



The Quality of Medicaid-Funded Mental Health Services for Children with Serious Emotional Disturbance: 2004-2007

June 28, 2007

Patty Sharrock, M.S.W.

The Louis de la Parte Florida Mental Health Institute
University of South Florida
Tampa, FL

Purpose

- A 3-year study (2004-2007) to examine the quality of Medicaid-funded mental health services provided to children ages 9-17 with serious emotional disturbance (SED) in various regions of Florida through managed care organizations (MCOs) participating in either Health Maintenance Organization (HMO) or Prepaid Mental Health Plan (PMHP).

USF

UNIVERSITY OF
SOUTH FLORIDA

Geographical Areas Studied

- **Year 1:** Area 1 (Escambia and Santa Rosa counties)
- **Year 2:** Area 5 (Pasco and Pinellas counties)
- **Year 3:** Area 7 (Brevard, Orange, Osceola and Seminole counties)

Methods

Year 1

- Case study approach, semi-structured interviews with caregivers (parents/guardians), collaterals (teachers, informal supports), and service providers. Domains: effectiveness of system, treatment planning, quality of life, experiences with system and outside of system.
- Included list of 36 quality of care indicators & asked for respondent opinions on importance of defining and measuring quality of care.
- From those results emerged the Quality of Care Framework, used as basis for examination in subsequent two years.

Quality of Care Framework

Access

- Timely evaluation
- Comprehensive evaluation
- Cultural competency (e.g., linguistic access)
- Flexible system-of-care (e.g., full range of services)
- Communication between systems
- Cost to family

Consumer Engagement

- Information regarding child's condition/treatment given to child/family
- Choices of interventions, treatments given to child/family
- Child/family input considered & incorporated in treatment
- Client confidentiality

Appropriateness

- Appropriate referrals/treatment
- Individualized treatment plan
- Treatment plan reflects professionally accepted guidelines
- Medications are prescribed based on evidence/guidelines
- Services maximize continuity of care
- Professionalization of staff
- Training in and application of best practice guidelines

Outcomes

- Improvement in child functioning & stability (e.g., child exhibits a reduction or stabilization of symptoms)
- Improvement in overall family stability and functioning
- Child's needs are met
- Child/family satisfaction

Methods

■ Year 2

Solicited MCO administrators' and providers' opinions on measurement of QOC indicators & incorporated into semi-structured interview protocols for caregivers and service providers.

■ Year 3

Mail survey to 400 caregivers, 100 providers. Focus groups with local caregivers to obtain feedback on survey content and format.

Results – Access to Services

- Caregiver responses: adequacy of provider locations/hours, cultural competence of providers, identification of children's mental health needs, positive regard for case managers/therapists.
- Provider responses: consultation/communication with PCP/school system, cultural competence, adequacy of office hours.
- Areas for improvement: bilingual staff/interpreter availability, additional child psychiatrists, obtaining medications, transportation/childcare, missed time from work.

Results – Consumer Engagement

- Caregiver responses: medications/treatment/condition explained, soliciting/incorporating family input in child's treatment, client confidentiality.
- Provider responses: educating family on treatment, soliciting/incorporating family input in child's treatment, client confidentiality.
- Areas for improvement: better consumer education on child's condition/treatment, offer behavior management/stress reduction techniques/trainings.

Results – Appropriateness

- Caregiver responses: prefer combination of medications and therapy/individualized, services based on child's needs, strengths incorporated.
- Provider responses: prefer individualized or combination of medication/therapy, individualized treatment, professionalization of staff, best practices/treatment guidelines.
- Areas for improvement: service continuity, stigma associated with medications.

Results – Outcomes

- Caregiver responses: areas of improved functioning included anger/behavior management, emotional stability, personal relationships. Better family functioning, communication, less stress.
- Provider responses: monitoring/tracking of child/family outcomes, meeting children's needs and family's basic needs.
- Areas of improvement: services to mitigate family stress, greater collaboration with family/school to improve school functioning, review of outcome measurement tools.



Recommendations

- MCOs should consider soliciting feedback from service providers (if not currently doing so) on satisfaction with MCO policies and procedures and seek provider input on what works best in the MCOs and what needs improvement in order to serve children with SED and their families in a more collaborative manner.
- Satisfaction questionnaires sent to families may need to be re-examined in order to obtain more detailed feedback from families relevant to their experiences with the provider service system and MCO policies.
- Input should be obtained from providers and caregivers prior to changing Medicaid policies and procedures in order to better understand the potential impact on service delivery and access to services.

Recommendations

- Medication formularies and policies governing access to medications should be made consistent across managed care organizations, so all children receiving pharmacological treatment have equal access to necessary medications.
- Although service providers are not required by Medicaid to provide transportation and childcare assistance, these remain issues for families and should be addressed by the system of care serving them.
- The authorization process for services & medications should be re-evaluated and streamlined to ensure that children's needs are met in an effective and timely manner.
- Providers should continue their existing efforts to balance medication and psychosocial interventions (as appropriate) in such a way to meet the individual needs of the child and family.

Quality of Care Framework-Revised

SERVICE QUALITY

Access

- Timely evaluation
- Comprehensive evaluation
- Cultural competency (e.g., linguistic access)
- Flexible system-of-care (e.g., full range of services)
- Communication between systems
- Cost to family
- Satisfaction with access

Consumer Engagement

- Information regarding child's condition/treatment given to child/family
- Choices of interventions, treatments given to child/family
- Child/family input considered & incorporated in treatment
- Client confidentiality
- Satisfaction with consumer engagement

Appropriateness

- Appropriate referrals/treatment
- Individualized treatment plan
- Treatment plan reflects professionally accepted guidelines
- Medications are prescribed based on evidence/guidelines
- Services maximize continuity of care
- Professionalization of staff
- Training in and application of best practice guidelines
- Satisfaction with appropriateness

OUTCOMES

- Improvement in child functioning & stability (e.g., child exhibits a reduction or stabilization of symptoms)
- Improvement in overall family stability and functioning
- Child's needs are met
- Satisfaction with outcomes

Contact Information

- Patty Sharrock, Principal Investigator
FY06-07 Children's Quality of Care Study

The Louis de la Parte Florida Mental Health Institute
University of South Florida
Tampa, FL

psharrock@fmhi.usf.edu

813-974-5157

FMHI Publications website:

<http://www.fmhi.usf.edu/institute/pubs/bysubject.html>