

## Q3 2015 HealthChoices Allegheny County Report

This report summarizes enrollment, claims data and admission data from this quarter, in comparison to the prior quarter. This report is used by the Allegheny HealthChoices Quality Improvement Department to monitor and investigate changes in utilization from quarter to quarter. Tables 1 and 2 provide a summary of enrollment and paid claims; Tables 3 to 8 summarize service use and admissions for youth (0-20 years); and Tables 9 to 15 summarize service use and admissions for adults.

**Table 1. Average monthly enrollment by age**

	Q3 2015	% Difference from Q2 2015
<b>0-20 years</b>	92,554	-0.1%
<b>21+ years</b>	100,631	20.2%
<b>Total Enrollment</b>	<b>193,184</b>	<b>9.6%</b>

Table 1 shows that the average monthly enrollment had an increase in Q3 2015 compared to Q2 2015. The Pennsylvania Department of Human Services (DHS) transitioned from the Healthy PA program implemented in late 2014 to a traditional Medicaid expansion model in February 2015, providing additional individuals with Medicaid healthcare eligibility.

**Table 2. Paid claims by age for mental health (MH) and substance use disorder (SUD) services**

		Q3 2015			% Difference from Q2 2015 - Q3 2015		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>00 - 20 years</b>	SUD	472	\$ 1,653,450	\$ 3,503	-7%	-15%	-9%
	MH	10,821	\$ 21,475,941	\$ 1,985	-8%	-9%	-1%
	<b>Total</b>	<b>11,084</b>	<b>\$ 23,129,392</b>	<b>\$ 2,087</b>	<b>-8%</b>	<b>-9%</b>	<b>-1%</b>
<b>21-54 years</b>	SUD	5,069	\$ 10,931,055	\$ 2,156	10%	16%	5%
	MH	14,204	\$ 19,035,949	\$ 1,340	6%	1%	-5%
	<b>Total</b>	<b>17,060</b>	<b>\$ 29,967,004</b>	<b>\$ 1,757</b>	<b>7%</b>	<b>6%</b>	<b>-1%</b>
<b>55 years and older</b>	SUD	750	\$ 1,197,722	\$ 1,597	7%	9%	2%
	MH	4,457	\$ 4,934,125	\$ 1,107	6%	-2%	-8%
	<b>Total</b>	<b>4,864</b>	<b>\$ 6,131,847</b>	<b>\$ 1,261</b>	<b>6%</b>	<b>0%</b>	<b>-6%</b>
<b>Total</b>	SUD	6,291	\$ 13,782,227	\$ 7,256	9%	11%	-3%
	MH	29,482	\$ 45,446,015	\$ 4,432	0%	-4%	-4%
	<b>Total</b>	<b>33,008</b>	<b>\$ 59,228,243</b>	<b>\$ 5,104</b>	<b>1%</b>	<b>-1%</b>	<b>-2%</b>

Services can be categorized as either mental health or substance use disorder services. Table 2 shows the breakdown of the number of service users, paid claims, and average cost per service user for substance use disorder services, mental health services, and in total. For the most part, Q3 2015 data was similar to Q2 2015. There was a decrease in youth SUD claims from Q2 2015, which could be attributed to fewer people using NH-Rehab. There were, however, more adults using SUD services in Q3 2015 from Q2 2015, which may explain the increase in paid claims. Medicaid expansion may also be contributing to these utilization and cost increases. Detailed differences are explored further in the age-specific tables.

