



A SYSTEMS RESPONSE TO THE NEEDS OF CHILDREN, YOUTH AND THEIR FAMILIES

**CLARK COUNTY
CHILD WELFARE SUMMIT**

April 23, 2024

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A decorative graphic in the top-left corner featuring a white wavy, zigzag pattern on a black circular background.

TODAY'S AGENDA

NATIONAL LANDSCAPE – CURRENT STATE

WHY THE POLICY LAB?

STATE AND COUNTY IMPACT

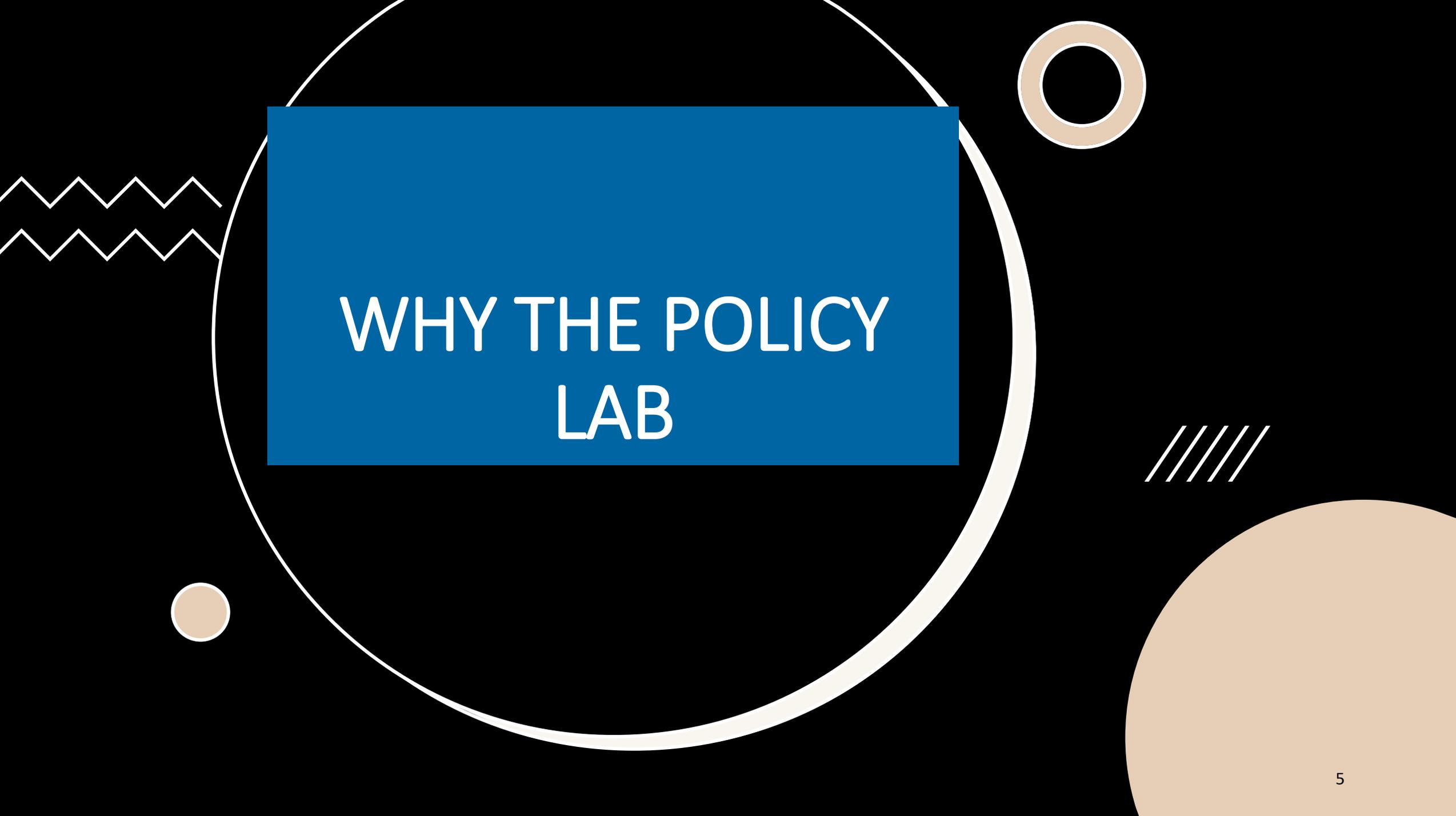
TRANSLATING FOR CLARK COUNTY





NATIONAL
LANDSCAPE –
CURRENT STATE

- Prevention is the big focus to reduce trauma and unnecessary entries into care
- Only very complex needs children and families are entering care now – often from families experiencing chronic substance use, mental health or domestic violence needs
- There is a significant workforce crisis post-COVID in all health and human services sectors
- Children and Youth mental health crisis post COVID is at epic proportions and there is funding for addressing these needs through CMS, HRSA, ACF and US DOE
