

CLASP

Policy solutions that work for low-income people

Policy Advancing Transformation and Healing (PATH): A Young Adult Mental Health Policy and Systems Change Initiative

Request for Proposals

Summary

This RFP from the Center for Law and Social Policy (CLASP), funded by the Kresge Foundation, offers state and local agencies and system leaders in mental health, health, human services, youth, and aligned sectors an opportunity to partner with experts around the country to advance policies that support transformation and healing for transition-age youth (ages 16-17) and young adults (ages 18-24) in low-income communities.

About CLASP

CLASP is a non-profit antipoverty advocacy organization located in Washington, DC. CLASP develops and helps implement federal, state, and local policies (in legislation, regulation, and on the ground) that reduce poverty, improve low-income people's lives, and creates pathways to economic security for everyone. The organization provides policy analysis, technical assistance, and recommendations through its five main policy teams that focus on youth policy; child care and early education; income and work supports; workforce development, postsecondary and adult education; and job quality. We also work on cross-cutting issues impacting low-income families and communities such as criminal justice, immigration, and racial justice.

Background

More than one in five young adults ages 18-25 living in poverty report serious psychological distress within the past year.¹ When young adults' mental health needs are unaddressed, their economic stability, independence, and overall wellbeing can be undercut. The prevalence and persistence of mental health challenges in low-income communities underscores why policymakers and advocates need to take aggressive and creative action to better support this population. Policy makers can draw on learnings from SAMHSA's **Now is the Time Healthy Transitions Initiative** and capitalize on new opportunities such as the **SUPPORT for Patients and Community Act** to sustain and expand positive gains and improve policies to solidify lasting change.

CLASP's work to date on young adult mental health, including interviews with stakeholders from the health, mental health, human services, and youth sectors, has identified multiple systemic and policy barriers to providing mental health services to youth and young adults. Each of these challenges represents an opportunity for advocates and policymakers to work together to improve mental health services for youth:

¹ Center for Behavioral Health Statistics and Quality, *2015 National Survey on Drug Use and Health Public Use File Codebook*, 2016.

- Defining medical necessity: Health care is often narrowly defined in state/local Medicaid plans. Narrow definitions, coupled with low reimbursement rates, can limit the provision of preventative and non-traditional care.
- Workforce and reimbursement: Geographic variation in the supply of qualified providers, a lack of diversity and culturally relevant supports, high staff turnover rates, systemic underpayment, and devaluing of community health and peer support staff lead to inequities in access to needed supports.
- Limited focus on prevention: Despite widespread recognition of the importance of getting “upstream” of mental health challenges, there is limited funding for preventative services.
- Cross-sector collaboration: Mental health and youth-serving systems face challenges to strong collaboration, particularly between adult- and child-serving behavioral health systems.
- Justice system as entry point to services: Particularly for youth of color, the justice system is often the entry point to mental health services. The justice system, and involvement with other deep-end systems (child welfare, homelessness), can be traumatic and often exacerbates mental health challenges instead of treating them.
- Meeting the needs of a diverse population: Disparities in access by race and ethnicity, geographic region, language, and immigration status pervade the delivery of mental health services. Lack of cultural humility, culturally and linguistically appropriate services, fear of retribution for use of government programs, and stigma all contribute to these disparities.

Systemic changes in mental health that center youth and young adults and align with the Centers for Medicare & Medicaid Services (CMS) Triple Aim of better care, lower cost, and improved health, require bold action. CLASP has identified several opportunities for policymakers to shift their approach to youth and young adult mental health to make lasting system improvements and integrate innovative approaches with significant potential to improve mental health outcomes. Despite good Medicaid coverage (at least on paper) for traditional mental health treatment services, access to care is limited by low reimbursement rates and an insufficient mental health workforce to meet the needs of youth and young adults. Addressing these challenges is valuable and will likely produce incremental change. In addition, CLASP has developed a guiding framework and identified several opportunities for states to transform their approach to youth and young adult mental health to achieve better care, reduce costs, and improve outcomes across systems.

The Opportunity

We invite **state and local agencies and systems leaders** who want to advance policy and systems change on behalf of youth and young adults to partner with CLASP on this initiative. CLASP will support selected state and local partners to implement policy change that expands the boundaries of health care to include Medicaid support for one or more of the following:

- Integrated physical and behavioral health, through the integration of services, close partnerships between primary care providers and behavioral health providers, or the evidence-based use of care managers.
- Social determinants of health (SDOH), including economic stability, education, social and community context, health and health care, neighborhood, and built environment.
- Prevention, at both the individual and community level.
- Wellness promotion focused on strengths, assets, and safety.