**Table 3. Top 10 mental health services for youth  
(ranked by number of service users)**

	Q2 2015			% Difference from Q1 2015 - Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	5,969	\$ 1,825,618	\$ 306	-12%	-24%	-14%
Medication Check	4,067	\$ 625,412	\$ 154	-7%	-9%	-2%
BHRS	3,369	\$ 7,162,668	\$ 2,126	-5%	-6%	0%
Service Coordination	1,348	\$ 1,142,182	\$ 847	-5%	-2%	3%
Crisis	458	\$ 247,205	\$ 540	-22%	-23%	-2%
Family Based	451	\$ 2,500,096	\$ 5,543	-2%	4%	7%
Partial Hospitalization MH	331	\$ 754,801	\$ 2,280	-27%	-44%	-23%
Inpatient MH	253	\$ 2,828,152	\$ 11,178	-10%	-6%	4%
RTF	142	\$ 3,073,190	\$ 21,642	2%	-1%	-3%
Family Focused, Solution Based	123	\$ 412,934	\$ 3,357	2%	-1%	-3%
<b>Subtotal of above*</b>	<b>10,754</b>	<b>\$ 20,572,258</b>	<b>\$ 1,913</b>	<b>-8%</b>	<b>-8%</b>	<b>0%</b>
<b>Total MH Services</b>	<b>10,821</b>	<b>\$ 21,475,941</b>	<b>\$ 1,985</b>	<b>-8%</b>	<b>-9%</b>	<b>-1%</b>

This table illustrates the top 10 most frequently used mental health service categories used by youth (under 21 years). For most services, utilization during the third quarter of 2015 was similar to the second quarter of 2015. The decrease in paid claims seen in outpatient and partial is driven by fewer people using these services and the decrease in average units used per person. Some youth participating in outpatient and school-based partial programs take a break from services during the summer season and resume services when school starts back up in late August/early September. The decrease in total paid claims for crisis is due to less people utilizing the service.

\* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

**Table 4. Top 10 mental health diagnoses for youth  
(ranked by number of service users)**

	Q3 2015			% Difference from Q2 2015 - Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,740	\$ 3,998,386	\$ 1,069	-8%	-13%	-6%
Autism Spectrum	2,085	\$ 4,781,584	\$ 2,293	-2%	-3%	-1%
Adjustment D/O	1,904	\$ 1,959,262	\$ 1,029	-14%	-11%	3%
Major Depression	1,233	\$ 3,563,995	\$ 2,891	-7%	-8%	-2%
Neurotic D/O	1,130	\$ 924,295	\$ 818	-2%	-5%	-3%
Conduct D/O	922	\$ 1,803,087	\$ 1,956	-5%	-16%	-11%
Oppositional/Defiant D/O	781	\$ 1,378,763	\$ 1,765	-12%	-12%	0%
Depressive D/O	659	\$ 990,488	\$ 1,503	-8%	-4%	5%
Bipolar D/O	379	\$ 1,075,299	\$ 2,837	6%	-8%	-13%
DX Deferred	347	\$ 196,316	\$ 566	-27%	-30%	-3%
<b>Subtotal (included)*</b>	<b>10,645</b>	<b>\$ 20,671,477</b>	<b>\$ 1,942</b>	<b>-9%</b>	<b>-9%</b>	<b>-1%</b>
<b>Diagnosis</b>	<b>10,821</b>	<b>\$ 21,475,941</b>	<b>\$ 1,985</b>	<b>-8%</b>	<b>-9%</b>	<b>-1%</b>

This table displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). The decrease in paid claims for people with ADHD and adjustment disorder is attributed to fewer people using outpatient mental health and a decrease in its average service units used per person. The decrease in paid claims for people with conduct disorder is driven by fewer people using BHRS and a decrease in its average service units used per person. The decrease in paid claims for people with oppositional/defiant disorder is heavily due to fewer people using inpatient mental health and a decrease in average service units used per person. The decrease in average costs for people with bipolar disorder is attributed to fewer people using standard RTF and a decrease in its average service units used per person. The decrease in paid claims for people with DX Deferred is due to fewer people using crisis services and a decrease in its average service units used per person, especially mobile crisis services.

\* This subtotal only includes the items listed in the above table and is not inclusive of all possible items.

