

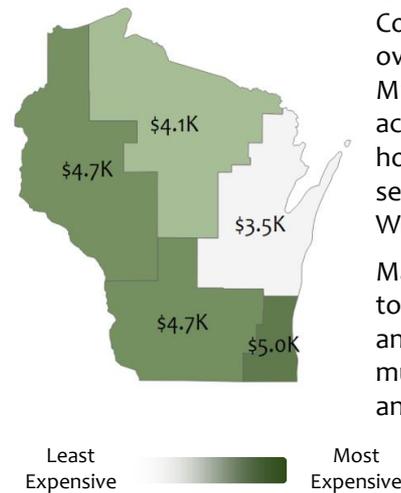
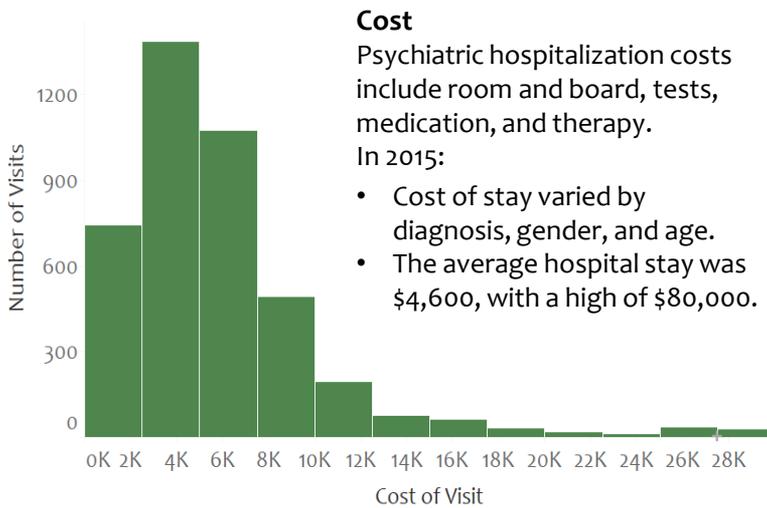
FACT SHEET: Youth Psychiatric Hospitalizations, Readmissions, and Emergency Detentions

Psychiatric hospitalizations are used in times of intense need, when a child is thought to be a harm to him/herself or others.¹

Wisconsin Youth Hospitalizations (2015):

- Psychiatric hospitalizations for 3,030 children on Medicaid occurred at Wisconsin's 23 state and private hospitals at a cost of approximately \$25 million.
- Children's psychiatric hospitalizations decreased with 15% fewer children hospitalized in 2015 than 2014.
- Of the children who received any mental health services from Medicaid in 2015, 8.4% were hospitalized.
- The top two diagnoses for hospitalizations were depression (36%) and other mood disorders (23%).
- Girls and boys had the most hospitalizations during adolescence.
- Children were hospitalized for an average of 6 days each stay, which is higher than the national average of 4.5 days.²
- Children spent an average of seven days in the hospital, and about 20% of children had more than one stay each year.
- Children living in high poverty counties had the highest rates of psychiatric hospitalizations at 76 per 100,000 compared to 47 per 100,000 in the counties with the lowest poverty.³

Psychiatric hospitalizations: cost and count of children covered by Medicaid



Geography

Counties with a population over 80,000 (Dane, Milwaukee, and Waukesha) account for 40% of the hospitalization costs, while serving only 32% of Wisconsin's children (2015).

Many counties are working to reduce hospitalizations and some have decreased as much as 30% between 2013 and 2015.

Key Findings

- Emergency Detentions are on the rise, e.g., Wisconsin's state facility reached 200% capacity (point in time) in 2017.
- Youth on Medicaid had fewer psychiatric hospitalizations in 2015 compared to the previous two years, though the number of Emergency Detentions almost doubled during that same time period.
- Psychiatric hospitalizations are expensive, costing almost \$5,000 per stay. As a comparison, Medicaid mental health providers could provide over a year of outpatient therapy for less money.

Parent and Youth Voice⁸

Some parents report that initiating an Emergency Detention to Winnebago Mental Health Institute (WMHI) seems like the most expedient way to access mental health services for their children.

Families report receiving needed follow-up care from WMHI staff, such as enrollment in Medicaid and links to additional services such as wraparound programs.