- All states are experiencing pressures from hospital overstays, children sleeping in offices or hotel rooms are out of control
- Critical Bed-Shortage post COVID – not enough foster parents, both congregate and PRTF beds are scarce and often the milieu is not meeting need of children and youth
- FFPSA has added pressures especially with the QRTP requirements which has further contributed to reduced bed capacity



WHY THE POLICY LAB

An intentional approach to bringing “multi-system” state teams across the country to jointly build solutions to improve outcomes for children, youth and their families

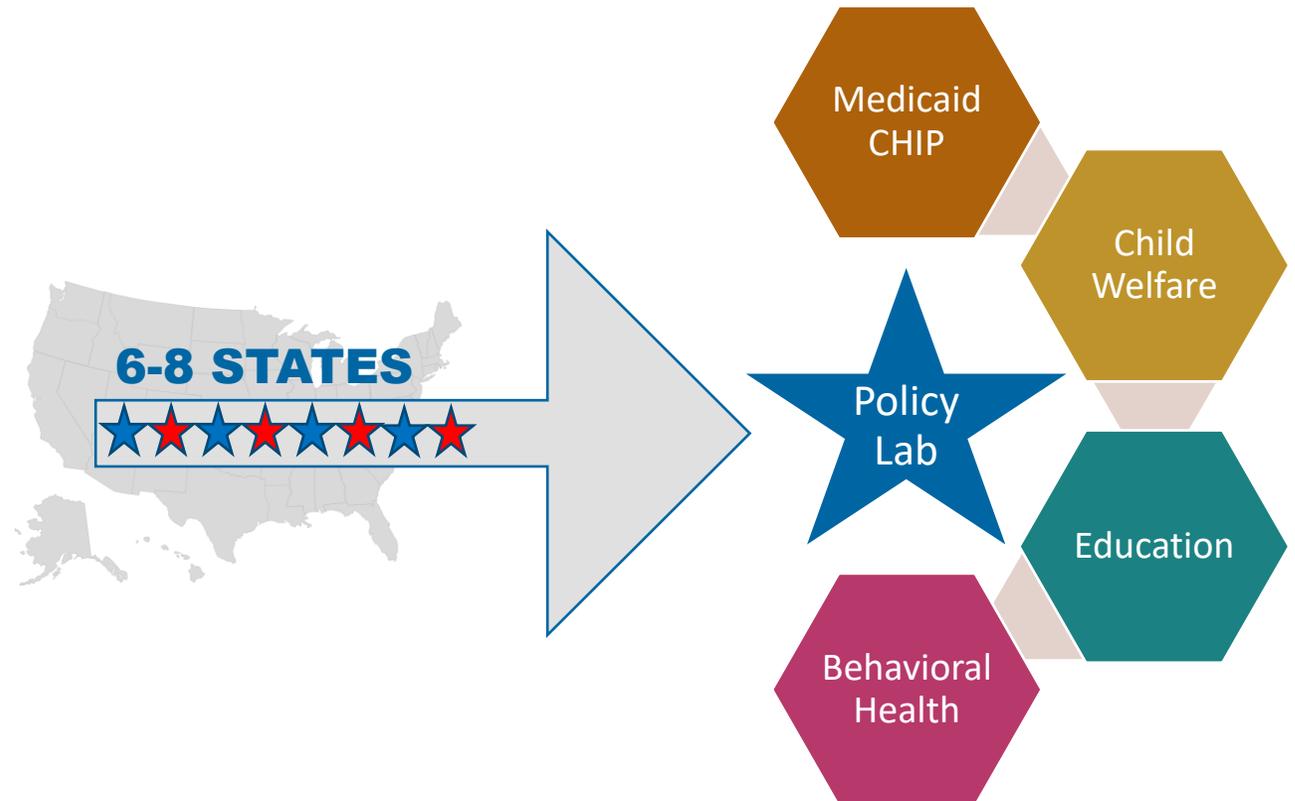


- 41 States + 2 Territories
 - 18 applications
 - 9 States Selected
-
- Partners include APHSA, NASMHPD, NAMD, CWLA, Casey Family Programs, Annie E Casey Foundation, MITRE, Institute on Innovation at University of Connecticut and Center for Healthcare Strategies