**Table 5. Utilization and quality measures for IPMH and RTF for youth**

	Inpatient MH		RTF	
	Q2 2015	Q3 2015	Q2 2015	Q3 2015
Number of total admissions	289	253	53	43
Number people with at least one admission	259	229	50	42
Admission rate	4.5	3.9	0.8	0.6
Number of total discharges	296	249	40	43
Average length of stay	13	14	187	234
% with follow-up in 7 days*	71%	65%	48%	60%
% with readmit in 30 days	6%	8%	13%	12%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient mental health and RTF services. Compared to the second quarter of 2015, inpatient mental health and RTF experienced a decrease in admissions and number of people using these services. RTF experienced a 47 day increase in average length of stay and a 12% increase in follow-up rates within 7 days. This information is reported for comparison instead of percent changes because large percent changes often represent small absolute changes when the group size included in the calculation is small.

\*For inpatient MH, this measure utilizes the HEDIS Follow-Up After Hospitalization for Mental Illness parameters.

**Table 6. Substance use disorder services for youth (ranked by number of service users)**

	Q2 2015			Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	374	\$ 198,396	\$ 530	356	\$ 198,932	\$ 559
Non-Hospital Rehab	136	\$ 1,460,464	\$ 10,739	118	\$ 1,250,622	\$ 10,598
Intensive Outpatient SUD	42	\$ 43,918	\$ 1,046	51	\$ 54,385	\$ 1,066
Halfway House	20	\$ 187,618	\$ 9,381	19	\$ 127,829	\$ 6,728
Non-Hospital Detox	19	\$ 17,262	\$ 909	13	\$ 11,347	\$ 873
Partial Hospitalization SUD	17	\$ 20,730	\$ 1,219	9	\$ 5,100	\$ 567
Methadone Maintenance	7	\$ 5,435	\$ 776	6	\$ 3,715	\$ 619
Medication Check SUD	4	\$ 2,825	\$ 706	4	\$ 1,520	\$ 380
Inpatient Detox	1	\$ 662	\$ 662	0	\$ -	\$ -
<b>Total SUD Services</b>	<b>505</b>	<b>\$ 1,937,310</b>	<b>\$ 3,836</b>	<b>472</b>	<b>\$ 1,653,450</b>	<b>\$ 3,503</b>

This table illustrates utilization for different substance use disorder services for youth (less than 21 years). Overall, service utilization did not have much fluctuation from the second quarter of 2015. Outpatient services continued to be used by most people for the third quarter of 2015; it accounts for about 75% of youth who used SUD services. Non-hospital rehabilitation accounted for about 76% of costs and is the second most utilized service. Note that the percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the calculation is small.

**Table 7. Substance use disorder diagnoses for youth  
(ranked by number of service users)**

	Q2 2015			Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	402	\$ 1,497,100	\$ 3,724	383	\$ 1,313,252	\$ 3,429
Opioid	47	\$ 150,072	\$ 3,193	46	\$ 181,486	\$ 3,945
Alcohol	38	\$ 110,454	\$ 2,907	34	\$ 71,473	\$ 2,102
Polysubstance Dependence	23	\$ 80,163	\$ 3,485	14	\$ 51,701	\$ 3,693
Substance Induced Disorder	9	\$ 4,151	\$ 461	7	\$ 4,273	\$ 610
Sedative, Hypnotic or Anxiolytic Disorder	6	\$ 5,098	\$ 850	5	\$ 2,072	\$ 414
Cocaine	4	\$ 26,161	\$ 6,540	3	\$ 269	\$ 90
PCP	1	\$ 5,361	\$ 5,361	1	\$ 3,267	\$ 3,267
Amphetamine Dependence	2	\$ 33,409	\$ 16,704	1	\$ 3,125	\$ 3,125
Inhalants	3	\$ 1,027	\$ 342	0	\$ -	\$ -
Hallucinogen-Related Disorder	2	\$ 17,356	\$ 8,678	0	\$ -	\$ -
<b>Total SUD Diagnosis</b>	<b>505</b>	<b>\$ 1,937,310</b>	<b>\$ 3,836</b>	<b>472</b>	<b>\$ 1,653,450</b>	<b>\$ 3,503</b>

This table shows the most frequently used substance use disorder diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis dependence/abuse continued to be the most common diagnosis, accounting for 81% of people, and highest cost, accounting for 79% of costs. Note that the percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the calculation is small.

