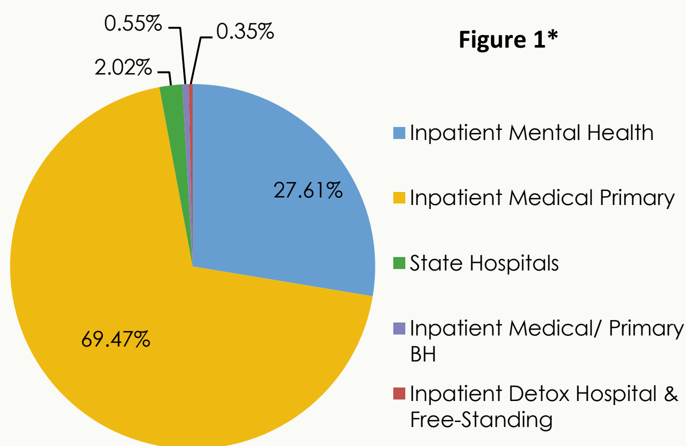
Connecticut Medicaid Youth Inpatient Utilization Data Brief

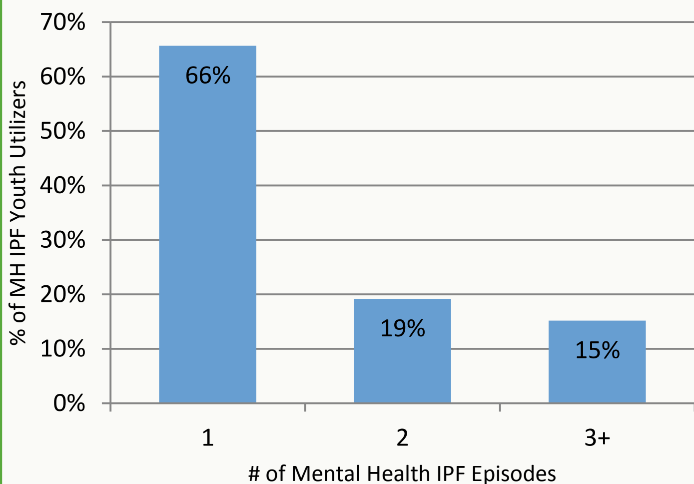
Review of Medicaid Claims and Service Data from 2011-2012

This report was made possible through the collaborative effort of the Connecticut Behavioral Health Partnership. Multiple data sets and complex statistical analyses were used to provide a comprehensive summary of how youth, ages 3-17 with Medicaid, utilize inpatient services, with a specific focus on mental and behavioral health inpatient utilization.

Inpatient Utilization

The majority, almost 70%, of the total youth inpatient episodes were for medical reasons. Inpatient (IPF) mental health episodes accounted for over 27% of all inpatient stays (Fig. 1). Of the 2,669 youth who had a mental health IPF episode, 85% were admitted only one or two times (Fig. 2).



