Analysis of Service Utilization for New York Youth with Complex Needs

NYS Coalition for Children's Behavioral Health

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Project Scope

Analyze service needs and gaps for New York youth with complex behavioral health needs

Inform strategic advocacy that supports access to and services for youth with complex needs

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Key Questions to Answer

DEFINING THE TARGET POPULATION

- What characteristics describe the population of youth with unmet complex needs in NY?
- What are some of the problems these youth face in getting the appropriate and high-quality care they need?
- What are the problems that providers who interact with these youth face in trying to serve them?

- How is this reflected in the data?
- How does this information inform advocacy efforts and solutioning for the service continuum?

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Data source

- Transformed Medicaid Statistical Information System (T-MSIS)
- Data accessed through the Centers for Medicare & Medicaid Services (CMS) Virtual Research Data Center (VRDC).

T-MSIS

- The national repository of Medicaid and CHIP administrative claims

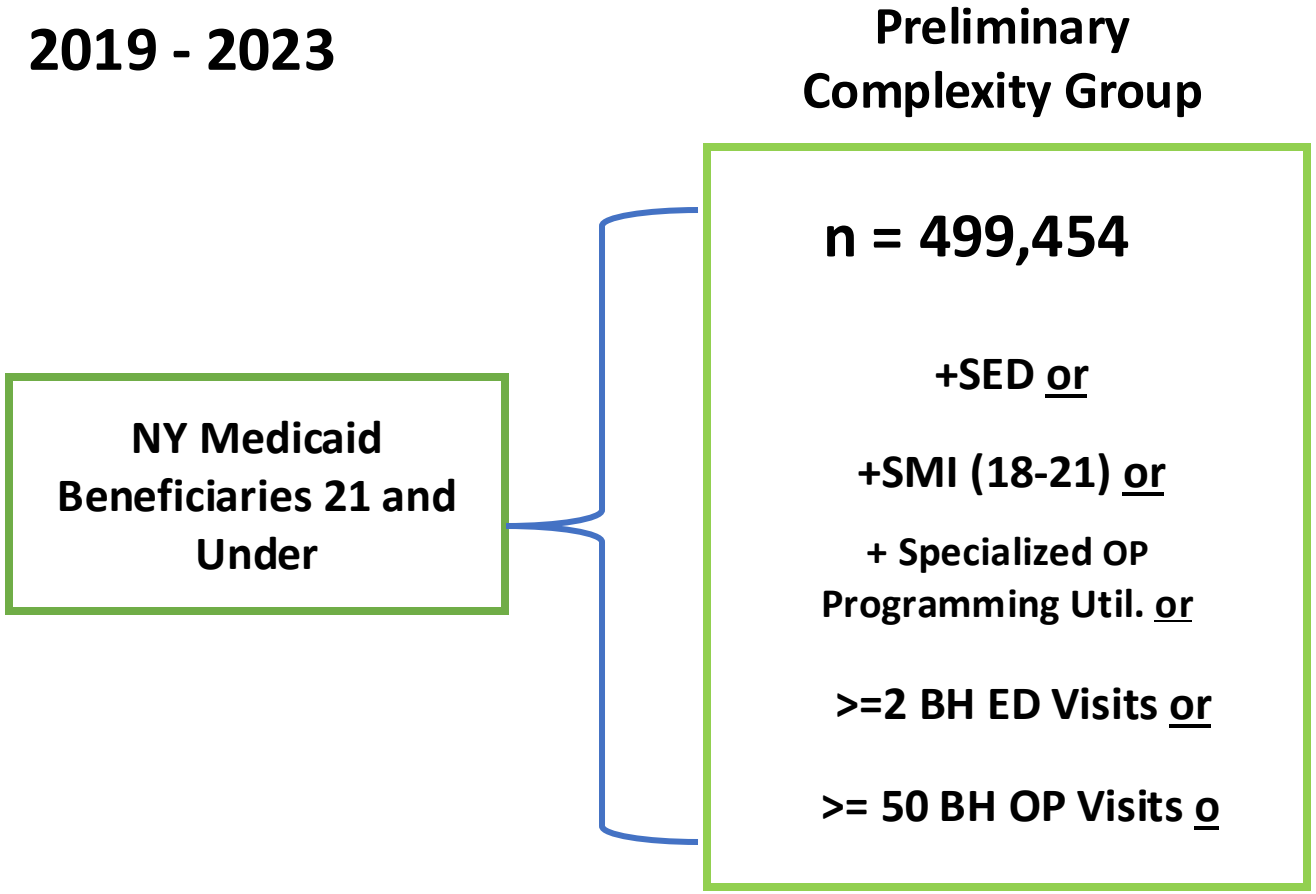
Scope of analysis

- **Medicaid claims data only — including eligibility, service utilization, and behavioral health prescription fills**

Initial data pool

- **New York State youth (ages 0–21) enrolled in Medicaid from 2019–2023.**

Starting point



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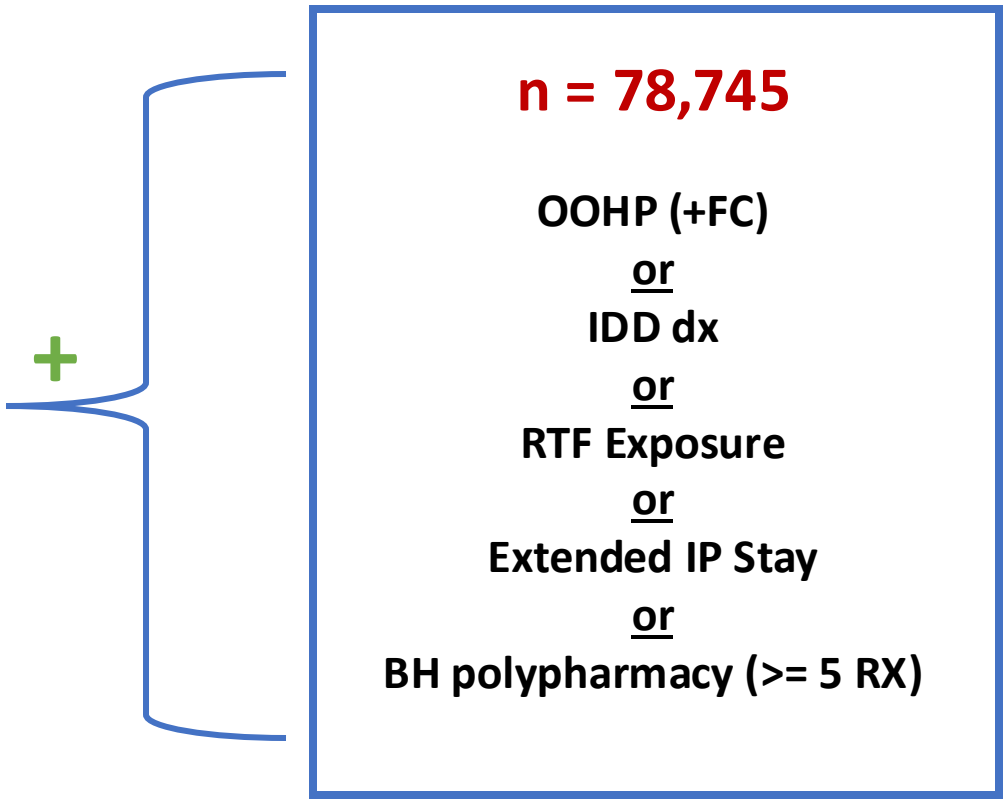
Additional layers (flags) of complexity

