

2003 State Survey

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I. Introduction and Methodology

Health Care Reform Tracking Project

The **Health Care Reform Tracking Project (HCRTTP)** was initiated in 1995 to track and analyze state and local managed care initiatives as they affect children and adolescents with behavioral health disorders and their families. It is co-funded by two federal agencies — the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services and the National Institute on Disability and Rehabilitation Research in the Department of Education. Supplemental funding has been provided by the Administration on Children, Youth, and Families of the Department of Health and Human Services, the David and Lucile Packard Foundation, and the Center for Health Care Strategies to support a special focus on children involved with the child welfare system and special analyses of the effects of managed care initiatives on this population. The Tracking Project is conducted jointly by the Research and Training Center for Children’s Mental Health at the Louis de la Parte Florida Mental Health Institute (FMHI), University of South Florida; the National Technical Assistance Center for Children’s Mental Health at the Georgetown University Center for Child and Human Development; and the Human Service Collaborative of Washington, D.C.

The Tracking Project has been undertaken during a period of rapid change in public sector health and human service systems. States, and, increasingly, local governments have been applying managed care technologies to the delivery of mental health and substance abuse services (together referred to as “behavioral health services” in this study) for children and adolescents and their families in Medicaid, mental health, substance abuse, and child welfare programs. These public sector managed care reforms are the focus of the Health Care Reform Tracking Project. The Tracking Project is the only national study focusing specifically on the impact of these public sector managed care systems on children and adolescents with behavioral health disorders and their families.

The Tracking Project focuses on children, adolescents, and families who rely on public sector agencies for behavioral health services. These include Medicaid-eligible, poor, and uninsured children and their families; children and adolescents who have serious behavioral health disorders whose families exhaust their private health coverage; and families who turn to

the public sector to access particular types of services that are not available through their private coverage. Often, these youth are involved with multiple state and local systems, including mental health, substance abuse, health, child welfare, juvenile justice, and education systems.

Public sector managed care reforms are occurring against a backdrop of reform efforts in the children's mental health arena to develop community-based systems of care, particularly for children with serious disorders and their families. A significant focus of the Tracking Project is to explore the impact of public sector managed care systems on the development and operation of these community-based systems of care.

Since its inception, the Tracking Project has been exploring whether and how different kinds of managed care approaches and characteristics have differing effects on this population of children and adolescents and their families and on the systems of care that serve them. It is examining the impact of managed care across a broad range of areas associated with effective behavioral health service delivery for children, including: access to and availability of services, services for children with serious and complex disorders, family involvement, service coordination, provider capacity, cultural competence, financing approaches, quality, outcomes, and cost.

Throughout all of its activities, the Tracking Project has been comparing the characteristics and effects of managed care systems with two basic types of designs:

- **Carve Out Designs** — defined by the Tracking Project as arrangements whereby behavioral health services are financed and administered separately from physical health services within a managed care system.
- **Integrated Designs** — defined by the Tracking Project as arrangements in which the financing and administration of physical and behavioral health care are integrated within a managed care system (even if behavioral health services are subcontracted, in effect, creating a “sub-carve out”).

The Tracking Project is intended to be useful to public officials, families, managed care entities, providers, advocates, and other key stakeholders involved in and affected by public sector managed care.

Methodology of the Tracking Project

The methodology of the Tracking Project has involved four major components: 1) conducting periodic surveys of all states, 2) conducting impact analyses through in-depth site visits to a select sample of states, 3) identifying and studying promising approaches and features of managed care systems for children and adolescents with behavioral health treatment needs, and 4) organizing a consensus conference to develop recommendations for behavioral health managed care policy, practice, and research.

State Surveys

The Tracking Project has completed four state surveys — the 1995, 1997/98, 2000, and 2003 State Surveys. These surveys were designed to identify and describe public sector managed care activity occurring in all 50 states and the District of Columbia that affects children and adolescents with behavioral health disorders and their families. The 1995 State Survey provided a baseline description of state managed care activity, which the

1997/98, 2000, and 2003 State Surveys updated by examining changes over time. The 2003 State Survey is the last all-state survey conducted as part of the Tracking Project. This report documents the results of the 2003 State Survey, building on the previous work of the Tracking Project.

Impact Analyses

Two impact analyses were conducted as a component of the Tracking Project, one in 1997 and a second in 1999. The impact analyses examined the impact of managed care activity as perceived by multiple key stakeholders interviewed during site visits and as documented quantitatively to the extent that data were available. For the 1997 Impact Analysis, site visits were conducted to a sample of 10 states (Arizona, Connecticut, Delaware, Iowa, Massachusetts, North Carolina, Oregon, Rhode Island, Utah, and Washington) and for the 1999 Impact Analysis, the Tracking Project conducted site visits to a sample of eight new states (Colorado, Indiana, Maryland, Nebraska, New Mexico, Oklahoma, Pennsylvania, and Vermont). Site visits were conducted by teams comprised of four to five trained interviewers, knowledgeable in the areas of children's mental health, child welfare, adolescent substance abuse, and managed care; each site visit team included a family member with expertise in these areas. Another component of the 1999 Impact Analysis involved examining changes that occurred in the first sample of 10 states since the 1997 analysis through a series of telephone interviews with key stakeholders (referred to as the "maturational analysis").

