Children's Mental Health Benchmarking Project

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Funded by the Annie E. Casey Foundation and The Center for Health Care Strategies

- Exploratory effort in the first year
- Sought data from states and counties on a series of indicators
- Focused on children
- To gather and disseminate data on commonly defined indicators
- To lead, ultimately, to valid benchmarks to inform policymakers and advocates

- Other indicator projects for children include:
  - Child MHSIP, Outcomes Roundtable, 10,000 Kids and the Carter Center Forum
- This project focuses on administrative data, not self-report or clinical data.
- Seeking Medicaid *and* mental health authority data.
- Focus on a small number of indicators first.

- Feasibility survey of 38 states and counties: Oct. and Nov. 1999
- Received responses from 26 by Feb. 2000
  - Five declined further participation
- Conducted telephone interviews with 21
- Mailed data collection instrument to 21 states/counties in March 2000
- Data Collection: April through Aug. 2000
- First Year Report Sept. 2000

Year One Site Selection

- All 20 states containing a Casey Foundation funded Neighborhood Transformation / Family Development Site
- 12 of the 16 MHSIP states
- Where Dougherty Management had a prior working relationship
- Sites that would represent system variation, geographic and demographic diversity

Sources of Indicators

- AMBHA
- MHSIP
- NCQA
- NASMHPD
- CMHS
- ACMHA
- IBH
- NACBHD

Indicators Used (1)

- Utilization and access
  - Penetration rate
  - Inpatient utilization: days or discharges per 1,000
  - ALOS: acute and long-term care
  - Readmission to inpatient care: 30 & 90 day rates
  - Residential utilization: days per 1,000
  - Outpatient utilization: ambulatory treatment encounters per 1,000
  - Case management utilization: percentage receiving services

Indicators Used (2)

- Financial
  - Costs per capita: service expenditures per child served
  - Administrative costs: percentage of total expenditures
- Intersystem
  - Juvenile justice involvement rate for those receiving service(s)
  - Out-of-home placement rate for those receiving service(s)
  - Homeless rate for those receiving service(s)

- Requested:
  - Most recent year available
  - Children 0-17 years
  - Medicaid and non-Medicaid population
- Received:
  - Majority from 1998 and 1999, both calendar and fiscal years
  - Medicaid enrollee data primarily