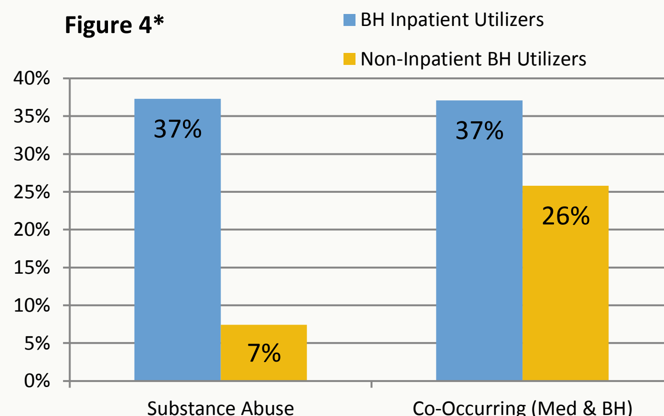


Mental Health Inpatient Diagnoses

Of all mental health inpatient episodes, Mood Disorder was most prevalent diagnosis. The data also indicated that of youth who readmitted 2 and 3+ times, Psychotic Disorders became one of the top diagnoses, which perhaps highlight the increased diagnostic complexity of youth hospitalized multiple times (Fig. 3). Youth who utilized mental health inpatient also were more likely to have been diagnosed with substance abuse or co-occurring disorders than youth who received community behavioral health services and do not utilize the hospital (Fig. 4). Recommendations include identifying best practices for treating Mood Disorders and developing standardized substance abuse screening for use in Primary Care, school-based clinics, Juvenile Justice and other systems with regular contact with youth.

Figure 3*

Most Common Diagnosis on IPF Claim				
Most frequent ⟵⟶				
1 IPF Stay	Mood Disorder	Child/Infancy Disorder	Anxiety Disorder	Other Mental Disorders
2 IPF Stays	Mood Disorder	Child/Infancy Disorder	Anxiety Disorder	Psychotic Disorders
3+ IPF Stays	Mood Disorder	Child/Infancy Disorder	Psychotic Disorders	Anxiety Disorder



*This data is by episode, thus it is not unique members. Members may have more than one episode.

**This data shows unique members. A youth can only be counted once.

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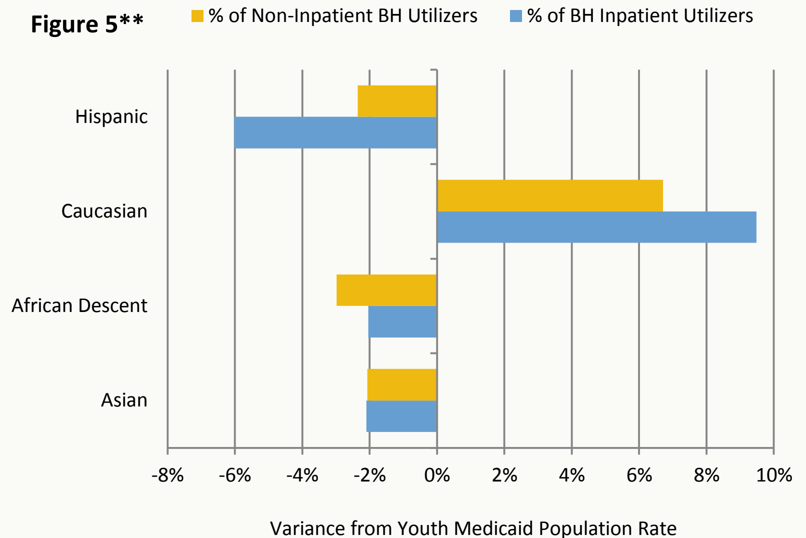
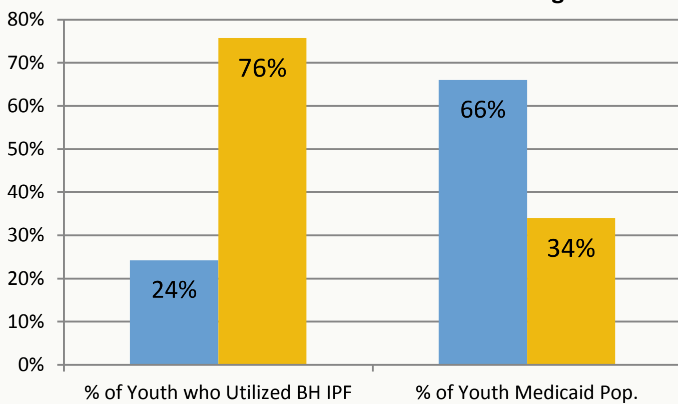
Demographic Differences in Utilization of Behavioral Health Services

When youth who had a mental health inpatient stay were compared to those youth who utilized behavioral health services but did not use the hospital, the data revealed variances among racial/ethnic groups (Fig. 5 right). Caucasians represented a larger portion of both groups than would have been expected based on their population rate. Subsequently, Hispanics, those of African Descent, and Asians utilized these services at rates lower than their portion of the total youth Medicaid population. Hispanics were most underrepresented in inpatient utilization. Additionally, youth whose primary language was Spanish were also underrepresented in inpatient utilization. It's recommended that data from other projects and initiatives be linked to better understand and address these disparities.



