

Biannual Estimate of Need for Intensive Care Coordination among Idaho Youth, SFY 2023 (March 2023 report)

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Executive Summary

Objective: The State of Idaho Youth Empowerment Services (YES) program aims to develop, implement, and sustain a youth- and family-driven, coordinated, and comprehensive system-of-care that meets the mental health needs of Idaho youth who experience a serious emotional disturbance. One important component of YES is the delivery of Intensive Care Coordination (ICC) that uses high-quality Wraparound. The Wraparound model is a specific method for delivering ICC that incorporates system-of-care values, well-specified procedures, and standardized quality monitoring. ICC using high-quality Wraparound is designed to support youth with the most complex and intensive mental health needs so they can remain in the community rather than being placed outside their home. In order to monitor the State's progress toward meeting the needs of this population, the Idaho Department of Health and Welfare, Division of Behavioral Health contracted with Boise State University in 2022 to develop biannual estimates of the need for ICC among Idaho youth. The purpose of this report is to project the initial estimate of need for ICC among Idaho youth for State Fiscal Year (SFY) 2023.

Method: Using two methodologies developed in prior work, two projections were generated of the number of Idaho youth who are likely to need ICC in SFY 2023. The first methodology used a predictive analytic model developed through an analysis of ICC utilization data from 11 States and the incorporation of Idaho population characteristics. The second methodology analyzed aggregate Idaho administrative data on publicly-funded, out-of-home and inpatient mental health services for youth in Quarter 1 of SFY 2023.

Results: Application of the predictive analytic model resulted in an estimate of 1,521 Idaho youth who are likely to need ICC in SFY 2023. Analysis of Idaho service utilization data yielded an estimate of 1,642 Idaho youth who are likely to need ICC in SFY 2023. The relative proximity of the two estimates, derived through different methodologies, increases confidence in their potential utility. In combination, these methodologies suggest 1,582 Idaho youth will need ICC using high-quality Wraparound in SFY 2023.

Conclusions and Recommendations: In SFY 2023, it is estimated that 1,582 Idaho youth will need ICC using high-quality Wraparound. Reflecting the growth and change in Idaho's population, this represents a 17% increase in need for ICC compared to an estimate from SFY 2016. The estimates presented here will be updated as newer data become available. These estimates provide benchmarks for monitoring Idaho's progress toward meeting the needs of youths with intensive mental health needs.

Date of Report: March 3, 2023

The purpose of this report is to estimate the number of Idaho youth who are likely to need Intensive Care Coordination using high-quality Wraparound in order to meet their mental health needs in State Fiscal Year (SFY) 2023. Under terms specified by the Jeff D. Settlement Agreement, the State of Idaho is required to develop and implement a sustainable, accessible, comprehensive, and coordinated array of community-based mental health services that meets the needs of children with serious emotional disturbance (SED). To fulfill this charge, the Idaho Department of Health and Welfare has initiated a comprehensive children’s mental health program called Youth Empowerment Services (YES). One critical component of YES is Intensive Care Coordination (ICC) using high-quality wraparound. ICC is designed to meet the needs of youths with SED who experience the most severe levels of impairment in daily functioning and who require the most intensive support to remain in the community.

One important goal of developing and implementing YES services is monitoring the provision of ICC to ensure that all youth who need ICC are able to access it. In order to accomplish this, the State requires an

Box 1. Idaho Definition of Intensive Care Coordination

Pursuant to the Idaho Jeff D. Settlement Agreement (Appendix C)

Intensive Care Coordination (ICC) is a case management service that provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered consistent with the Principles of Care and Practice Model. ICC includes both assessment of service needs and service planning utilizing a facilitated Child and Family Team (CFT) process. It includes assessing, reassessing, monitoring, facilitating, linking, and advocating for needed services for Class Members and their families.

