Tiered Care Coordination for Children with Behavioral Health Needs
Agenda
March 16-17, 2016

Wednesday, March 16, 2016	
12:45-1:00	**Meeting Room Opens- Begin to Gather** *Esplanade Suites*
1:00-1:45	**Welcome, Introductions, Purpose of Meeting** **Purpose:** • In an effort to improve health outcomes and manage costs, states are looking for ways to ensure that children receive care coordination services that are based on research or other data indicating effectiveness (to the extent available) and appropriate to the level of intensity to meet their needs. • As Medicaid behavioral health care is organized increasingly within capitated managed care arrangements, States are also trying to determine the intensity of care coordination appropriate for the managed care organizations (MCOs), providers, medical homes, health homes, and specialized care coordination approaches (such as intensive care coordination using an individualized, team-based Wraparound process). • Until now, there has not been an organized effort to collectively examine these various methods and develop consensus on core principles and effective approaches (including but not limited to caseloads, eligibility determination, practice models, workforce development approaches, implementation supports, and accountability mechanisms) to ensure that children and youth with behavioral health challenges receive the right amount and intensity of care coordination within the most effective clinical and financial arrangements. • We are convening this meeting in an effort to gather consensus on this critical issue. Your participation has been sought because of your expertise and what we know you can contribute to both this discussion and the field. • Preparations for this meeting have included gathering evidence from empirical studies, findings and insights from grey literature and policy briefs, discussions with each participant in advance, and our own work with states. From these processes, reflected in your pre-meeting material packets, we have identified six critical issues to address during this meeting. **Six Priority Areas for Discussion:** 1. *Models of Care Coordination-* What are the various effective approaches and practices to coordinating care for children, youth and/or young adults with behavioral health challenges or subpopulations within this group? What are

| 1:00-1:45 (continued) | the various staffing ratios used and how do these ratios support the selected approaches? How many different tiers of care coordination are needed in a Medicaid system; and what are the relationships between the tiers?

2. *Care Coordination Locations* – What do we know about the most effective location to house which tiers of care coordination (e.g., Managed Care Organizations (MCOs), medical home, health home, specialty care management entity, Certified Community Behavioral Health Clinics (CCBHCs)?; Who performs care coordinator roles and what are the relationships among different types of care coordinators (e.g. nurse care managers, peer mentors, system navigators, Wraparound care coordinators, Targeted Case Management)?

3. *Identification and Stratification of Populations*- For planning and financing purposes, how do State purchasers determine how many children and which subpopulations can be expected to use which tiers; for triaging children at the service level, how is it decided who gets what?

4. *Rates and Payment Approaches*- How does a particular model and staffing ratio align with rate structures, rate ranges and various payment approaches? How is payment aligned with quality and outcome expectations?

5. *Workforce and Implementation Supports* –What are effective approaches to training, supervision; cultural and linguistic competency issues, credentialing, and/or certification? What implementation supports are needed to develop and retain effective care coordination approaches?

6. *Quality and Outcome Measures*- What measures are most often used? How do these support the goals of care coordination? How do these support the aim of purchasers to match the intensity of care coordination to the needs of the child? How do these support the target of return on investment in care coordination?

Identifying Consensus and the Three Consensus Categories
• The objective of the meeting is to gain consensus on these topics, recognizing this may not be achieved on all topics, particularly in one meeting.
• We propose three *Consensus Categories:*
  1. Where is there agreement?
  2. Where are there solid differing points of view?
  3. What are the areas where not enough is known collectively that requires further research, information gathering and discussion, and/or the inclusion of others? |
| 1:45-2:15 | **Context-Setting: A brief review of what we know from formal and grey literature, practice experience and policy experience regarding the six critical priority areas. (Main themes from reading materials will be** |

	highlighted.) • Healthcare landscape • Care coordination at the practice level and the systems level • Models of care coordination • Identification and stratification of populations • Care coordination ratios • Rates and payment approaches • Workforce, training, supervision • Quality and outcome measures
2:15-3:15	**Facilitated Exchange- Topic One: Care Coordination Models** **Small Group Discussion** • Using a small breakout group format, three groups will meet for one hour to answer specific questions. The groups will reconvene into one large group to synthesize the discussions into the three consensus categories. **Questions to Guide Small Group Discussion for Topic One: Care Coordination Models** 1. What models of care coordination, and for which populations of children, youth, and/or young adults with behavioral health challenges, are supported by an evidence base, by other data and/or practice and policy experience? 2. What are the care coordination ratios in these models? 3. How many different tiers of care coordination are needed in a Medicaid system to address the needs of a whole population of enrolled children, youth and young adults with behavioral health challenges? 4. What are the relationships between the tiers to support effective coordination?
3:15-3:30	**BREAK**