Study of Promising Approaches

Another component of the Tracking Project has focused on identifying and describing promising strategies, approaches, and features within publicly financed managed care systems for providing behavioral health services to children and adolescents and their families. The impact analyses and state surveys were used as vehicles to identify promising approaches. More detailed information was gathered about these approaches and features through site visits and telephone interviews. The products comprise a series of papers, each describing promising approaches focusing on a specific aspect of managed care systems. The series is intended to offer guidance to states and communities attempting to refine their managed care systems to better meet the needs of youth with behavioral health disorders and their families.

Consensus Conference

A consensus conference, planned and organized by the Tracking Project, was held in September 2003. The overall goal of the conference was to develop a set of agreed-upon recommendations for policy, practice, and research, based on research results, related to publicly financed managed care for children and adolescents with behavioral health disorders and their families. The consensus conference was attended by researchers who have conducted research related to managed care for children's behavioral health services, as well as key stakeholders representing the policy making, advocacy, family, and managed care communities. The process involved identifying key learnings across research projects; identifying implications for policy, practice, and research; identifying essential elements of managed care for children's behavioral health; and developing recommendations for policy, practice, and research. The product will be a report outlining

the agreed-upon essential elements for managed care systems serving children and adolescents with behavioral health disorders and their families and the recommendations. This will be disseminated strategically to key stakeholders to provide assistance in improving behavioral health care to children and adolescents within the context of managed care.

Methodology of the 2003 State Survey

The approach to conducting the 2003 State Survey involved three distinct phases: survey development, survey distribution and collection, and data analysis and report development. Each phase is briefly described below.

Survey Development

The 2003 State Survey, included as **Appendix A**, was designed to build on previous activities and findings of the Tracking Project. The primary goals in developing the survey instrument included:

- Retaining key items from the 1995, 1997/98, and 2000 State Surveys in order to be able to track continuing development, changes, and trends in managed care systems affecting children and adolescents with behavioral health needs over time.
- Incorporating additional items to address issues that were identified during previous Tracking Project activities to clarify findings and examine key questions across all states.
- Incorporating a “general update” section to determine the impact of the current fiscal crises facing most states on their managed care systems, perceived success of managed care systems in achieving their goals, and future plans regarding managed care for behavioral health services.

With these objectives as a guide, the 2000 State Survey instrument was revised and refined to create the 2003 survey instrument. The survey captures information within the following domains:

- General information about managed care systems
- Populations included in managed care systems
- Managed care entities
- Service coverage and capacity
- Special provisions for youth with serious and complex behavioral health needs
- Financing and risk
- Clinical decision making and management mechanisms
- Access
- Service coordination
- Early identification
- Family involvement
- Cultural competence
- Providers
- Accountability
- General update

Survey Distribution and Follow-Up

The survey was sent by mail to state child mental health directors in all 50 states and the District of Columbia. In addition to sending a written copy of the survey form, a computer disc was enclosed in each envelope, providing a digital copy of the survey in two different word processing formats. This afforded respondents a choice in method of response; they could complete the survey on paper, return the disc with the survey completed on their computers, or return the completed survey via e-mail. The computer versions of the instrument were included to facilitate completion and return of the survey with reduced burden for respondents. A one-month deadline for responses was provided.

The follow-up process to encourage survey completion was extensive. A reminder letter was followed by repeated telephone calls and e-mail contacts on a weekly basis by University of South Florida staff to encourage the completion and return of missing surveys over a period of three months. Additional copies were sent or e-mailed to respondents when necessary. In some cases, it was necessary to contact others in the state mental health or Medicaid agency to identify the proper respondent. Further, in several cases in which no other strategy was successful, staff completed the surveys during telephone interviews with respondents. The result of this exhaustive follow-up process was a 100% response rate — responses from all 50 states and the District of Columbia.

Survey Analysis and Report Development

Once surveys were received, they were reviewed for completion. If items were overlooked, the respondent was contacted for verification of nonresponse or for additional information. Once the survey was deemed complete, it was reviewed by one of the primary research partners to ensure that responses throughout the completed survey were compatible with the intent of the questions and were internally consistent. This second round of review often resulted in additional calls to respondents for further clarification.

The data analysis process was guided by a data analysis plan developed by the study team. Staff at the University of South Florida entered all data, reviewed all data entry for accuracy, and derived the tables and analyses specified by the plan. Following individual review of findings, study team members met as a group to analyze and discuss findings and to correct any perceived errors.

This report presents the results of the 2003 State Survey. Where possible, findings are compared with survey results obtained in 1995, 1997/98, and 2000 to identify changes and trends; findings from the two impact analyses also are cited where relevant and appropriate to elucidate issues or survey results.