



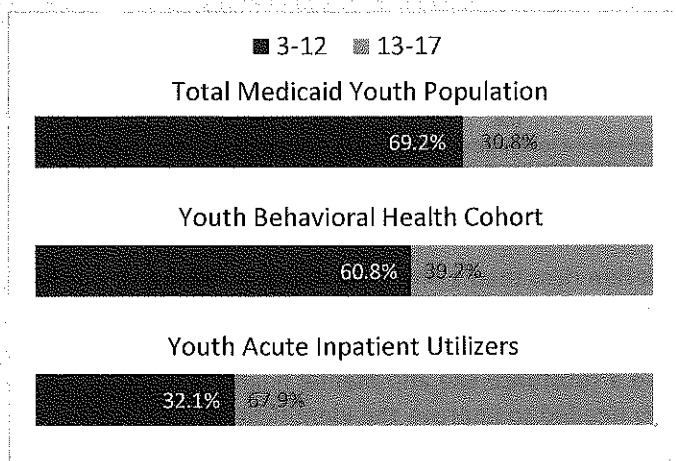
# Connecticut Medicaid Youth Population Profile:

## *Inpatient Psychiatric Users*

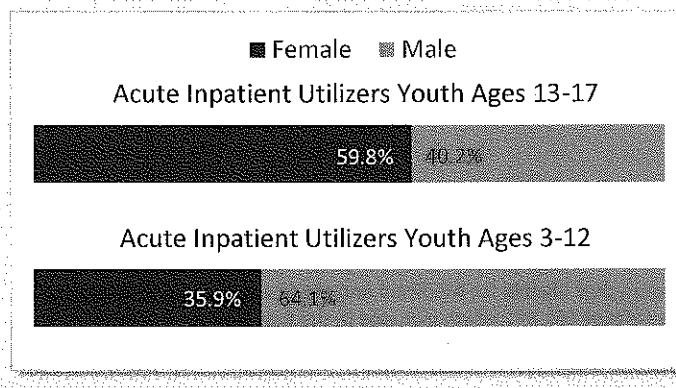


### Youth Demographics

During 2013, less than 1% of Medicaid youth (0.7%; 1,728 youth) utilized acute behavioral health inpatient services. Approximately 20% of youth had a behavioral health diagnosis on at least one claim within the year (53,407 youth), the majority (61%) of which were 3-12 year olds. Consistent with previous studies, adolescents were the majority of inpatient utilizers (68%), but represent less than a third of the total youth population (31%).



Also consistent with previous findings (see chart below) was that among 3-12 year old youth, the majority (64%) of inpatient utilizers were males, whereas the opposite was true for the adolescents (60% females). This shift may occur due to the average age of onset of different diagnoses more common to each gender.



### Diagnosis Prevalence

Six of the top diagnostic categories identified among youth who utilized acute inpatient psychiatric services in 2013 are listed below. Over 90% of all youth who used inpatient had a diagnosis that fell into the Mood Disorder NOS category. Children, ages 3-12, had a higher rate of Psychotic, Attention Deficit, and Disruptive Behavior Disorders than adolescents. So while only 555 youth ages 3-12 were in the inpatient cohort, their diagnoses were quite complex.

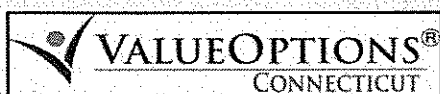
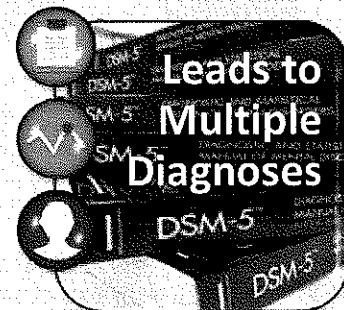
Percent of Youth Inpatient Utilizers with Identified Diagnosis			
Most Frequent BH Diagnoses	Youth Ages 3-12	Youth Ages 13-17	All Youth
Mood Disorders NOS	88.11%	93.44%	91.72%
Psychotic Disorders	71.17%	61.64%	64.70%
Attention Deficit Disorders	75.14%	43.82%	53.88%
Disruptive Behavior Disorders	71.35%	41.35%	50.98%
Stress Disorders	51.35%	44.50%	46.70%
Major Depressive Disorder	18.56%	50.90%	40.51%

Given the high rates of many of the above diagnoses, it is clear that youth often receive multiple diagnoses and these diagnoses occur either during a single inpatient admission or over the course of several admissions. In fact, a staggering 86% of all youth inpatient psychiatric utilizers received diagnoses from five or more behavioral health diagnostic categories over the course of the year-long study period. This finding demonstrates the complexity of the youth utilizing inpatient psychiatric services, and also suggests the challenges (below graphic) faced by providers in accurately diagnosing a youth with early behavioral health problems.

