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Behavioral Health Care in HUSKY A Before and After Implementation of Connecticut's Behavioral Health Partnership: Children and Adults with Diagnosed Mental Conditions

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KEY FINDINGS

In January 1, 2006, the Connecticut Behavioral Health Partnership, an administered fee-for-service Medicaid program, was created with the goal of improving access to care by providing beneficiaries with a coordinated and effective system of community-based behavioral health services and support for individuals who need care. Prior to 2006, behavioral health services for children and families were provided along with all other health services in a risk-based Medicaid managed care program.

In this report, the prevalence of diagnosed mental disorders among children and adults in HUSKY A (Medicaid) is described for 2012 and 2013 (post-carve-out; study period) and compared to treatment prevalence in 2004 and 2005 (baseline period), the two calendar years preceding the program changes. Between those time periods, enrollment in the HUSKY Program increased significantly. We found that:

Utilization of behavioral health services increased significantly.

- The number and the percentages of children and adults who received behavioral health services were far greater in the study period (2012, 2013) than the baseline period (2004, 2005).
- The increase in utilization was evident in all age, racial/ethnic, primary language, and residential groupings.
- The distribution of diagnosed mental disorders across diagnostic groupings was relatively unchanged except for declines in the proportions of children with diagnosed anxiety disorder and adults with diagnosed mood disorders.

CONCLUSIONS & PLANS FOR FURTHER STUDY

Two important caveats affect interpretation of these findings: First, *treatment prevalence does not equal actual prevalence of mental disorders; only those who received any care are counted for the estimate.* Second, *trends in prevalence or service utilization observed over time may be related to but cannot be directly attributed to program changes.* However, these findings are consistent with anecdotal reports and quantitative data reported by the Connecticut Behavioral Health Partnership that show increased availability of timely, community-based services. These findings are also consistent with results of a recently published study of behavioral health services in 20 other Medicaid programs over roughly the same time period: enrollment increased and mental disorder diagnoses increased. Those researchers documented a similar rise in asthma diagnoses and pointed to the “importance of poverty as a factor contributing to the increasing rates of mental disorders [and asthma] in children.”

Next, we will examine and report on behavioral health services in terms of changes in the distribution of services and prescribing patterns, if any, over time for children and adults in HUSKY A.