Center for Evidence to Practice

Study Brief Series: **June 2025**

Exploring Louisiana's Behavioral Health Services for Youth & Families - Part 1

Medicaid Claims Analyses – Diagnoses & Service Utilization

Introduction

This brief is part of a three-part series describing the findings from a 2024 assessment of the behavioral health services for youth and families in Louisiana. The **study*** was performed by the LSU Center for Evidence to Practice as part of its collaboration with the Louisiana Department of Health (LDH)- Office of Behavioral Health. **This brief describes how Medicaid claims data for Louisiana youth were examined. The analysis offers a critical window into the profile of mental health needs among youth** receiving publicly funded services. It is intended to inform LDH, Medicaid Managed Care Organizations (MCOs), and behavioral health providers in planning resource allocation, workforce development, and clinically responsive programming. **What readers will discover in this brief is that youth are diagnosed with ADHD conditions at high rates, followed by depression related conditions, conduct related conditions, and adjustment disorder. However, these findings vary across Louisiana.**

***The study** was a **three-pronged approach** to assessing services for youth and their families in Louisiana. The first approach was to **analyze Medicaid claims** including information on diagnoses, services provided, and location of services throughout Louisiana. The next step was a **statewide behavioral health provider survey** to understand their perceptions on the state of the workforce. Finally, to better understand the findings generated by the survey, three **focus groups of providers** were gathered to explain what they believed the findings suggested.

Data and Methodology

Over 1.3 million Louisiana Medicaid claims from 2023, **for youth ages 0 to 18** who had a primary or secondary behavioral health diagnosis, **were included in this analysis**. Based on the first three digits of their associated ICM-10 codes[1], these claims were grouped into six mental health diagnostic categories according to the primary diagnosis. The prevalence of behavioral health claims associated with each behavioral health category was then calculated across parishes and then grouped by the ten LDH service regions.

Results

ADHD

Attention Deficit Hyperactivity Disorder (ADHD) was the most prevalent behavioral health condition among Medicaid claims for Louisiana youth, accounting for **56% of all behavioral health claims**. Regional data show higher prevalence in Regions 5 (62%), 3 (60%), and 8 (59%). At the parish level, the **range spans from a low of 34% in East Feliciana to a high of 79% in Cameron Parish**. This **statewide predominance of ADHD in claims is considered high. Nationally, only about 11% of youth were reported to have an ADHD diagnosis** in 2022. This is not an exact comparison to these Medicaid claims data, but it does point to potentially similar conclusions (Reuben, Elgaddal, 2024). This high prevalence, more so in some areas of the state than others, suggests an increased need for resources to these locations in order to equip providers with enhanced tools to effectively treat patients diagnosed with ADHD or more accurately screen and assess for ADHD to ensure the treatment being delivered is based on accurate identification.

[1] ICD-10 Clinical Modification (ICD-10-CM) is the classification system by which diseases and mental conditions are coded.

Conduct and Mixed Behavioral Conditions

Conduct and mixed behavioral disorders (e.g., oppositional defiant disorder and diagnoses where behavioral disturbances are present and significant) **comprised 11% of these Medicaid claims**, with wide variability across parishes—**from just 1% in Allen Parish to as high as 55% in East Carroll Parish**. Regions 8 (18%) and 6 (12%) showed the highest regional prevalence. These externalizing disorders appear higher in rural areas that may also face significant social and economic stressors, such as poverty and school dropout (CDC, 2022). This pattern underscores the need for better assessment and diagnoses, as well as multi-level, early intervention programs that incorporate family (e.g., FFT and MST), trauma informed care (e.g., TF-CBT and EMDR), and/or school-based behavioral supports to better identify and address these issues before they escalate. Intervening early to limit separation from educational and prosocial connections is imperative for these youth.

Depressive Conditions

Depressive conditions (e.g., major depressive disorder, persistent depressive disorder/dysthymia) accounted for **11% of statewide claims**, with higher prevalence in Region 7 (18%) and Region 10 (14%). Notably, prevalence at the parish level **ranged from 1% in Cameron Parish to a high of 24% in Catahoula Parish.** While the origin of these depressive conditions was not explored by this approach to examining Medicaid claims, it might be surmised that the prevalence variability alludes to the scarcity of provider availability and behavioral support services in some parishes. For example, as of 2024, the estimated provider to resident ratio was 1 to 4,403 in Catahoula Parish (Stacker, n.d.). It should be noted, regardless of parish, **Louisiana overall reports about half the amount of depression in youth in claims. Nationwide descriptions of the prevalence of depression among this young population is about 20%.** This may stem from a lack of accurate screening and assessment or lack of providers available to examine and treat depressive conditions in youth.