What CLASP is Offering

CLASP has extensive experience providing in-depth technical assistance to state and local governments on policy issues impacting low-income communities. Successful applicants will join a year-long learning community focused on policy and systems change that improves access to needed mental health supports for youth and young adults. Building from CLASP's expertise and that of an advisory board of policy and systems-change experts who focus on Medicaid, mental health, public health, racial equity, and youth policy, we will provide states/localities with:

- Technical assistance that can include:
 - Individualized site visits and phone calls with national experts—including CLASP staff and expert advisors—to support assessment of current policies, data, financing, and other systems and identification of new policy and system opportunities;
 - Access to national experts to help with policy assessment, implementation, and overall guidance, including sharing key innovations and initiatives that are working;
 - Quick turnaround answers to key questions; and
 - Development of relevant policy materials to help states with implementation.
- Facilitation to support bringing stakeholders together within the state/locality, which can include:
 - On-site support for stakeholder convenings;
 - Facilitating on-site stakeholder meetings;
 - On-site and telephone support for guided self-assessment and workplan process for a team from multiple policy areas;
 - Check-ins to troubleshoot challenges and support accountability for maintaining momentum throughout the course of the project; and
 - Ensuring sustainability of the work.
- Peer-to-peer learning opportunities for the cohort selected, including:
 - At least one national meeting to share best practices, opportunities, and challenges;
 - Calls and webinars to address shared issues and problem-solving with CLASP staff/consultants and other states/localities; and
 - Potentially, one or more peer-to-peer site visits to share experiences and promising approaches with others in the cohort.

CLASP will select up to four applicants to work together until mid-2020 to improve systems that impact young people. Because CLASP understands the work will extend beyond 2020, we will strive to ensure that the selected states/localities develop and refine sustainable mental health systems, policy, and practice changes.

Potential Policy Strategies

States/localities can significantly improve young adult mental health through a range of policy changes, both within Medicaid and through other policy levers. Examples of policy changes that states could consider include:

- Reviewing and updating definitions of “medical necessity” and providing guidance around the interpretation of these definitions to reduce barriers to effective implementation;
- Expanding credentialing and Medicaid reimbursement for peer recovery specialists, community health workers, health educators, and other non-traditional providers without requiring traditional billing schemes (i.e., 15-minute increments);

- Improving reimbursement rates for mental health and substance abuse care, particularly for community-based and non-traditional providers;
- Identifying and building up career pathways for peer recovery specialists that include professional growth opportunities and a voice at state policy tables;
- Fostering cross-sector and adult-child system partnerships through financial incentives, data sharing, and referral tracking across the human services systems;
- Exploring the role of value-based payments (better utilizing risk adjustment, rather than fees per service provided) and required metrics in addressing wellness, prevention, or the SDOH;
- Carving in behavioral health in Medicaid, so that there is one capitated product that spans alcohol/substance abuse, mental health, and physical health;
- Implementing of quality metrics for behavioral health in primary care, specialty mental health, and alcohol/substance abuse;
- Adopting a community health assessment model that considers the role of Medicaid dollars in supporting community-level health;
- Establishing metrics focused on reducing racial/ethnic disparities in mental health care and mental health outcomes;
- Addressing reimbursement for cultural interviewing, translation/interpretation services, and indigenous/culturally derived healing practices; and
- Building a crisis response system that diverts young people from the justice system and towards community-based, culturally appropriate intervention and wrap-around supports.

This list is by no means comprehensive or prescriptive; each applicant will need to identify the specific policy changes with the greatest potential for impact based on the current system and careful diagnosis of the level and source of policy barriers.

Essential Systems Change Strategies:

As states/localities identify policy changes that will expand the boundaries of “health care” within Medicaid to better meet the needs of low-income youth and young adults, the selection process must be informed by guiding principles and practices that generate systems change. CLASP has identified the following essential components of systems change that are core to effectively meeting the needs of youth and young adults: authentic youth engagement, effective adult-child system partnerships, effective cross-sector partnerships, and incorporation of a racial equity lens. When guided by these four practices, states are more likely to create meaningful, lasting system changes.

Successful applicants will demonstrate their capacity to achieve systems change during the initiative by describing existing efforts to:

- Authentically engage young people as partners;
- Effectively partner across sectors;
- Effectively partner across adult and child serving systems; and
- Apply a racial equity and culturally responsive lens.