2019 - 2023

High Complexity Group
Population of Interest



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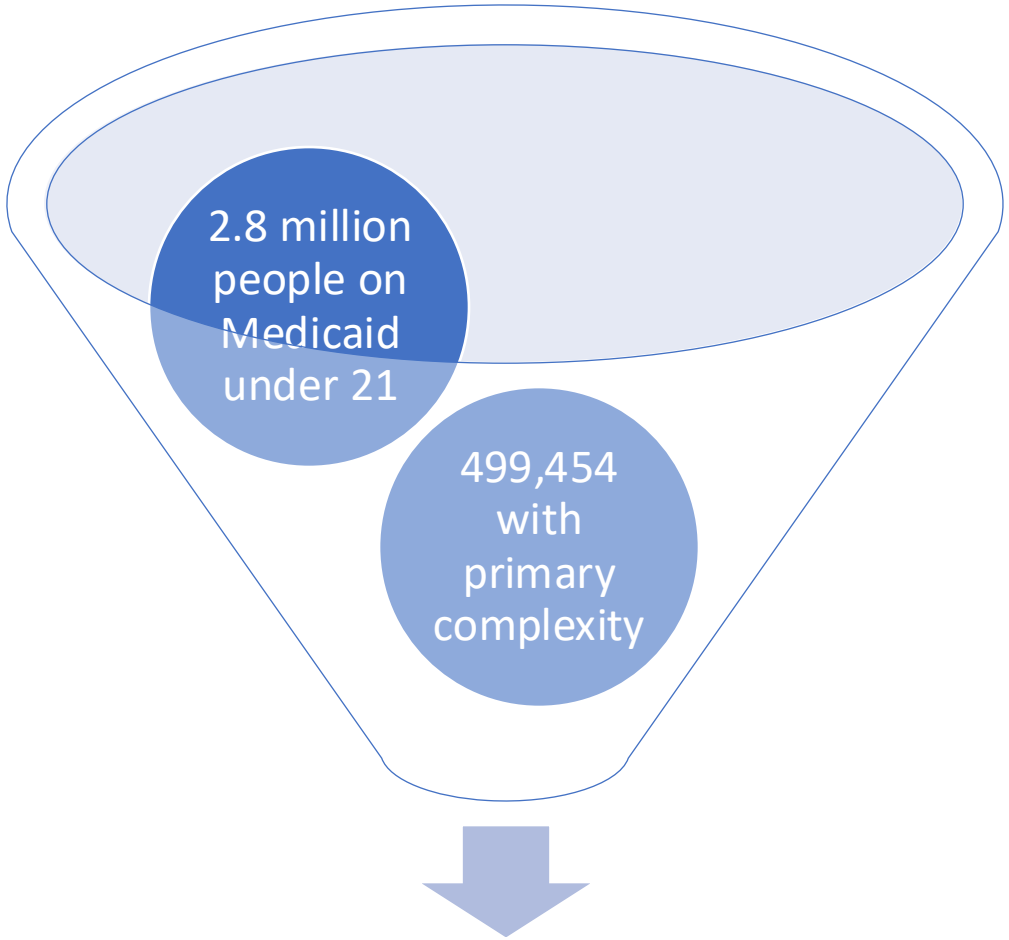
Narrowing the Focus

The 3% of Medicaid Youth with Complex Needs



78,745 youth with complex needs

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Youth With Complex Needs

BY COUNT OF COMPLEXITY FLAGS

COMPLEXITY FLAGS

OOHP (+FC)*

or

IDD dx

or

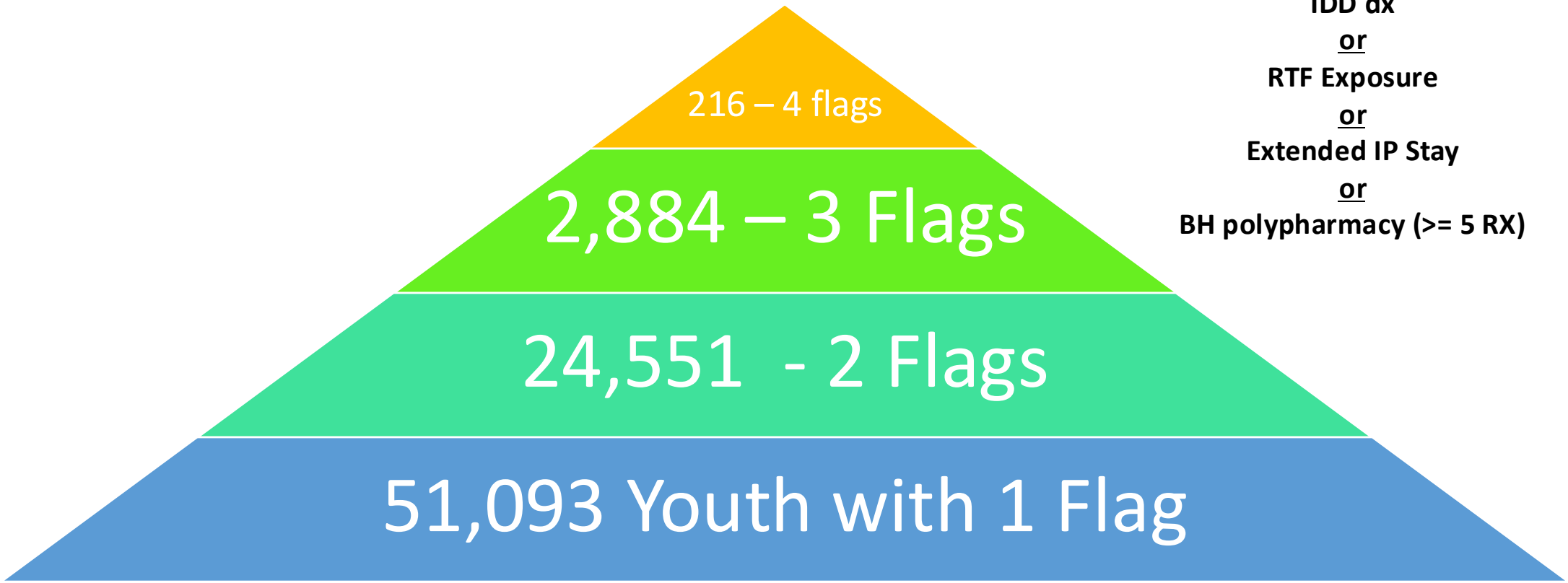
RTF Exposure

or

Extended IP Stay

or

BH polypharmacy (>= 5 RX)



