

Source: Pires, S. A., Stroul, B., & Armstrong, M. L. (Spring 2000). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families—1999 Impact Analysis*. Tampa, FL: Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida.

The Health Care Reform Tracking Project was initiated in 1995 to track and analyze public sector managed care initiatives as they affect children and adolescents with mental health and substance abuse disorders (referred to as "behavioral health") and their families. To date, the Tracking Project has completed two all-state surveys of managed care reforms (the 1995 State Survey and the 1997-98 State Survey) and has completed two Impact Analyses of selected states for in-depth analyses of state policy choices and implementation strategies. The 1999 Impact Analysis involved site visits to a new sample of 8 states, including Colorado, Indiana, Maryland, Nebraska, New Mexico, Oklahoma, Pennsylvania, and Vermont. A maturational analysis of the 1997 sample also was conducted through telephone interviews with key informants in order to assess changes and refinements made to those managed care systems since the site visits for the 1997 study.

The 1999 Impact Analysis report presents findings with respect to the new sample of states as well as the results of the maturational analysis and special analyses focusing on issues related to the child welfare system, substance abuse services, and the perspectives of family respondents. Where appropriate, results of the 1997-98 State Survey are incorporated and findings are compared with earlier Tracking Project results.

The authors conclude that the Tracking Project to date reflects a "good news, bad news" picture. On the positive side, more states—particularly those with carve outs—are moving toward changes in their policy decisions and purchasing specifications that would appear to benefit adolescents and children with behavioral health problems and their families. These include:

- Broadening medical necessity criteria and the array of covered services,
- Incorporating family involvement, cultural competence, level of care criteria and interagency collaboration into purchasing specifications,
- Involving key stakeholders more in planning and redesign,
- Providing more training for managed care organization staff regarding the needs of the population served by behavioral health services,
- Beginning to create more home and community-based services and alternatives to inpatient hospitalization, and
- Working more collaboratively across child-serving systems to problem solve.

On the other hand,

- Stakeholder reports indicate a major disconnect between state policies and contractual requirements and what actually is occurring at the implementation level,
- Home and community-based services are reported to be in short supply, access is difficult, and waiting lists persist in spite of contractual access standards,
- Reports of cost shifting and fragmentation of services (especially for children with serious behavioral health disorders) are widespread,
- Knowledge reportedly is lacking about how to operationalize family involvement and cultural competence at policy and service levels, and
- ***As in 1997, stakeholders in 1999 identified more disadvantages for children with behavioral health disorders in states with integrated physical/behavioral health managed care approaches than in states with behavioral health carve outs.***

Overall, stakeholder perceptions vary according to their role in managed care initiatives. There seems to be a level of optimism over policy changes at state levels, and particularly in states with carve outs, but a degree of pessimism continues to prevail over implementation problems.