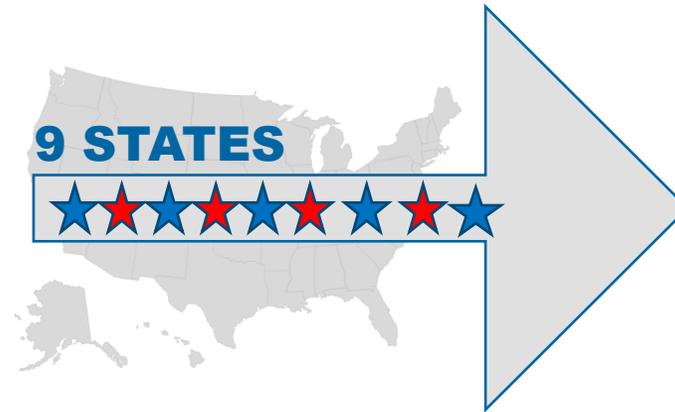


BREAKING DOWN SILOS TO IMPROVE OUTCOMES FOR YOUTH

HMA and partners hosted a multi-state, interagency, in-person policy lab with additional TA aimed at assisting child welfare, behavioral health, Medicaid and schools to identify actionable approaches to improve outcomes for children, youth and families, promote program alignment, and generate meaningful policy solutions.