Youth Psychiatric Hospitalizations, Readmissions, and Emergency Detentions (page 2)

Readmission is defined as reentering the hospital within 7, 30, or 365 days of discharge. Lowering readmission rates is a quality metric approved by the Agency for Healthcare Research and Quality, among others.⁵

Nationally, readmission rates vary based on the health plan and population and are typically viewed negatively due to implications that the initial hospitalization and after care planning was ineffective.⁴

In 2015, **11% of Wisconsin children who were hospitalized for psychiatric reasons were readmitted within 30 days (N=325), and 31% of children were readmitted within a year.**

The percent of Wisconsin children readmitted into a hospital within a year has increased almost 20% from 2013 to 2015.

One in 10 children on Medicaid is readmitted to the hospital for psychiatric services within 30 days.



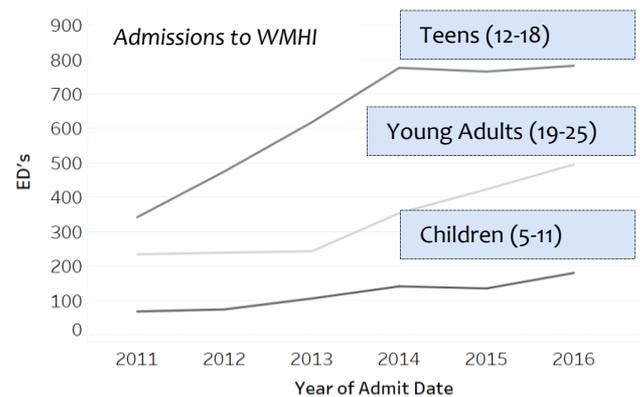
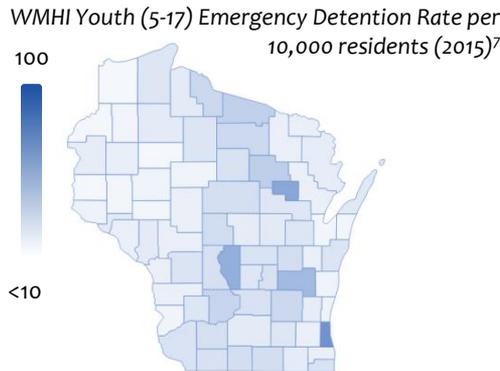
Three in 10 children on Medicaid are readmitted to the hospital for psychiatric services within one year.



Emergency Detention is a type of psychiatric hospitalization bound by legal status and established only when youth experience severe mental distress and are at risk of harming themselves or others. Many youth under an emergency detention are taken to Winnebago Mental Health Institute (WMHI), a state-run mental health facility.⁶

Emergency Detention (ED) Admissions⁷

- The average monthly ED admissions have steadily increased since 2011.
- Teens are most likely to be admitted (see line graph), but the number of young adult admissions has more than doubled in the last three years (250 to 500 per year).
- The number of children (ages 5-11) admitted to WMHI has increased 165% since 2011, and was up 33% in 2016. This is the most growth for any age group.
- WMHI reached their highest historical youth admissions (e.g. 200% of capacity) in May of 2017. Causes are believed to be related to increasing severity of youth's mental health needs as well as the 2010 elimination of youth ED admissions to Mendota Mental Health Institute.



References

1. Wisconsin Department of Health Services. (2012-2015). *Medicaid claims spending* [Data file]. Received 3/1/2017 from the Division of Medicaid Services. This analysis includes psychiatric hospitalizations for children under age 18, designated by a mental health diagnosis and a DRG indicating mental health. Claims from 2015 unless otherwise stated. Geographic analyses are based on a child's county of residence, not the location of the hospital.
2. Case, Brady G., et al. (2007). *Trends in the inpatient mental health treatment of children and adolescents in US community hospitals between 1990 and 2000*. *Archives of general psychiatry* 64.1 :89-96.
3. Poverty levels are calculated by quartile, data from 2015 Medicaid claims. (See Reference 1).
4. James, Sigrid, et al. (2010). *Post-discharge services and psychiatric rehospitalization among children and youth*. *Administration and Policy* 8. in *Mental Health and Mental Health Services Research* 37.5: 433-445.
5. National Committee for Quality Assurance (NCQA). (2015). *HEDIS 2016: Healthcare Effectiveness Data and Information Set*. Vol. 1, narrative. Washington DC.
6. Data on Emergency Detentions is only available for those that happen at WMHI and in Milwaukee County. A presumed number of ED's happen at other facilities around the state.
7. Wisconsin Department of Health Services. (2011-2016). *WMHI Admission Records* [Data file]. Received 9/12/2017 from the Division of Care and Treatment Services. Data from WMHI Admission Records, averaged from 2011 to 2016. Milwaukee data from the Milwaukee County Behavioral Health Division PCS Records for children discharged to a hospital, averaged from 2013 to 2016, received 8/24/2017.