*Out-of-home placement, including Foster Care

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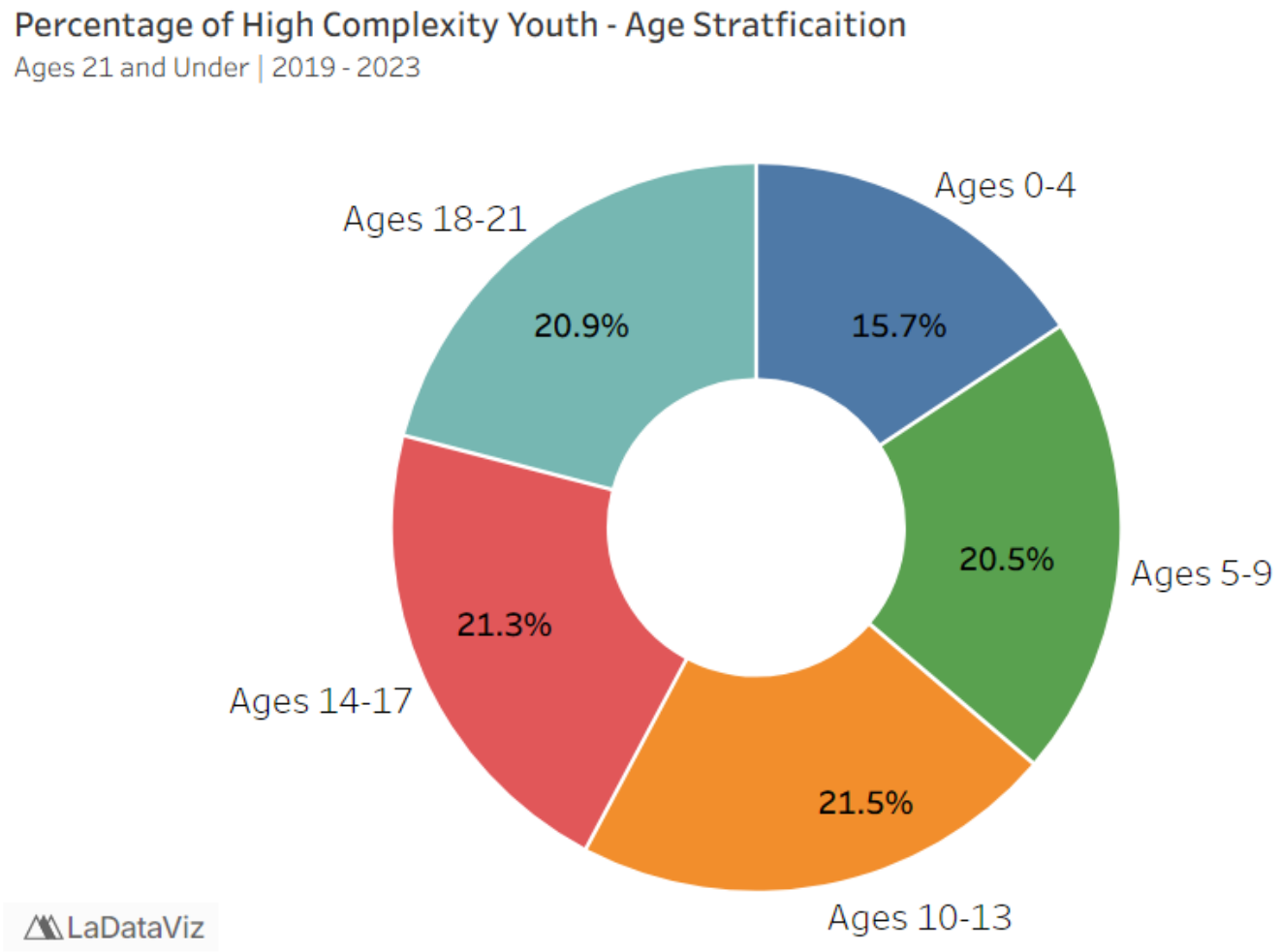
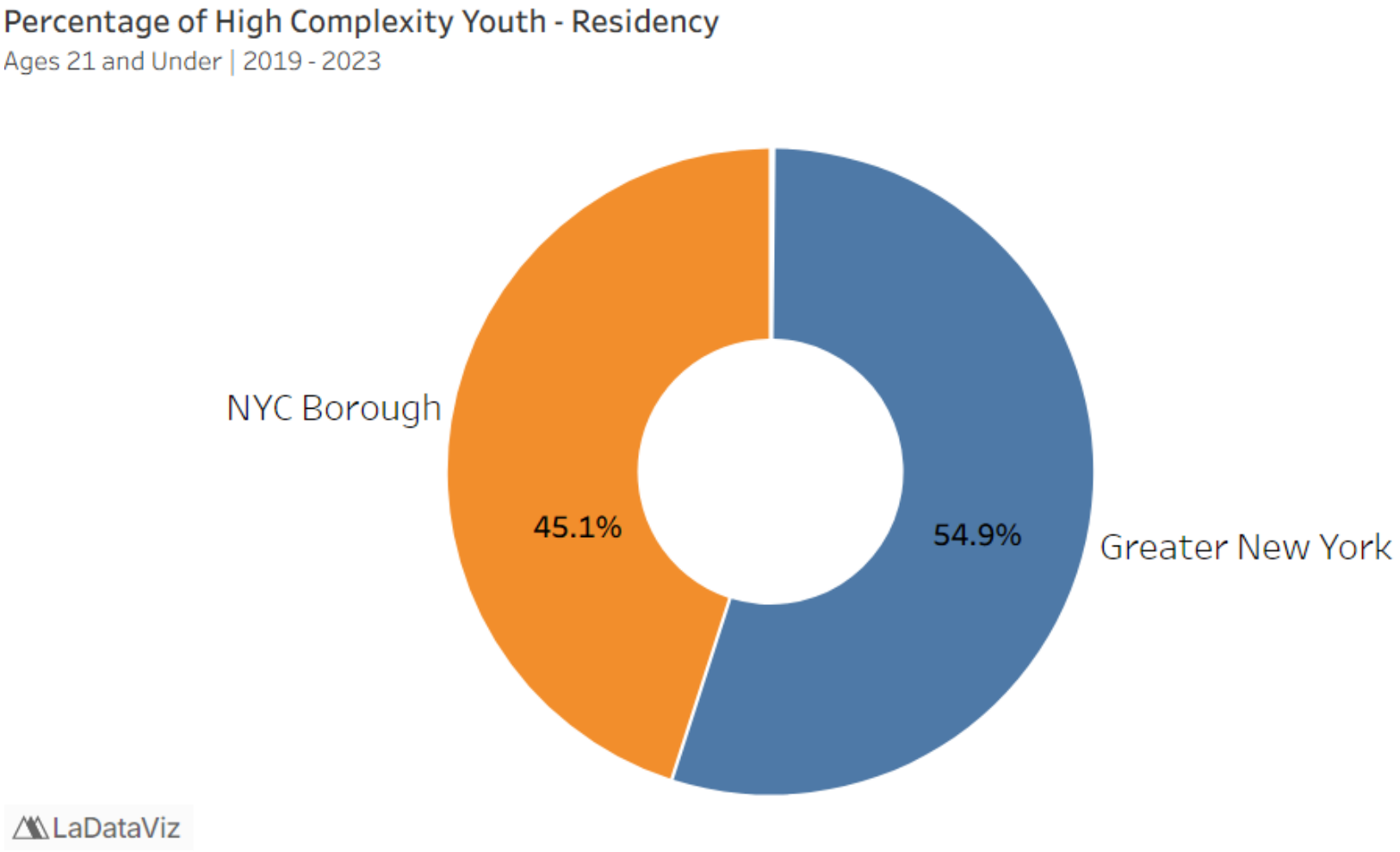
Population of Interest: By Age Group



