Measuring Children’s Mental Health Care: What Massachusetts Needs to Do to Raise the Grade

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The Children’s Mental Health Campaign
About the Children’s Mental Health Campaign

www.childrensmentalhealthcampaign.org

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Formed in 2006, the Children’s Mental Health Campaign is a coalition of advocates, health care providers, educators, families and consumers from across Massachusetts. It advocates for legislation, regulations and public policy changes to ensure that each child in Massachusetts has access to the highest quality mental health care. The Campaign comprises 140 endorsing organizations.

CMHC Steering Committee

Boston Children’s Hospital
www.childrenshospital.org
Boston Children’s Hospital is one of the largest pediatric medical centers in the U.S., and offers a complete range of health care services for children from birth through 21 years of age.

Health Care For All
www.hcfama.org
HCFA is a non-profit organization that seeks to create a consumer-centered health care system that provides comprehensive, affordable, accessible, culturally competent, high quality care and consumer education for everyone, especially the most vulnerable.

Health Law Advocates
www.healthlawadvocates.org
HLA is a public interest law firm that provides pro bono legal representation to low-income residents experiencing difficulty accessing or paying for needed medical services.

Massachusetts Society for the Prevention of Cruelty to Children
www.mspcc.org
MSPCC is a non-profit organization dedicated to ensuring the health and safety of children through direct services to children and families and public advocacy on their behalf.

Parent Professional Advocacy League
www.ppal.net
PPAL is a statewide, grassroots family organization that advocates for improved access to mental health services for children,

An electronic version of this report can be downloaded from the “Resources” section of the Campaign website at: www.childrensmentalhealthcampaign.org.
The Commonwealth Gets an F for Evaluation of Children’s Mental Health Care

The goal of the Children’s Mental Health Campaign is to create positive change in the array of mental health services for children living in the Commonwealth of Massachusetts. The Campaign was committed to producing a “report card” to grade this system, taking into consideration both the public and private sectors, and to serve as a vehicle for measuring progress over time. However, it quickly became evident that the Commonwealth’s complete failure to mandate, collect and publicly report uniform data on indicators of a reasonably well-functioning children’s mental health system, such as service availability, service access, integration of care and outcomes, made objective grading impossible. By failing to have practices in place to evaluate the effectiveness of clinical care and the service delivery system, the Commonwealth is failing our children and the public.

The Campaign believes that the Commonwealth, as a regulator, payer, and provider must assume responsibility to lead and monitor efforts to evaluate child mental health care. Families, youth, payers, clinicians and researchers must be included in processes to measurably improve service quality. The collected data must be transparent and reported annually in order to track progress.

The Campaign recognizes that no national benchmarks for child mental health that apply to all children with mental disorders currently exist, nor are there comprehensive reliable data necessary to create a state benchmark. Numerous methods are in place to measure the effectiveness of physical health care, but there are no equivalent measures for mental health care. The challenge is clear.

This report offers an overview of the data available on key indicators, and highlights areas that need specific attention. It ends with recommendations that the Campaign believes are necessary for the Commonwealth to meet its obligation to the mental health system and our children.

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Service Availability
Service availability assesses whether the right services and supports are in place and whether the supply is sufficient. For example, the amount of money spent on child mental health is critical to understanding how expenditures relate to service utilization, access, and outcomes.

Since psychiatry is one keystone of mental health treatment, the availability of child psychiatrists is another important indicator. Because children with mental disorders spend so many of their waking hours in pre-kindergarten and school programs, the availability of help in those settings is also critical.

Known Problems
Families consistently report that they experience long waits for treatment, and in particular have to wait months for an appointment with a child psychiatrist. Service availability varies by geography. In the last survey of pre-school expulsions, Massachusetts had the 9th highest rate in the country.

Service Access
Service access assesses whether children and families can get the services for which they are eligible on a timely basis. The plaintiffs’ successful arguments in the Rosie D v. Romney federal lawsuit led to the creation of a network of community-based treatment services funded through Medicaid that augmented existing inpatient and outpatient care.

