

Source: Jerrell, J. M. (1998). Utilization analysis for children's mental health services. *Journal of Behavioral Health Services & Research*, 25(1), 35-42.

This article describes child and adolescent consumers of mental health services in South Carolina and the cost of these services for the 1994-95 fiscal year. The author also presents a methodology to isolate the relatively few people in a group who generate very high service expenditures. The study accomplishes two goals: it provides helpful data on mental health service expenditures in South Carolina, and it proposes ways that a database can be used by mental health administrators to highlight and better serve youths requiring extensive costly care.

Data for all child and adolescent consumers was obtained from the State Department of Mental Health, and represents use and cost data from 10 inpatient facilities and 17 community mental health centers. Youth served during this period ( $N=22,100$ ) were separated into three cost groups: high, medium, and a low cost group. The number of youths and costs associated with each group are presented in the table below:

| Cost group | Total cost   | Mean \$ per child | # of youths | % Total cost | % of cases |
|------------|--------------|-------------------|-------------|--------------|------------|
| Low        | \$8 million  | \$ 457            | 17,696      | 30%          | 80%        |
| Medium     | \$7 million  | \$ 2,147          | 3,318       | 26%          | 15%        |
| High       | \$12 million | \$10,751          | 1,105       | 44%          | 5%         |

As indicated in the table, 5% of youth accounted for 44% of the total cost of mental health services for children and adolescents in South Carolina. Youth in the high cost group tended to be adolescents, referred by other service sources such as juvenile justice, to have Medicaid coverage, and to have serious mental health problems (i.e., psychotic, post-traumatic stress disorder, depression, and behavioral problem diagnoses). High cost youth had a higher percentage of previous inpatient stays, received more outpatient services, more structured day services, and more case management. Inpatient care was determined to be the "most significant driver of total service costs" for these children and youth.

The author's findings highlight the usefulness of computer databases for isolation of high cost children and adolescents to equip mental health administrators with additional information to evaluate community-based care and to "determine whether additional utilization management techniques or local program development are necessary."