

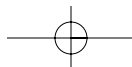
## A P P E N D I C E S

### **Appendix A**

Reports Published by the Health Care Reform Tracking Project

### **Appendix B**

Comprehensive Framework for Serving Children with Behavioral Health Needs and Their Families in Publicly Funded Managed Care Systems: Critical Components



## APPENDIX A

### Reports Published by the Health Care Reform Tracking Project

All reports of the HCRTTP are available from the Research and Training Center for Children's Mental Health, University of South Florida (813) 974-6271:

Stroul, B. A., Pires, S. A., & Armstrong, M. I. (2001). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—2000 state survey*. Tampa, FL: Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Publication #198)

Pires, S. A., Stroul, B. A., & Armstrong, M. I. (2000). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—1999 impact analysis*. Tampa, FL: Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Publication #183)

Pires, S. A., Armstrong, M. I., & Stroul, B. A. (1999). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—1997/98 state survey*. Tampa, FL: Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Publication #175)

Stroul, B. A., Pires, S. A., & Armstrong, M. I. (1998). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—1997 impact analysis*. Tampa, FL: Research and Training Center for Children's Mental Health, Department of

Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Publication #213)

Pires, S. A., Stroul, B. A., Roebuck, L., Friedman, R. M., & Chambers, K. L. (1996). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—1995 state survey*. Tampa, FL: Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Publication #212)

**The following special analyses related to the child welfare population are available from the National Technical Assistance Center for Children's Mental Health, Georgetown University (202) 687-5000:**

McCarthy, J., & Valentine, C. (2000). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—Child Welfare Impact Analysis—1999*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

Schulzinger, R., McCarthy, J., Meyers, J., Irvine, M., and Vincent, P. (1999). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—Special Analysis Child Welfare Managed Care Reform Initiatives—the 1997/98 State Survey*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

## APPENDICES

## APPENDIX B

# A Comprehensive Framework for Serving Children with Behavioral Health Needs and Their Families in Publicly Funded Managed Care Systems: Critical Components

### INTRODUCTION

Before considering the unique challenges in meeting the behavioral health needs of children in the child welfare system in publicly managed care plans, it is important first to consider what it takes to meet the behavioral health needs of **any** child and family in a managed care environment. A number of important issues emanated from earlier phases of the Health Care Reform Tracking Project and from other studies conducted by the Georgetown University Center for Child and Human Development.<sup>36</sup> The 15 components described below were framed to address these issues.

These components would be evident in an *ideal* managed care system. They are presented here, not as a prescription for how all managed care systems should work, but rather as important issues for public purchasers and managed care entities to consider in designing or refining a comprehensive managed care approach to behavioral health care for children, adolescents and their families.

### CRITICAL COMPONENTS

- ◆ Collaboration
- ◆ Access
- ◆ Initial Screening and Comprehensive Behavioral Health Assessments
- ◆ Clinical Criteria and Utilization Review Procedures
- ◆ Treatment Planning
- ◆ Service Array
- ◆ Provider Issues
- ◆ Family Focus
- ◆ Cultural Competence
- ◆ Coordination of Care
- ◆ Quality Monitoring and Evaluation
- ◆ Information Technology and Management of Data
- ◆ Funding Strategies
- ◆ Training and Informational Materials
- ◆ Early Childhood Issues

### COMPONENT DEFINITIONS

#### *Collaboration*

The publicly-funded managed care system is planned in collaboration with other public child-serving systems that will refer children into the system. Representatives from child-serving systems, as well as family representatives, develop ongoing mechanisms to prevent and resolve problems and to monitor progress at both the individual child/family and system levels.

#### *Access*

Eligibility, enrollment and authorization processes ensure that children and their families are able to access both basic mental health services and special mental health services without encountering barriers or waiting lists. They can move seamlessly from one service to another and from acute care to extended care as their changing needs dictate. Services are geographically and linguistically accessible, as well as culturally and clinically appropriate.

#### *Initial Screening and Comprehensive Behavioral Health Assessments*

Consistent with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT—a federally mandated Medicaid service) guidelines, an initial screen is provided to all children as they enroll in a managed care plan to identify health and behavioral health problems that require immediate attention, and to identify children in need of more comprehensive assessments. When comprehensive assessments are indicated, they address both strengths and needs, and focus on the child, the family, and the environment in which they live. Screenings and assessments are

<sup>36</sup> Meeting the Health Care Needs of Children in the Foster Care System, September 2002.