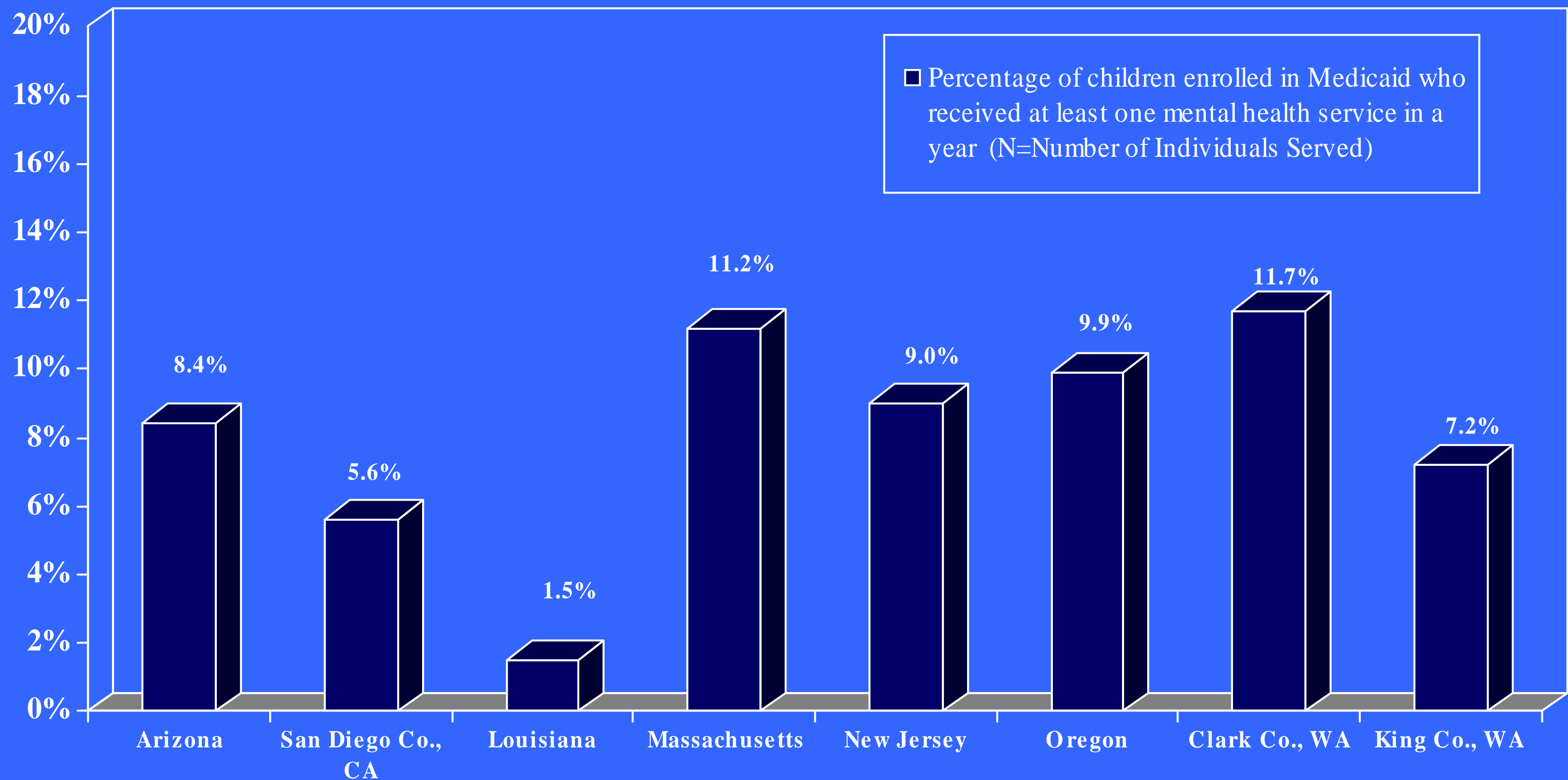
Results: Jurisdictions Reporting

- Nine states: AZ, CO, FL, LA, MA, NE, NJ, OR, VT
- Three counties: San Diego, CA; Clark, WA; King, WA
- District of Columbia

Sites Provided Data on Fewer Indicators than Expected

- 3 to 8 sites reported on each indicator
- On average, approximately five jurisdictions were able to provide data for each indicator
- Sites submitted only 38% of the data elements they expected to provide