Adjustment Disorder

Accounting for **10% of all claims**, **adjustment disorder** was most common in Region 9 (14%) and Region 5 (14%), with parish-level prevalence **ranging from 2% in Natchitoches to 29% in St. Helena.** Given that adjustment disorder often stems from recent **psychosocial stressors**, their presence may be indicative of heightened community-level awareness or responsiveness to **trauma, grief, and/or environmental instability**. The prevalence of this diagnosis highlights the significance of better equipping providers with greater community engagement practices and individualized trauma-informed practices, which are less apparent in some regions.

Anxiety Conditions

Anxiety conditions were documented in **5% of Medicaid behavioral health claims**, with **parish-levels as low as 0.2% and a maximum of 11%**. **Compared to national estimates, these figures are notably low**, as anxiety conditions are some of the most prevalent in youth across the country. There is no logical reason that would suggest Louisiana's youth would be experiencing less anxiety than young people nationally. Despite its low prevalence, anxiety was noted in the broader gaps and needs survey of providers (part 2 of our series), as one of the top problems clinicians wanted more training on to better address needs perceived in their practices.

Other Diagnoses (Bipolar, Non-Mental Health, Miscellaneous)

Bipolar disorder appeared in **1% of Medicaid claims**, **consistent with diagnostic cautions for youth populations** as they are still in the midst of significant psychosocial development (Weinstein, West, Pavuluri, 2013). Other non-mental health behavioral diagnoses (e.g., developmental delays) made up 4% of claims. These low rates could reflect appropriate diagnostic hesitancy or challenges in access to specialized providers with the tools and skills to better assess and treat these youth (Rogers, Hartigan, Sanders, 2021).

Table 1: Prevalence and Count of Louisiana's 2023 Medicaid Claims for Youth (ages 0-18) Grouped in Diagnostic Categories and Median, Minimum and Maximum Values across Parishes (n=1,336,089).

Diagnostic Categories	State, % (n)	Parish, median (min – max)
Adjustment disorder (F43)	10.4 (139,236)	10.7 (2.4 – 29.0)
Anxiety disorders (F41 and F42)	5.4 (72,546)	5.8 (0.2 – 11.3)
Bipolar affective disorders (F31)	1.2 (15,390)	1.0 (0.1 – 4.7)
Conduct disorders and mixed behavioral disorders (F91 and F92)	11.1 (147,674)	10.3 (0.8 – 55.2)
Depression disorders (F20, F32, F33, and F34)	11.0 (147,478)	11.6 (1.1 – 23.6)
Hyperkinetic disorders/ADHD (F90)	56.1 (749,729)	55.1 (34.3 – 79.1)
Other mental health and behavior disorders (Other FXX)	0.6 (8,364)	0.6 (0.1 – 5.0)
Non-mental health and behavior disorders (Non FXX)	4.2 (55,672)	3.8 (0.7 – 19.8)

Table 2: Prevalence and Count of Louisiana's 2023 Medicaid Claims for Youth (ages 0-18) Grouped in Diagnostic Categories presented within each LDH Region (n=1,336,089).

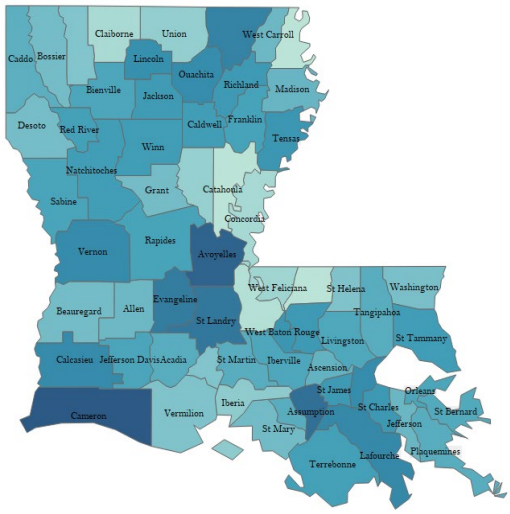
	Region, % (n)				
Diagnostic Categories	**1**	**2**	**3**	**4**	**5**
Adjustment disorder (F43)	10.8 (8,972)	9.2 (16,020)	11.2 (15,018)	12 (17,618)	14.1 (11,206)
Anxiety disorders (F41 and F42)	4.8 (3,948)	5 (8,775)	6.8 (9,150)	6.2 (9,088)	5 (3,951)
Bipolar affective disorder (F31)	1.2 (987)	0.9 (1,636)	0.9 (1,175)	1.3 (1,904)	1.3 (1,049)
Conduct disorders and mixed behavioral disorders (F91 and F92)	11 (9,065)	11.9 (20,726)	6.9 (9,277)	11.7 (17,182)	4.7 (3,738)
Depression disorders (F20, F32, F33, and F34)	11.9 (9,881)	10.7 (18,611)	9.2 (12,369)	10.9 (15,976)	8.2 (6,526)
Hyperkinetic disorders/ADHD (F90)	55.4 (45,787)	56.8 (98,925)	60.1 (80,665)	53.2 (78,206)	61.7 (48,942)
Other mental health and behavior disorders (Other FXX)	0.9 (728)	0.7 (1,218)	0.5 (672)	0.5 (715)	0.8 (610)
Non-mental health and behavior disorders (Non FXX)	4 (3,339)	4.7 (8,154)	4.4 (5,889)	4.4 (6,430)	4.2 (3,352)
Region Total	6.2 (82,707)	13.0 (174,065)	10.1 (134,215)	11.0 (147,119)	6.0 (79,374)