Applicants should assess the current state of efforts in each of these areas, identify strengths and weakness, identify opportunities to strengthen and build on existing efforts, and engage partner agencies and organizations with expertise in these practices.

Key Dates and Timeline

- January 9, 2019—RFP sent to eligible applicants
- January 23, 2019—Webinar for interested states. Please register through this link: <https://register.gotowebinar.com/register/1602947611743921409>
- February 6, 2019—Statement of intent to apply sent to CLASP
- March 6, 2019—Full proposal due
- March 2019—Review of applications
- Late March 2019—Selection announced
- April-May 2019—Initial site visits
- June 2019—Cross-state convening

Who can apply?

States and counties or municipalities with independent authority to administer mental/behavioral health and Medicaid policy are eligible to apply. State-local and state-tribal partnerships are welcome to apply, but CLASP will review one application per state or locality, so agencies and partners must work together to determine the lead applicant. The lead on the application should be an agency director, cabinet secretary, or senior policy advisor with responsibility for one or more of the following: Medicaid, mental and behavioral health, a youth-serving system (youth development, child welfare, juvenile justice, youth workforce development), or human services. The other policy areas must be represented at a senior level on the project team, with letters of support. The proposal must include an explanation of the time commitments for team members and how the group will work together.

We do not expect every possible stakeholder to be included in a proposal, but we would like to see the breadth of stakeholders that will be involved, and some evidence that they will contribute to the proposed work in a meaningful way.

Criteria for Selection

Successful applicants will come from states or localities that are committed to meeting the following criteria: **(a) commitment to achieve mental health policy and systems change for young people in poverty, prioritizing people of color, (b) a clearly articulated policy change target, (c) clear commitment to the four systems change strategies: authentic youth engagement, cross-sector partnership, adult-child sector partnership, and a racial equity lens, (d) demonstrated experience, expertise, and/or potential to work across sectors to achieve the project goals, (e) realistic and thoughtful approaches to plan and assess strengths, opportunities, and challenges to proposed reforms; and (f) commitment to engaging partners outside government, such as local and community innovators, advocacy groups, providers, and youth/young adults from affected communities.**

From those that apply, CLASP plans to select up to four applicants from among the top-rated proposals with consideration given to regional diversity, various stages of development around this issue, Medicaid policy

context, and maximizing learning across the network. Strong applicants will share many of the following characteristics:

State/Local Partner Characteristics:

- *State/Local commitment to improving access to needed mental health supports among young adults (18-24) and transition age youth (16-17).*
- *Availability of disaggregated race/ethnicity data on how young people are served, and if not available, an understanding of how that data could help to inform policies and programs, define needs, preferences, and barriers to care for communities of color.*
- *Planned/implemented policy improvements in mental health, including an assessment of what has worked and what has not.*
- *Demonstrated capacity or potential to use data to identify needs and gaps in mental health services for youth/young adults, noting strengths, and assessing progress.*
- *Commitment to strong stakeholder engagement and involvement, including representation from across agencies, providers, advocacy organizations, and consumers.*
- *Demonstrated experience or potential in developing innovative strategies to help address gaps in the provision of mental health services (both in scope of service delivery and populations served).*
- *A policy environment that is amenable to success, in whatever way the state defines this (i.e. commitment from governor, commitment to steady work plan progress, Medicaid expansion, new political opportunity, no waivers that will limit Medicaid eligibility, and/or potential to improve mental health service provision within existing waivers or a new waiver.*
- *Commitment to addressing racial equity—through policy, management, program integration, service delivery—all informed by the experiences of affected communities and the meaningful involvement of a diverse set of stakeholders.*
- *Demonstrated skill at or potential for partnering with key stakeholders in this or other policy areas, across policy areas (e.g. Medicaid, mental health, workforce development and postsecondary education, anti-poverty), and across levels (e.g. local/state policy officials, practitioners).*

We do **NOT** anticipate that all states will have already advanced policies addressing youth mental health. Rather, we anticipate selecting from a variety of starting points, ranging from states that have already conducted significant work and want to move that forward, to states that are at an early stage but can demonstrate capacity for effective policy reform and collaboration based on other work.

CLASP Resources to Support your Application

Policy for Transformed Lives Series: Executive Summary

- **State and Local Efforts to Support Young Adult Mental Health**
- **Barriers to Meeting the Mental Health Needs of Young Adults**
- **State Opportunities for Young Adult Mental Health Policy and Systems Change**

Everybody Got their Go Throughs: Young Adults on the Frontlines of Mental Health

Policy Agenda for Systems that Support Mental Health and Wellness

Proposal Narrative

Instructions

If your state or county/municipality is intending to apply, please send PATHRFP@clasp.org a brief, non-binding email by **February 6, 2019** that provides contact information for the project lead and states your state/locality's intention to apply.