Medicaid Penetration Rate



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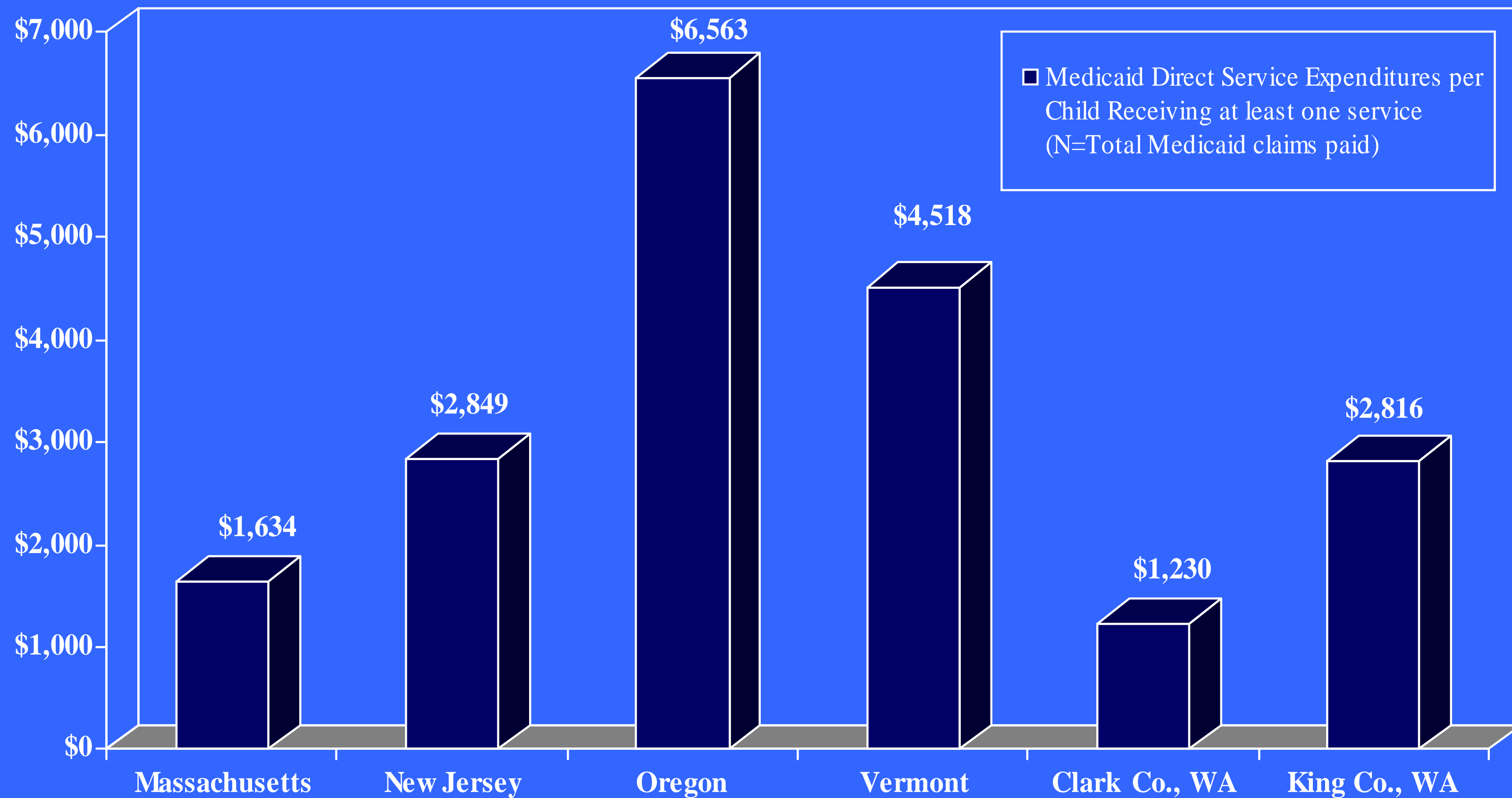
Medicaid Direct Service Expenditures Per Child Served



