

## XI. Early Identification and Intervention

Early findings of the Tracking Project indicated that nearly all states included the Early Periodic Screening Diagnostic and Treatment Program (EPSDT) in their managed care systems. However, stakeholders in the impact analyses indicated that problems persisted with the early identification process. For example, primary care practitioners reportedly resisted conducting EPSDT screens because of a lack of appropriate reimbursement levels and/or a lack of referral mechanisms for behavioral health services. Beginning with the 2000 State Survey, the Tracking Project investigated the EPSDT screening process more specifically to assess whether EPSDT screens are conducted and whether the EPSDT screens have a behavioral health component. The 2003 State Survey added items to determine whether managed care systems have strategies to encourage primary care practitioners to conduct EPSDT screens, the percent of systems that are responsible for screening children entering the child welfare system, and the extent of behavioral health screening of children in the child welfare system.

As shown on **Table 92**, 2003 results indicate that the majority of managed care systems (76%) reportedly conduct EPSDT screens within managed care systems. This finding represents a 32% increase from the number of systems that reported including EPSDT screens in 2000, with both carve outs and integrated systems showing increases. However, integrated systems reportedly are more likely than carve outs to include EPSDT. All of the integrated systems in 2003 indicated that EPSDT screens are included within the managed care system, in comparison with 59% of the carve outs. The difference between carve outs and integrated systems may be explained by the fact that EPSDT screens typically are conducted by physical health care practitioners, and thus may be more likely to be reported by integrated systems.

	2000 Total	2003			Percent of Change 2000-2003
		Carve Out	Integrated	Total	
EPSDT screens are conducted within the managed care system	44%	59%	100%	76%	32%
EPSDT screens are not conducted within the managed care system	56%	41%	0%	24%	-32%

Of paramount importance for behavioral health care is the extent to which EPSDT screens include a mechanism for early detection of behavioral health problems. Both impact analyses suggested that contractual language often does not specify that a behavioral health assessment be conducted within EPSDT screens. However, for the 29 managed care systems in the 2003 State Survey, that include EPSDT screens, nearly all (90%) reportedly do have a behavioral health component (**Table 93**).

<b>Table 93</b>					
<b>Percent of Managed Care Systems Conducting EPSDT Screens Have Behavioral Health Component</b>					
	2000 Total	2003			Percent of Change 2000-2003
		Carve Out	Integrated	Total	
EPSDT screens have behavioral health component	80%	86%	93%	90%	10%
EPSDT screens do not have behavioral health component	20%	14%	7%	10%	-10%

Although it is encouraging to find that most EPSDT screens include a behavioral health component, stakeholders interviewed for the impact analyses noted that the major focus of the screening process typically is on physical health issues, and that the behavioral health focus often is minimal.

The 2003 State Survey incorporated an additional item to investigate whether managed care systems include fiscal incentives or other strategies to encourage primary care practitioners to conduct EPSDT screens and, as needed, to make referrals for behavioral health services. As indicated on **Table 94**, slightly more than half of the systems (58%) reportedly include incentives or strategies to encourage primary care practitioners to conduct EPSDT screens and to make appropriate referrals for behavioral health services. Incentives are present at about the same rate for integrated systems (62%) and carve outs (55%).

<b>Table 94</b>			
<b>Percent of Managed Care Systems with Incentives or Strategies to Encourage Primary Care Practitioners to Conduct EPSDT Screens and Make Appropriate Referrals for Behavioral Health Services</b>			
	2003		
	Carve Out	Integrated	Total
Systems have incentives for strategies to encourage EPSDT screens and behavioral health referrals	55%	62%	58%
Systems do not have incentives or strategies to encourage EPSDT screens and behavioral health referrals	45%	38%	42%

The 2003 survey explored the types of incentives or strategies that are used by managed care systems to encourage primary care practitioners to conduct EPSDT screens and make appropriate behavioral health service referrals. As shown on **Table 95**, the strategy reported most frequently by managed care systems is monitoring for compliance (59% of systems), followed by training and providing information to primary care practitioners on referral options for behavioral health care (50% of systems).

<b>Table 95</b>			
<b>Types of Incentives or Strategies Used</b>			
	2003		
	Carve Out	Integrated	Total
Performance incentives	8%	30%	18%
Training	75%	20%	50%
Monitoring for compliance	75%	40%	59%
Monitoring behavioral health referrals	33%	0%	18%
Development and inclusion of a behavioral health component for EPSDT screens	42%	30%	36%
Enhanced rates for conducting screens	0%	50%	23%
Providing information to primary care practitioners on referral options for behavioral health care	75%	20%	50%
Contract requirement	0%	20%	9%
Other	25%	20%	23%

Another area explored in the 2003 State Survey is the proportion of managed care systems that are responsible for behavioral health screening of children entering state custody through the child welfare system. Slightly less than half (43%) of the systems reportedly are responsible for screening children entering state custody to identify mental health problems and treatment needs. Thirty-nine percent of the systems are not responsible for this screening; the remaining systems (18%) do not include children in state child welfare custody as a covered population (**Table 96**).

<b>Table 96</b>			
<b>Percent of Managed Care Systems Responsible for Screening Children in the Child Welfare System who Enter State Custody to Identify Mental Health Problems and Treatment Needs</b>			
	2003		
	Carve Out	Integrated	Total
Systems are responsible for behavioral health screening of children in child welfare entering state custody	45%	38%	43%
Systems are not responsible for behavioral health screening of children in child welfare entering state custody	50%	25%	39%
NA — Children in child welfare state custody are not covered	5%	37%	18%

In those managed care systems responsible for behavioral health screening for children entering child welfare custody, most children reportedly are screened in 77% of the systems.