Population of Interest: Region of Residence



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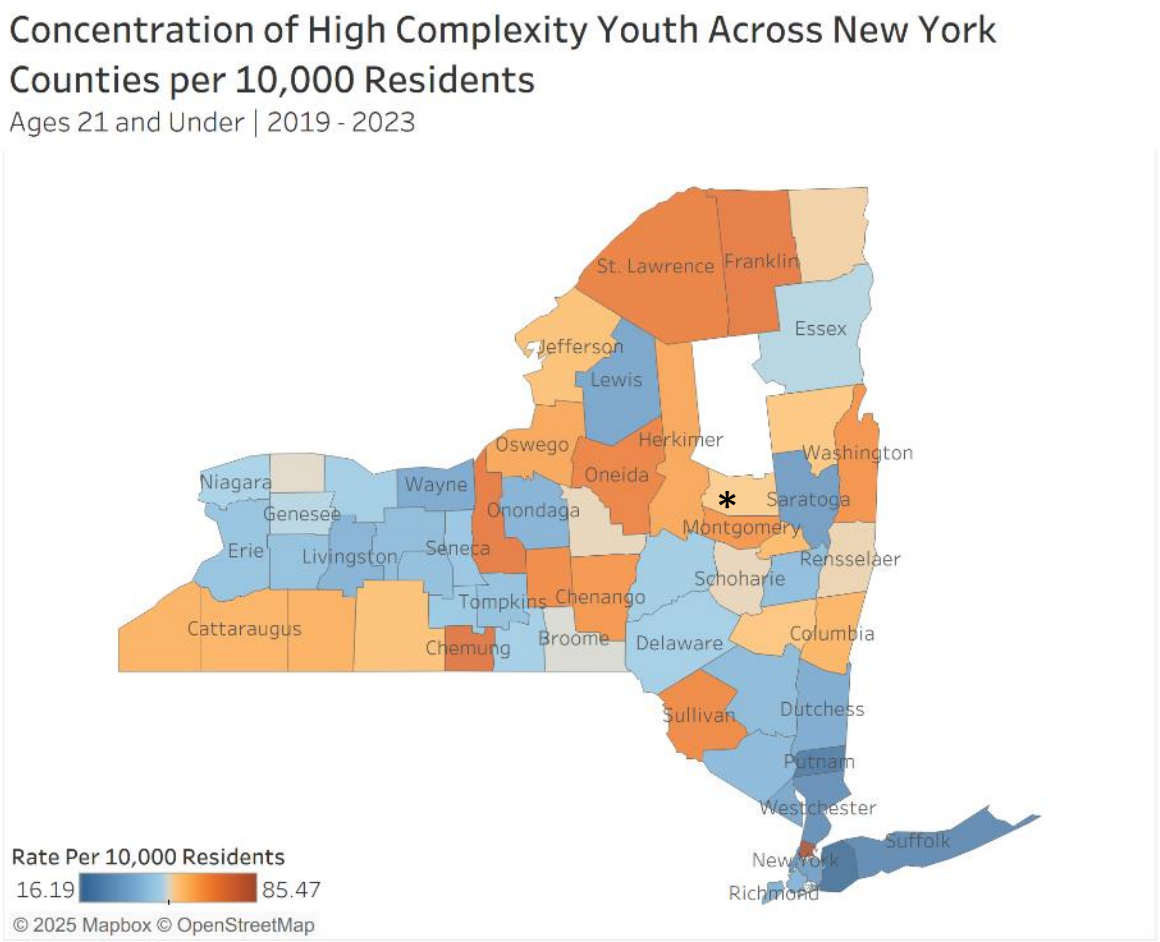
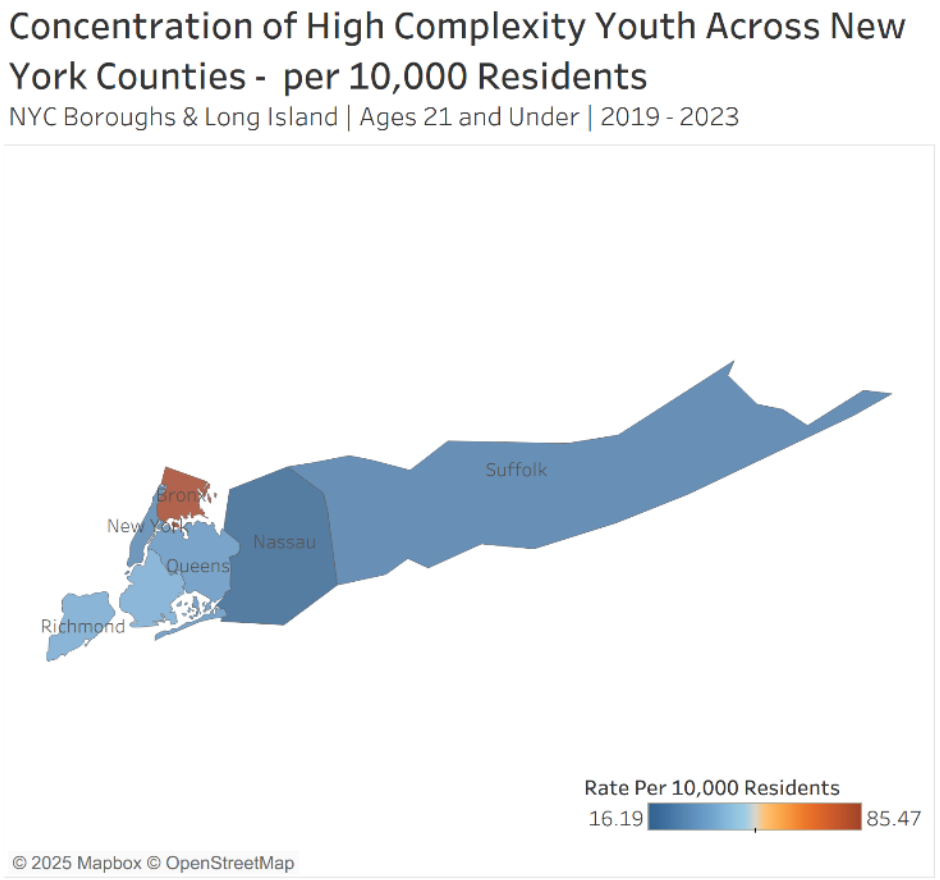
13,329 beneficiaries, or **17% of the cohort, were flagged as having and SED diagnosis and No OP utilization**