**Table 8. Utilization and quality measures for non-hospital rehabilitation for youth**

	Q2 2015		Q3 2015	
	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>
Number of total admissions	22	93	17	71
Number people with at least one admission	22	64	14	56
Admission rate	0.3	1.4	0.3	1.1
Number of total discharges	24	103	20	81
Average length of stay	17	59	17	68
% with follow-up in 7 days	29%	17%	55%	25%
% with readmission in 30 days	0%	44%	5%	35%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehab for youth. The total number of admissions for both short-term and long-term rehab decreased in the third quarter of 2015. The average length of stay increased by 9 days for long-term rehab. Also, both short-term and long-term rehab experienced an increase in follow-up rates. Note that the percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the calculation is small.

**Table 9. Most frequently used community-based mental health services for adults (ranked by number of service users)**

	Q3 2015			% Difference Q2 2015 - Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	11,174	\$ 3,330,890	\$ 298	5%	6%	1%
Med Check	10,465	\$ 1,435,840	\$ 137	3%	2%	-2%
Service Coordination	3,299	\$ 3,703,042	\$ 1,122	1%	6%	5%
Crisis	1,479	\$ 1,470,484	\$ 994	22%	2%	-16%
CTT	656	\$ 3,145,321	\$ 4,795	-1%	-5%	-4%
Forensic Support	250	\$ 128,866	\$ 515	0%	15%	14%
Psych Rehab	236	\$ 310,069	\$ 1,314	-5%	-5%	1%
Mobile MH	222	\$ 184,342	\$ 830	6%	-1%	-6%
Peer Specialist	209	\$ 137,280	\$ 657	10%	25%	13%
Partial Hospitalization MH	158	\$ 247,536	\$ 1,567	2%	6%	4%
<b>Subtotal of above*</b>	<b>18,234</b>	<b>\$ 14,093,670</b>	<b>\$ 773</b>	<b>6%</b>	<b>2%</b>	<b>-3%</b>
<b>Total MH Services</b>	<b>18,595</b>	<b>\$ 23,970,074</b>	<b>\$ 1,289</b>	<b>6%</b>	<b>0%</b>	<b>-5%</b>

This table displays the most frequently used community-based mental health service categories used by adults (21 years and older). For most services, utilization during the third quarter of 2015 was similar to the second quarter of 2015. The decrease in average cost associated with crisis was driven by a decrease in average service units used per person, especially for walk-in services. The increase in paid claims associated with forensic support is due to an increase in average service units used per person. The increase in paid claims associated with peer specialist is due to more people using the service and an increase in average service units used per person.

\* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

**Table 10. Paid claims for inpatient mental health, extended acute, and RTFA services for adults**

	Q2 2015			Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IPMH	991	\$ 6,097,501	\$ 6,153	1,033	\$ 6,142,517	\$ 5,946
EAC (CRU)	23	\$ 569,145	\$ 24,745	20	\$ 506,186	\$ 25,309
IPMH EAC (TRU)	41	\$ 1,256,073	\$ 30,636	36	\$ 810,457	\$ 22,513
Community-based EAC	32	\$ 628,025	\$ 19,626	34	\$ 632,560	\$ 18,605
RTFA	13	\$ 215,172	\$ 16,552	20	\$ 347,784	\$ 17,389
<b>Subtotal of above*</b>	<b>1,061</b>	<b>\$ 8,949,442</b>	<b>\$ 8,435</b>	<b>1,107</b>	<b>\$ 8,595,299</b>	<b>\$ 7,764</b>
<b>Total MH services</b>	<b>17,506</b>	<b>\$ 23,619,374</b>	<b>\$ 1,349</b>	<b>18,595</b>	<b>\$ 23,970,074</b>	<b>\$ 1,289</b>

This table summarizes utilization for four acute levels of care. Changes from the second quarter of 2015 to the third quarter of 2015 were not notable.

\* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

**Table 11. Quality and utilization measures for inpatient, extended acute, and RTFA services**

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q3 2015	% change from Q2 2015	Q2 2015	Q3 2015	Q2 2015	Q3 2015	Q2 2015	Q3 2015	Q2 2015	Q3 2015
Number of total admissions	1,227	8%	23	26	17	18	12	7	19	17
Number people with at least one admission	1,016	5%	21	24	17	15	12	7	12	16
Admission rate	17.8	8%	0.3	0.4	0.2	0.3	0.1	0.1	0.3	0.2
Number of total discharges	1,218	7%	35	31	20	18	12	7	15	15
Average length of stay	9	-10%	59	72	59	34	139	176	26	35
% with follow-up in 7 days*	60%	-3%	100%	100%	100%	89%	100%	100%	87%	100%
% with readmission in 30 days	7%	12%	--	--	--	--	--	--	--	--

The number of admissions increased for all levels of care in Q3 2015, except for community-based EAC and RTFA. Meanwhile, the average length of stay for IPMH and CRU experienced a decrease in days from Q2 2015. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q2 2015, with the exception of IPMH, were provided as a comparison point instead of calculating a percent change. Admission rates per 1,000 enrollees were so small given the capacity at several programs that they were not reported. People are not readmitted directly to extended acute or RTFA programs, as all referrals originate from inpatient units, so readmissions were not reported for these services. Since only HealthChoices services are included as follow-up services, eligibility may affect these rates.

*\*For IPMH, this measure utilizes the HEDIS Follow-Up After Hospitalization for Mental Illness parameters.*

**Table 12. Most frequent diagnoses for adult mental health service users**

	Q3 2015			% Difference Q2 2015 - Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Major Depression	5,294	\$ 4,748,573	\$ 897	6%	-5%	-10%
Schizophrenia	3,266	\$ 8,053,371	\$ 2,466	1%	-8%	-8%
Bipolar D/O	3,282	\$ 3,480,219	\$ 1,060	7%	17%	9%
Neurotic D/O	2,529	\$ 986,104	\$ 390	12%	14%	2%
Depressive D/O	2,171	\$ 1,971,681	\$ 908	7%	21%	13%
Adjustment D/O	1,544	\$ 882,758	\$ 572	12%	20%	7%
DX Deferred	1,244	\$ 1,151,025	\$ 925	20%	-2%	-19%
<b>Subtotal of above*</b>	<b>16,279</b>	<b>\$ 21,273,729</b>	<b>\$ 1,307</b>	<b>5%</b>	<b>1%</b>	<b>-4%</b>
<b>Total Diagnoses for MH Services</b>	<b>18,595</b>	<b>\$ 23,970,074</b>	<b>\$ 1,289</b>	<b>6%</b>	<b>0%</b>	<b>-5%</b>

This table summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The increase in paid claims for people with bipolar, depressive and adjustment disorders are related to more people using inpatient mental health services. The decrease in average costs for people with major depression is heavily driven by the decrease in TRU (inpatient extended) service units used per person. The increase in paid claims seen for people with neurotic disorder is due to more people using outpatient mental health services. The decrease in average costs for people with DX Deferred is due to an decrease in average crisis service units used per person, especially walk-in services. Overall, diagnostic categories were very similar to last quarter.

\* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

**Table 13. Substance use disorder services for adults**

	Q3 2015			% Difference Q2 2015 - Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	3,554	\$ 1,191,888	\$ 335	12%	12%	0%
Methadone Maintenance	2,066	\$ 2,082,605	\$ 1,008	6%	8%	2%
Non-Hospital Rehab	1,085	\$ 5,492,245	\$ 5,062	17%	20%	2%
Intensive Outpatient SUD	785	\$ 796,058	\$ 1,014	8%	5%	-3%
Non-Hospital Detox	613	\$ 539,734	\$ 880	23%	23%	0%
Med Check SUD	444	\$ 255,655	\$ 576	7%	5%	-1%
Partial Hospitalization SUD	295	\$ 415,898	\$ 1,410	8%	17%	8%
Halfway House	170	\$ 881,021	\$ 5,182	-4%	6%	10%
Inpatient Detox	136	\$ 388,077	\$ 2,854	20%	36%	13%
Inpatient Rehab	12	\$ 85,596	\$ 7,133	71%	110%	22%
<b>Total SUD Services</b>	<b>5,804</b>	<b>\$ 12,128,777</b>	<b>\$ 2,090</b>	<b>10%</b>	<b>15%</b>	<b>5%</b>