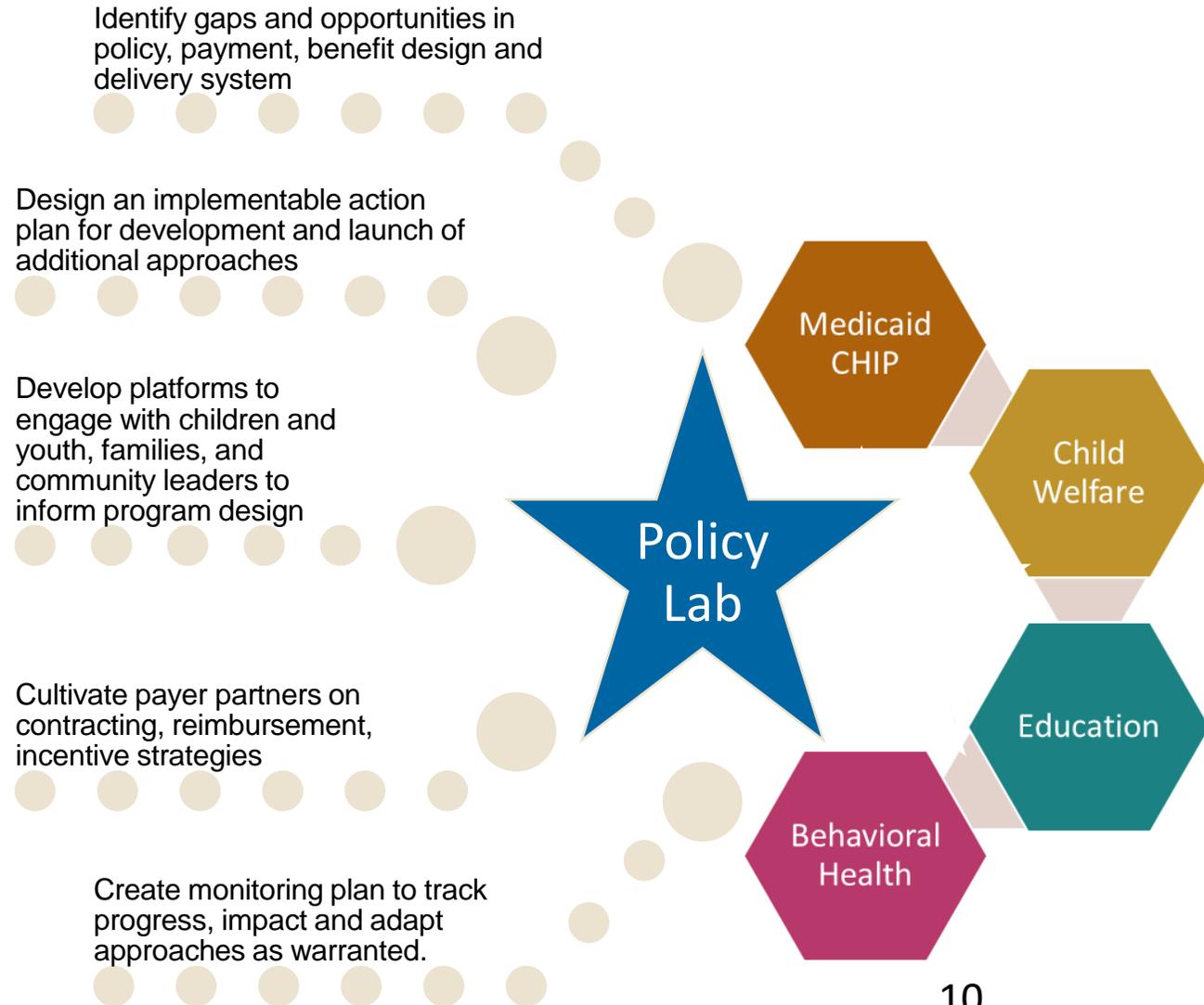


PARTICIPATING STATES



Pennsylvania
Maryland
Texas
Kansas
Kentucky
Wisconsin
Utah
Missouri
Georgia

- Public Interest Litigation
- Medicaid Specialty Plans to serve children with SMI needs also in foster care or juvenile justice
- Governance
- Service Array
- Financing



➤ **Governance –**

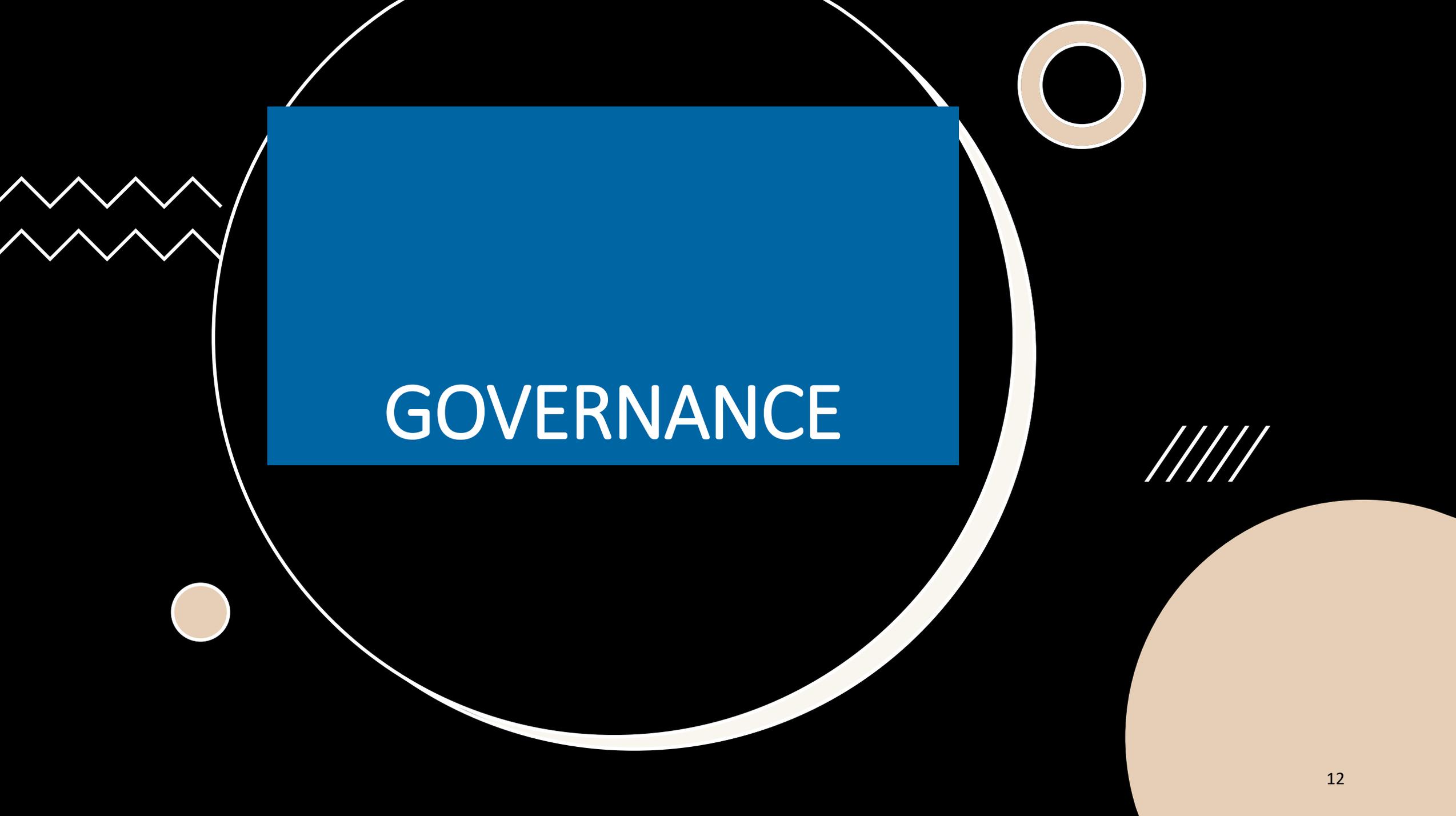
Rules of Engagement/Confidentiality/Privacy/Data Sharing and Collaborative System Design and Collaborative Case Practice Protocols