While the specific requirements differ, many Massachusetts health plans are also required under state or federal parity laws to reimburse for more than inpatient and outpatient care, and cover services such as screening, acute residential treatment, day treatment, intensive outpatient programs, crisis stabilization, and in-home therapy.

Known Problems
It is virtually impossible to determine penetration rates for particular service types and identify potential access barriers because payers have varied in their service definitions and in their reporting. Uniform data sets and reporting requirements have been established for the state’s All-Payer Claims Database and insurance information is expected to become more available, but MassHealth is not currently submitting mental health information.

For children needing acute psychiatric inpatient care, timely access to a bed has been repeatedly cited as a problem. The Campaign and its colleagues informed the Office of Medicaid and the Division of Insurance that their information suggests that both MassHealth and private insurers may be violating state and federal parity laws by using more stringent standards and processes to authorize admissions to a psychiatric hospital bed than they do for medical-surgical admissions. In addition, once authorized, children sometimes spend hours or days in an emergency room before being admitted to a hospital.
Availability

**Indicator of Availability:** Per capita expenditures for child mental health services

**AVAILABLE DATA:**
- Annual budgets and expenditures of state agencies that provide or pay for child mental health services

**MISSING DATA:**
- Total expenditures on mental health for children by all insurers covering Massachusetts residents

**Indicator of Availability:** Distribution of Mental Health Services

**AVAILABLE DATA:**
- Location and service areas of state funded service providers
- Number of licensed child and adolescent hospital beds
- Listing of active child and adolescent psychiatrists and their practice locations17
- Volume of service paid for or provided by state agencies, including the Department of Mental Health (DMH), Department of Early Education and Care (DEEC) and the Department of Public Health’s Essential School Health Services programs and school-based health centers
- Number of students receiving special education for emotional disability and placement type13

**MISSING DATA:**
- Number of active child and adolescent psychiatrists who accept insurance, sorted by payer and by region
- Wait times from family initiation of a search for a psychiatrist until first appointment
- Measures of availability of mental health information and supports for all caretakers of children ages 0-5
- Measures of the availability of mental health services and supports in every school district

Access

**Indicator of Access:** Service Utilization

**AVAILABLE DATA:**
- Utilization data, by number of encounters and number of users from MassHealth, sorted by specific program types
- Inpatient, outpatient, and intermediate care encounter data from state regulated insured health plans, sorted by broad categories

**MISSING DATA:**
- Number of encounters and numbers of users of various types of services using definitions common to all payers

**Indicator of Access:** Wait Time for Services

**AVAILABLE DATA:**
- Average bed search duration for children served by MassHealth’s Emergency Service Program or Mobile Crisis Intervention14

**MISSING DATA:**
- Wait time for insurance authorization after emergency service has recommended hospitalization, sorted by payer
- Wait time for admission to a hospital bed after insurance authorization, sorted by payer

**Indicator of Access:** Denials of Service

**AVAILABLE DATA:**
- Individual complaints related to denials of service by state regulated insured health plans filed with the Massachusetts Department of Public Health’s Office of Patient Protection15

**MISSING DATA:**
- Individual complaints related to denials of service by all payers

*Some of the data noted as available are publicly posted and their location included in the endnotes. All other data mentioned as available can be secured through requests to the specific agencies.*
Integration of Care

Current discussions about health care reform highlight even more strongly the need for integration of mental health care and physical health care to maximize overall health outcomes. At present, MassHealth specifically reimburses for care coordination services, but the majority of other insurers do not. It is important to recognize that care coordination for children needs to extend beyond health care settings, and include pre-school or school settings and other treatment programs.

Known Problems

Parents’ lives are often consumed with coordinating their child’s care on their own. In the absence of a professional responsible for care coordination, providers may work at cross-purposes, provide redundant services, or be unaware of important information that should inform their treatment plans.

