

HCRTTP

Promising Approaches

for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems

8: Clinical Decision Making Approaches

Sheila A. Pires
Katherine E. Grimes



A Series of the

HCRTTP Health Care Reform
Tracking Project

Tracking Behavioral Health Services to Children and Adolescents and Their Families in Publicly-Financed Managed Care Systems

Promising Approaches

for Behavioral Health Services to Children and Adolescents
and Their Families in Managed Care Systems

8: Clinical Decision Making Approaches for Child and Adolescent Behavioral Health Care in Public Sector Managed Care Systems

Sheila A. Pires, M.P.A. and Katherine E. Grimes, M.D. M.P.H.

Suggested APA Citation:

Pires, S. A., & Grimes, K. E. (2006). *Health care reform tracking project (HCRTTP): Promising approaches for behavioral health services to children and adolescents and their families in managed care systems — 8: Clinical decision making approaches for child/adolescent behavioral health care in public sector managed care systems*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children's Mental Health. (FMHI Publication #211-8)

Series Note: HCRTTP Promising Approaches—8: Clinical Decision Making...in Managed Care Systems

First Printing: June 2006

©2006 The Louis de la Parte Florida Mental Health Institute

This report was published by the Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida with funding from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services grant #H133B990022, and the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services.

Permission to copy all or portions of this book is granted as long as this publication, the Louis de la Parte Florida Mental Health Institute, and The University of South Florida are acknowledged as the source in any reproduction, quotation or use.

Partial Contents: Introduction to HCRTTP—Methodology for Promising Approaches Series—Overview PAS 8: Clinical Decision Making...in Public Sector Managed Care Systems (MCS)—Issues and Challenges—Descriptions of Clinical Guidelines/Criteria Used—Standardized Instruments Proprietary and Open Domain (CAFAS, CASII, YSR, CANS...more)—State-Developed Clinical Guidelines—AZ Uniform Behavioral Health Assessment—DE Clinical Services Management Criteria—HW Interagency Performance Standards and Practice—PA Guidelines Helath Necessity & Best Practice—TX Recommended Assessment Guidelines—Formal Wraparound Approaches and Fidelity Index—IN The Dawn Project—MA Mental Health Services Program for Youth—WI Wraparound Milwaukee Guidelines—Synthesis of Findings 12-Site Sample—Multiple Uses for Clinical Decision Making Guidelines—Observations about Instruments and Guidelines—State and Local Descriptions with...—Overviews, Goals, Background/Descriptions, Experience to Date, Lessons Learned—Challenges and Problems—Resources and Contact List—Availability of Reports and Analyses of the HCRTTP—Order Forms for PAS 8 and Other HCRTTP Publications

Available from:

Department of Child and Family Studies
Division of State and Local Support
Louis de la Parte

Florida Mental Health Institute
University of South Florida

13301 Bruce B. Downs Boulevard
Tampa, FL 33612-3899 (813) 974-6271

This publication is also available on-line as an Adobe Acrobat PDF file:
http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/index or
<http://pubs.fmhi.usf.edu> click **Online Publications** (By Subject)



Research and Training Center
For Children's Mental Health



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services



National Institute
on Disability and
Rehabilitation Research



UNIVERSITY OF
SOUTH FLORIDA

Louis de la Parte
Florida Mental Health Institute

Events, activities, programs and facilities of The University of South Florida are available to all without regard to race, color, marital status, sex, religion, national origin, disability, age, Vietnam or disabled veteran status as provided by law and in accordance with the University's respect for personal dignity.

Promising Approaches

for Behavioral Health Services to Children and Adolescents
and Their Families in Managed Care Systems

8: Clinical Decision Making Approaches for Child and Adolescent Behavioral Health Care in Public Sector Managed Care Systems

Sheila A. Pires, M.P.A. and Katherine E. Grimes, M.D., M.P.H.,

of

Human Service Collaborative
1728 Wisconsin Ave. N.W., • Suite 204
Washington, DC 20007

202-333-1892 (Phone) • 202-333-8217 (Fax)
E-mail: sapires@aol.com

Psychiatric Research and Academic Center
Cambridge Health Alliance
1493 Cambridge Street
Cambridge, MA 02139

617-204-1402 (Phone) • 617-772-5515 (Fax)
Email: katherine_grimes@hms.harvard.edu

June 2006

Tampa, Florida

Research and Training Center for Children's Mental Health
Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
University of South Florida
Tampa, FL

National Technical Assistance Center for Children's Mental Health
Georgetown University Center for Child and Human Development
Washington, DC

