Children and adolescents with complex behavioral health conditions often receive fragmented care through multiple service systems, resulting in poor outcomes and unnecessarily high costs. Improved care coordination and increased access to home- and community-based services and peer supports offer substantial opportunities to improve health outcomes, increase resiliency among youth and their families/caregivers, and, ultimately, decrease spending for this population. Reduced costs result from decreased use of emergency room care; decreased use of inappropriate out-of-home placements; and reduced duplication of effort across agencies and providers.

A number of states and regions have begun to demonstrate significant cost savings and improved clinical and functional outcomes for children and youth with behavioral health issues through the use of the Care Management Entity (CME) Model. CMEs offer a centralized vehicle for coordinating the full array of needs for children and adolescents with complex behavioral health issues. A CME is an organizational entity that serves as a centralized accountable hub to coordinate all care for youth with complex behavioral health challenges who are involved in multiple systems, and their families. A CME provides:

1. A youth-guided and family-driven, strengths-based approach that is coordinated across agencies and providers;
2. Intensive care coordination, often via the wraparound process; and
3. Access and coordination of home- and community-based services and peer supports that, along with intensive care coordination, serve as alternatives to costly residential and hospital care.

Resources Related to Care Management Entities

The National Wraparound Initiative (NWI), Center for Health Care Strategies (CHCS), and their partners in the Technical Assistance Network have produced a number of resources that provide information about the core characteristics of CMEs and practical guidance around how they can be used by states, jurisdictions, and systems to improve outcomes and reduce costs for high-utilizing children and youth with serious behavioral health challenges.
Core Resources

» Care Management Entities: A Primer [CHCS, March, 2011]

» Utilization Management Considerations for Care Management Entities [CHCS, June 2013]

» Designing Care Management Entities for Youth with Complex Behavioral Health Needs: An Implementation Guide [AHRQ, 2013]

Technical Assistance Tools

» Case Rate Scan for Care Management Entities [CHCS, October 2012]

» Provider Network Options for Care Management Entities, and Peer Supports and Natural Helpers [CHCS, July 2010]

Webinars

(To locate NWI webinar recordings and other resources, access the archive and scroll down to find the webinar by date – more recent webinars will appear at the top of the list):

» Operational Components of Intensive Care Coordination Using Wraparound for Youth with Complex Needs: State and Local Examples [NWI, September 2014] (Slides)

» Using Medicaid Health Homes with Wraparound to Serve Youth Populations with Complex Behavioral Health Needs [NWI, January 2013] (Slides)

» CME Considerations for Serving Youth in Transition [CHCS, June 2012]* (Slides)

» Family and Youth Peer Support in Care Management Entities [CHCS, September 2011]* (Slides)

» Utilization, Quality, and Information Management in Care Management Entities [CHCS, August 2011]* (Slides)

» Critical Planning Steps to Implement a Care Management Entity Approach [CHCS, June 2010] (Slides)

» Options for Financing Care Management Entities: Wraparound Milwaukee’s Pooled Funding Model [Wraparound Milwaukee, June 2010] (Slides)

» Financing Options for Care Management Entities: The Massachusetts Experience [Technical Assistance Collaborative, June 2010] (Slides)

» Care Management Entities: A Primer [CHCS, May 2010]* (Slides)

* not located in NWI archive
State Profiles and Case Studies

» Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles [CHCS, July 2014]

» Strategies to Support Youth with Serious Behavioral Health Needs Through a Care Management Entity Approach [TA Network, January 2015]