

Effects of Managed Care Arrangements on Access, Service Utilization, and Caregiver Satisfaction

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Study Goal

- Examine effects of the managed care arrangements on access to mental health care and service utilization among children *identified* with and *at-risk* of severe emotional disturbance (SED) and caregiver satisfaction.

Primary Study Questions

- What are the penetration rates and service utilization patterns for children *identified* with or *at-risk* of serious emotional problems pre- and post-managed care?
- Do these differ across the two managed care conditions (PMHP and HMO)?
- What access issues are identified in caregivers' responses to the mail survey? Does access differ by self-reported mental health status, by identified versus possible need, and/or across financing conditions?
- Does caregiver satisfaction with services differ by financing condition or identification status?
- What is the mental health status and effectiveness of treatment planning for the 20 youth involved in case studies in previous year's child focus study?



Financial Risk Under Managed Care

Financing Condition	Health	Mental Health	Pharmacy
Area 1 MediPass/PMHP	No Risk	At Risk	No Risk
Area 1 HMO	At Risk	At Risk	At Risk



Evaluation Activities

- Compared pre- and post-managed care service penetration rates and utilization patterns for children *identified* with and *at-risk* of SED
- Compared penetration rates and utilization patterns for children *identified* with and *at-risk* of SED in two financing conditions
- Analyzed the 2003 Florida Health Services Caregiver Survey data
- Conducted follow-up case studies with 20 youth from fiscal year 2002-2003



Sample (N=291)

- Children living in Escambia and Santa Rosa Counties
- Children with an *identified* mental health problem (N=98)
 - Recipients of targeted case management
 - Recipients of SSI for an emotional or behavioral problem
 - Participants in FY 2002-2003 case studies
- Children with *at-risk* for mental health problem (N=193)
 - Had a Pediatric Symptom Checklist (Jellinek, Murphy, & Burns, 1986) score above the threshold

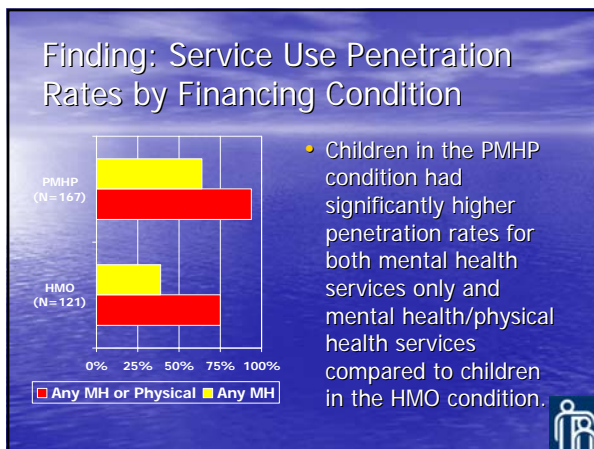
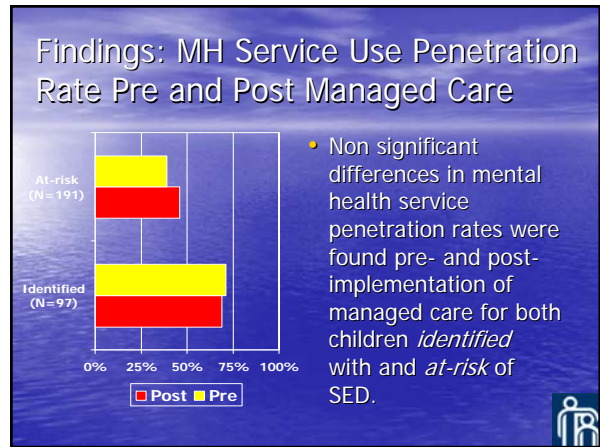
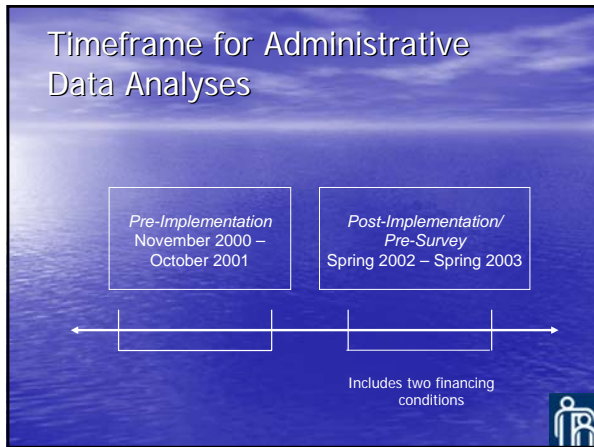




Child Characteristics

Characteristic	At-risk (n = 193)	Identified (n = 98)
Gender:*		
Female	38%	24%
Male	62%	76%
Age:		
Mean	12.66	13.28
SD	2.98	2.64
Range	6-18	7-18
Race/Ethnicity:*		
White	33%	20%
Black/African American	45%	41%
Other (mostly Hispanic)	22%	28%

* p < .05



- ### Findings: Service Utilization Patterns Pre and Post Managed Care
- An overall decrease in mix of services for *at-risk* children post-implementation
 - Most pronounced for children's behavioral health (ITOS and Home and Community Based services, Day Treatment, and Targeted Case Management)
 - For children *identified* with SED post-implementation produced declines in Treatment Planning and Review services, Evaluation and Testing services, Counseling, Therapy, Treatment and Rehabilitation services, Day Treatment, and Children's Behavioral Health services with increases in Psychiatric Inpatient, Emergency services, and Targeted Case Management.

Findings: Service Utilization Patterns by Financing Condition

- Children enrolled in the HMO condition received less Psychiatric Inpatient and Emergency services compared to children in the PMHP
- Children enrolled in the PMHP condition received more Targeted Case Management (TCM) compared to children in the HMO condition.
- Outpatient services were fairly evenly distributed across the two financing conditions.



Findings: Caregiver Mail Survey Analysis

- Caregivers of children *identified* with SED were significantly more likely to report their children needed mental health services in the past six months (74%) compared to caregivers of *at-risk* children (49%).
- No significant differences were found in caregivers' perceptions of their children's need for mental health services between financing conditions (HMO=59%, PMHP=54%).



Findings: Caregiver Mail Survey Analysis

- When receiving medication, caregivers of children *identified* with SED were significantly more likely to report their children were prescribed medications they did not want (21%) compared to caregivers of children *at-risk* (7%).
- Caregivers of children *identified* with SED reported significantly lower levels of trust in their children's health care providers compared to caregivers of children *at-risk*.



Findings: Follow-up Case Studies

- Case managers of 7 of the 20 children were interviewed (all case managers were with the PMHP)
- Case managers perceived medication management, school overlay services, and in-home therapy as most useful.
- Four of the 7 case managers believed caregivers were more capable of navigating the system as a result of services.



Conclusions/Implications

- Need to better understand the significantly lower access to both mental health and physical health services for children enrolled in the HMO condition, and to develop recommendations for increasing access.
- Need for continued exploration regarding the medication concerns expressed by caregivers of children identified with SED.
- Need for increased screening and identification of potential mental health needs of children *at-risk* for SED.



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