YES Class Size Estimation Report, SFY 2019

YES Class Size Estimate

As one of the required annual deliverables to the plaintiffs in the Jeff D. lawsuit, the YES Data and Reports committee provides an estimate of how many children in the state of Idaho have serious emotional disturbance (SED) and would qualify as class members in the YES Project (Youth Empowerment Services). To complete this requirement the YES Data and Reports committee formed a Class Size Estimation Team (CSET) which consisted of data and quality assurance team members from the Division of Behavioral Health and Medicaid. Although this report is being published for SFY 2019, note that the report is based on data and information that the CSET had from 2018.

Six studies and five claims-based estimates were used to inform the estimate. These studies and estimates were weighted on seven factors, including study size, reliance on claims, demographic similarity to Idaho, etc. Studies that were conducted with greater fidelity were weighted more than those that were based on claims data, those not performed by established researchers, and other limiting factors.

After review of the available literature, it is our estimate that 12,000-22,000 children in Idaho will seek treatment for Serious Emotional Disturbance from any child-serving mental health entity, YES or otherwise. Studies that look at SED prevalence alone suggest that there could be as many as 35,000-40,000 children in Idaho with SED, but those that investigate actual service utilization – regardless of available services – suggest that no more than about 50% of children with mental health issues will actually receive treatment.

Progress and Limitations

The Division of Behavioral Health as well as the YES Independent Assessment Provider, Liberty Healthcare began completing the Child Adolescent Needs and Strengths (CANS) tool in early 2018. Community Providers began opting in to complete the CANS in July of 2018 which then became a mandate in July of 2019. It is estimated that the CSET 2020 report will be influenced by CANS data as there will be a full year of Community Provider utilization to inform the estimate. In calendar year 2018, 3,240 initial CANS were completed for 1,839 youth. Information about these CANS has been provided below:

CANS Completed in 2018- Unique Youth Count- 1st Initial CANS								
Total Youth	**LOC 0**		**LOC 1**		**LOC 2**		**LOC 3**	
1,839	224	12%	588	32%	314	17%	713	39%

Because there is not yet a full CANS picture of youth served by Medicaid's community provider network, an estimate of youth served with a Serious Emotional Disturbance (SED) has been provided for calendar year 2018 below. To estimate the prevalence of SED without the CANS data, Medicaid's contractor, Optum Idaho pulled a report of members with a mental health diagnosis listed as the primary, secondary, or tertiary diagnose and utilization data of more than 9 claims submitted for mental health services between January 1, 2018 and December 31, 2018. The analysis of this data resulted in an estimate of 15,392 members who potentially have SED. From there, the members were separated into three categories based on the number of claims submitted for each member, which could indicate the level of care for these members. The table below includes this breakout of potential level of care distribution.

Idaho Behavioral Health Plan Members SED Estimation (2018 Utilization Data)			
Total Estimated SED Members	**Members with 9-16 Claims**	**Members with 17-32 Claims**	**Members with More than 32 Claims**
15,392	4,787	5,231	5,819

The data in this report are to be taken with several assumptions and interpretive cautions. First, this is not the number of children expected to seek services through the YES Project, but the absolute number who may meet Serious Emotional Disturbance criteria. Second, in Idaho, there is no current field in claims or electronic health record data to indicate if a child has SED. The number of children we currently assume may have SED is based on diagnostic information and claims intensity. Third, none of the studies considered involve Idaho-specific data: Two are meta-analyses of previous studies, two are nationally-representative, and one is from a region of North Carolina with a demographic similar to Idaho. As such, until we have sufficient data from several years of CANS assessments, Idaho's SED prevalence and service engagement rates will remain as estimates based on universal data.

Fourth, the studies consulted in this report find that in most engaged scenarios, only about half of children with serious mental health conditions will receive any mental health services, suggesting the potential maximum number of Idaho children who have SED *and receive treatment* – from any system of care – will be between 12,000 and 22,000. The levels of service engagement found in those studies included 34% (Zachrisson et al., 2006), 35% (Offer et al., 1991), 40.3% (Burns et al., 1995), 43.9% (Olfson, et al., 2015), 52.8% (Merikangas et al., 2010), 53.4% (Simon et al, 2015), and 56% (Bourdon et al., 2005) – no study yet identified has had a service engagement rate higher than 56%. The low end of this range (12,000) is calculated using the lowest engagement rate supported by research (~34%) with the lower end of the estimate (35,000), while the high end (22,000) is calculated using the highest engagement rate observed in the literature (~56%) with the higher end of the estimate (40,000). Although this is

significantly lower than the statewide estimate, it is assumed to be a ceiling of service engagement amongst those with SED.

Fifth, we cannot determine how many children of the overall statewide estimate are currently receiving services for SED through private insurance as we do not have access to private insurer data. These children are also eligible for YES services – though not through Medicaid – but they may either remain in their current treatment arrangements or engage in YES services.

Last, the Simons (2014) report outlines three levels of program maturity based on CMS guidance: Emerging, Evolving, and Established. That report states that engagement rates increase significantly with program maturity. As the YES Project is in its infancy, it is expected that initial engagement rates will be much lower than the 12,000 – 22,000 range estimated above, but will instead mature into that range, readjusting for overall population growth and demographic shifting.

These limitations should be taken into consideration when assessing current service levels, future service engagement, and unmet need. Again, only until more Idaho- and SED-specific data are collected, longitudinally, over a period of years, will we have a much more accurate picture of the prevalence and treatment of SED

In conclusion, this team estimates that approximately 12,000-22,000 children will seek some form of services from a provider for SED, while anywhere from 35,000-40,000 children may actually have SED. This number may slowly increase, as Idaho is the fastest growing state, and Boise is one of the fastest growing metropolitan areas in the country. As YES matures, and we gather and analyze more in-state data, we will begin to see how many children are actually using YES services and better refine our estimates.

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