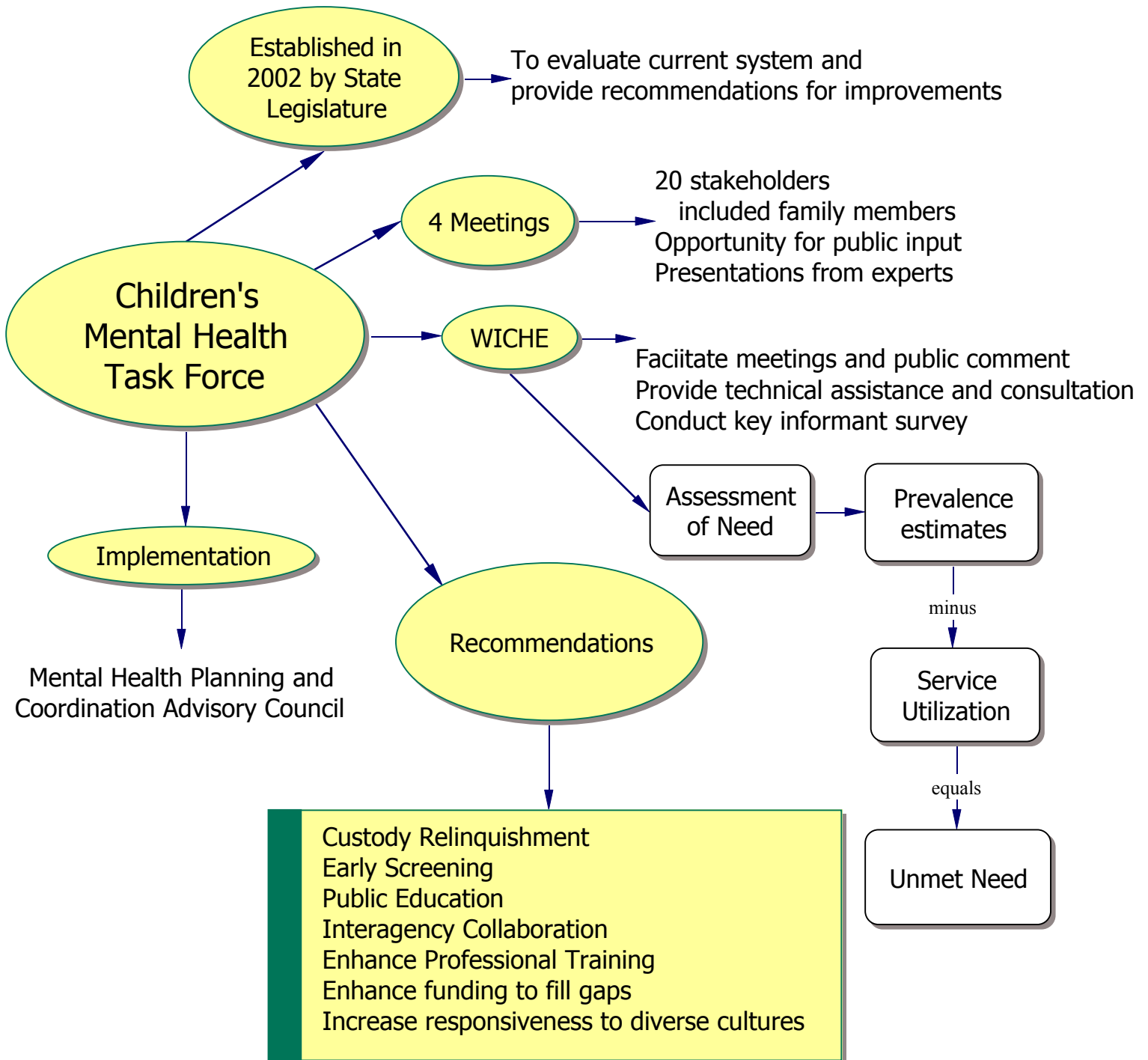


Cindy Klein  
Charles McGee, M.A.