	Region, % (n)				
Diagnostic Categories	**6**	**7**	**8**	**9**	**10**
Adjustment disorder (F43)	7.2 (8,043)	8.5 (13,984)	8.3 (18,542)	14.1 (19,838)	13 (9,995)
Anxiety disorders (F41 and F42)	5.2 (5,873)	4.1 (6,681)	3.2 (7,172)	8.1 (11,412)	8.5 (6,496)
Bipolar affective disorder (F31)	0.7 (834)	2.3 (3,798)	0.7 (1,481)	1.2 (1,735)	1 (791)
Conduct disorders and mixed disorders (F91 and F92)	12.4 (13,925)	10.7 (17,645)	18.2 (40,818)	7 (9,907)	7 (5,391)
Depression disorders (F20, F32, F33, and F34)	11.5 (12,938)	18.4 (30,248)	7.4 (16,627)	9.7 (13,640)	13.9 (10,662)
Hyperkinetic disorders/ADHD (F90)	57.7 (64,867)	51.7 (84,906)	58.7 (131,958)	54.9 (77,255)	49.9 (38,218)
Other mental health and behavior disorders (Other FXX)	0.9 (971)	0.6 (930)	0.5 (1,103)	0.6 (788)	0.8 (629)
Non-mental health and behavior disorders (Non FXX)	4.3 (4,878)	3.7 (6,126)	3.1 (6,919)	4.4 (6,126)	5.8 (4,459)
Region Total	8.4 (112,329)	12.3 (164,318)	16.8 (224,620)	10.5 (140,701)	5.7 (76,641)

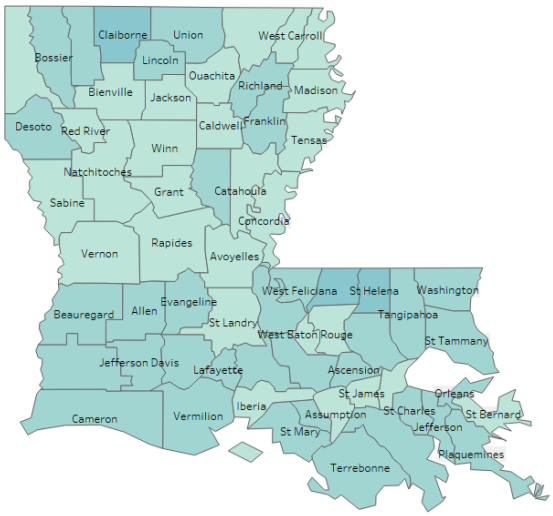
Mapping the Distribution and Variability of Behavioral Health Conditions

The figures below show the Medicaid claims prevalences of ADHD conditions (Figure 1-A) and adjustment disorder (Figure 1-B) across youth (ages 0-18) per Louisiana parish. Figure 2 shows the youth prevalences of conduct and mixed behavioral conditions (Figure 2-A) and depression related conditions (Figure 2-B) in parishes. In comparing all four maps, the **preponderance of ADHD conditions, especially in Evangeline, Morehouse, Avoyelles, St. Landry, Cameron, and Assumption parishes**, where percentages are 60% or more, can be observed. **Conduct and mixed behavioral conditions** ranked second in terms of prevalence in claims, with higher pockets of these diagnoses **observed along Louisiana's northwestern border** (East Caroll, Madison Tensas, and Concordia).

Figure 1: **Prevalence of ADHD Conditions (A) and Adjustment Disorder (B) in Medicaid Claims for Youth (ages 0-18) in Louisiana Parishes.**