## APPENDICES

conducted by qualified providers in accessible settings and are appropriate to a child's culture, as well as his/her physical, mental/emotional, and developmental condition.

### ***Clinical Criteria and Utilization Review Procedures***

Clinical criteria and review processes are used to ensure consistency in practice, to manage resources, and to attain improved child and family behavioral health outcomes. When appropriately used, clinical criteria and reviews serve as guidelines that do not restrict access to services identified through an individualized assessment and treatment planning process.

### ***Treatment Planning***

Behavioral health treatment plans are developed collaboratively with the child/adolescent and family members. Professionals involved in treatment planning are skilled in identifying and working with children with behavioral health needs. The behavioral health treatment plan comprehensively addresses each child and family's strengths and needs.

### ***Service Array***

A full array of preventive, acute, and extended care services, including specialty services needed by children and their families, is covered. Services consider each child's family, community, and cultural contexts; are developmentally appropriate and child-specific; and build on strengths. Services take place in settings that are appropriate and natural for the child and family. Traditional and non-traditional approaches to care are offered. Services covered by the plan are available without wait lists or other barriers to access.

### ***Provider Issues***

A comprehensive, integrated delivery network (within a single managed care organization or among a group of providers) includes adequate numbers of qualified professionals, with the knowledge, experience, skills and cultural diversity needed to work with children with behavioral health needs and their families. Children can access specialists as their needs dictate.

### ***Family Focus***

Families participate as full partners in all stages of the decision-making and treatment planning processes for their child(ren). Family members can access the services they need through family-focused service interventions. At the system level, families are included in planning, implementing, and evaluating the managed care system.

### ***Cultural Competence***

Professionals who work with children and families have the skills to recognize and respect the beliefs, behavior, ideas, attitudes, values, customs, and language of diverse cultures. An understanding of the diverse cultures represented by enrolled children influences program development, the provider network, and the overall design and evaluation of the system.

### ***Coordination of Care***

Responsibility for the coordination of care for children with serious and complex behavioral health needs is assigned to one person or to a special unit to ensure that health care, behavioral health care, and services from other systems are coordinated.

### ***Quality Monitoring and Evaluation***

Monitoring and evaluation efforts ensure that behavioral health care services are being provided to children and their families as they were planned. Improvements are made on the basis of the results of the monitoring system. Performance expectations and child/family functional outcomes are measured.

### ***Information Technology and Management of Data***

The managed care entity has the capability to gather, organize, retain, and share a child's behavioral health information in a way that ensures accuracy and confidentiality. Information is available to the family and other appropriate persons involved with the care and treatment of the child. Data related to individual children can be aggregated in order to determine utilization, outcomes, service gaps, and costs. This information is used to guide policy decisions.

## A P P E N D I C E S

### *Funding Strategies*

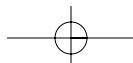
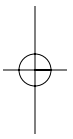
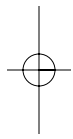
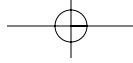
Public agencies and MCOs understand how to use a variety of funding resources to pay for different behavioral health benefits for children and their families. The costs of the system have been assessed and adequate funds are available to support quality services. Agencies enter into interagency agreements to transfer funds, maximize funding, and increase flexibility.

### *Training and Informational Materials*

Cross-training occurs between the MCO and the child-serving systems to ensure a common understanding of each system's goals and operating procedures. Print materials describing the plan are tailored to different audiences and made available in the languages of the enrolled members. They are widely distributed to parents, child-serving agencies, and the community at large.

### *Early Childhood Issues*

The managed care system includes mental health services appropriate for young children, provides linkage to IDEA Part C, and covers mental health consultation to early childhood programs. Services for young children and their families are offered in the environment where young children and their families live and play.





**Research and Training Center for Children's Mental Health**  
Department of Child and Family Studies

**FMHI** *Louis de la Parte*  
**Florida Mental Health Institute**

**University of South Florida**  
Tampa, FL

**National Technical Assistance Center for Children's Mental Health**  
**Georgetown University Center for Child and Human Development**  
Washington, DC

**Human Service Collaborative**  
Washington, DC