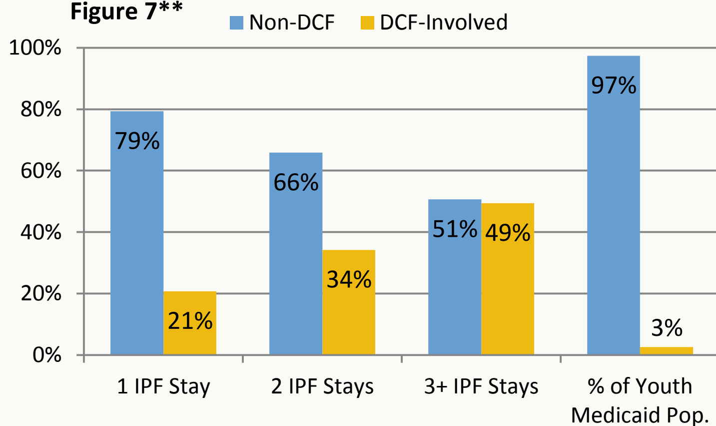
Note: The "All Others" group in Fig. 5 was not graphed as there was no variance. The group utilized both services at rates the same as their population rate.



Age had a significant impact on utilization. Adolescents utilized mental health IPF at rates much higher than their population rate (Fig. 6 left). This pattern of utilization for adolescents was seen in ED utilization as well. As children age, they become more likely to participate in any kind of behavioral health service, but particularly Inpatient or ED care. Given this pattern of utilization by age, it's recommended that consideration be given for expanding capacity and access to behavioral health prevention and early intervention programs.

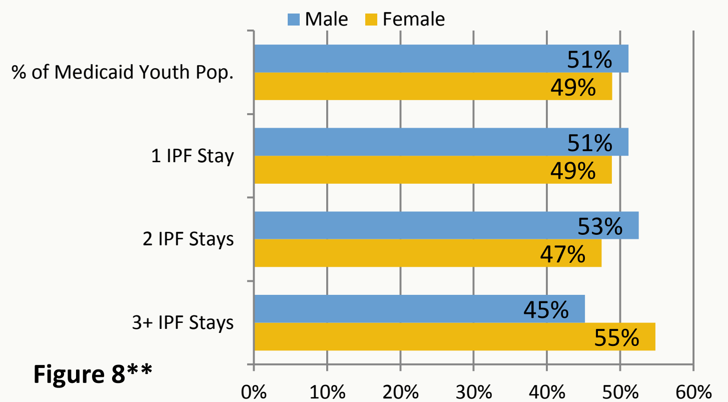
Impact of DCF-Involvement on Hospital Use

Per the methodology used in this study, DCF involved youth account for 3% of the youth Medicaid population. Based on this, these youth are increasingly overrepresented in each category below (Fig. 7) and most significantly among the youth who readmit to the hospital three or more times. Establishing an intensive community service, such as high-fidelity wrap-around, to serve this group is recommended.



Impact of Gender on Hospital Use

The percentage of males and females who were psychiatrically hospitalized only once or twice was consistent with their population rate. However, females accounted for a greater portion of the youth who had three or more episodes (Fig. 8). Due to possible higher rates of certain forms of traumatic exposure and susceptibility to PTSD, it's recommended that all youth, but particularly females, receive screening for trauma and PTSD at hospital admission.



This data brief summarizes the key points of a more extensive report. If you are interested in further information on this topic or are interested in a presentation to your group, committee, or agency, please contact Dr. Bert Plant, Ph.D at Robert.Plant@beaconhealthoptions.com.

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