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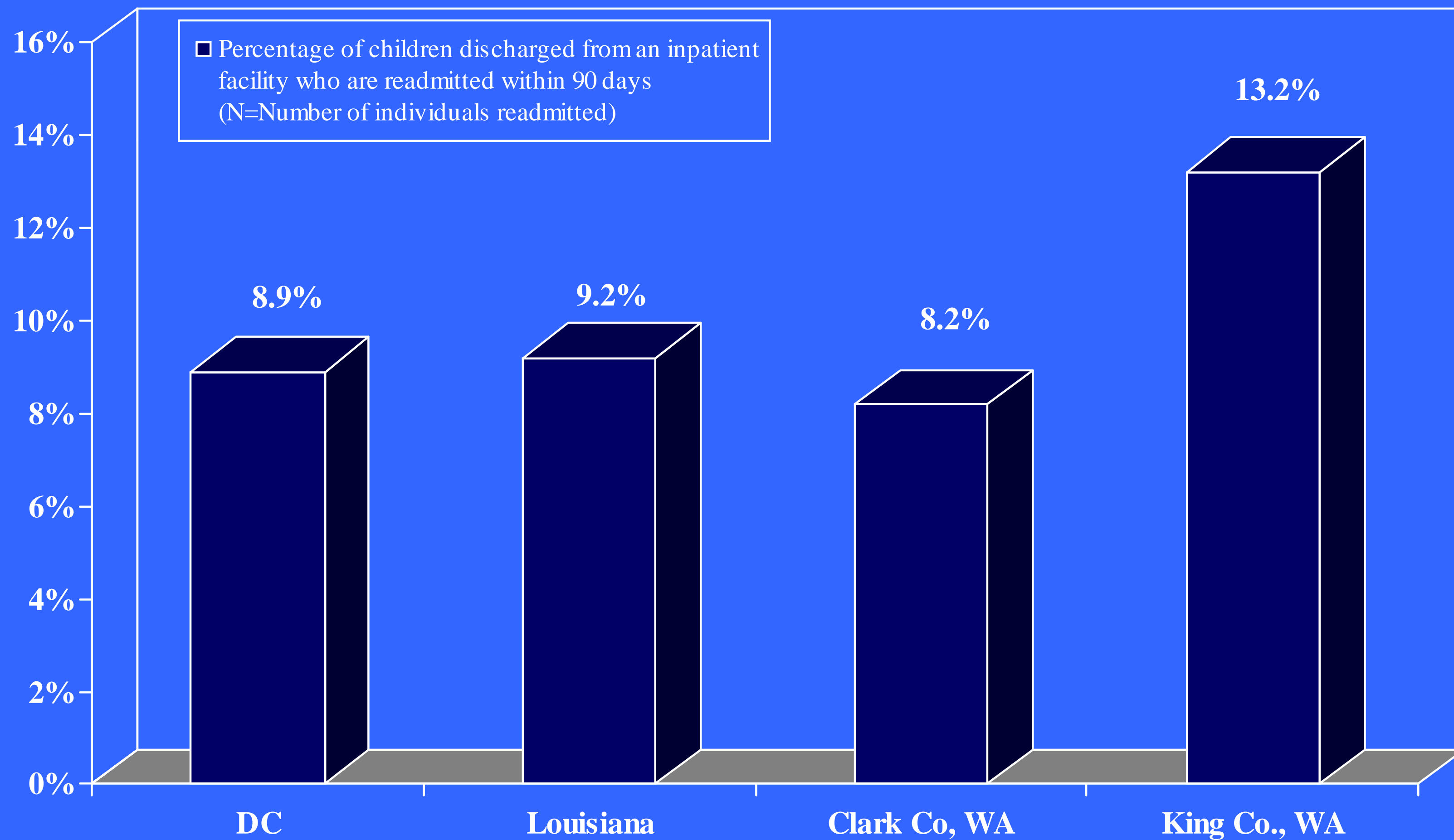
90 Day Readmission Rate



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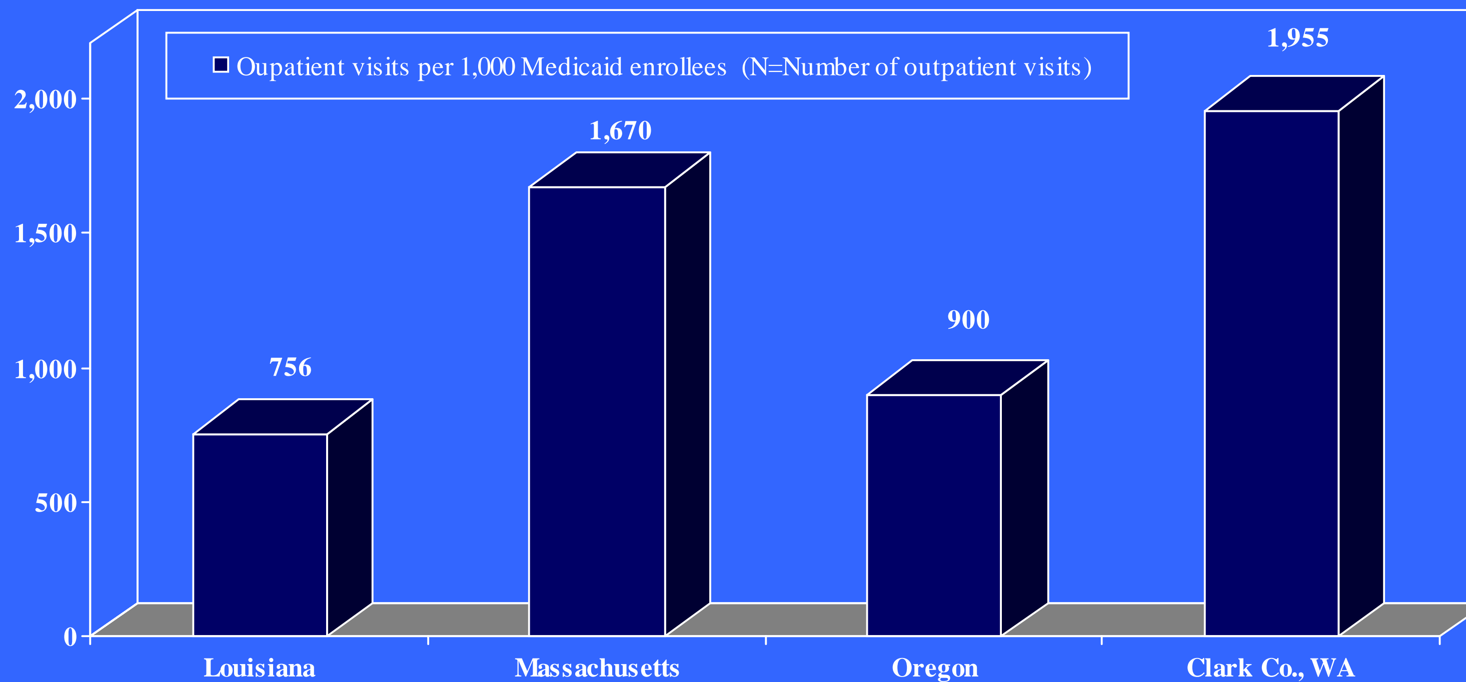
Outpatient Visits
per 1,000 Medicaid Enrollees