Human Service Collaborative
Washington, DC

A Series of the

Table of Contents

Page

Introduction	1
Health Care Reform Tracking Project	1
Methodology for Study of Promising Approaches.....	2
Overview	3
I. Promising Approaches—8: Clinical Decision Making Approaches for Child/Adolescent Behavioral Health Care in Public Sector Managed Care Systems	3
Purpose.....	3
Method	5
Sample of States and Local Management Entities	5
Issues in Clinical Decision Making in Public Sector Managed Care	7
Issues Identified by the Health Care Reform Tracking Project (HC RTP)	7
Other Issues.....	8
Description of Clinical Guidelines/Criteria Being Used	8
Standardized Instruments (Proprietary and Open Domain).....	9
Child and Adolescent Functional Assessment Scale (CAFAS)	9
Child and Adolescent Service Intensity Instrument (CASII)	9
Child Behavior Checklist (CBCL) and Youth Self Report (YSR)	10
Child and Adolescent Needs and Strengths (CANS)	10
State-Developed Clinical Guidelines.....	10
Arizona Uniform Behavioral Health Assessment	10
Delaware Clinical Services Management Criteria	11
Hawaii Interagency Performance Standards and Practice Guidelines	11
Pennsylvania Guidelines for Mental Health Necessity Criteria (“Appendix T”) and Guidelines for Best Practice	11
Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG)	12
Formal Wraparound Approaches and the Wraparound Fidelity Index.....	12
Synthesis of Findings Based on 12-Site Sample.....	13
Multiple Uses for Clinical Decision-Making Guidelines	14
Similar Goals.....	14
Common Challenges and Issues/Strategies to Address.....	16
Observations About Particular Instruments.....	20
Child and Adolescent Functional Assessment Scale (CAFAS)	20
Child and Adolescent Needs and Strengths (CANS)	20
Child and Adolescent Service Intensity Index (CASII)	21
Wraparound Fidelity Index	21
Lessons Learned/Recommendations	21
State and Local Descriptions	23
I. Sample Sites Using State-Developed Guidelines	23
Arizona • Uniform Behavioral Health Assessment Tool	23
Overview	23
Goals	24
Background	24
Description	25
Individualized, Culturally Competent Family Focus.....	27
Impact of Service Availability.....	27
Training, Fidelity and Oversight.....	27
Experience to Date.....	28
Major Benefits, Concerns and Lessons Learned	29

Table of Contents

Page

Delaware • Clinical Services Management Criteria	30
Overview	30
Goals	30
Background	30
Description	31
Individualized, Culturally Competent Family Focus	32
Impact of Service Availability	32
Training, Fidelity and Oversight	33
Experience to Date	34
Major Benefits, Concerns and Lessons Learned	34
Pennsylvania • Guidelines for Mental Health Necessity Criteria (“Appendix T”) and • Guidelines for Best Practice in Child and Adolescent Mental Health Services	36
Overview	36
Goals	37
Background	37
Description	37
Individualized, Culturally Competent Family Focus	38
Impact of Service Availability	39
Training, Fidelity and Oversight	39
Experience to Date	40
Major Benefits, Concerns and Lessons Learned	41
Texas • Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG)	42
Overview	42
Goals	42
Background	43
Description	44
Individualized, Culturally Competent Family-Focus	47
Impact of Service Availability	47
Training, Fidelity, and Oversight	48
Experience to Date	49
Major Benefits, Concerns and Lessons Learned	50
II. Sample Sites Using Existing Standardized Protocols (Including Proprietary and Open Domain)	51
Hawaii • Child and Adolescent Functional Assessment Scale (CAFAS) • Child and Adolescent Service Intensity Instrument (CASII) • Child Behavior Checklist (CBCL) • Youth Self Report (YSR)	51
Overview	51
Goals	52
Background	53
Description	54
Individualized, Culturally Competent Family Focus	54
Impact of Service Availability	54
Training, Fidelity and Oversight	55
Experience to Date	55
Major Benefits, Concerns and Lessons Learned	56
Michigan • Child and Adolescent Functional Assessment Scale (CAFAS)	58
Overview	58
Goals	58
Background	59
Description	59
Individualized, Culturally Competent Family Focus	61

