

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

## (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"><li>• Could simplify system for children and youth</li><li>• May lead to improved care coordination</li><li>• Could facilitate improved access to SMHS</li></ul>	<ul style="list-style-type: none"><li>• Proposed medical necessity changes may make this change less meaningful</li><li>• Small numbers may make this change impractical</li><li>• 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)</li></ul>

### (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
- Performance tracking
- Approach to care coordination
- Access to specialty care
- Organizational expertise
- Data sharing
- Level and timing of system change

Questions? Comments?