A: ADHD



B: Adjustment Disorder

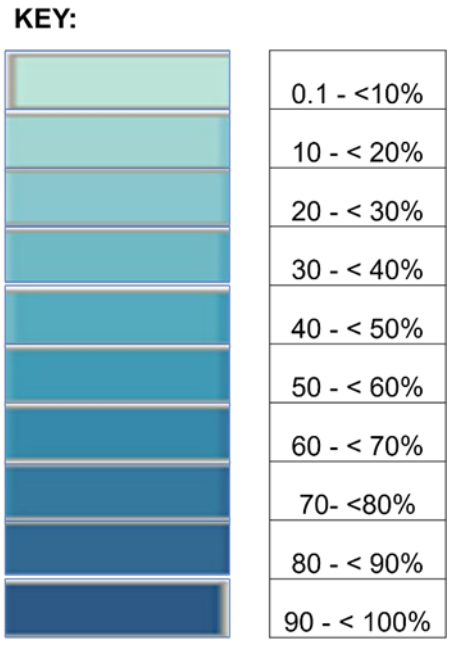
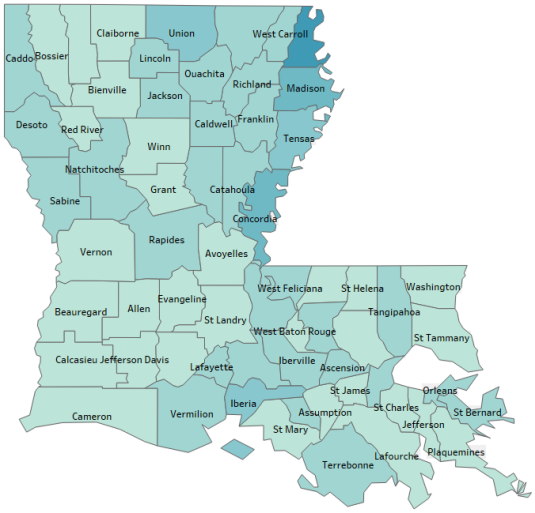


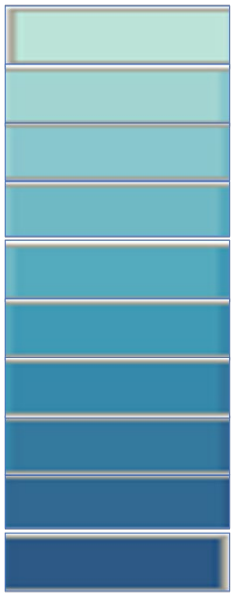
Figure 2: **Prevalence of Conduct and Mixed Behavioral Conditions (A) and Depression Conditions (B) in Medicaid Claims for Youth (ages 0-18) in Louisiana Parishes.**



A: Prevalence of Conduct and Mixed Conditions

B: Depression

KEY:



0.1 - <10%
10 - < 20%
20 - < 30%
30 - < 40%
40 - < 50%
50 - < 60%
60 - < 70%
70- <80%
80 - < 90%
90 - < 100%

CONCLUSIONS & IMPLICATIONS

Analysis of Louisiana Medicaid claims data reveals that behavioral health conditions among youth are concentrated in a few diagnostic categories, with **ADHD disorders accounting for 56%** of claims, followed by conduct and mixed behavioral conditions (11%), depressive conditions (11%), and adjustment disorder (10%). These findings underscore a behavioral health landscape in which **ADHD dominates the diagnostic profile**, especially **in rural and suburban regions**, **with some parishes** reporting ADHD or depression-related claims **as high as 79%**.

The higher prevalence of **conduct related conditions may emphasize the need for more coordinated involvement with family, school providers, and community-based services**, while the lower prevalence of conditions associated with **depression and anxiety could allude to the variability in access to services for proper assessment and treatment (**Kemp, Taylor, Kanagasabai, 2024; Mental Health America, n.d)**.** The **extreme variations across parishes in prevalence overall raises questions around diagnostic accuracy and access to services suggesting a need for additional training and supports**.

Systemically, these patterns highlight important issues. The **ADHD diagnosis** could be masking trauma or co-occurring conditions, as well as over-reliance on a medication model of intervention. For this and other behavioral health conditions, there appears to be a clear need for **enhanced resources in under-served rural areas** and the **diagnostic variability** suggests a need for improved **provider training in DSM-5 criteria**. Importantly, **claims data should not be conflated with care quality**, as high claim volume does not reflect utilization or fidelity to evidence-based practices. Therefore, future strategies should include:

(1) Targeting high-prevalence parishes for diagnostic and therapeutic support
(2) Investing in **provider training focused on differential diagnosis and accurate referral to appropriate research backed interventions** (e.g., EBPs)
(3) **Integrating outcomes tracking** within claims data, or by another means, to evaluate service impact
(4) Aligning these insights with value-based Medicaid payment models to **incentivize accurate assessment, appropriate and high-quality care, and continuity of services based on outcomes** and not just volume of service delivery

Together, these actions can advance a more effective behavioral health system for Louisiana's youth.

The next two briefs in this series will provide additional context to these claims-data findings and recommendations. They will explore the utilization of evidence-based practice models and workforce stability and challenges in Louisiana's behavioral healthcare system for youth and families.

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The Center's partnership with the state of Louisiana focuses on creating a trained workforce, increasing access to EBPs, and examining improved utilization of EBPs to better serve the behavioral health needs of youth and families throughout Louisiana. More information on the Center is available at https://laevidencetopractice.com/