Complicated &  
Changing Symptoms

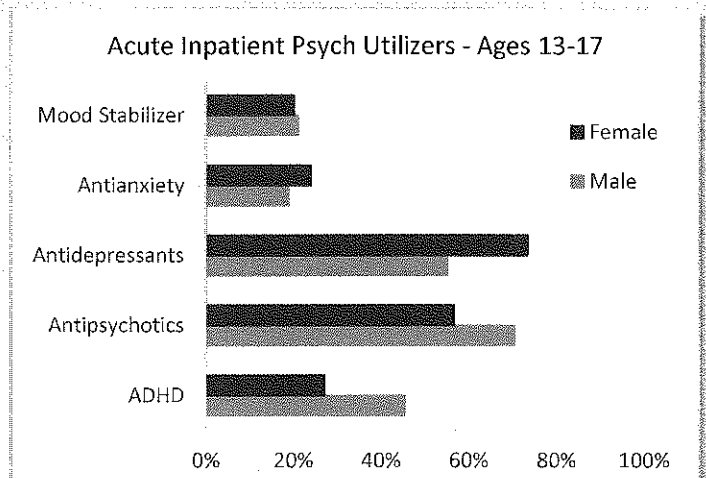
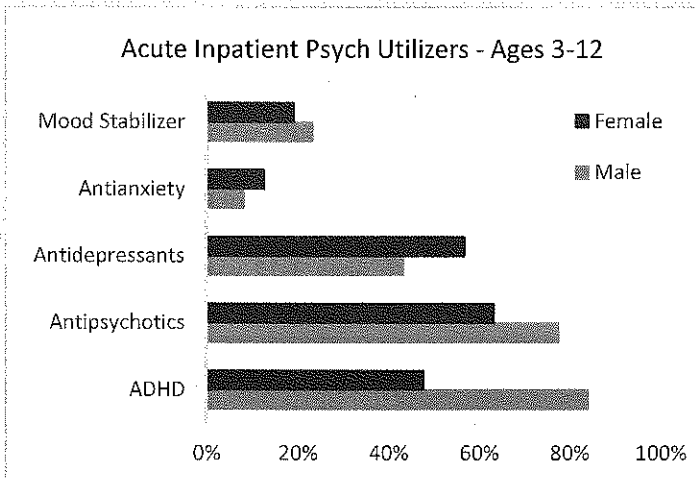
Developing Mental  
Health Diagnosis

Multiple evaluating  
providers



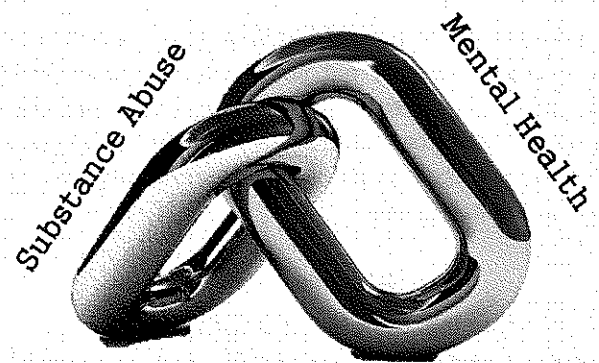
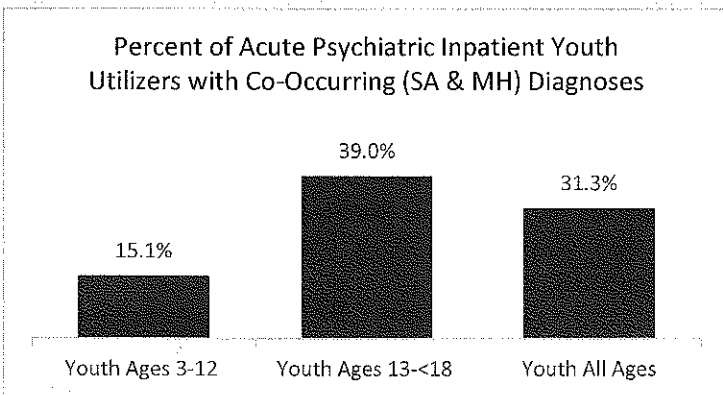
## Prescription Medication Use

Behavioral health medication data from pharmacy claims filled for youth who used inpatient services during calendar year 2013 were analyzed. Among acute inpatient psych utilizers, the most common medications filled were antipsychotics, followed by antidepressants and ADHD medications. When broken out by gender and age, the findings show that young males are more likely to be prescribed ADHD and antipsychotic medications than females. While this trend continues in the adolescent population, the difference is less pronounced. Females are more likely than males to receive antidepressants in both age groups, but are even more likely in the 13-17 cohort.



## Co-Occurring Substance Use

During 2013, a very small portion of the entire Youth Medicaid Population (less than 1.5%) were found to have a co-occurring mental health and substance abuse diagnosis. Only 7% of youth who utilized any non-inpatient behavioral health service, had a co-occurring diagnosis. Nearly a third (31%) of all youth inpatient utilizers had a co-occurring diagnosis. Not surprisingly, adolescents were more than two and a half times more likely to have a substance use and mental health diagnosis than the younger cohort (see chart below). These findings suggest that work is needed to improve the identification and treatment of substance use disorders in community settings among adolescents prior to the need for inpatient care.



This document summarizes the key points of a more extensive report submitted in 2014 and was made possible through the collaborative effort of the Connecticut Behavioral Health Partnership. This analysis utilized integrated claims data from calendar year 2013 for youth ages 3-17 who were eligible at any point during the study period. Exclusionary criteria included all members who were dual eligible for Medicaid and Medicare, DOS, and/or Title XIX at any point during the study period, and members who were ages 0-2. There were a total of 262,691 youth included in the final analyzed data set. 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@valueoptions.com](mailto:Robert.Plant@valueoptions.com).



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