I. 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 (i.e. behavioral health) disorders 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 a special analysis related to children involved in the child welfare system. The HCRTP is being 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.[1]

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[1] All reports of the HCRTP are available from the Research and Training Center for Children's Mental Health, University of South Florida (813) 974-6271:

Stroul, B.A., Pires, S.A., & Armstrong, M.I. (2001). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families — 2000 state survey.* 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. (FMHI Publication #198)

Pires, S.A., Stroul, B.A., & Armstrong, M.I. (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. (FMHI Publication #183)

Pires, S.A., Armstrong, M.I., & Stroul, B.A. (1999). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families — 1997/98 state survey.* 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. (FMHI Publication #175)

Stroul, B.A., Pires, S.A., & Armstrong, M.I. (1998). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families — 1997 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. (FMHI Publication #213)

Pires, S.A., Stroul, B.A., Roebuck, L., Friedman, R.M., & Chambers, K.L. (1996). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families — 1995 state survey.* 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. (FMHI Publication #212)

The following special analyses related to the child welfare population are available from the National Technical Assistance Center for Children's Mental Health, Georgetown University (202) 687-5000:

McCarthy, J., & Valentine, C. (2000). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families — Child Welfare Impact Analysis — 1999.* Washington, D.C.: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

Schulzinger, R., McCarthy, J., Meyers, J., de la Cruz Irvine, M., & Vincent, P. (1999). *Health care reform tracking project: Tracking state health care reforms as they affect children and adolescents with behavioral health disorders and their families — Special Analysis – Child Welfare Managed Care Reform Initiatives.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

The **HCRTP Promising Approaches Series** highlights strategies, approaches, and features within publicly-financed managed care systems that hold promise for effective service delivery for children and adolescents with behavioral health treatment needs and their families, particularly for children with serious and complex disorders. The series is comprised of a number of thematic papers, each describing promising strategies or approaches related to a specific aspect of managed care systems as they affect children with behavioral health disorders. The series draws on the findings of the HCRTP to date, highlighting relevant issues and approaches to addressing them, that have surfaced through the HCRTP's all-state surveys and in-depth impact analyses in a smaller sample of 18 states. The papers are intended as technical assistance resources for states and communities as they refine their managed care systems to better serve children and families.

Methodology for Study of Promising Approaches

The strategies and approaches that are described in the 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 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. 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.

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 would require adaptation in new settings to take into account individual state and local circumstances. Also, 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.

The series does not describe the universe of promising approaches that are underway in states and localities related to publicly-financed managed care systems affecting children with behavioral health disorders and their families. 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.

Each paper in the series focuses on a specific aspect of publicly-financed managed care systems. This paper, which focuses on promising approaches in managed care design and financing, represents the first paper in the series.

HCRTP Promising Approaches 1: Managed Care Design and Financing

This paper describes seven managed care design and financing approaches that were identified through the Health Care Reform Tracking Project (HCRTP) as incorporating features that support effective service delivery for children and adolescents with behavioral health disorders and their families. As **Table 1** shows, they include three statewide approaches focused on a total population of children and four local approaches focused on subsets of the total population. Two of the statewide approaches (New Jersey and Pennsylvania) are behavioral health carve outs, and one (Delaware) is an integrated approach with a partial carve out. Three of the local approaches (Dawn Project, Wraparound Milwaukee, Utah Frontiers Project) are behavioral health carve outs, and one (MA-MHSPY Cambridge-Somerville Project) is an integrated physical/behavioral health design (**integrated** designs are defined by the HCRTP as those in which the financing and administration of physical and behavioral health services are integrated, even if behavioral health services are subcontracted. **Carve outs** are defined as those in which behavioral health services are financed and administered separately from physical health services).

Table 1 **Promising Approaches to Design and Financing**
Statewide Approaches • New Jersey Children's System of Care Initiative • Pennsylvania HealthChoices • Delaware Diamond State Health Plan's Public/Private Partnership for Children's Behavioral Health Care
Local Approaches • Wraparound Milwaukee, Milwaukee, WI • Dawn Project, Indianapolis, IN • Mental Health Services Program for Youth (MHSPY), Cambridge-Somerville, MA • Utah Frontiers Project, six rural Utah counties

This paper begins with a brief discussion of the design and financing issues related to managed children's behavioral health care that have surfaced through the Health Care Reform Tracking Project (HCRTP). It then describes the seven approaches and concludes with a summary of common challenges and characteristics across approaches. The paper also includes a list of resource contacts.