

IV. Quality Measurement

The 1997–98 State Survey found that the majority of managed care systems (88%) incorporate some child-specific quality measures related to behavioral health, with carve outs more likely to do so than reforms with integrated designs. The majority of reforms responding to the 2000 State Survey also reported including some child-specific measures related to behavioral health in their quality measurement systems (71%), although this represents a 17% decrease in reforms with child-specific quality measures (see **Table7**).

	1997–98 Total	2000			Percent of Change 1997/98–2000
		Carve Out	Integrated	Total	
Managed care system incorporates child-specific behavioral health quality measures	88%	74%	57%	71%	-17%
Managed care system does not incorporate child-specific behavioral health quality measures	12%	26%	43%	29%	+17%

The Tracking Project has also identified the methods that states use to measure quality. The 1999 Impact Analysis identified the following processes:

- On-site reviews and audits of MCOs
- Focus groups with consumers and family members
- Report card with standard indicators for each MCO, enabling comparisons among MCOs
- Committees and work groups focusing on quality
- Review and analysis of grievances, appeals, and complaints
- Requirements that each MCO develop and implement its own quality measurement and improvement process
- Contract with external entity to conduct quality reviews and studies

Promising Approaches in Quality Measurement

- **Utah’s Prepaid Mental Health Plan**

Utah operates one Medicaid managed care carve out program for mental health services, known as the **Prepaid Mental Health Plan**, for TANF, disabled populations and medically needy individuals residing in 25 of its 29 counties. The state Medicaid authority has sole-source contracts with eight Community Mental Health Centers using a capitation payment method. Each PMPH subcontracts with hospitals for inpatient psychiatric care, and to varying extents, with community providers for outpatient mental health services.

Utah's quality monitoring approach includes a children's team that visits each PMHP annually. For a sample of clients, team members review records, meet with staff, and meet with families to assess the quality of care. During the development of the monitoring process, the Division of Mental Health contracted with **Utah Allies as Families**, the statewide family organization and Utah's chapter of the **Federation of Families for Children's Mental Health**, to develop a survey instrument for interviewing families. The family organization worked with a children's mental health researcher to develop and validate the instrument, known as the **Family Perception of Care Scale**. Initially, Families as Allies was subcontracted to conduct the site visits, including interviewing parents and administering the survey. Survey data were analyzed and reported for each PMHP and on a statewide basis. The Division of Mental Health subsequently developed a similar survey instrument. Currently family members are members of the monitoring teams and the revised survey instrument is used for family interviews.

- **Delaware County's Family Satisfaction Team**

As noted earlier about Pennsylvania, in **HealthChoices Behavioral Health Services**, counties operate Pennsylvania's behavioral health managed care system. Counties have the choice of either subcontracting with a private sector BHO or forming their own nonprofit managed care organization to manage care for both mental health and substance abuse services. Each managed care entity is responsible to implement a comprehensive approach for the measurement of consumer and family satisfaction, including a **Family Satisfaction Team Program**.

In Delaware County, Pennsylvania the county Department of Human Services subcontracts with **Magellan Behavioral Health** to perform the managed care functions. The county's Office of Behavioral Health and Magellan have developed a **DelCare Quality Improvement Plan for HealthChoices**. Evaluation of consumer and family perceptions and experience is a critical component of this quality improvement process. The county Office of Behavioral Health subcontracts with the **Parents Involved Network** of the **Mental Health Association of Southeastern Pennsylvania** for the operation of the Family Satisfaction Team.

The Family Satisfaction Team is composed of a team leader and three family members. The team assesses family satisfaction with service delivery and the process for accessing the services. The team's motto is, "evaluating satisfaction through family interaction," and its goal is to ensure that services provided to children and adolescents are child-centered and family-driven. The process developed by the team focuses on surveying parents who have recently participated in an interagency service planning team meeting. The domains covered by the survey include: (1) provision of information to families beforehand regarding the interagency team meeting process, (2) whether the family felt comfortable during the meeting, (3) quality of the assessment and service plan, and (4) the accessibility of the meeting. Findings from the survey are compiled and reported on a regular basis to Magellan, the County, and providers. As a result of this process, the following actions have taken place:

- Providers have developed methods to ensure that families can bring an advocate and/or support person to team meetings.
- Meetings are scheduled at times convenient for the family.
- Magellan has taken steps to ensure that the same care manager follows an assigned child throughout treatment.