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Empirical research indicates that children with emotional and behavioral problems have difficulty accessing services through Medicaid managed care. Yet other studies suggest that managed care increases access to overall care. To better understand the role that Medicaid plays in service system reform, the authors compared the use of mental health services across two Medicaid systems and investigated the impact of child, family and community variables on service use. Results revealed that children were more likely to receive services under a fee-for-service system rather than a managed care system.

Respondents were part of the Impact of Medicaid Managed Care study, which investigated formal mental health service use and outcomes in Tennessee and Mississippi. Youth ($N = 676$) who received mental health services in the past or who were identified by their caregivers as having emotional or behavioral problems were included in this study. Youth were between the ages of 5-17 ($M = 11.50$; $SD = 2.83$), and most were male (68%). For the Tennessee group ($n = 332$), 21% of the sample was African American and 76% was White. The Mississippi sample ($n = 344$) included more African Americans (67%) than Whites (31%). Tennessee's managed care program (TennCare) offered a Medicaid carve-out whereby "costs were to be contained with a combination of mechanisms including sub-capitation, preauthorization requirements, and lower negotiated reimbursement rates" (p. 199). In contrast, Mississippi's Medicaid plan provided a traditional fee-for-service payment structure. Generally, both Medicaid plans covered the same services, and Medicaid eligibility requirements were the same in both states. Prior to the implementation of managed care in Tennessee, service use rates and inpatient length of stay also were similar in both states. Service use covered a 13-month period, and included school services. Because the authors view family help-seeking from a "theoretical framework based in family stress and coping theory," (p. 198), the primary instrument used in the study was the Caregiver Strain Questionnaire (CGSQ). The Child Behavior Checklist (CBCL) identified symptoms of emotional and behavioral problems, and the Columbia Impairment Scale (CIS) measured impairment.

Compared to Mississippi caregivers, Tennessee caregivers reported significantly more objective strain (i.e., disrupted family and social relationships, etc.); this was the "sole unique [positive] predictor of amount of services used" (p. 204) in the Tennessee system. Greater objective strain also increased the odds of a youth's placement in residential treatment. Other findings revealed that youth in Tennessee were more likely than their Mississippi counterparts to receive day treatment services if they lived in an urban area. Greater income reduced the probability of receiving day treatment, and having no high school diploma reduced the likelihood of receiving any services. Compared to African Americans, Tennessee youth were almost three times more likely to receive services if they were White—however this finding may reflect cultural differences between African Americans and Whites; according to the authors, studies show that African Americans tend to underreport caregiver strain, and caregiver strain was found to be a positive predictor of service use in the Tennessee sample.

Youth in Mississippi were significantly more likely to receive any mental health services (76%) than youth in Tennessee (56%), to receive more services on average, and to receive a broad array of services. An increase in child externalizing behavior problems predicted service use. Mississippians were more likely than Tennessee youth to receive residential treatment; being a girl or having more internalizing symptoms also increased the likelihood of residential treatment. Having greater functional impairment (especially in social

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functioning), being older and being at increased risk of residential treatment predicted more service use in Mississippi. Mississippi youth also were likely to receive day treatment. Youth living in an urban area were less likely to use services when compared to Tennessee youth. A one-unit increase in subjective externalized caregiver strain (i.e., feelings of anger, resentment, etc.) *reduced* the likelihood of Mississippi youth receiving services by 33%. Caregiver lack of a high school diploma also predicted fewer use of services.

The authors note that previous empirical research has found greater service use in Mississippi's fee-for-service system than in Tennessee's managed care system. This study extends those findings by "demonstrating that the results hold after controlling for child need for services and other important variables" (p. 208). Overall, this study highlights the role that different payment systems play in the receipt of mental health services, and sheds further light on the influence of caregiver strain on service use.