Outcomes

To create the most effective and cost efficient system of care, outcome indicators are necessary to know what works best for which populations and to understand the comparative costs and benefits of different intervention strategies so that resources can be targeted effectively. It is also necessary to identify the circumstances in which expected outcomes are not being achieved in order to keep attention focused on improving the lives of all children. Important outcomes include school performance, participation in family and community life, and the perception by the child and family that care has led to improved functioning.

Known Problems

While the federal Substance Abuse and Mental Health Administration (SAMSHA) has identified a few evidence-based practices, in general it is unknown which interventions are most effective across populations, or for particular subgroups of children, because it is not standard practice for all providers to measure and report on a child’s level of functioning pre- and post-treatment, or for a period of time after treatment. It is also impossible to identify the providers who are the most effective.
Recommendations to the Commonwealth for Evaluating the Effectiveness of Mental Health Interventions

Mental health care, like physical health care, can only improve when there are data that illustrate which services work best for which populations and in what combinations, and the factors that facilitate care or act as barriers to care. The Commonwealth is engaged with both the public and private sectors in its various roles as regulator, provider, and payer for mental health care. Thus, it is the Commonwealth’s responsibility to lead and monitor efforts to make sure that child mental health care delivered in Massachusetts is effective.

The Campaign recommends the following actions:

The Commonwealth must develop and ensure the adoption of an outcome measurement process across all payers that includes:

1. Identifying validated clinical outcome measures;
2. Ensuring that all children referred to and receiving mental health services are tested pre- and post-treatment using validated instruments to measure improvement;
3. Identifying systems outcome measures to be reported; and,
4. Defining a means of collecting and reporting clinical and systems outcome data.

The Commonwealth must promote the implementation of quality measures for mental health services linked to improved access, service integration, and/or to improved functioning by:

1. Supporting rigorous research on child mental health; and,
2. Establishing and maintaining links with all other health care quality and education initiatives to assure cross-fertilization and to assure that child mental health is part of all agendas.

The Commonwealth must require annual public data reports, including:

1. Clinical outcome reports regarding all children who have received treatment for a mental disorder from a provider who is state licensed or paid for through state funding, based on required submissions of deidentified data; and,
2. Systems outcome reports.
Endnotes

1. The Campaign defines a mental disorder as a term that refers to all diagnosable mental health problems. This term was used in: MSPCC and Boston Children's Hospital. (November 2006). *Children's Mental Health in the Commonwealth: The Time is Now.* Boston, MA. Retrieved from: www.childrensmentalhealthcampaign.org/resources.


7. MassHealth is currently reviewing federal prohibitions that might restrict its ability to provide these data.

8. Massachusetts Behavioral Health Partnership. (May 24, 2011). *Data Summary prepared by MBHP.* Boston, MA. Received March 1, 2012 via email from Laurie Hutcheson, Assistant Commissioner Mass. Department of Mental Health (DMH), to Marion Freedman-Gurspan, Coordinator, Children's Mental Health Campaign.

9. Commonwealth of Massachusetts, Department of Mental Health. (May 2011). *ED LOS and Psych Bed Access Insurer/Provider and Parent Workgroups, Priority Solutions Proposed for Accelerating Placements in Psychiatric Services and Improving ED Care in Cases Where Persons are Waiting.* Received March 1, 2012 via email from Laurie Hutcheson, Assistant Commissioner Mass. Department of Mental Health (DMH), to Marion Freedman-Gurspan, Coordinator, Children's Mental Health Campaign.

10. Letters to the Commissioner of the Division of Insurance and the Director of Medicaid on March 16, 2012, signed by 16 organizations.

11. Commonwealth of Massachusetts, Department of Mental Health, op. cit.


18. Commonwealth of Massachusetts, Department of Elementary and Special Education. (2010-2011). *2010-2011 Emotional disab.xls.* Received April 6, 2012, via email from Marcia Mittnacht, State Director of Special Education, Department of Elementary and Special Education to to Marion Freedman-Gurspan, Coordinator, Children's Mental Health Campaign.

19. Ibid.

20. Ibid.

21. Commonwealth of Massachusetts, Department of Early Education and Care, op. cit.