Average IP LOS: 15 Days
Median IP LOS: 8 days

Service	Total Services (2019 – 2023)	Service/Visit Per Cohort Beneficiary (2019 – 2023)
Inpatient Admissions (All-cause)	76,560	0.97
ED Visits (All-cause)	309,663	3.93
Outpatient Services (Total)	24,793,970	314.87
Psych. Inpatient Admissions	24,400	0.31
BH ED Visits	115,515	1.47
BH Outpatient Services	3,347,704	42.51
IOP Services	34,724	0.44
Partial Hospitalizations	29,994	0.38

Concentration of High Complexity Youth





*Data suppressed for Hamilton County due to small case counts.

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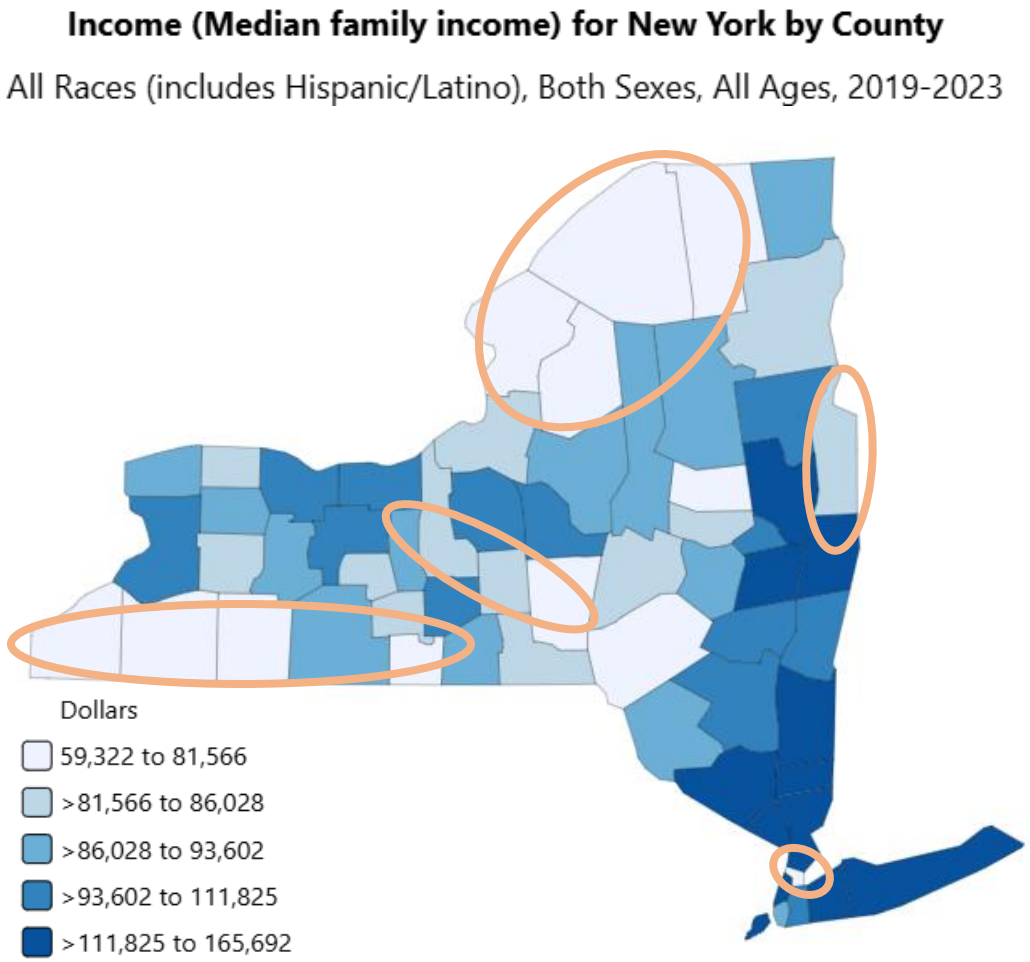
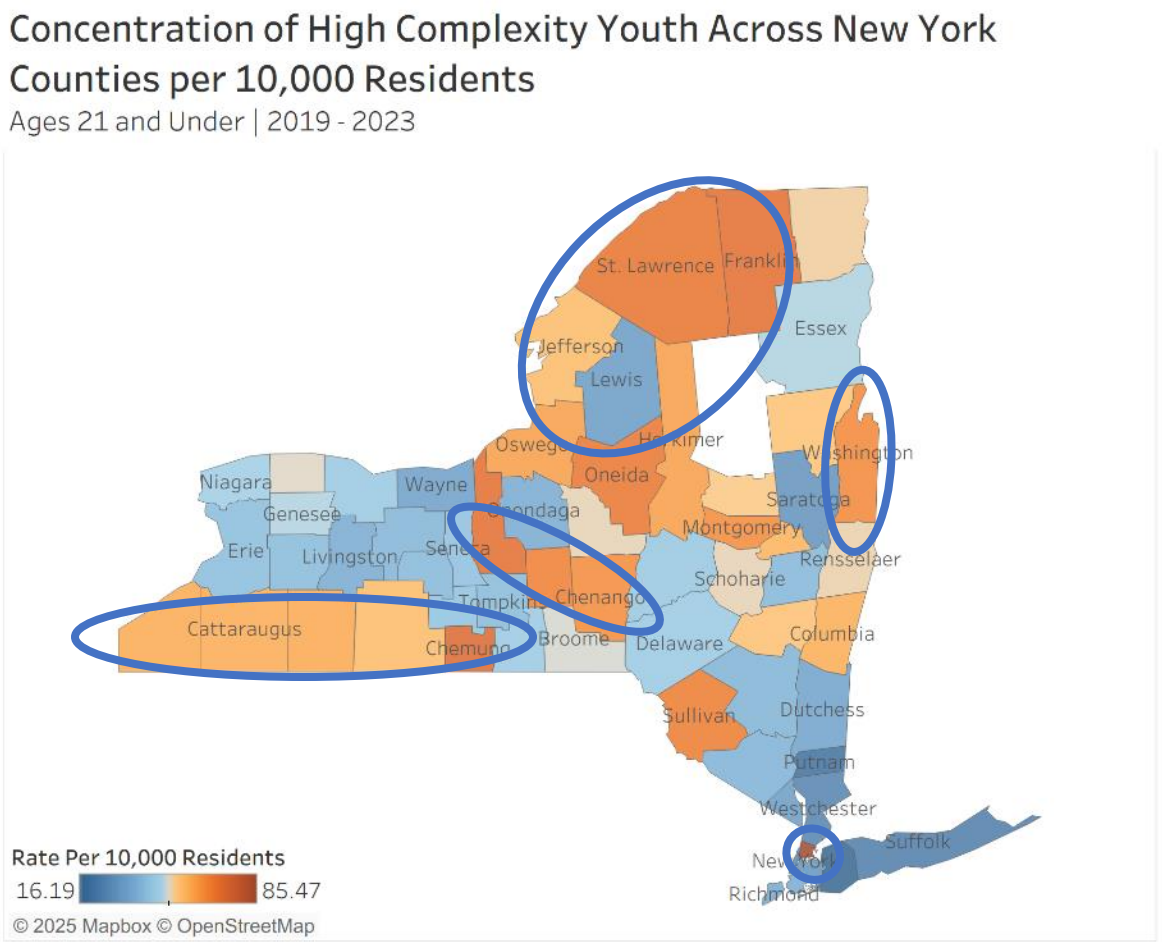
Income and Complexity: Poverty and Complexity Correlate





HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created 10/13/2025. Available from https://hdpulse.nimhd.nih.gov

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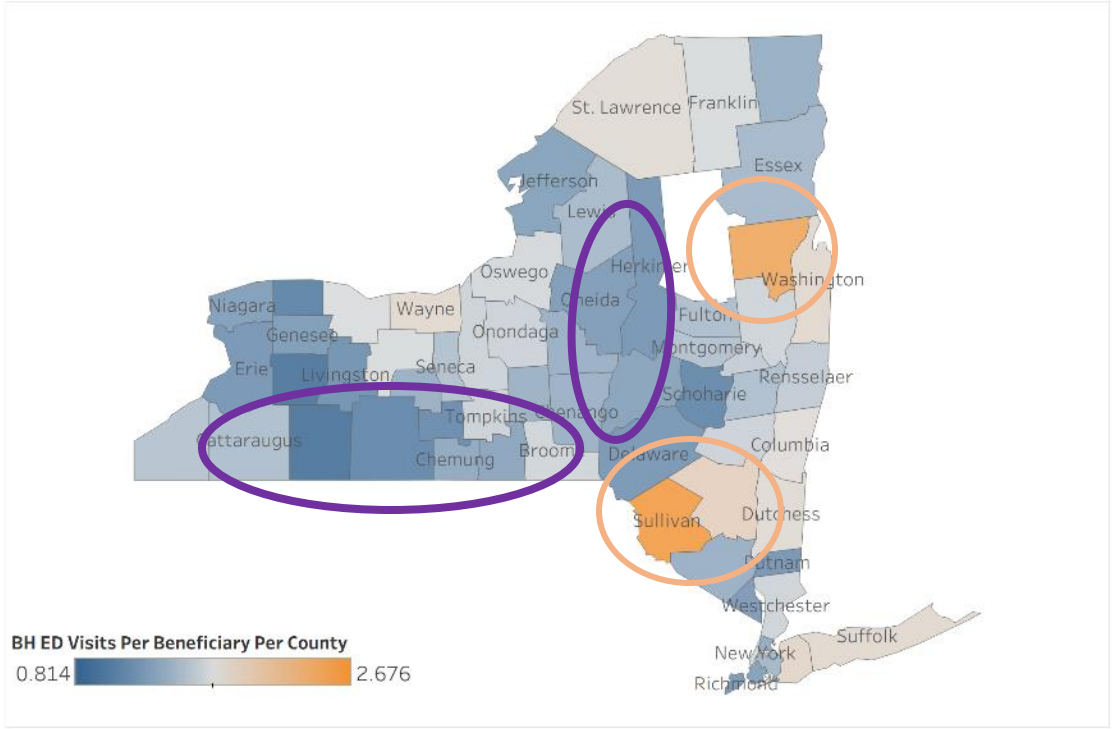
Emergency Dept & Outpatient Utilization

Where there are **high ED visits**, there is lower outpatient utilization.

Where there are **lower ED visits**, there is higher outpatient utilization.

Behavioral Health-Related Emergency Department Visits Per Beneficiary Across New York Counties

Ages 21 and Under | 2019 - 2023



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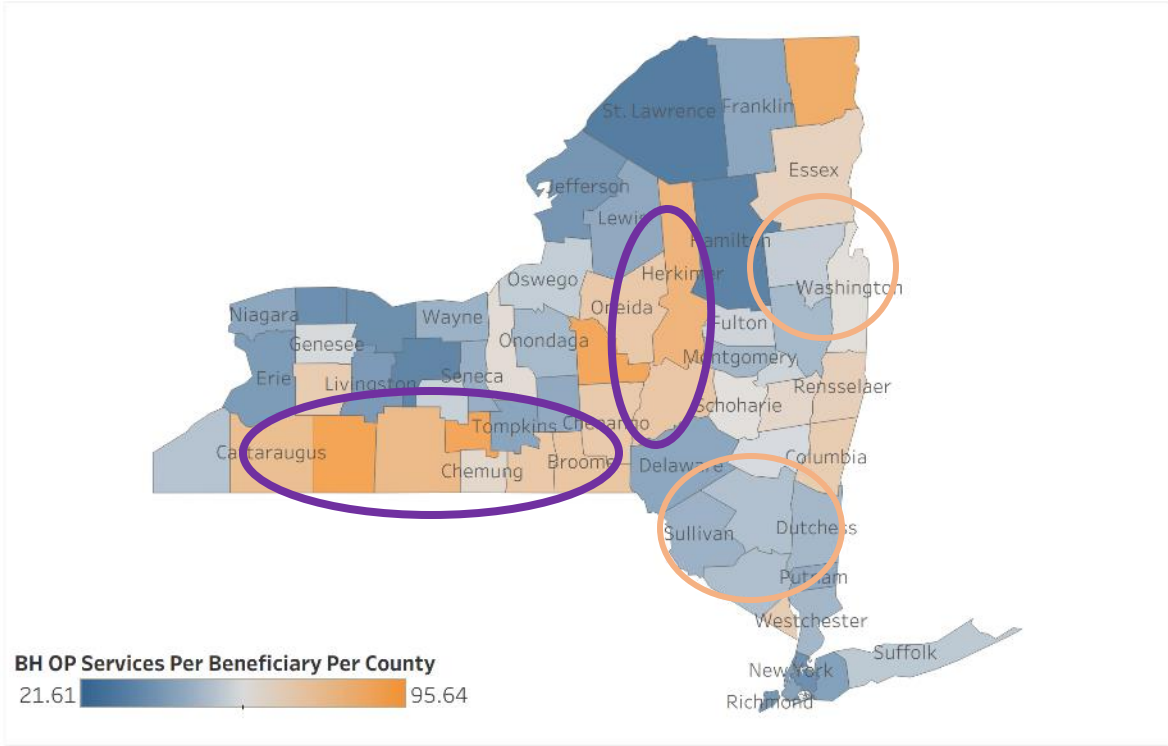

