Mercer

welcome to brighter

Child/youth behavioral health and well-being

Mercer Government
Ready for next. Together.

State governments are facing increasingly complex budgetary, clinical, and regulatory challenges in the provision of behavioral healthcare to vulnerable populations. The national call and local demand to transform health systems increases the demands on state and local governments to improve access to evidenced-based, cost-effective, and outcomes-driven services. In particular, for the approximately 44,259,975[1] children/youth enrolled in children's health insurance program (CHIP) and Medicaid programs, there are added implications due to involvement from multiple state authorities (child welfare, special education, juvenile justice, etc.).

Despite improvement across child well-being domains, there are increasing rates of poverty, single-parent households, numbers of young children not attending school, and children/youth entering and remaining in foster care.[2] Across all indicators, there is wide racial disparity, in which African-American, American Indian and Hispanic children, youth, and families fare worse than the national average.[3]

How Mercer Government can help

Our dedicated consulting teams bring states a wide variety of expertise, including clinical, operational, policy, and strategic consulting across the spectrum of behavioral health and operations as well as specialization in early and periodic screening, diagnosis and treatment (EPSDT), and child/youth-serving systems. Our team has helped several states design, implement, and advance their children's service system initiatives.

The children/youth-focused consulting, technical assistance (TA), and training services are outlined below:

- **System and program design** based on trends and evidence-based practices, clinical practice guidelines, cross-system collaborative models, and specialty population considerations (for example, birth to five, transition-age youth, children impacted by trauma)
- **Operational design**, including quality management, utilization management, care coordination, care management, pharmacy management, health homes, and associated streamlining of functions and assessments to reduce duplication and support navigation for families

For over 36 years, we have worked with 45 US states and territories. We bring the right mix of battle-tested experts and multi-disciplinary practitioners to the table to shape real-world solutions and face the toughest issues.

- **Benefit design, policy and regulatory** guidance and technical assistance related to eligibility, service array, waiver development (1915[b], [c], [i], 1115), state plan amendments (SPA), parity, CHIP, and EPSDT
- **Financing strategies and stewardship**, such as maximizing federal match, leveraging cross-system financing (for example, Title IV-E), braiding funds, cost sharing, and pay-for-performance initiatives
- **Collaborative systems design**, including development of agreements, committee and communication structures, and family/caregiver/stakeholder inclusion and involvement

Case study

Moving to managed care to transform a statewide system

Situation

The state was tasked with restructuring the Medicaid program to achieve improvement in outcomes, sustain cost, and build a more efficient administrative structure. Key features included moving behavioral health (BH) services from fee-for-service (FFS) into managed care and incorporating the ability to manage specialty BH services. Managed care organizations would now be responsible for managing integrated physical health, behavioral health, and home- and community-based services (HCBS). For children/youth, the state's vision is a future in which managed care plans, service providers, family peers, youth peers, and government partner together to improve the health and wellness of children/youth with physical disabilities, intellectual/developmental disabilities (I/DD), and mental illness and substance use disorders, regardless of entry point.

Challenge

The state decided to merge five existing waivers across multiple agencies into their 1115 waiver. This needed to be done without interrupting existing access, care, and services for children currently enrolled in the waivers; resolve different eligibility and enrollment processes while managing cost; and address the varying needs of foster care, I/DD and medically fragile populations.

Action

Our team included federal policy and managed care experts as well as child/youth clinical specialists and actuaries. Mercer Government facilitated strategy discussions (including briefing documents) with state leadership to inform key design decisions, provided financial impact analyses, and supported drafting the 1115 waiver and state plan amendment. Mercer Government provided extensive support with the development of HCBS functional criteria, contract standards specific to children/youth/families, a readiness review tool and rates.

Results

The design resulted in multiple agencies working together on a common vision to break down silos between mental health, physical health, and child welfare. Ultimately, the transformation will allow for streamlined cross-system coordination to deliver one integrated system, giving children/youth/families access to the level and array of services needed to meet their unique needs.

1 Based on state-reported data as of 6/23/2021 from the table "FFY 2020 Number of Children Ever-Enrolled in Medicaid and CHIP," available at https://www.medicaid.gov/chip/downloads/fy-2020-childrens-enrollment-report.pdf, accessed May 16, 2022.
2 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. The AFCARS Report, Issue 22, July 2015, available at https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport22.pdf, accessed October 12, 2016.
3 Annie E. Casey Foundation. 2016 KIDS COUNT Data Book: State Trends in Child Well-Being.

For more information

Visit our website at www.mercer-government.mercer.com to view our experience, services, and client feedback.

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