Below are the questions/issues your proposal narrative should address. All applications must be submitted by **February 20, 2019** in PDF format to PATHRFP@clasp.org. Applications should not exceed 20 pages with size 11 font.

Applications will be scored based on the overall criteria:

- (a) commitment to achieve mental health policy and systems change for young people in poverty, prioritizing people of color;*
- (b) a clearly articulated policy change target;*
- (c) clear commitment to the four systems change strategies: authentic youth engagement, cross-sector partnership, adult-child sector partnership, and a racial equity lens;*
- (d) demonstrated experience, expertise, and/or potential to work across sectors to achieve the project goals;*
- (e) realistic and thoughtful approaches to plan and assess strengths, opportunities, and challenges to proposed reforms; and*
- (f) commitment to engaging partners outside government, such as local and community innovators, advocacy groups, providers, and youth/young adults from affected communities.*

These questions will support assessment of all of the selection criteria (a-f, listed above). Please follow the prompts below in completing your application.

1. Problem Statement:

- Please provide an overview of the youth and young adult mental health policy context in your state/locality. What's working well? What are some challenges and barriers? What are some key opportunities?
- What can you tell us about low-income transition-age youth (ages 16-17) and young adults (ages 18-24) in your state/locality? Draw on available state and local data to provide detail about population size, demographics, health insurance coverage, needs, and other relevant background. Possible data may include:
 - Percent of young people who are insured or uninsured, under private vs. public insurance;
 - Poverty and low-income rates for young adults;
 - Medicaid billing trends for mental health prevention, peer-to-peer support, community health workers, health educators, screening, and treatment;
 - Race and ethnicity breakdowns of any data that illustrate inequities and patterns of utilization; and
 - Administrative data from youth development programs, human services, public health, mental/behavioral health, or other programs serving young people that illustrate the scale and nature of the problem.
- Please explain the overall problem your state/locality intends to address through this initiative. What is your analysis of the underlying reasons that this problem has arisen and persisted in your state/locality—

for example, what are the historical, policy, financing, implementation, and structural barriers to addressing this challenge?

- Identify two or three goals that your state/locality is committed to working toward over the course of the one-year project. Goals should be achievable, even if not during the project time frame.
 - Which one or two policy areas will you tackle for this project? Why do you think these are high-impact areas for your state/locality?
 - What specific policy change(s) would you most like to achieve?
 - How do these goals relate to the overarching goals of the agencies involved and of the leadership's administration? (For example, your state/locality may see addressing wellness as key to a youth development goal; others, to a public health or mental health goal.)
 - How do these goals help you move toward the overall project goals identified at the beginning of the RFP?
 - Explain how achieving these goals would significantly reduce the barriers you've identified in your problem statement.

2. Capacity Assessment

- **Systems Change Capacity.** Provide an assessment of systems change challenges and opportunities in your state/locality. For each of the four areas (cross-sector partnership, adult-child system partnership, authentic youth engagement, embedded racial equity lens):
 - Describe existing efforts;
 - Assess strengths and weaknesses;
 - Highlight opportunities for growth; and
 - Identify key partners that you will engage in each area. Include letters of support from these partners.
- **Leadership Capacity.** Describe the commitment by state/local leadership to improve the livelihoods of young people, including a description of any current effort(s) the state/locality is undertaking to improve access to mental health supports for this population. If your state has a state supervised/county-administered structure, please describe the counties that are doing innovative work to address mental health in young people.
- **Other Grants or Initiatives.** Describe related grants or initiatives underway. How do these grants or initiatives align with the work proposed here? What lessons or experience from these other grants or initiatives will inform your work in the PATH Initiative?

3. Medicaid Policy Context

- **What waivers related to behavioral health care does your state/locality currently have in place?** Please describe how these waivers impact the delivery of behavioral health services to youth and young adults and any planned changes/updates to these waivers in the next year.
- **Does your state currently have any waivers pending with CMS?** If so, briefly describe the intent of each waiver and how it would/could increase or otherwise affect access to care for young people. If the waiver may reduce access to care, please clearly explain why your state may still be a good fit for the Medicaid policy context of this project.