ICC is delivered through a single consistent Intensive Care Coordinator. The Intensive Care Coordinator is responsible for facilitating CFT meetings for the purpose of developing outcome-focused, strength-based activities that assist Class Members and their families. The Intensive Care Coordinator is specifically trained in the wraparound process for treatment planning. Intensive Care Coordinators shall maintain reasonable caseloads consistent with accepted industry standards for children’s mental health systems of care based on intensity of their client’s acuity, needs, and strengths.

estimate of the number of Idaho youth who need ICC. The purpose of this report is to provide an initial projection of need for ICC among Idaho youth in SFY 2023.

Definition of ICC and Target Population

Box 1 presents the definition of ICC in Idaho, as established by the Jeff D. Settlement Agreement. The Agreement specifically refers to Wraparound as the approach to be used for ICC in Idaho. Throughout the

remainder of this report, the term ICC will be used to indicate ICC using high-quality wraparound, as specified in the Settlement Agreement.

The Jeff D. Settlement Agreement also defines the target population of Idaho youth who should receive ICC. This population includes Idaho youth who are *Class Members* and whose mental health needs are severe enough to meet well-defined criteria. Class Members are Idaho residents under the age of eighteen (18), who experience SED as defined in Idaho Administrative Code and as reflected in federal definition (SAMHSA, 1993).

Box 2. Idaho Criteria for Identifying Youth who Need Intensive Care Coordination

Pursuant to the Jeff D. Settlement Agreement, the State of Idaho has developed the following criteria for determining which Class Members experience more intensive mental health needs that may benefit from ICC. Under the Agreement, Class Members with more intensive needs include any Class Member who **either**:

- a. Has a qualifying Child and Adolescent Needs and Strengths (CANS) tool score, as developed pursuant to the Settlement Agreement, **or**
- b. Meets one of the following criteria:
 - Is at substantial risk of out-of-home placement due to mental health needs;
 - Has experienced three (3) or more foster care placements within twenty-four (24) months for reasons related to mental health needs;
 - Is involved with multiple child-serving systems related to his or her mental health needs;
 - Is under age twelve (12) and has been Hospitalized for reasons related to mental health needs within the last six (6) months;
 - Is under age twelve (12), has been detained within the last six (6) months, and has unmet mental health needs;
 - Has experienced more than one hospitalization for mental health needs within the last twelve (12) months; or
 - Is currently in an out-of-home placement due to mental health needs and could be discharged safely to their home or community within up to ninety (90) days if adequate home and community-based supports were provided.

Box 2 presents the criteria used to determine whether Class Members require ICC to meet their needs. These criteria are consistent with those used by other States. They also demonstrate that the target population consists of youths whose mental health needs put them at significant risk for out-of-home placement.

Method

Two methodologies were used to estimate the number of Idaho youth likely to need ICC in SFY 2023. Both methodologies were validated and are extensively described in a prior report on the need for ICC among Idaho youth (see Williams, 2018). Here, we briefly summarize the two methods.

The first method employed a predictive analytic model based on ICC utilization data from 11 States. The predictive analytic model was developed through extensive analyses of the relationships between level of ICC utilization and State demographic characteristics and ICC program characteristics across 11 States (Williams, 2018). Results of the analyses indicated that the sole statistically significant predictors of ICC utilization using high-quality Wraparound were: (1) the State's total youth population, and (2) the State's level of program implementation. Specifically, States at higher levels of program implementation had more youth participating in ICC using high-quality Wraparound. The final predictive analytic model thus incorporated Idaho's total youth population and level of program implementation.

To estimate the projected need for ICC in SFY 2023 for this report, the investigators incorporated the most up-to-date data on Idaho's youth population from the U.S. Census Bureau and assumed full program

implementation. The U.S. Census Bureau's Population Estimates Program, which is updated annually, estimated Idaho's under age 18 youth population was 478,941 as of July 1, 2022 (U.S. Census Bureau, 2023). This value was incorporated into the analytic model along with an assumption of full program implementation to generate the total estimated need for ICC among Idaho youth in SFY 2023.