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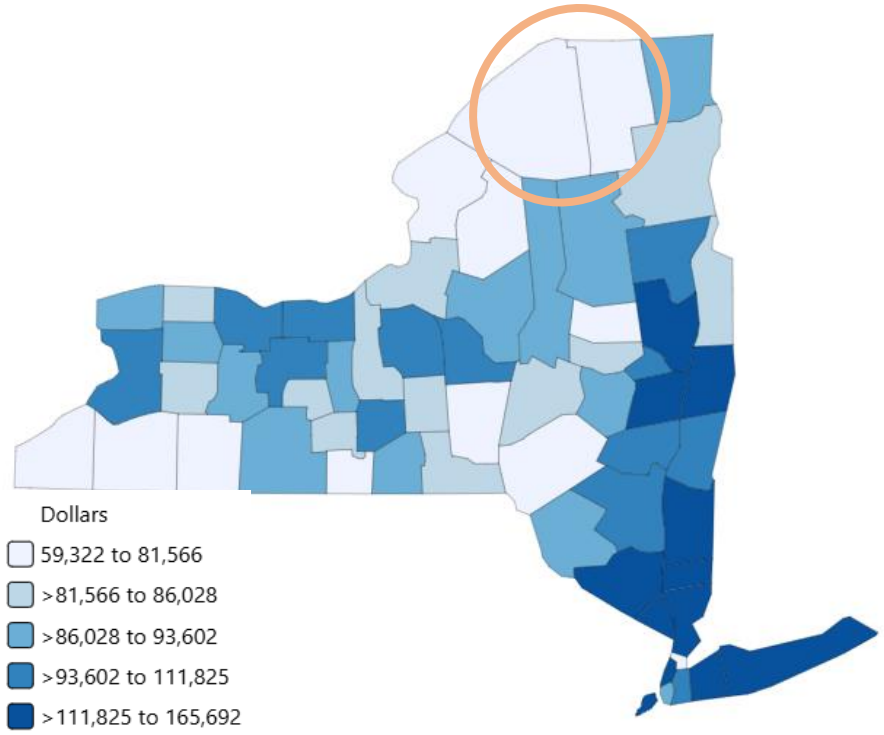
Income & Service Utilization

Income (Median family income) for New York by County

All Races (includes Hispanic/Latino), Both Sexes, All Ages, 2019-2023



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There are some pockets of lower income counties + higher ED use + lower OP use.

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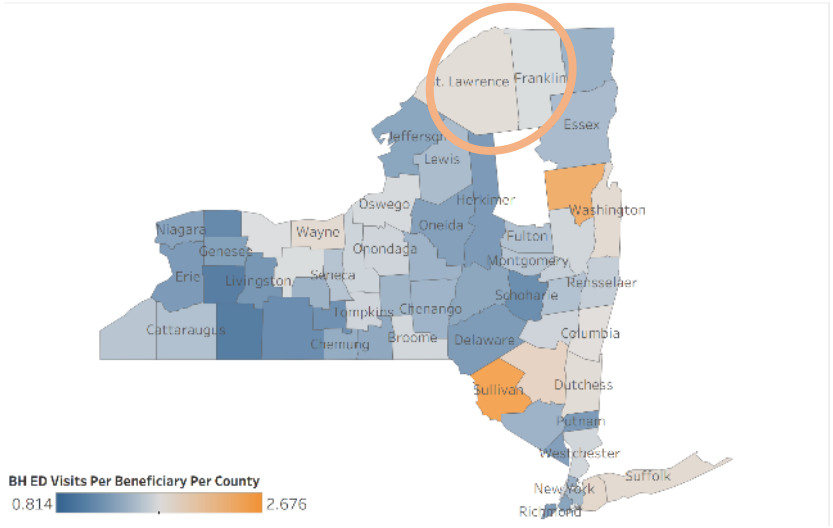

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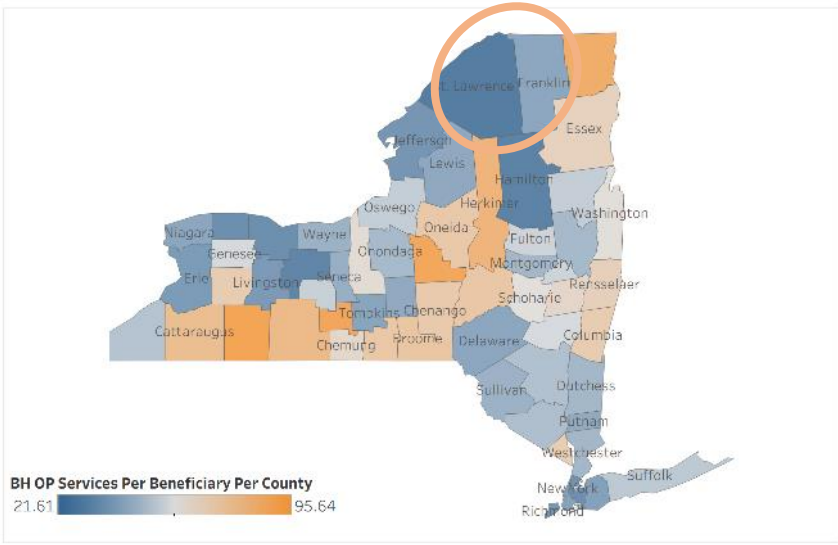