- **If your state has not expanded Medicaid, describe how you plan to improve services for uninsured young people.** Clearly describe the opportunities in your state for this population in the absence of Medicaid expansion and the scale of impact that you anticipate.
- **Are your state's Medicaid services currently being managed by a Managed Care Organization?** If so, what proportion of Medicaid recipients in your state are covered through an MCO? Are behavioral health and physical health services managed separately? If so, are behavioral health services also delivered through an MCO? What, if any collaboration is required between behavioral health and physical health MCOs? When are MCO contracts next up for rebid?

4. Proposed Action/Work Plan

The following questions are intended to provide us a clear picture of the actionable steps you envision taking to achieve the goals you have identified.

- **Describe the working group you will establish for this project.** Identify who will be members of the work groups (or from which sector, such as an MCO representative) and the structure of the working group, including frequency of meetings and process. How will the work be managed and assigned? If you already have a working group that has done similar work, describe that group and the work that has been done together.
- **Please provide an initial sense of the timeline and key steps you anticipate for reaching each goal over the period of the project.** For each goal you have identified, name three to five milestones for achieving that goal. For each milestone, provide a timeline you believe is realistic. *Possible milestones include:*
 - *collecting data that paint an accurate portrait;*
 - *identifying barriers to integrated physical and behavioral health, prevention, and wellness promotion;*
 - *addressing social determinants of health in current Medicaid policy;*
 - *reaching consensus with community groups/providers/other stakeholders about how to reduce barrier(s);*
 - *expanding Medicaid coverage to more low-income youth and young adults; and,*
 - *improving access to care for hard-to-reach populations.*
- **From past experiences, what do you anticipate will be the largest barriers to achieving your goals and what will you do to address those barriers?**
- **What technical assistance topics do you anticipate needing to accomplish your goals?** We recognize that it can be difficult to anticipate technical assistance needs in advance, but please be as specific as possible about any needs you have already identified.

5. Team Members and Structure

We believe increased access to mental health services for young adults will best be accomplished through a collaborative effort of stakeholders who are poised to inform and improve access from different perspectives. Please note who will be your lead point of contact managing the project, who will be included in your core team who is ultimately responsible for the project, and who will be your support team members that serve as consultants, helpers, and advisers for the project.

The core team will include:

State Applicants	Local Applicants
<ul style="list-style-type: none"> Medicaid director or a representative of the state Medicaid agency; 	<ul style="list-style-type: none"> Department of Health representative or other county/municipal representative with responsibility for local Medicaid implementation
<ul style="list-style-type: none"> State office of behavioral health director, or a representative (preferably with representation from both the adult and child serving systems); 	<ul style="list-style-type: none"> County/municipal behavioral health director, or a representative (preferably with representation from both the adult and child serving systems);
<ul style="list-style-type: none"> State mental health director/representative for Medicaid; 	
<ul style="list-style-type: none"> State youth systems representatives (child welfare/youth development/youth workforce development/ juvenile justice system representative) 	<ul style="list-style-type: none"> County or municipal youth systems representatives (child welfare, youth development/youth workforce development, juvenile justice system)
<ul style="list-style-type: none"> State human services agency director, or a representative; 	<ul style="list-style-type: none"> County or municipal human services agency director, or a representative;
<ul style="list-style-type: none"> Young Adult leaders/advocates (i.e. Youth Move chapter, advisory group representative); 	<ul style="list-style-type: none"> Young adult leaders/advocates (i.e. Youth Move chapter, advisory group representative);
<ul style="list-style-type: none"> (if county administered) Representative(s) from 1-2 counties doing innovative work. 	<ul style="list-style-type: none"> (if state administered) 1-2 State agency representatives as needed to facilitate cross-level communication

Examples of support team members we believe would be valuable to serve as consultants, helpers, and advisors to the team’s work are:

- State/local agencies with a key role in the issue but not represented on the core team (e.g., Health Equity Office);
- Providers (e.g., Medicaid MCOs, primary care associations, adolescent health providers, associations, mental and behavioral health, FQHCs, etc.);
- Representative(s) from an existing state/local coalition focused on young people;
- Youth development and workforce advocates and stakeholders;
- Representatives from K-12 education and/or the community college system focused on mental health;
- State/local advisory council;
- State children’s cabinet/mayor’s office representative;
- Advocacy groups that represent young people in low-income communities accessing Medicaid services;
- Leaders of local/community-based wellness and prevention initiatives;
- Local health consortia;
- Advocacy and community-based organizations representing key communities, including immigrant families, families of color, homeless youth, etc.;
- National Alliance on Mental Illness (NAMI) chapter;
- Local foundations; and
- Academic/university experts.

*****Please include one or more letters of support from members of your working group at the end of your application narrative (which will not apply to your page limit).***