
VIII. FAMILY INVOLVEMENT AT THE SYSTEM LEVEL

The 1997 Impact Analysis found that most managed care reforms have been generally supportive of family involvement in service delivery by requiring family involvement in treatment planning meetings, parents' signing off on treatment plans, and the like. Assessment of family involvement at the system level, however, revealed that family members were involved in the initial planning and implementation of managed care reforms in only one state. In nearly all of the states included in the 1997 Impact Analysis, this picture had begun to change, with families increasingly involved in advisory and oversight structures. To assess family involvement at the system level, items were added to the 1997–98 State Survey addressing the ways in which families are participating in system oversight and refinement, the roles played by family organizations, and funding to support the participation of family organizations in managed care reforms.

Family Involvement in Oversight and Refinement of Managed Care Systems

While respondents noted that 98% of reforms currently involve families in managed care system oversight and refinement in some way, they also reported this involvement as being significant in only 38% of the reforms (see Table 12). The 1997-98 survey also included an open-ended question exploring the ways in which families of children and adolescents with behavioral health disorders are involved at the system level. Consistent with the 1997 Impact Analysis findings, the most common approach to involvement of families at the system level is to involve them as members of various state advisory structures to the managed care system, including steering committees, advisory panels, and governor's advisory councils and legislative committees. Respondents from the following states specified that family members participate in some type of advisory structure at the state level:

Alaska	Pennsylvania
Arkansas	Texas
California	Washington
Colorado	Wisconsin
Iowa (Mental Health Carve Out)	Connecticut
Kentucky	Hawaii
Maine	Minnesota
Maryland	Missouri
Massachusetts	New Hampshire
Michigan	
Montana	

In addition to parent participation on state-level structures, a number of other approaches to system-level family involvement were cited:

- Involvement of families on advisory committees to MCOs (Connecticut and Nebraska)
- Solicitation of family input into managed care system documents, such as plans and RFPs (Iowa's substance abuse carve out, Michigan, and Wisconsin)
- Use of family input and feedback received through grievance processes, hotline calls, and other processes to make system adjustments (Maryland's substance abuse reform and Oklahoma)
- Inclusion of families as members of quality review teams and site visit monitoring teams (Utah and Washington)

Role of Family Organizations in Managed Care Reforms

As shown on Table 55, 45% of all reforms reportedly provide funding for family organizations to play a role in managed care systems. It is interesting to note that more than half of the states with carve out reforms (52%) fund a family organization, as compared to 31% of states with integrated reforms.

Table 55			
Percent of Reforms Providing State Funding for Family Organization Role			
Funding for Family Organization	Carve Out	1997-98 Integrated	Total
Yes	52%	31%	45%
No	48%	69%	55%

Some respondents provided further information about the role family organizations play in managed care reforms. Again, the most frequently cited role for family organizations involved advisory, oversight, and/or planning functions. In fact, funding for family organizations most often is directed at supporting their participation on planning, advisory, and other oversight structures related to the managed care system. In several cases, family organizations fulfill a broader system advocacy role that includes the managed care system. In several other instances, the role of family organizations was described as involving family education regarding managed care reforms. Three states (Alaska, Kentucky, and New Jersey) are planning to use family organizations in the future to perform quality assurance functions such as conducting independent family satisfaction surveys.