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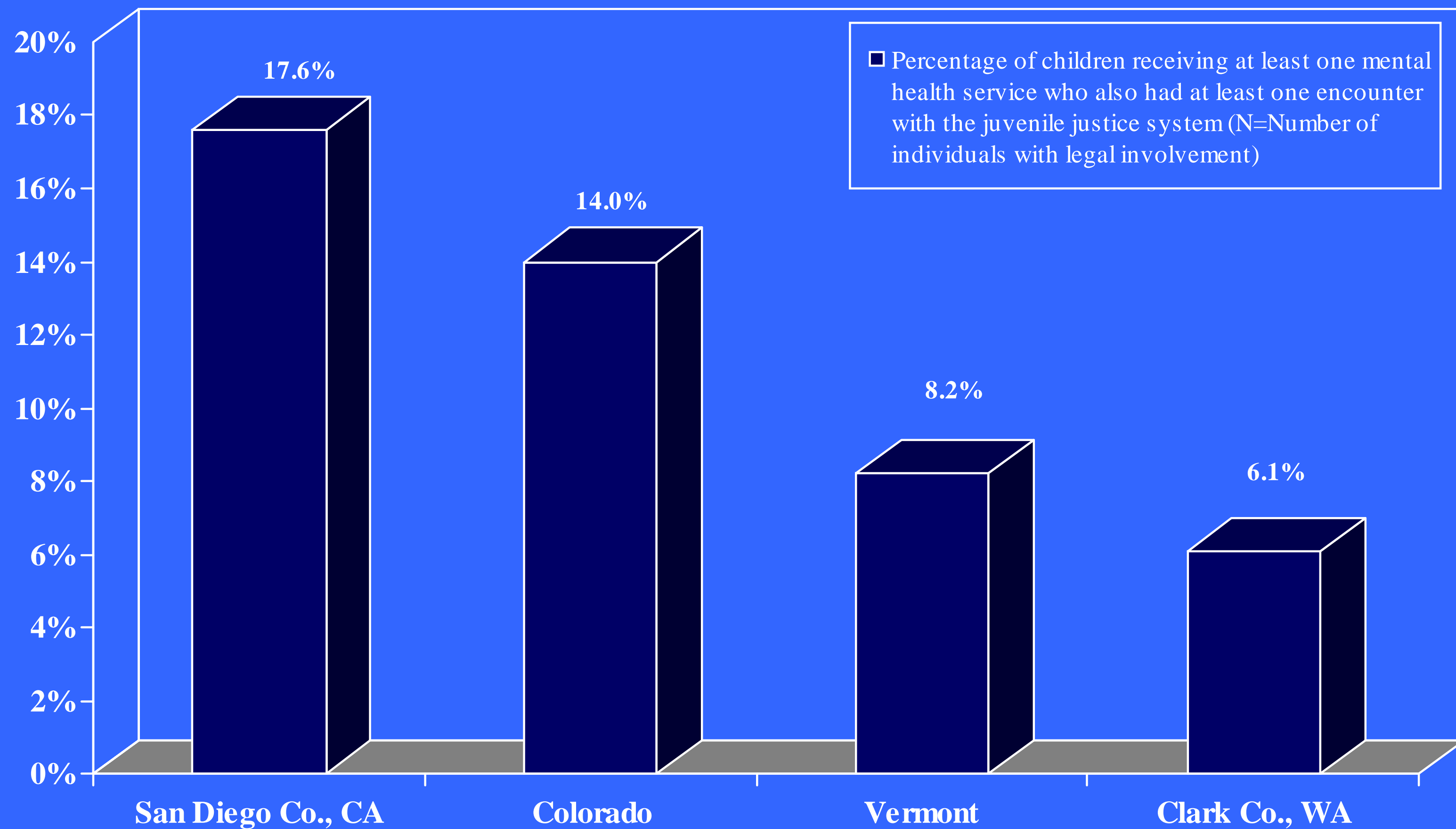
Juvenile Justice System Involvement Rate