Table of Contents

Page

Impact of Service Availability.....	62
Training, Fidelity and Oversight.....	62
Experience to Date.....	62
Major Benefits, Concerns and Lessons Learned.....	63
Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (MI).....	65
Overview.....	65
Background.....	65
Individualized, Culturally Competent Family Focus.....	65
Fidelity and Oversight.....	66
Experience to Date.....	67
Major Benefits, Concerns and Lessons Learned.....	68
New Jersey •Child and Adolescent Needs and Strengths (CANS).....	69
Overview.....	69
Goals.....	70
Background.....	70
Description.....	71
Individualized, Culturally Competent Family Focus.....	74
Impact of Service Availability.....	74
Training, Fidelity and Oversight.....	74
Experience to Date.....	75
Major Benefits, Concerns and Lessons Learned.....	76
North Carolina •Child Levels of Care Criteria with CAFAS.....	78
Overview.....	78
Goals.....	78
Background.....	79
Description.....	79
Individualized, Culturally Competent Family Focus.....	81
Impact of Service Availability.....	81
Training, Fidelity and Oversight.....	82
Experience to Date.....	82
Major Benefits, Concerns and Lessons Learned.....	83
III. Sample Sites Using Formalized Individualized Wraparound Approaches.....	84
DAWN Project, Marion County (IN).....	84
Overview.....	84
Goals.....	84
Background.....	85
Description.....	85
Individualized, Culturally Competent, Family Focus.....	86
Impact of Service Availability.....	87
Training, Fidelity and Oversight.....	87
Experience to Date.....	87
Major Benefits, Concerns and Lessons Learned.....	88
Mental Health Services Program for Youth (MHSPY) (MA).....	89
Overview.....	89
Goals.....	89
Background.....	90
Description.....	92
Individualized, Culturally Competent Family Focus.....	95
Impact of Service Availability.....	96
Training, Fidelity and Oversight.....	96
Experience to Date.....	98
Major Benefits, Concerns and Lessons Learned.....	98

Table of Contents

Page

Wraparound Milwaukee, Milwaukee County (WI)	100
Overview	100
Goals	100
Background	101
Description	102
Individualized, Culturally Competent Family Focus	102
Impact of Service Availability	102
Training, Fidelity and Oversight	102
Experience to Date	103
Major Benefits, Concerns and Lessons Learned	103
Appendix A	
– Glossary	104
Appendix B	
– Resource Contact List	105–106
Publications of the HC RTP	107–110
– Order Form for Promising Approaches 8: Clinical Decision Making Approaches for Child/Adolescent Behavioral Health Care in Public Sector Managed Care Systems	111
– Order Form for Other HC RTP Publications	112

Index of Tables and Figures

Page

Table 1. Variations in Meaning of “Clinical Guidelines” Based on Context	3
Table 2. Sample of States and Local Management Entities	5
Table 3. High-Level Grouping of State/MCE Sample.....	6
Figure 1. Clinical Care Guidelines.....	13
Figure 2. MHSPY Model Design and Infrastructure	91
Table 4. Massachusetts Mental Health Services Program for Youth Evaluation Methodology	94



Tracking State Managed Care Systems as They Affect Children and Adolescents
with Behavioral Health Disorders and their Families

Promising Approaches

for Behavioral Health Services to Children and Adolescents
and Their Families in Managed Care Systems

8: Clinical Decision Making Approaches for Child/Adolescent Behavioral Health Care in Public Sector Managed Care Systems

Sheila A. Pires, M.P.A. & Katherine E. Grimes, M.D., M.P.H.

Introduction

Health Care Reform Tracking Project

Over nearly a decade, beginning in 1995, the **Health Care Reform Tracking Project (HCRTTP)** tracked publicly financed managed care initiatives, principally Medicaid managed care, and their impact on children with mental health and substance abuse (i.e. behavioral health) disorders and their families. The HCRTTP was 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 was 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 HCRTTP 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, D.C. and the National Technical Assistance Center for Children's Mental Health at Georgetown University.¹

The HCRTTP's Series on Promising Approaches highlights, within publicly financed managed care systems, strategies, approaches and features that have been tailored for children and adolescents with behavioral health treatment needs and their families, particularly children with serious and complex disorders. The Series is comprised of a number of thematic papers, each

¹ All reports of the Health Care Reform Tracking Project (HCRTTP) 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 HCRTTP Publications see pages 107-110.

HCRTTP publications are also available on-line as Adobe Acrobat PDF files: http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/index or <http://pubs.fmhi.usf.edu> click **Online Publications** (By Subject)

Readers are advised to review the research literature for more complete information on the tests and measures referenced throughout this document.

describing strategies or approaches related to a different aspect of managed care systems as they affect children with behavioral health disorders. The Series draws on the findings of the HCRTTP, highlighting relevant issues and strategies that have surfaced through the HCRTTP's all-state surveys, in-depth impact analyses, and national consensus conference. 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.²

Methodology for Study of Promising Approaches

The strategies and approaches that are described in the Series on Promising Approaches were identified by key national, state and local informants who responded to the HCRTTP's state surveys, who were interviewed during site visits to states for the HCRTTP's impact analyses, and who participated in the HCRTTP's 2003 Consensus Conference. Once promising approaches and features were identified through these methods, members of the HCRTTP team, including researchers, family members and practitioners, engaged in a number of additional methods to gather more detailed information about identified strategies. In some cases, site visits were conducted 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 HCRTTP 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 sampling of strategies and approaches, identified through the HCRTTP to date, and a snapshot in time of the states and communities that are profiled. New, innovative approaches are continually surfacing, both in general, as well as in the profiled sites, 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.

² For a complete Listing of HCRTTP Publications see pages 107–110.

HCRTTP 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)