ABSTRACT

Is Everything Coming Up Rosie? Examining the Impact of a Redesigned Medicaid Funded Mental Health System for Children on Child Mental Health, Caregiver Needs and Strengths and Youth Risk Factors for Substance Abuse

A dissertation presented to the Faculty of The Heller School for Social Policy and Management and the Graduate Faculty of Brandeis University, Waltham, Massachusetts

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Because federal Medicaid law is somewhat vague in its description of mandated Medicaid funded services, litigation in federal court has served to clarify its intent. A recent lawsuit in the Commonwealth of Massachusetts refines the definition of Early, Periodic Screening, Diagnosis and Treatment provision of the Medicaid Act, as it applies to mental health services for children. In 2006 Judge Michael Ponser ruled against the Commonwealth of Massachusetts in the landmark Rosie D. v. Patrick case. The subsequent court remedy changed the face of Medicaid funded mental health services for children in Massachusetts and its precedent will be felt nationwide. The court remedy mandates a basket of new services for children with serious emotional disturbance. New mental health service provisions for children protected under the remedy include: a unified comprehensive behavioral health assessment, intensive care coordination, mobile crisis intervention, in home behavioral services, in home therapy, and therapeutic mentoring.

The three papers composing this dissertation address the impact of the new service provisions, using assessment data from the state Medicaid agency. Using theories of Communimetrics, the Anderson Health Utilization Theory and The Hawkins and Catalano Identified Substance Risk Factors, these papers examined the quality of the new
mandated behavioral health assessment and the access to and outcomes of new service provisions. The first paper examines the inter-rater reliability of the chosen behavioral health assessment, the Child and Adolescent Needs and Strengths (CANS) tool. Findings suggest that the Massachusetts version of the tool is highly reliable but that differences in reliability exist between types of clinical case vignettes presented to clinicians. The second paper generates a predictive model for understanding which children are accessing the new Wraparound services in addition to, or in place of, other specialty behavioral health services. The results indicate access differences by race, gender, age, language, geography and clinical indicators. The final paper examines the impact of specialty behavioral health treatment on four outcomes (child mental health, psychiatric symptomology, caregiver needs and resources and child substance abuse risk factors) for children over time, applying hierarchical linear models to CANS ratings. This paper also examines the treatment effect of adding Wraparound to the service package. Children in specialty behavioral health care experience improvement in their CANS scores over time, and the rate of improvement varies by sociodemographic factors and clinical acuity. Findings indicate that Wraparound treatment slows the rate of change over time.

Collectively, findings suggest that lawsuits expanding the definition of EPSDT can have positive outcomes for children, for instance the implementation of a new assessment tool that appears promising for research. Conversely strict mandates to provide a particular type of service may be limiting to policy-makers and restrict their ability to shift to other models if the mandated models do not prove useful. Findings support the need for increased research attention and financial resources aimed at
evaluating these substantial changes in the children’s public sector mental health service systems, particularly those changes that may have long-term impact.

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