This table illustrates utilization for different substance use disorder services for adults (21 years and older). Overall, utilization and paid claims this quarter were higher compared to last quarter. The increase in paid claims for people using outpatient, non-hospital rehab, non-hospital detox, partial hospitalization, inpatient detox, and inpatient rehab is due to an increase in more people using these services. The increase in average cost for people using halfway house was driven by an increase in average service units used per person. Medicaid expansion may be contributing to these overall cost and utilization increases. Note that the number of service users from certain services during a quarter were low, so percent changes may be large while the changes in absolute numbers were small (i.e. inpatient rehab).

**Table 14. Substance use disorder diagnoses for adults**

	Q3 2015			% Difference Q2 2015 - Q3 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	4,059	\$ 7,809,266	\$ 1,924	12%	20%	7%
Alcohol Abuse/Dependence	902	\$ 1,937,954	\$ 2,149	13%	15%	2%
Poly-substance dependence	442	\$ 876,338	\$ 1,983	-11%	-5%	6%
Cocaine	345	\$ 682,973	\$ 1,980	14%	4%	-8%
Cannabis	251	\$ 251,397	\$ 1,002	12%	19%	6%
Substance-Induced Disorders*	77	\$ 119,499	\$ 1,552	8%	32%	22%
<b>Subtotal of above*</b>	<b>5,702</b>	<b>\$ 11,677,427</b>	<b>\$ 2,048</b>	<b>10%</b>	<b>16%</b>	<b>5%</b>
<b>All SUD diagnosis</b>	<b>5,804</b>	<b>\$ 12,128,777</b>	<b>\$ 2,095</b>	<b>10%</b>	<b>15%</b>	<b>5%</b>

This table summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). Overall, utilization and paid claims this quarter were higher compared to the previous quarter. The increase in paid claims for opioid, alcohol and substance-induced disorders were driven by more people using non-hospital rehab services. The increase in paid claims for cannabis dependence/abuse were driven by an increase of average non-hospital rehab service units used per person.

\* Seventy-six of the people were diagnosed with substance withdrawal and one person was diagnosed with substance intoxication delirium.

\*This subtotal only includes the items listed in the table and is not inclusive of all possible items.

**Table 15. Quality and utilization measures for inpatient and residential substance use disorder services**

	NH Short-Term Rehab		NH Long-Term Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q3 2015	% change from Q2 2015	Q3 2015	% change from Q2 2015	Q3 2015	% change from Q2 2015	Q3 2015	% change from Q2 2015	Q3 2015	% change from Q2 2015
Number of total admissions	651	18%	364	16%	149	25%	663	22%	102	-8%
Number people with at least one admission	603	16%	341	18%	136	20%	601	23%	94	-11%
Admission rate	9.4	18%	5.3	16%	2.2	25%	9.6	22%	1.5	-8%
Total number of discharges	634	15%	314	17%	144	25%	656	21%	95	-11%
Average length of stay	14.0	8%	47.0	7%	4.0	0%	3.0	0%	72.0	7%
% with follow-up in 7 days	39%	-6%	49%	-1%	50%	-35%	75%	6%	25%	0%
% with readmit in 30 days	3%	19%	12%	11%	5%	-7%	1%	45%	13%	69%

This table shows utilization for different substance use disorder services for adults (21 years and older). Some of the services with low utilization have large percent changes from quarter to quarter because of the small numbers. All levels of care experienced an increase in total admissions for the third quarter of 2015, except halfway house. Also, the average length of stay increased for non-hospital short-term rehabilitation, non-hospital long-term rehabilitation and halfway house. Non-hospital detoxification experienced an increase in follow-up for the third quarter of 2015.