The second method used to estimate the need for ICC among Idaho youth in SFY 2023 incorporated an analysis of aggregate Idaho service utilization data reflecting youth out-of-home placements, or risk for out-of-home placement, due to a mental health disorder. These aggregate data were provided by the IDHW Division of Behavioral Health in its Quality, Management, Improvement, and Accountability Quarterly report for SFY 2023, Quarter 1 (IDHW, 2023). The methodology described by Williams (2018), calls for service utilization data to be included in this analysis if it reflects risk for youth out-of-home placement or actual out-of-home placement. The logic is that youths who experience out-of-home placements, or who participate in services that indicate a risk for out-of-home placement, are likely to need and benefit from ICC. The method likely overestimates the number of youth participating in services because only aggregate data are available and the same youth may have participated in multiple services. However, prior analyses indicate that this methodology produces results that are consistent with other methods and therefore are sufficient for purposes of estimation and planning (Williams, 2108).

To generate the SFY 2023 estimate in this report, the total number of service utilizers in Quarter 1 of SFY 2023 were determined and extrapolated to the full fiscal year.

Services included in the analysis were: (a) placement in, or approved for placement in, a psychiatric residential treatment facility, (b) placement in therapeutic foster care, (c) placement in a State Hospital, and (d) experience of an inpatient psychiatric hospitalization.

Data from Quarter 1 of SFY 2023 were used because they reflect the most up-to-date information. For each service, Quarter 1 SFY 2023 estimates were mathematically extrapolated to reflect a 12-month exposure period rather than the 3 months reflected in the quarter. These estimated service utilization totals were summed to produce the overall estimate of need for ICC in SFY 2023. These estimates will be updated later in the year as additional data become available for SFY 2023.

Results

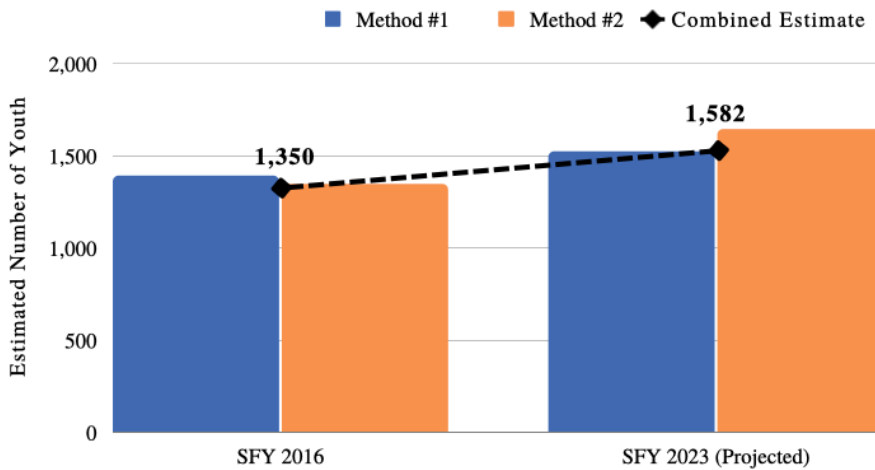
Predictive Analytic Model (Method #1)

Results of the predictive analytic model indicated 1,521 Idaho youth are likely to need ICC using high-quality Wraparound in SFY 2023. Based on Idaho's estimated youth population, this represents 318 youth per 100,000. As is shown in Figure 1 (blue bars), there was a 9.8% increase in the number of youth estimated to need ICC from SFY 2016 to SFY 2023 based on Method #1. This is consistent with the 9.6% increase in Idaho's under age 18 population during the same period (U.S. Census Bureau, 2023).

Aggregate Service Utilization Data (Method #2)

Analysis of the aggregate service utilization data indicated 1,642 Idaho youth, or 343 youth per 100,000, are likely to need ICC using high-quality

Figure 1 Estimated Need for Intensive Care Coordination among Idaho Youth, SFY 2016-2023



Note: SFY= state fiscal year.

