X. Service Coordination

The results of the impact analyses were mixed with regard to the impact of managed care systems on the coordination of services to children and adolescents with behavioral health problems and their families. In both analyses, stakeholders in about half of the states felt that managed care had improved service coordination, while stakeholders in the other half believed that managed care impeded coordination of services. In the 1999 Impact Analysis, design of the managed care system appeared to be related to the effects on service coordination, with reports of improved coordination in all but one carve out, but in none of the systems with an integrated design.

Items were added to the 2000 and 2003 surveys to clarify and track the impact of managed care on service coordination between physical and behavioral health services, coordination between mental health and substance abuse services, and interagency coordination among child-serving systems. An additional item was added to the 2003 State Survey regarding the impact of managed care on coordination between mental health and child welfare systems.

Coordination of Physical Health and Behavioral Health Services

The impact analyses yielded numerous reports of inadequate identification and referral by primary care practitioners of children and adolescents with behavioral health problems, regardless of system design. In addition, respondents cited examples of poor communication between physical health and behavioral health providers and poor coordination of physical health and behavioral health treatment, noting that these problems pre-existed managed care reforms. Despite the expectation that managed care systems with integrated designs would result in improved coordination between primary care and behavioral health care, the impact analyses revealed little improvement in this area.

In an effort to track changes in physical health/behavioral health coordination, the 2000 and 2003 surveys investigated the effects of managed care on coordination between physical health and behavioral health services. As **Table 88** indicates, improved physical health/behavioral health coordination was reported for 67% of the systems in 2003, reflecting a small increase (7%) from the 2000 survey findings. In 30% of the systems, managed care reportedly has had no effect on service coordination.

Table 88 Impact of Managed Care Systems on Coordination Between Physical Health and Behavioral Health Services in Comparison to Pre-Managed Care					
	2000 Total	2003			Percent of Change 2000–2003
		Carve Out	Integrated	Total	
Coordination between physical health and behavioral health services has improved	60%	64%	71%	67%	7%
Coordination between physical health and behavioral heath services is worse	7%	5%	0%	3%	-4%
No effect	33%	31%	29%	30%	-3%

Previous Tracking Project findings suggested little difference in improved coordination between physical and behavioral health services based on the design of the managed care system, with fairly equal rates of improved coordination reported for carve outs and integrated systems. These results suggested that improved coordination is a result of specific efforts to address this issue, rather than a function of the design of the managed care system. In 2003, both carve outs and integrated systems showed improvement over 2000 in coordination between physical and behavioral health services, with 64% and 71% respectively reporting improvement in such coordination in comparison with pre-managed care. This reflects significant improvement in coordination between physical and behavioral health, up from 57% in 2000 to 71% in 2003, although there remains little difference between carve outs and integrated systems in the extent of improvement between physical and behavioral health care services.

Coordination of Mental Health and Substance Abuse Services

Stakeholders in the impact analyses reported that the coordination of mental health and substance abuse services was a problem that pre-existed managed care and was largely unaffected by the introduction of managed care. Parents and other stakeholders provided examples of how the lack of coordination was a particular obstacle to effectively serving youth who are dually diagnosed with mental health and substance abuse disorders.

As shown on **Table 89**, reports of improved coordination between mental health and substance abuse services as compared with pre-managed care increased from 52% of systems in the 2000 to 63% in the 2003. Improved coordination is more evident in carve outs (73%) than in integrated systems (46%), despite the fact that integrated systems are more likely to include substance abuse services than are carve outs. In 2003, no system reported that coordination between mental health and substance abuse services was worse as compared with pre-managed care; about one-third (37%) of the systems reported that managed care has had no effect on the coordination between mental health and substance abuse services.

Table 89 Impact of Managed Care Systems on Coordination Between Mental Health and Substance Abuse Services in Comparison to Pre-Managed Care					
	2000 Total	2003			Percent of Change 2000–2003
		Carve Out	Integrated	Total	
Coordination between mental health and substance abuse services has improved	52%	73%	46%	63%	11%
Coordination between mental health and substance abuse services is worse	3%	0%	0%	0%	-3%
No effect	45%	27%	54%	37%	-8%

Coordination Between Mental Health and Child Welfare Systems

Children and families served by the child welfare system often need extensive and intensive behavioral health services. The tightened timeframes for permanency decision making in the Adoption and Safe Families Act of 1997 make it even more important to ensure timely access to appropriate behavioral health services for these children and families. For these reasons, the Tracking Project includes a specific focus on children and families served by the child welfare system.

The 2003 State Survey added an item to specifically examine the impact of behavioral health managed care on coordination between mental health and child welfare systems. As **Table 90** indicates, improved coordination between mental health and child welfare compared with pre-managed care was reported for 61% of the systems. In 39% of the systems, the implementation of managed care has had no effect on mental health-child welfare coordination. Consistent with the other 2003 State Survey findings regarding service coordination, carve outs report a much higher level of improved coordination between child welfare and mental health (73% reported improved coordination) than do integrated systems (43%).

Table 90 Impact of Managed Care Systems on Coordination Between Mental Health and Child Welfare Systems in Comparison with Pre-Managed Care			
	2003		
	Carve Out	Integrated	Total
Coordination between mental health and child welfare has improved	73%	43%	61%
Coordination between mental health and child welfare is worse	0%	0%	0%
No effect	27%	57%	39%

Interagency Coordination Among Child-Serving Systems

The impact analyses found that, in most states, problems resulting from the implementation of managed care have forced agencies to increase cross-system collaboration at both the state and local levels. **Table 91** shows a consistent finding for both the 2000 and 2003 State Surveys — in about two-thirds of the systems (65% in 2000 and 68% in 2003), managed care reportedly has resulted in improved interagency coordination among child-serving systems; managed care has had no effect on collaboration in about one-third of the systems. Improvement in interagency coordination across child-serving systems consistently has been found at a much higher rate in carve outs (81% reported improvement in 2003) than in integrated designs (46% reported improvement).

Table 91

Impact of Managed Care Systems on Interagency Coordination Among Child-serving Systems in Comparison with Pre-Managed Care

	2000 Total	2003			Percent of Change 2000–2003
		Carve Out	Integrated	Total	
Interagency coordination has improved	65%	81%	46%	68%	4%
Interagency coordination is worse	6%	5%	0%	3%	-3%
No effect	29%	14%	54%	29%	0%