

Improving the Health Care Delivery System for the Child Welfare-Involved Population: Concepts and Considerations

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Prepared for the Foster Care Model of Care Workgroup convened by the California Department of Health Care Services and the California Department of Social Services



Mission driven. Forward thinking.

Roadmap for Presentation

- Workgroup's charge
- Problems to address
- Three potential approaches identified
 - Child welfare managed care plan
 - Delivery system reorganization for mental health and SUD
 - Modification to existing delivery systems
- Questions

Foster Care Model of Care Workgroup

Charged with developing recommendations that address:

- (1) Delivery system organization**
- (2) Desired outcomes and associated measures
- (3) Core suite of services

Problems to Address

- (1) Fragmented delivery system
- (2) No single permanent point of contact to address issues and solve problems
- (3) Challenges in access to specialized services

Three Potential Approaches

(1) Child Welfare Plan

- State or regional Medi-Cal managed care plan
- Covering medical services and potentially dental
- County option to carve in SMHS or SUD services

(2) Reorganization of Behavioral Health Delivery System

- County option to carve SMHS or SUD into managed care plan (MCP) contract
- County option to integrate all mental health services into county mental health plan (MHP)

(3) Enhancements to current FFS and Medi-Cal managed care systems

(1) Child Welfare Plan – Potential Advantages

- Improve accountability by consolidating responsibility
 - Single permanent point of contact to address issues and solve problems
 - Responsible for care coordination and ensuring access to primary care, behavioral, specialty providers, and social services
- Better performance tracking and new levers for driving performance improvement
 - Consolidation of claims data
 - Requirements for adequate network of providers
 - Robust care management and care coordination standards
 - Financial incentives tied to performance

(1) Child Welfare Plan – Potential Advantages Continued

- Support development of organizational expertise
 - Child welfare-involved population as singular focus
 - Staffed by subject matter experts
 - Potential to innovate
- Host for personal electronic health record or health information exchange
 - Could address substantial data-sharing challenges in current system

(1) Child Welfare Plan – Considerations

- Significant system change
- Multi-year planning and implementation process
- Would require close work with counties, providers, and other stakeholders
- Could be challenging for one plan to build contracts with all key providers in a large state
- Could learn from experience of other states
 - 9 other states have child welfare plans

(2) Reorganization of Behavioral Health Delivery System

- County option to carve SMHS or SUD services into MCP contract

Possible Advantages	Considerations
<ul style="list-style-type: none">• Potential to improve care coordination• Reduce number of accountable entities• May be easier for enrollees to navigate• Could be combined with requirement to contract with all current behavioral health providers (maintain current relationships)	<ul style="list-style-type: none">• Steep learning curve for some MCPs• Could disrupt county-provider relationships• Small numbers may make this change impractical

(2) Reorganization of Behavioral Health Delivery System Continued

- County option to carve the mild-to-moderate behavioral health benefit into the MHP contract

Possible Advantages	Considerations
<ul style="list-style-type: none">• Could simplify system for children and youth• May lead to improved care coordination• Could facilitate improved access to SMHS	<ul style="list-style-type: none">• Proposed medical necessity changes may make this change less meaningful• Small numbers may make this change impractical• Children and youth could lose access to behavioral health providers contracted with MCP but not MHP (e.g., behavioral health providers embedded in primary care settings)

(3) Enhancements to current FFS and Medi-Cal managed care systems

- Require a foster care team within every MCP
- Create a bundled payment option for providers treating child welfare-involved population
- Increase the number of public health nurses within the FFS system
- Define new MCP measurement outcomes specific to the child welfare population
- Mandate enrollment into Medi-Cal managed care

Concepts and Considerations

- Number of accountable entities
- Single point of contact to solve problems
- Approach to care coordination
- Access to specialty care
- Performance tracking
- Organizational expertise
- Data sharing
- Level and timing of system change

Questions? Comments?