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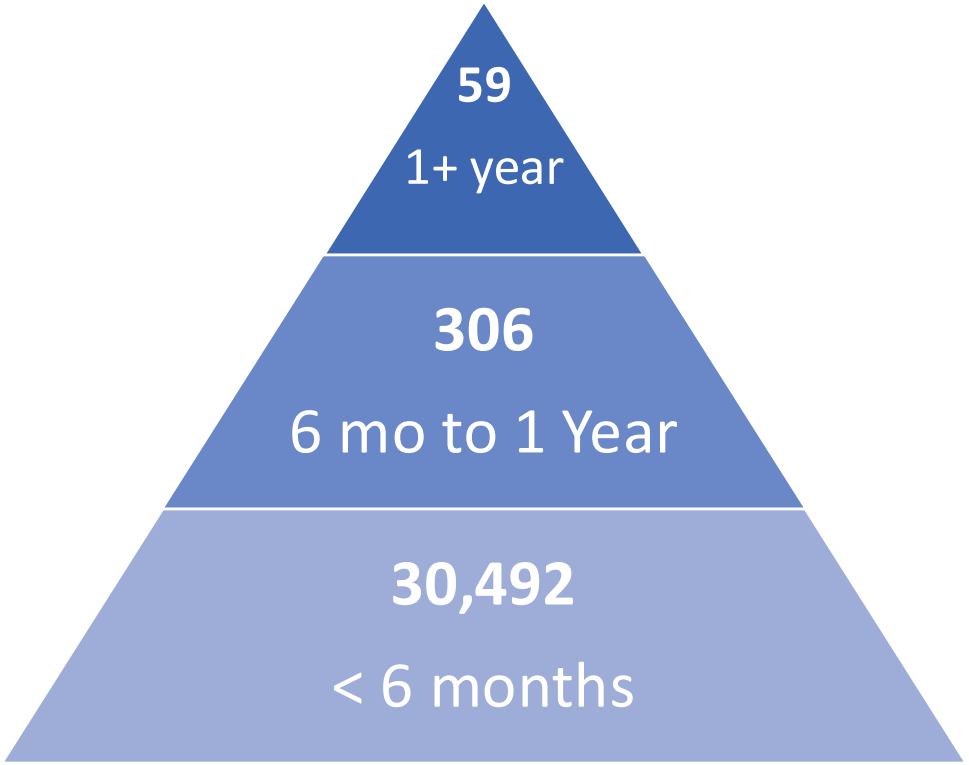
Complex Youth with Inpatient Stays

YOUTH UNDER AGE 21, 2019-2023, ALL-CAUSE INPATIENT ADMISSIONS

Volume of Youth by Duration of Stay



Maximum Inpatient Length of Stay

Greater NY

1,709 days

NYC

1,061 days

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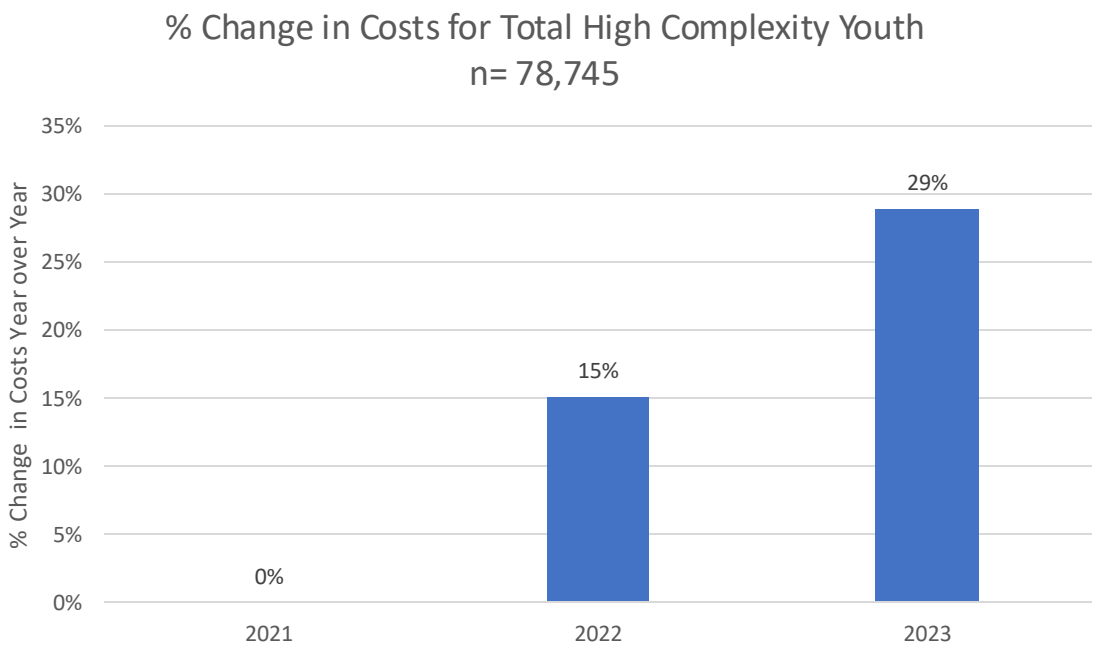
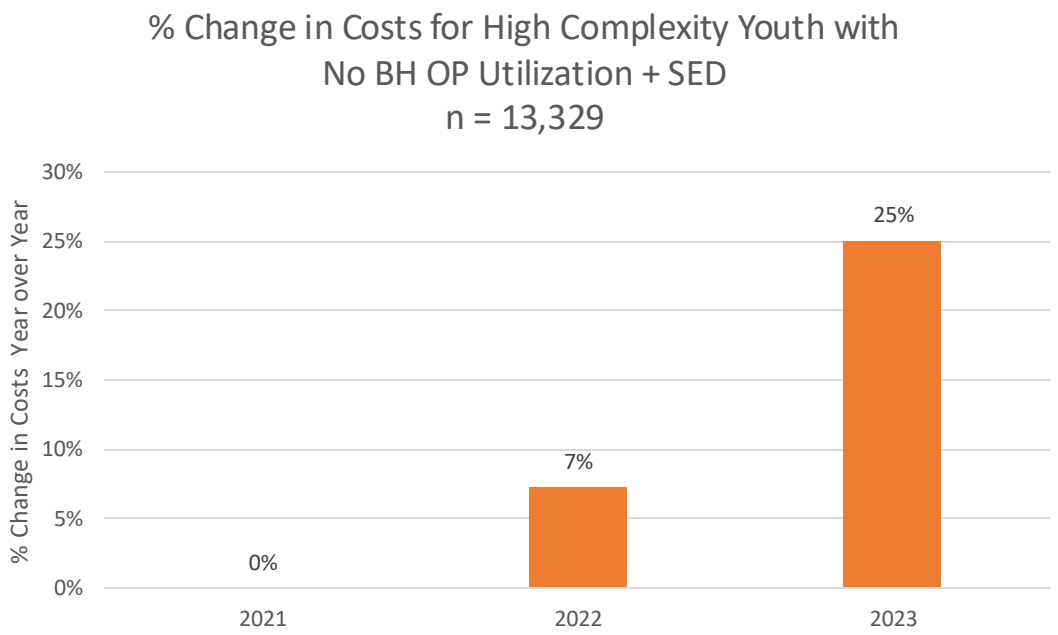
Year over Year Cost Trends





Between 2022 and 2023, costs increased significantly for all high-complexity youth, with a steep rise among those with an SED diagnosis who did not receive outpatient behavioral health care.

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