➤ **Service Array:**

Prevention, Diversion, Intervention, Community-based, Engaging People with Lived Experience, Human Centered Design

➤ **Financing:**

Blending, Braiding and Leveraging opportunities – staffing resources, contractual resources, other



GOVERNANCE

What's necessary to make cross-program governance successful?

Collective.....

- Benefit (win/win/win, not zero sum, skin in the game)
- Authority (representation, accountability, delegation)
- Responsibility (assignments, leads, metrics)

Team Formation

- Correct people at table
- Meeting/communications structure

Team Functioning

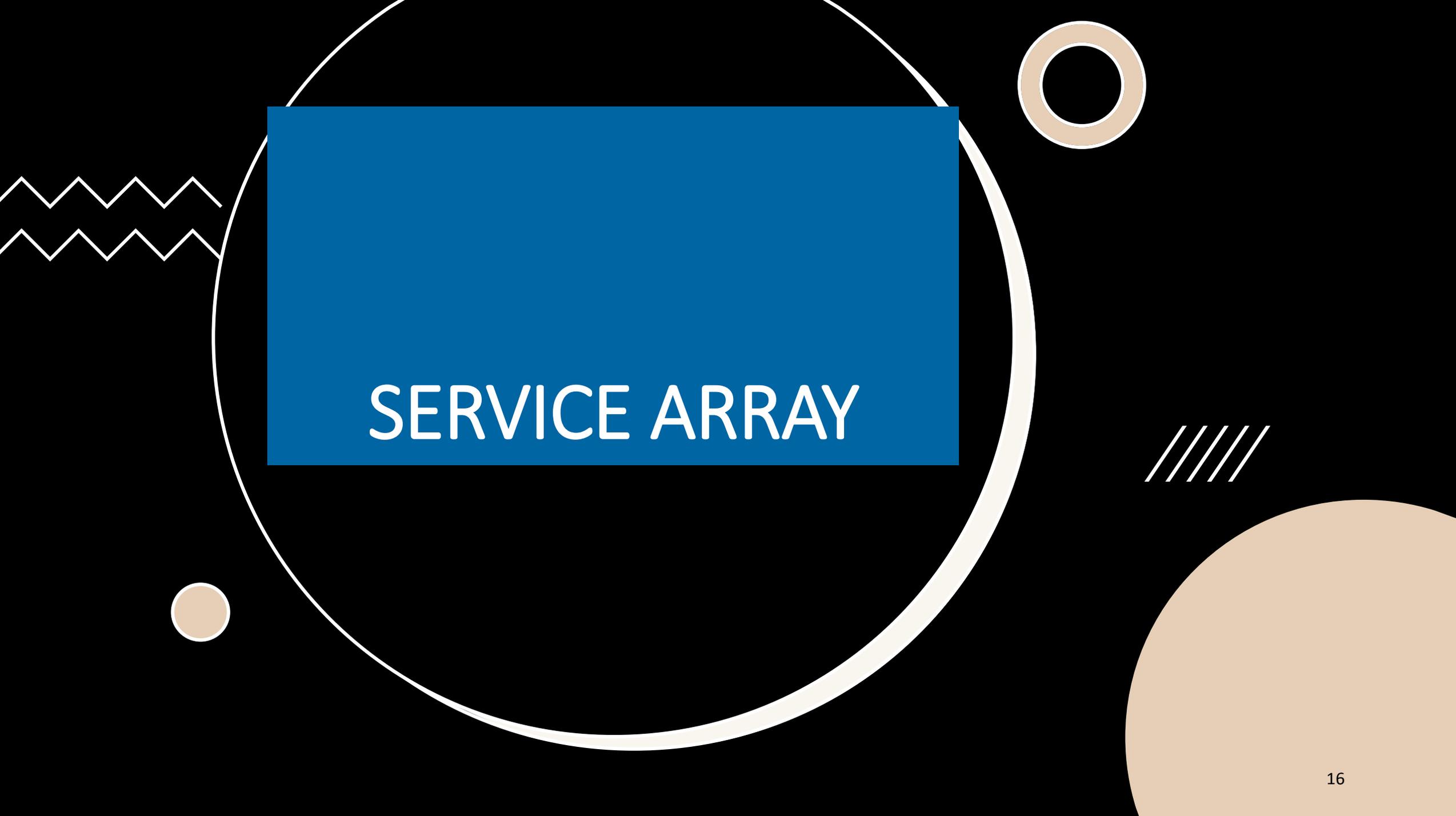
- Clarity of population
- Operational strategies

