

SECTION II

Study Methodology

Site Identification

Initial site identification efforts focused on those states or communities where an existing interagency system reform effort, using some managed care techniques, was underway and operating a service system for children with very serious emotional disorders. The special focus for this survey included those sites where the child welfare system is an active partner and where the needs of children in the child welfare system and their families are being addressed. This special focus helped to define the process by which sites were identified and ultimately selected.

Some key sources of information for site selection included:

- **Health Care Reform Tracking Project (HCRTTP)**
Publications of the Health Care Reform Tracking Project (HCRTTP), a ten-year review and analysis of state behavioral health managed care reforms, provided baseline information from which a more specialized list of potential sites for this study could be determined. In addition, the HCRTTP *1999 Child Welfare Impact Analysis*⁴ offered an in-depth look at the information of special significance for children and families in the child welfare system who need behavioral health services. The *1999 Child Welfare Impact Analysis* was limited to eight states and summarized issues important to child welfare stakeholders interested in planning and implementing a behavioral health managed care initiative; described three states' efforts to apply managed care approaches to child welfare funds and services; and recommended a shift in focus from child welfare initiatives to interagency initiatives to consider for this study. In combination, these reports provided a starting point for identifying potential states, counties, and communities.

- **Child Welfare League of America - CWLA 2000-2001 Management, Finance, and Contracting Survey**
Since 1996, CWLA has conducted four surveys of the child welfare field to identify and report on emerging trends and policies in the management, finance, and

contracting of child welfare and related services. In sharing its preliminary state profiles from the 2000-2001 Survey⁵, CWLA helped to sort those states where behavioral health initiatives were designed and operated as a child welfare managed care effort and where they were designed and operated within an interagency collaborative with child welfare system involvement.

- **Health Services Research, Inc. Report**

Health Services Research, Inc. (HSR), with funding from the Federal Maternal and Child Health Bureau, Health Resources and Services Administration, and partners in the National Policy Center for Children with Special Health Care Needs (CSHCN)⁶ undertook a study to identify the barriers and strategies for integrating mental health and physical health systems of care for children with special health care needs. In its study, HSR offered a system of care perspective and descriptive information related to those sites offering promising approaches to integrating these two systems. Two of our potential study sites were included in the HSR report findings.

- **Internet Search**

The Internet and relevant websites provided additional resources for site identification and gathering essential information about specific sites. Funding organizations with interest in this area—Robert Wood Johnson Foundation, Annie E. Casey Foundation, Center for

⁴ McCarthy, J. and Valentine C. (See Appendix A)

⁵The final report of the 2000-2001 Management, Finance and Contracting Survey can be ordered by e-mail at books@cwla.org

⁶ Health Services Research, Inc. (www.hsrnet.com) is a public policy research and consulting firm that provides program and technical support to develop and implement innovative and effective strategies that improve the health and social well-being of individuals families and communities. The National Policy Center for CSHCN promotes comprehensive, family-centered systems of care for children with special health care needs and their families. (www.jhsph.edu/centers/cshcn).

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Mental Health Services⁷, etc.—posted project descriptions, updates, and other reports with information relevant to this study. A number of state, community, and local initiative websites offered a wealth of information about a specific initiative including descriptions, progress reports, evaluation outcome information, as well as other materials for review.

From this search, we identified an initial list of 11 potential sites, including state, county, and locally implemented interagency initiatives and submitted this list to the Health Care Reform Tracking Project partners and collaborators for additional suggestions and input. With their input and suggestions, we expanded the list of potential study sites to 15, clarified the selection criteria, and pursued additional information for each site relevant to this study.

For the 15 initiatives and sites recommended by the HC RTP partners and collaborators, the research team gathered initiative-specific information to better determine the initiative's administrative and finance structures, implementation status, and involvement of the child welfare system. Through this additional research and contacts with key informants, the research team obtained sufficient information to prioritize the sites and apply the selection criteria described in the following section.

Selection Criteria

The criteria for selection of study sites were initially framed by the purpose of this issue paper and later refined through site research and input by the HC RTP partners and collaborators. It was important for this study to include initiatives of various scope (state, county, local, and rural) and those serving culturally diverse populations, not only within each initiative but also across the three selected for the study. In addition, it was important that the selected initiatives be administratively sound and operating with intact partnerships. With these overarching goals in mind, the following criteria were applied to those 15 states, counties, and localities recommended for consideration:

- an interagency collaborative effort using some managed care strategies,
- a focus on behavioral health services for children with serious behavioral disorders (from multiple systems), and their families,
- inclusion of children and families involved with child welfare services
- child welfare system involved as a key partner in planning, implementation, and evaluation
- shared financing strategies across child serving systems, including funding from the child welfare system
- provision of services that meet the needs of children with serious and complex behavioral health needs and their families (high-cost level of care and/or at risk of out-of-home placement)
- demonstrated family involvement and partnership practices
- serving culturally diverse populations (across the three selected sites)
- demonstrating positive outcomes (e.g. improved clinical status; improved family functioning; reduced rate of out-of-home placements, foster care, or residential care) or having an evaluation plan in place.

Selected Sites

Three sites were selected for this study:

- Partnership for Children (New Jersey)
- The Dawn Project, Marion County, (Indianapolis) Indiana

The Robert Wood Johnson Foundation (www.rwjf.org), based in Princeton, NJ is the largest philanthropy devoted exclusively to health and health care in the United States. The Annie E. Casey Foundation (www.aecf.org), based in Baltimore, MD fosters public policies, human service reforms, and community supports to more effectively meet the needs of today's vulnerable children and families. The Center for Mental Health Services, is a component of the federal Substance Abuse and Mental Health Services Administration (www.mentalhealth.org/cmhs).

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- Massachusetts Mental Health Services Program for Youth (MHSPY), Cambridge and Somerville, Massachusetts.

Individually, each site meets the selection criteria noted above. Combined, these sites meet the overarching goals of including initiatives of various scope (state, county, and local), serving culturally diverse populations, being administratively sound; and operating with intact partnerships. Two of the sites are well established, having begun in 1997. The third site began implementation in January 2001. (See Section IV for a full description of each site.)