REPORT HIGHLIGHTS

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Most Children Enrolled in Medicaid Did Not Receive Timely Suicide-Related Followup Care

Why OIG Did This Review

- Suicide is the second leading cause of death for children in the United States. In 2023, nearly 225,000 children aged 10–17 who were enrolled in Medicaid were hospitalized or visited the emergency department (ED) for suicidal thoughts or behaviors.
- Providing timely followup care after children experience suicidal thoughts or behaviors is critical to decreasing the likelihood of re-hospitalization and preventing suicide. OIG interviewed experts who told us that a followup visit should occur anywhere from 24 hours to 1 week after a child's discharge from the hospital or ED.

What OIG Found

In half of cases (i.e., hospitalizations or ED visits for suicidal thoughts or behaviors), children did not receive a followup visit in the week after their discharge—a critical time for intervention.

When children did receive followup visits, most visits occurred with behavioral health providers such as counselors, social workers, and psychiatrists.

Subject matter experts whom OIG interviewed attributed the lack of timely followup visits to provider shortages and difficulties connecting children to care. The experts also shared that brief interventions from any type of provider could support children while they await more comprehensive care from a behavioral health professional (e.g., telephone contacts and safety planning).

What OIG Recommends

In past work, OIG recommended that CMS take steps to expand access to behavioral health providers for Medicare and Medicaid enrollees. This evaluation provides further evidence of the need for CMS to make necessary efforts to increase enrollees' access to behavioral health care providers. In addition to prior recommendations, OIG recommends that CMS assist low-performing States to better ensure that children at risk of suicide receive timely followup care.

CMS concurred with this recommendation.