Forward Planning

- Oversight
- Training
- Accountability
- Sustainability
- Adjustments

Shared approaches to designing

- **Policy** – Data Sharing/Resource Sharing/Shared Eligibility
- **Practice** – Collaborative Case Planning
- **Infrastructure** – Integrated structures for multi-system coordination – coordinated intake
- **Workforce** – aligning roles of case manager, care manager, care coordinator, social worker or the other series – navigator, family support specialist, peer support,
- **Partnerships** – aligning contracts and expectations for services across systems
- **Metrics and Monitoring** – together and with trust



SERVICE ARRAY



WHAT SHOULD THE SERVICE DELIVERY ECOSYSTEM LOOK LIKE?

(SOURCE - UCONN INSTITUTE ON INNOVATION SLIDES)

Transforming the Service Delivery System:

- Systems Navigation, Engagement and Preparing for Transformation
- Meeting Sense of Urgency with Urgency
- Youth and Family Driven Care with Focus on Equity
- Cross Systems Coordination with a Focus on Teaming
- Engage, partner and support the provider community

Goal of the Service Delivery Ecosystem:

- Promotes Healing
- Youth & Family Feel Better as Evidenced by Symptom Improvement
- Youth & Families Know When and How to Seek Assistance
- At Home, In School and In the Community
- Sequencing the Right Service, Right Time, Right Duration

Service and Supports:

- Evidenced Informed, Evidence Based and Practice Based Evidence
- Individualized and Culturally Humble
- Available for All within the Identified Population
- Shared Decision Making
- No Eject, No Reject and Non-Coercive Interventions
- Data Driven Decision Making

