services field related to children and families.

Allowing more people to become Home Assessor will ensure that children can find safe and stable homes sooner, and we believe that these new qualifications would be more than enough to maintain the level of quality needed.



**To: Ohio Senate Finance & Health Committee Members**  
**From: Ohio Alliance of Recovery Providers, Tom Stuber**  
**Ohio Children's Alliance, Mark Mecum, CEO**  
**Ohio Community Correction Association, Lusanne Green, Executive Director**  
**The Ohio Council of Behavioral Health & Family Services Providers, Teresa Lampl, CEO**  
**Date: April 30, 2021**  
**Re: HB 110 Provisions on R.C. § 340 ADAMHS Boards and Student Wellness and Success Funds**

The Ohio Council, OARP, OCA and OCCA collectively express our concerns with the above-referenced items included in HB 110, as passed by the Ohio House. We ask the Ohio Senate to reject these provisions (MHACD26; MHACD29; EDUCD83/EDUCD144) and recede to the Executive budget proposal with respect to these policy initiatives.

Complicated and controversial matters addressing county ADAMHS Board duties and contracting processes should not be considered in the budget process but rather examined in a more deliberate and focused manner to avoid any unintended consequences affecting services provided through Ohio's behavioral health system.

**Accordingly, please REJECT the following provisions:**

**MHACD29 ADAMHS boards requirements – R.C. § 340.03**

- Expands and duplicates ADAMHS Board administrative duties to include programs that are already managed, regulated, and administered by other sectors of government.
- Is an attempt to access patient-level Medicaid data, which is an invasion of privacy for consumers and unnecessary for ADAMHS Boards to perform their community planning role.

**Reject any proposed amendments that would alter the 120-day notice within R.C. § 340.036**

The 120-day notice in R.C. § 340.036 is the only standard across all counties to ensure continuity of care for clients and service access. Removal of the 120-day notice provision will shift the balance of power between Boards and Providers during contract negotiations and result in service disruptions for Ohio's most vulnerable citizens. It does NOT prevent actions to remove a bad actor or prohibit termination of contracts. Rather, the 120-day notice provision is a safeguard intended to set a consistent standard to support continuity of care absent a procurement or standardized contracting provision.

**MHACD26 ADAMHS board composition and appointment – R.C. §§ 340.02, 340.021**

- Initiative requires further deliberation and stakeholder input to avoid unintended consequences.
- Removes requirement that family members and persons with lived experience serve on Boards.

**Please RESTORE the Student Wellness and Success Fund (SWSF) authorization language (R.C. 3317.26) and funding to the Executive version of HB 110.**

**EDUCD83 / EDUCD144** – We are concerned about the merging of the restricted SWSF into the broader Disadvantaged Pupil Impact Aid (DPIA) fund. The House's approach while commendable would appear to dilute the intent of the SWSF to support every student and every school. Further consideration may be given to including SWSF in the funding formula provided it is a restricted line item that retains the requirements for partnerships with community providers and defined accountability for use of funds.