



Cross-Program Integration: Child Welfare + Medicaid + Public Health

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Meet Your Presenters

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What You Will Leave With

- 01 ——— Why care about cross-program integration
- 02 ——— Increase self-awareness
- 03 ——— Practice visible moves
- 04 ——— Choose a growth priority

Why Care About Cross-Program Integration?

Integration directly impacts:

Claiming

Cost avoidance

Budget predictability

Provider capacity

Audit risk

Outcomes for families



Medicaid pays for medically necessary health and behavioral health services; child welfare focuses on safety, permanency, and well-being; public health focuses on population-level prevention and community conditions; human services programs often address economic stability, food, childcare, and family supports.

Five Connection Points

Populations

Outcomes

Providers

Data

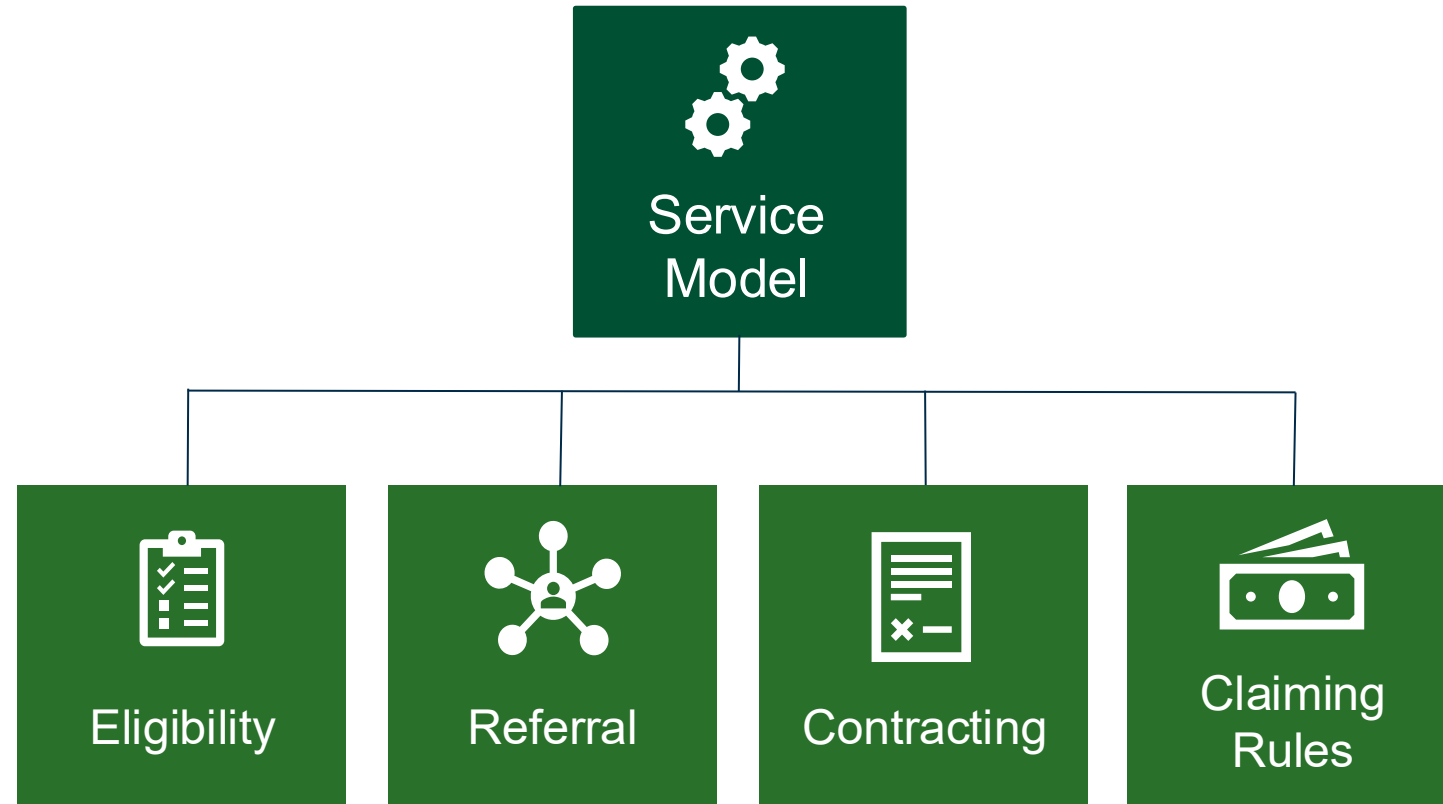
Funding Strategy



Let's Take a Closer Look

Earlier intervention
through the right
funding stream

Family and Child Outcomes



Providers do not decide policy, but providers can help state agencies see how a family moves across funding pathways.

The Provider Perspective

Provider and lived
expert engagement
strengthens system
coordination

Providers see gaps first

Providers can help with barriers if they
understand the problem

Sharing lived experience and
recommendations makes for more
family-centered processes

Let's Take a Closer Look

Public health adds the
population lens

Identify risk patterns

Community conditions

Prevention opportunities

Geographic disparities

Let's Take a Closer Look

Medicaid as an upstream partner for child welfare outcomes

DISCUSSION:

Child Serious Emotional Disorder waiver services or similar Medicaid authorities supporting children before or during child welfare involvement.

Operational Integration



Where Collaboration Becomes Real

Referral pathways, eligibility screening, provider contracting, care coordination, data sharing, shared performance measures, and escalation routes.

What is one workflow change that could reduce burden on families and providers within 90 days?

Providers and families can reveal access barriers, rural gaps, workforce constraints, transportation issues, and service design problems.

Budgeting and Claiming: Braid with Discipline

Align



Braiding is NOT
“use any dollar anywhere.”

- Allowable costs
- Eligibility documentation
- Payer of last resort rules
- Cost allocation
- Claiming controls
- Procurement language
- Provider reporting

Linked Data



The goal is usable decision support

- Needs assessment
- Service gap analysis
- Outcome monitoring
- Equity review
- Provider performance
- Reinvestment decisions

Make a commitment

Pick one shared population, pick one shared outcome, and pick one funding or operational barrier to solve in the next 90 days.

Identify one cross-program barrier and
one finance lever your team can influence.

Thank You

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