Introduction

Health Care Reform Tracking Project

Since 1995, the Health Care Reform Tracking Project (HCRTP) has been tracking publicly-financed managed care initiatives and their impact on children with mental health and substance abuse (collectively referred to as behavioral health) problems and their families. The HCRTP is co-funded by the National Institute on Disability and Rehabilitation Research in the U.S. Department of Education and the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services. Supplemental funding has been provided by the Administration for Children and Families of the U.S. Department of Health and Human Services, the David and Lucile Packard Foundation, and the Center for Health Care Strategies, Inc. to incorporate special analyses related to children involved in the child welfare system. The HCRTP is conducted jointly by the Research and Training Center for Children's Mental Health at the University of South Florida, the Human Service Collaborative of Washington, D.C., and the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development. The mixed method design of the Tracking Project has involved periodic surveys of all states, in-depth impact analyses involving site visits to a selected sample of states, and the identification and dissemination of promising approaches and features of managed care systems.1

Throughout these activities, the Tracking Project has explored and compared the differential effects of carve out designs, defined as arrangements in which behavioral health services are financed and administered separately from physical health services, and integrated designs, defined as arrangements in which the financing and administration of physical and behavioral health care are integrated (even if behavioral health services are subcontracted).

1 All reports of the Healthcare Reform Tracking Project (HCRTP) are available from the Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Boulevard, Tampa, FL., (813) 974-6271: See Appendix, page 72.

HCRTP publications are also available on-line as Adobe Acrobat PDF files: http://www.fmhi.usf.edu/institute/pubs/bysubject.html or http://www.fmhi.usf.edu/cfs/stateandlocal/hctrking/hctrkprod.htm
Methodology for Study of Promising Approaches

The strategies and approaches that are described in the Promising Approaches Series were identified by key state and local informants who responded to the HCRTP’s state surveys and who were interviewed during site visits to states for the HCRTP’s impact analyses. Once promising approaches and features of managed care systems were identified through these methods, members of the HCRTP team, including researchers, family members, and practitioners, engaged in a number of additional methods to gather more detailed information about identified strategies within particular topical areas. Site visits were conducted in some cases, during which targeted interviews were held with key stakeholders, such as system purchasers and managers, managed care organization representatives, providers, family members, and representatives of other child-serving agencies. In other cases, telephone interviews were held with key state and local officials and family members to learn about promising strategies. Supporting documentation was gathered and reviewed to supplement the data gathered through the site visits and telephone interviews.

For each general topical area studied, a paper is prepared to explain the challenges and to describe promising approaches or features of managed care systems that are considered by key informants to improve service delivery for youth with behavioral health treatment needs and their families. These papers comprise the Promising Approaches Series.

The series intentionally avoids using the term, “model approaches.” The strategies, approaches, and features of managed care systems described in the series are perceived by a diverse cross-section of key stakeholders to support effective service delivery for children with behavioral health disorders and their families; however, the HCRTP has not formally evaluated these approaches. In addition, none of these approaches or strategies is without problems and challenges, and each requires adaptation in new settings to take into account individual state and local circumstances. Additionally, a given state or locality described in the series may be implementing an effective strategy or approach in one part of its managed care system and yet be struggling with other aspects of the system.

It is important to note that the series does not describe the universe of promising approaches that are underway in states and localities related to each of the aspects of managed care systems that was studied. Rather, it provides a snapshot of promising approaches that have been identified through the HCRTP to date. New, innovative approaches are continually surfacing as the public sector continues to experiment with managed care.

Each approach or strategy that is described in the series is instructive in its own right. At the same time, there are commonalities across these strategies and approaches that can help to inform the organization of effective service delivery systems within a managed care environment for this population. An attempt is made in each paper to identify these commonalities, thus offering guidance to states and communities attempting to refine their managed care systems to better meet the needs of youth with serious behavioral health disorders and their families.
Overview

Promising Approaches 5: Serving Youth with Serious and Complex Behavioral Health Needs in Managed Care Systems

As noted, each paper in the series focuses on a specific aspect of publicly financed managed care systems. This paper focuses on promising approaches for serving youth with serious and complex behavioral health needs in managed care systems. The paper begins with a brief discussion of the issues and challenges related to serving youth with serious and complex behavioral health disorders and their families in the context of managed care. These issues and challenges have surfaced through all of the previous activities of the Tracking Project.

A number of promising approaches for meeting the needs of this population are then described. Identified through the state surveys and impact analyses that have comprised the Tracking Project, these approaches are perceived by key state and local informants to support effective service delivery to this most challenging population.

I. Serving Youth with Serious Behavioral Health Disorders in Managed Care Systems

Issues and Challenges

From the earliest stages of the Tracking Project, a specific emphasis has been placed on exploring the impact of managed care systems on the population of children and adolescents with serious behavioral health disorders and their families and on the systems of care that serve them. These are the youth with the greatest level of need, whose care most challenges their families and communities, who require intensive treatment and supports in multiple arenas of functioning, for whom significant resources are required, and whose problems are most likely to lead to school failure, substance abuse, suicide, and long-term impairments that continue into adulthood. Results from the state surveys and feedback from stakeholders interviewed through the impact analyses has led to the identification of a number of issues that affect the provision of appropriate services to youth with serious behavioral health disorders and their families in the context of managed care systems.

Planning for Youth with Serious Disorders

The need for specific, discrete planning processes for serving youth with serious and complex needs within managed care systems has been consistently found through all of the Tracking Project’s activities. The early surveys and impact analyses confirmed a distinct lack of focused attention to the needs of children with serious behavioral health problems; most states did not distinguish this population from the total population of covered children, nor did they include any special benefits or provisions within their managed care systems to serve this group of high utilizers. The 2000 State Survey