POTENTIAL SERVICE ARRAY

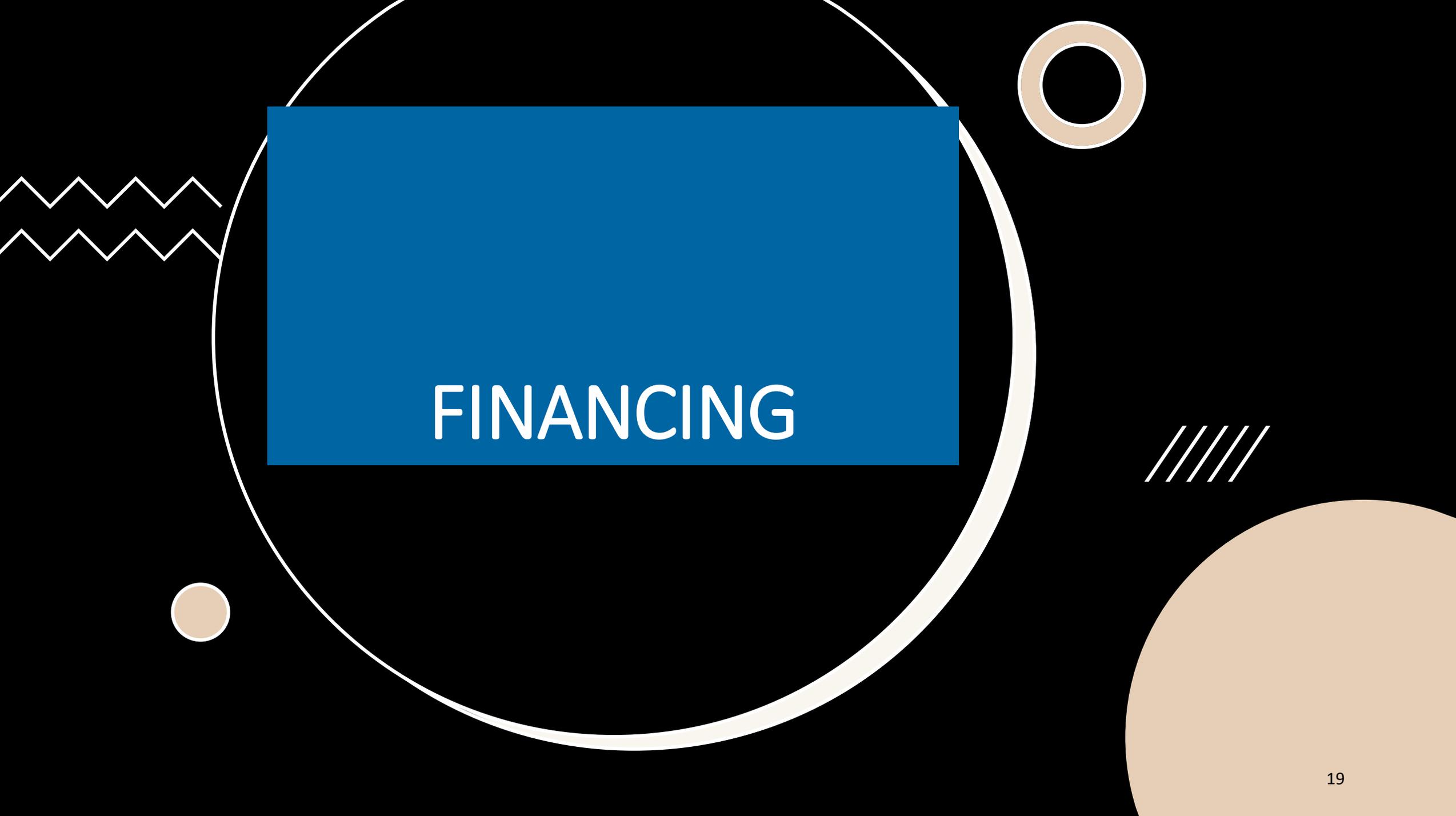
(SOURCE - UCONN INSTITUTE ON INNOVATION SLIDES)

Systems Transformation Tools:

- Youth and Parent/Caregiver Peer Support, Community Education and Navigation
- Intensive Care Coordination: High Fidelity Wrap
- Mobile Response and Stabilization Services

Service Array Examples:

- Intensive In-Home Supports and Services (including MST, FFT)
- Outpatient
- Intensive Outpatient
- Residential Interventions
- Inpatient Care

