Blueprint to Expand Evidence-based Programs

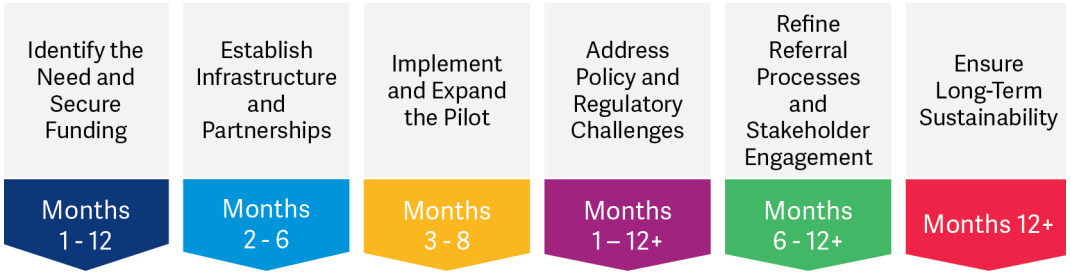
By Karen Hallenbeck and Abigail Sherburne

Evidence-based programs play a critical role in addressing the needs of children and youth with behavioral health challenges. Limited guidance exists, however, to launch or expand in-home evidence-based behavioral health programs or secure financial support to implement. Working with the Family Centered Treatment (FCT) Foundation and Arkansas Department of Human Services, Public Consulting Group designed a blueprint that supports purveyors and states implementing an evidence-based program quickly and securing a long-term sustainable funding source.

Family Centered Treatment is an evidence-based trauma treatment model of home-based family therapy proven to reduce the need for children to be placed out of home while stabilizing traumatized youth and families. In just over 12 months, from June 2024 to December 2025, the FCT Foundation—implemented in partnership with the Arkansas Department of Human Services, Office of Substance Abuse and Mental Health (OSAMH)—generated over 1,170 referrals spanning 68 of 75 Arkansas counties and secured approval from the Centers of Medicare and Medicaid Services (CMS) for FCT as an "in lieu" of service.

States often struggle to implement evidence-based programs that are not rated as a "well-supported" program by the Title IV-E Prevention Services Clearinghouse due to evaluation requirements and reimbursement limitations. States may only claim Title IV-E reimbursement up to 50 percent of the costs to implement "well-supported" programs for programs rated "supported" or "promising." Utilizing Medicaid to support programs like FCT can mitigate these barriers and expand access to effective services for children, youth, and families beyond the child welfare agency.

Drawing from Arkansas' success, a practical blueprint was developed, along with a timeline to carry out key phases, to help purveyors and states implement high-performing programs more efficiently and expand service reach and funding.



Key Phases and Steps

In concert with OSAMH, the FCT Foundation:

- Procured new and existing service providers to implement the model;
- Established a platform to train multiple clinician teams and paraprofessionals quickly;
- Promoted expansion of the model to the workforce and service systems;
- Sought and obtained approval for Medicaid funding;

- Collaborated with stakeholders to create functional implementation teams and educate referring sources;
- Prepared providers to transition to a Medicaid environment; and
- Monitored service need to identify when provider resources should expand to meet the needs of Arkansas' children and youth.

A description of the core elements of the six phases of Arkansas' expanded implementation of this in-home evidence-based program follows, outlining the critical components needed to execute the plan to implement an evidence-based program and procure Medicaid funding.

1. Identify the Need and Secure Funding

Arkansas' Director of OSAMH observed the outcomes being achieved by children, youth, and families known to the state's child welfare program who were participating in FCT and engaged with the Foundation to develop a strategy to **fill a service gap** for individuals and families known to other agencies, including children's behavioral health and juvenile justice, as well as self-referrals of families. Together, the purveyor and state agency designed a **pilot program** to promote statewide implementation.

Funding was a critical element to attracting new providers. Before a provider begins to receive reimbursement for services delivered, they must have staff who are trained and prepared to implement the intervention. Arkansas was able to leverage **robust funding** through the American Rescue Plan Act to support implementation efforts.

2. Establish Infrastructure and Partnerships

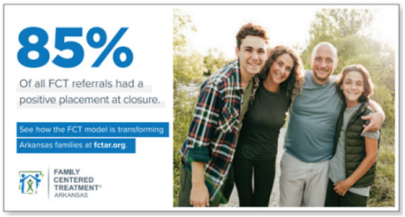
Engaging **new and existing providers** is a critical first step to implementing an evidence-based program. This can be achieved using Memorandum of Understandings with existing providers or initiating Requests for Applications or Proposals when seeking providers competitively. In Arkansas, the competitive procurement process encouraged only committed organizations to apply, who needed to commit transparently upfront to comply with a series of partnership requirements.

