Introduction

Health Care Reform Tracking Project

Since 1995, the Health Care Reform Tracking Project (HCRTP) has tracked public sector managed care systems and their impact on children with behavioral health problems and their families. The HCRTP was 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, DC, and the National Technical Assistance Center for Children’s Mental Health at Georgetown University. The HCRTP was co-funded by the National Institute on Disability and Rehabilitation Research in the US Department of Education and the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services. Supplemental funding was provided by the Administration for Children and Families of the US Department of Health and Human Services, the David and Lucile Packard Foundation, and the Center for Health Care Strategies, Inc. The mixed method design of the HCRTP Project included periodic surveys of all states; in-depth impact analyses involving site visits to a selected sample of states with experience in public sector managed care, and the identification and dissemination of promising approaches and features of managed care systems.¹

Throughout these activities, the Tracking Project explored and compared the differential effects of carve out designs, defined as managed care 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 services are integrated.

¹All 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. For a complete listing of HCRTP Publications see pages 43–46.

HCRTP publications are also available on-line as Adobe Acrobat PDF files: http://www.fmhi.usf.edu/cfs/stateandlocal/hctrking/hctrkprod.htm or http://pubs.fmhi.usf.edu click Online Publications (By Subject)
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 organizations 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 family run organizations, states and communities attempting to refine their managed care systems to better meet the needs of children and youth with serious behavioral health disorders and their families.