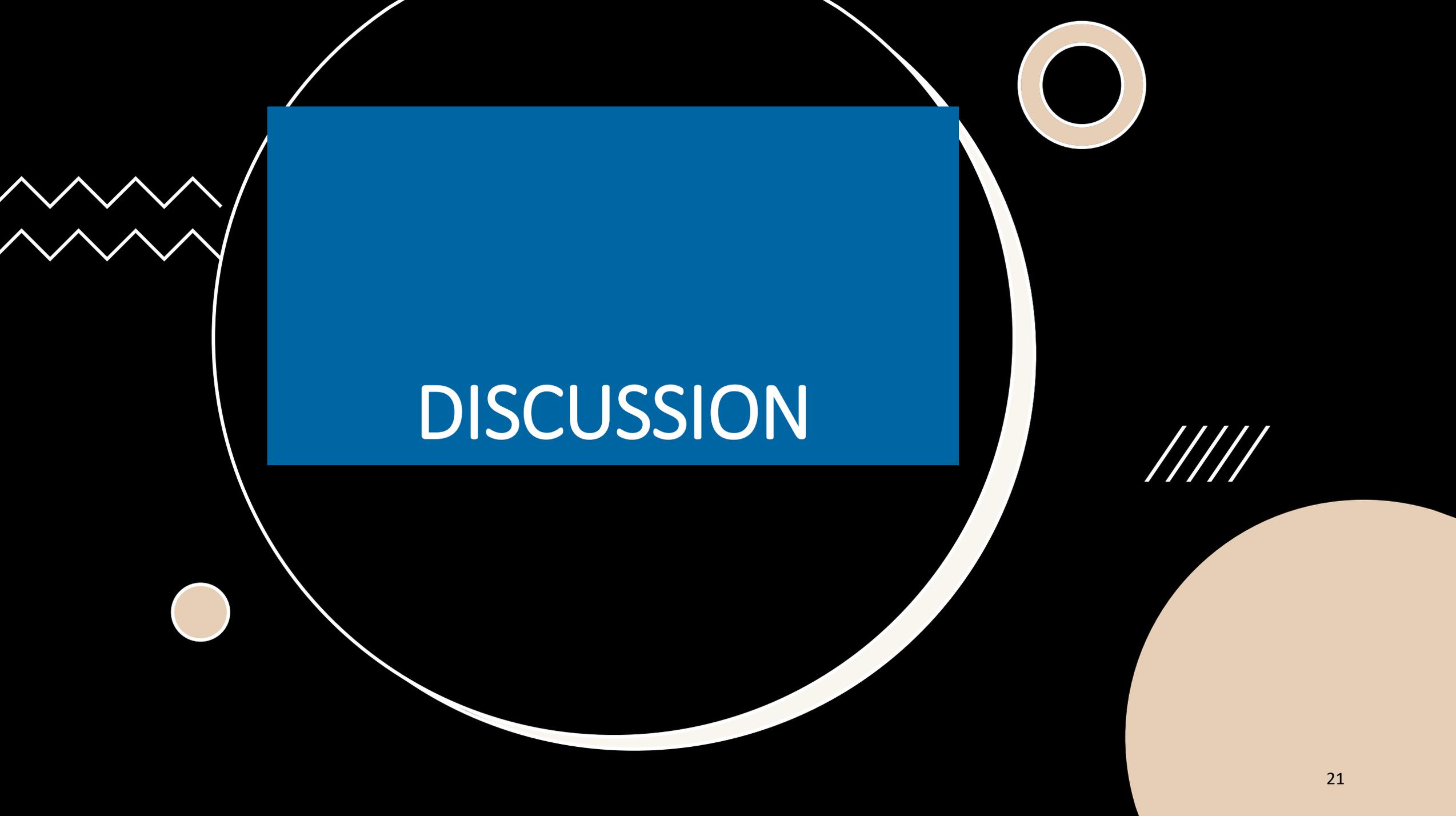


FINANCING

MEDICAID-CHILD WELFARE BIG IDEAS

(SOURCE – CENTER FOR HEALTHCARE STRATEGIES)

- Medicaid managed care contracts- have a NCQA distinction for child welfare plans
- Have contract language we can share for child welfare plans including care coordination, Utilization Management, quality, reporting
- Can we start to think about what an adaptive practice management approach would look like for child welfare in partnership with Managed Care that speaks to the behavioral health and socially necessary services needs of children, youth and their families?
- Have child welfare involved in all parts of procurement and readiness review?
- Data lake with Title 4E and Medicaid data to identify trends and spending patterns
- Focus on **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**, **Child Assessment of Needs and Strengths (CANS)** or **Child and Adolescent Service Intensity Instrument (CASII)** services for children in child welfare and require screening and assessment to lead to the development of the case plan and then monitor implementation according to goals and metrics set in the CFSR or any potential settlement agreement with DOJ

The image features a central blue rectangle with the word "DISCUSSION" in white, uppercase, sans-serif font. This rectangle is set against a large, thin white circle. The background is black and decorated with various geometric elements: a white zigzag line on the left, a small tan circle at the bottom left, a larger tan circle at the top right, a set of five parallel white diagonal lines on the right, and a large tan circle at the bottom right.

DISCUSSION

- What are your pain points?
- What are some opportunities you see?
- How can we advance this conversation at the state level and how can the county be a partner in the development of these solutions?
- What thought leadership strategies would be helpful?
- Next Steps

CONTACT US



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[*Link to bio*](#)

HMA