Wednesday, May 28, 2003

# MHSIP Data Inform Recommendations to South Dakota Legislature



## Presenters:

Cindy Klein, B.S.N. Task Force Member, South Dakota Children's Mental Health Task Force  
 Charles McGee, M.A., Program Evaluation, WICHE Mental Health Program

# MHSIP Data Inform Recommendations to South Dakota Legislature

## The Prevalence of Serious Emotional Disturbance And Children and Adolescents Utilizing Services August 2002 Report Updated for MHSIP National Conference

This project was designed to assess the prevalence of serious emotional disorders and count the number of children and adolescents receiving services.<sup>1</sup> Newly developed technology was used to estimate the number of individuals in the population with serious disorders (*prevalence*). The project calculated the number of individuals who received services from the Division in the same year (*utilization*). The difference between *prevalence* and *utilization* produced estimates of unmet need.

The population of interest was children and youths (under age 18) who would qualify for public funding of services. Children and adolescents in family households with incomes under 300% of federal poverty guidelines were included in prevalence estimates.

Prevalence estimates were generated of children and adolescents with serious emotional disturbance (SED) in accordance with federal definitions.<sup>2</sup> Considerably more research is available on the prevalence of SED for adolescents than children. Estimates for children were calculated using the same rates found for adolescents.

The number of individuals served directly by the mental health system was calculated from the Division database of CMHC services. The State incorporates MHSIP data standards on event data. The scope of data reported includes services supported by the state through general revenue and Medicaid funding. The table shows 5,010 individuals served by the mental health sector in CY2001.

| <b>Prevalence Estimates and Individuals Served</b><br>(Used to Estimate Unmet Need and Penetration Rates) |       |       |        |   |       |       |       |
|---|-------|-------|--------|---|-------|-------|-------|
| Individuals with SED<br>(Households Under 300% Poverty)   |       |       |        | Individuals Served by<br>CMHC's 2001 CY |       |       |       |
| <b>Age Groups</b>   |       |       |        | <b>Age Groups</b>                       |       |       |       |
| 0 - 5   | 6-11  | 12-17 | Total  | 0 - 5                                   | 6-11  | 12-17 | Total |
| 3,904   | 4,125 | 4,006 | 12,035 | 823                                     | 1,385 | 2,802 | 5,010 |

A measure of unmet need was obtained by subtracting the number served from prevalence estimates of individuals with serious emotional disabilities (SED) below 300% poverty. Approximately 7,025 children and adolescents were identified in need of services that did not receive them. This was 42% of the individuals estimated to have a serious emotional disturbance or serious mental illness.

---

<sup>1</sup> The project was funded through a SAMHSA/CMHS Data Infrastructure Grant to the Division.

## MHSIP Data Inform Recommendations to South Dakota Legislature

| <b>Unmet Need</b>                  |       |       |       |
|------------------------------------|-------|-------|-------|
| <b>Age Groups</b>                  |       |       |       |
| 00-05                              | 06-11 | 12-17 | Total |
| 3,081                              | 2,740 | 1,204 | 7,025 |
| <b>Penetration Rate (% Served)</b> |       |       |       |
| <b>Age Groups</b>                  |       |       |       |
| 00-05                              | 06-11 | 12-17 | Total |
| 21%                                | 34%   | 70%   | 42%   |

(Unmet Need was derived by subtracting the number served from the prevalence estimate. Penetration Rate was calculated with the number served in the numerator and the prevalence estimate in the denominator.)

Estimates of unmet need are conservative (low) for three reasons and high for another reason. They are low because: 1.) prevalence estimates were limited to the population of persons with SED and did not include others (e.g., with crisis services); 2.) service utilization counts included all individuals served (even if the State did not pay for the service, and even if the individual was not identified with a SED; 3.) it was assumed all need for mental health services was met if a person received one service (even an evaluation). They are high because mental health services may be provided in other sectors (e.g.s Medicaid, Special Education) not taken into account here. A plan is in place to incorporate Medicaid mental health services in counts.

### **Use of Findings**

Findings should first be validated with other sources of information (estimates of need currently in use; number of individuals served). Then it would be useful to discuss findings among stakeholders. Finally, information may then be integrated with other knowledge gained by stakeholders to inform decision-making. Findings may be used for:

- Policy discussion. Was the population of interest defined and identified appropriately? (Is the 300% of poverty cutoff adequate to include individuals with serious disorders who are uninsured or underinsured for mental health?)
- Advocacy for individuals with serious mental health disorders not served.
- Interagency coordination. The project would be strengthened by an assessment of mental health service utilization in other public sectors.
- Penetration rates may be used as a performance indicator of access to services.
- Mental health planning. Findings may help target needed services by geographic area and age group. Indicators may be generated for gender or race/ethnicity differences.