3:30-4:15	**Large Group Synthesis - Topic One: Care Coordination Models**
	
	 • Full group will synthesize the discussion into the three consensus categories:
	     1. Review of items where there was agreement
	     2. Review of items with solid differing points of view
	     3. Review of items needing further information/what we don't know

4:15-5:00	**Facilitated Exchange- Topic Two: Care Coordination Locations and**

	Relationships
	Small Group Discussion
	• Using a small breakout group format, three groups will meet for 45 minutes to answer specific questions. The groups will reconvene into one large group to synthesize the discussions into the three consensus categories.
	Questions to Guide Small Group Discussion for Topic Two: Care Coordination Locations and Relationships
	1. Where is it best to house which tiers of care coordination (e.g., MCO, medical home, health home, specialty care management entity, CCBHCs, other)? 2. Who should perform care coordinator duties for which subpopulations of children, youth and young adults with behavioral health challenges (e.g. nurse care managers, peer mentors, system navigators, Wraparound care coordinators, Targeted Case Management, other)?

5:00-5:45	**Large Group Synthesis- Topic Two: Care Coordination Locations and Relationships**
	 • Full group will synthesize the discussion into the three consensus categories:
	     1. Review of items where there was agreement
	     2. Review of items with solid differing points of view
	     3. Review of items needing further information/what we don't know

5:45-6:00	**Review of Day One and Preparations for Day Two** • Check-in on meeting process and summarize content discussion • Review Day Two goals
6:00	**Adjourn**

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Thursday, March 17, 2016	
7:30-8:00	**Continental Breakfast** *Esplanade Suites*
8:00-8:15	**Goal of Day** • Check-in • Review of Day Two
8:15-9:00	**Facilitated Discussion- Topic Three: Identification and Stratification** **Small Group Discussion** • Using a small breakout group format, three groups will meet for 45 minutes to answer specific questions. The groups will reconvene into one large group to synthesize the discussions into the three consensus categories. **Questions to Guide Small Group Discussion Topic Three: Identification and Stratification** 1. For planning and financing purposes, what methods can be used to project how many children, youth and young adults with behavioral health challenges in a Medicaid covered population can be expected to use different tiers of care coordination? 2. What methods are used to match children to appropriate tiers at the service level/how is it decided who gets assigned to a specific tier at the service delivery level?
9:00-9:30	**Small Group Report Out and Large Group Synthesis - Topic Three: Identification and Stratification** Full group will synthesize the discussion into the three consensus categories: 1. Review of items where there was agreement 2. Review of items with solid differing points of view 3. Review of items needing further information /what we don't know
9:30-10:15	**Facilitated Discussion – Topic Four: Care Coordination Rates and Payment Approaches** **Small Group Discussion** • Using a small breakout group format, three groups will meet for 45 minutes to answer specific questions. The groups will reconvene into one large group to synthesize the discussions into the three consensus categories.

	Questions to Guide Small Group Discussion for Topic Four: Rates and Payment Structures 1. What are the various approaches to structuring payment that support effective care coordination approaches for children, youth and young adults with behavioral health challenges? 2. What are the appropriate rates for the different models?
10:15-10:30	**BREAK**

10:30-11:15	**Large Group Synthesis Topic Four: Rates and Payment Structures**
	
	 • Full group will synthesize the discussion into the three consensus categories:
	     1. Review of items where there was agreement
	     2. Review of items with solid differing points of view
	     3. Review of items needing further information /what we don't know

11:15-12:15	**Facilitated Discussion- Topic Five: Workforce and Implementation Supports** • For this topic, we will use a large group format to address specific questions. **Questions to Guide Facilitated Discussion for Topic Five: Workforce and Implementation Supports** 1. What are necessary staff training and supervision standards to support the delivery of effective care coordination to children, youth and young adults with behavioral health challenges? 2. What are essential cultural and linguistic competency issues that must be addressed? 3. What are the necessary credentialing and/or certification standards and processes? 4. What implementation supports are needed to develop and retain effective care coordination approaches for children, youth and young adults with behavioral health challenges?
12:15-12:30	**BREAK and BUFFET LUNCH**

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12:30-1:15	**Facilitated Large Group Discussion- Topic Six: Quality and Outcome Measures** • For this topic, we will use a large group format to address specific questions. **Questions to Guide Facilitated Discussion for Topic Six: Quality and Outcome Measures** 1. What should we be measuring (related to quality and to outcomes) within the various tiers of care coordination for children, youth and young adults with behavioral health challenges? 2. Of these measures, which are most important to families and youth? 3. Which of these measures lend themselves to value based payment arrangements?

1:15-2:00	**Putting It All Together: Recommended Strategies and Action**
	
	Review of Consensus
	• Taking each of the three consensus categories, review content and discuss action steps
	   1. Areas of Agreement—Review and discuss potential action steps
	   2. Areas with solid differing points of view- Review and discuss potential action steps
	   3. Areas where we need to learn more- Review and discuss potential action steps

2:00	**Adjourn**