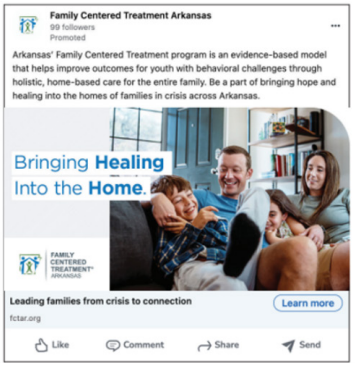
For states pursuing Medicaid funding that **partner with managed care organizations**, it is helpful to engage the managed care organizations early in the process. This provides them with an opportunity to engage as true partners, also promoting the benefits of the program and identifying qualifying children and youth. Establishing **reimbursement rates** is another component of this phase. It is important to understand the true costs and develop a viable rate structure. The FCT Foundation facilitated an extensive collaborative process among the contracted providers to align their service rates with Medicaid reimbursement rates. The resulting pricing consistency codified and promoted an easy transition once Medicaid upheld the programming following the pilot program, with strong buy-in across all partners due to the co-creation process.

3. Implement and Expand the Pilot

When launching a program **statewide** or expanding services to **a wider array of communities**, it is important to communicate the launch or expansion to attract new **workforce and referring agencies**. Marketing, using targeted messaging, is a viable resource in attracting clinicians and paraprofessionals and making agency partners, including families, aware of expanding evidence-based programming or services across a state. While electronic messaging was

Digital media campaigns were customized to recruit staff and families.





successful in many parts of Arkansas, manual or paper messaging was needed in rural parts where internet access is unreliable or unavailable.

Interactive, simulated, in-person workforce training was implemented to enable a larger number of clinician teams and paraprofessionals to be trained in key aspects of the service model simultaneously, allowing providers to quickly and meaningfully engage in service delivery, with the Foundation continuing to support providers and their workforce in completing the formal training requirements over time. A Foundation Implementation Director was assigned to each contracted provider, building a rapport with the providers from day one and providing customized technical assistance.

4. Address Policy and Regulatory Challenges

It is beneficial for the state agency, purveyor, and managed care organizations to meet frequently and work closely to develop **service definitions, licensing requirements, billing guidelines, documentation and reporting requirements, and policies needed** when implementing a statewide program, especially when seeking **approval from CMS** for Medicaid funding of an evidence-based program. While some states have been successful in obtaining federal approval for a behavioral health service as a traditional billable service, CMS required Arkansas to classify FCT as an **"in lieu of" behavioral health service** to be Medicaid reimbursable, offering an option for other states and providers desiring to establish an evidence-based program as a Medicaid service.

5. Refine Referral Processes and Stakeholder Engagement

Communication and continuous quality improvement are paramount to success. It is helpful to create **functional implementation teams** and **regular feedback loops** between all parties, including the state agency, managed care organizations, providers, and the purveyor. Arkansas requires an assessment to be completed, documenting the child or youth's need for FCT. It may also be necessary to collaborate with referral sources, e.g., child welfare, juvenile justice, children's behavioral health and education sources, to **streamline referrals** to connect children and youth to needed services faster. **Educational outreach, including judges and referral sources**, helps to raise awareness.

6. Ensure Long-Term Sustainability

Not all providers are familiar with Medicaid-related procedures. By **proactively requiring providers to comply with Medicaid requirements during the pilot program**, providers were prepared to bill the service as a Medicaid-reimbursable service upon CMS approval. Regardless of how a program is funded, it remains critical to conduct **quality assurance efforts** to monitor service fidelity and billing accuracy. It is also beneficial to **monitor demand for service to identify when to hire** more providers, so the behavioral health needs of children and youth continue to be met as awareness of the program and its successes spreads. It is also helpful to evaluate the need for **policy adjustments and additional provider incentives** over time to maintain and continue to expand evidence-based programs or services.

Summary

Arkansas's expansion of a trauma treatment model of home-based family therapy demonstrates that rapid, statewide implementation of an evidence-based behavioral health model is achievable. Driven by structured provider engagement, accelerated workforce development, proactive community outreach, and early alignment with payers and policymakers, success for other models and states is possible.

The FCT evaluation produced a transferable implementation blueprint outlining a clear sequence of phases—from initial need identification to long-term sustainability. It highlights essential partnerships, identifies potential challenges, and offers a practical framework that states and purveyors can use to expand access to effective behavioral health services while reducing reliance on more restrictive care.

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