Wraparound in SFY 2023. This represents an increase of 22% from the same analysis conducted on data in SFY 2016 (see orange bars in Figure 1). Figure 2 shows the number of service utilizers present in each

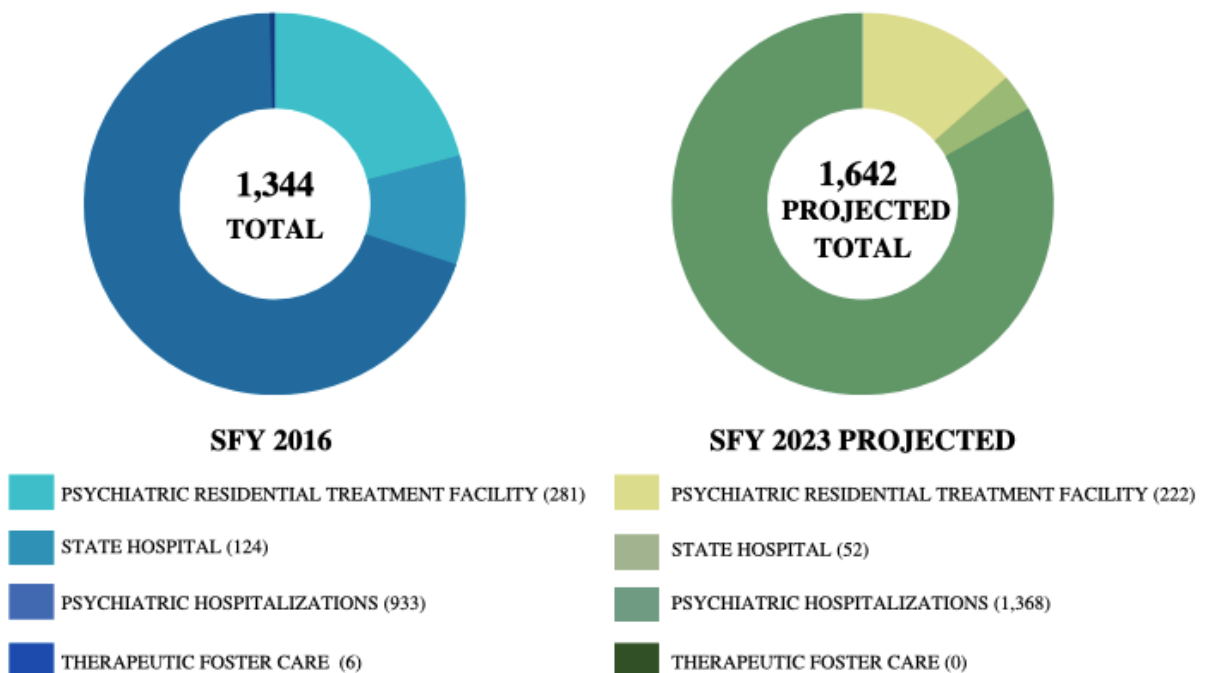
category of services in SFY 2016 as well as the number projected for SFY 2023 based on quarter 1 totals. Consistent with data from across the U.S. (Bojdani et al., 2020), psychiatric hospitalizations of youth were

considerably higher in Idaho in 2022 and early 2023 compared to prior years. In addition, utilization of intensive out-of-home services (e.g. State Hospital) is expected to be lower than prior years, due in large part to staffing shortages and other lingering consequences of the COVID-19 pandemic (Idaho YES Data & Reports Committee, 2023). Despite the variation in specific types of intensive services, the overall number of anticipated service utilizers in SFY 2023 is projected to be higher than the total from SFY 2016, reflecting Idaho’s growth in population.

Conclusion

This report estimates that 1,582 Idaho youth will benefit from participating in ICC using high quality Wraparound in SFY 2023. This is the first projected estimate for SFY 2023 and these estimates will be updated later in the year as more complete data are available. ■

Figure 2 Utilization of Publicly-Funded Out-of-Home Services and Inpatient Psychiatric Hospitalization among Idaho Youth, SFY 2016-2023



Note: SFY = State fiscal year. SFY 2023 data are projected based on Quarter 1 SFY 2023 service utilization data.

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