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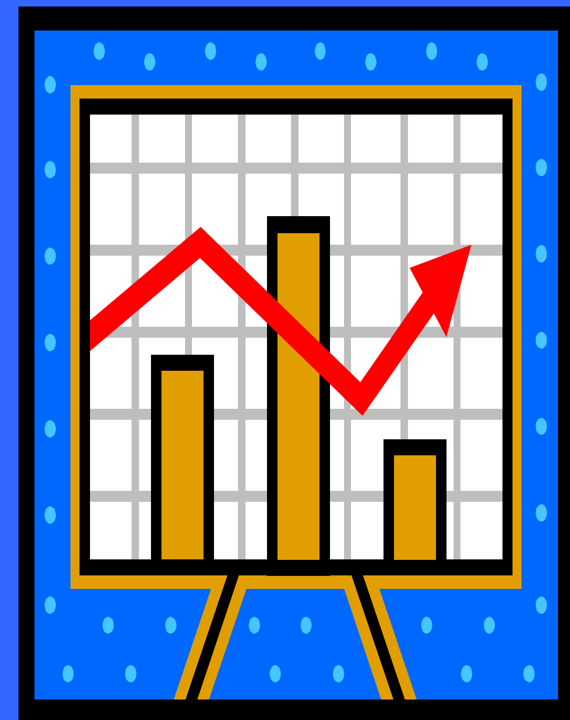
Lessons Learned from Year One

- Comparing data across systems is challenging.
- Extreme outliers complicate interpretation.
- We are clarifying our questions.
- Additional participating jurisdictions will enhance the study's value.



- Few indicator studies focus on children.
- Mental health authorities and Medicaid agencies accumulate large amounts of information, but they report and use it idiosyncratically.
- States and counties spend billions on child mental health care with too few tools to help guide their decisions and system changes.
- The entire system benefits from the ability to make comparisons across systems, over time.

- The project aims to enhance discussion and debate among stakeholders.
- States and counties can gather, compare and use *existing administrative data*.
- Review of mental health and Medicaid data together may lead to expanded collaboration.
- States and counties see how they compare to others on a reasonably level playing field.

- The data may be useful for advocacy purposes, within the state and with external entities.
  - Children's mental health issues are politically relevant now.
  - One state has already made use of the data.
- Participation over several years will permit analysis and comparison of trends within and between jurisdictions.

Year Two Activities

- Revise Data Collection Instrument
- Develop project Advisory Committee
- Collect data from additional states and counties

Year Two Activities (2)

- Analyze data and draft Year Two report
- Bring respondents together in the fall
- Disseminate results

Contact Us!

- If you would like more information about this project, or might be interested in participating, please e-mail or call us:
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