TOPAZ: A RECOVERY STORY

A COMPARISON BETWEEN BEHAVIORAL HEALTH APPROACHES FOR FOSTERING RECOVERY

“I am very blessed to have a support system. It’s incredible. Even my son is supportive, too. He doesn’t even know that I have [behavioral health] problems… but when I’m down he comes up to me…and he’s 14, and asks me are you okay? He’s my buddy….”

-Topaz

INTRODUCTION

The approaches for treating people with behavioral health issues have evolved over time, from "creating a network of essential services…with the emphasis on treating the consequences of mental illness, to creating an environment that stimulates and encourages recovery. We want people to live and choose the services they need and want by designing their own plan with our role being to help them see it to fruition."[1]

In keeping with this objective, in December 2008 Mayview State Hospital (MSH) was closed. As a result, 307 people with serious and persistent mental illness were discharged to communities that spanned a region including Allegheny, Beaver, Greene, Lawrence and Washington counties in southwestern Pennsylvania. This initiative became known as the Mayview Regional Service Area Plan (MRSAP) project and included representatives from Pennsylvania's Department of Human Services, county administrators, managed care organizations, community providers, advocates, individuals in recovery and family members.

The way in which individuals were discharged was critical to their success in the community. The key shift was from a services-driven planning approach, focused on treating the symptoms of mental illness, to a person-driven planning approach that focused on what the individual wanted and needed. For each individual leaving MSH, a Community Support Plan was created, implemented, and monitored and revised as individuals' lives changed. Post closure studies and surveys indicate improvement in people's quality of life and satisfaction with community resources. As one former Mayview resident stated, "I now have more freedom to decide things and have more confidence."[2]

"WHAT IS RECOVERY?"

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

The current working definition of recovery from the Substance Abuse and Mental Health Services Administration (SAMHSA). Please visit www.samhsa.gov for more information.

In an effort to illustrate the qualitative and financial effects of moving from a focus on facility-based programs and structured residential settings, to a perspective of creating responsive and flexible community-based services that stimulate and encourage recovery, we tell one woman's story. This is Topaz's story; a journey through a system of care that targeted the management of her symptoms to one that focused on what was going to help her live a self-actualized life.

Topaz is a member of the Allegheny County HealthChoices Medicaid managed care program. Topaz has received behavioral health services since her adolescence and has experienced both institutional and community-based approaches to treatment. This report uses HealthChoices and Base/County claims data (from 1999 to 2015), personal history, and interviews with Topaz to add information that predates the data collected.[3] This case study looks at Topaz's quality of life and total costs for her services in three stages: before, during, and after her stay at Mayview State Hospital.

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[1] Anthony, William A. "Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s." Psychosocial Rehabilitation Journal 16.4 (1993): 11-23.

[2] For more information regarding community-based recovery after the closure of MSH, please visit the following link: http://www.ahci.org/Documents/Mayview%20Five%20Year%20Report%20Final.pdf.

[3] Please note, this report only discusses Medicaid (HealthChoices) and Base/County claims data. Topaz became Medicare/Medicaid dual eligible in 2010. Since Medicare data was not available, information after 2010 may not reflect all of her behavioral health treatment activity, particularly pharmacy utilization.

LIFE BEFORE MAYVIEW STATE HOSPITAL

Topaz has been involved with the behavioral health system since her early teen years. “It was pretty much a steady pattern of hospitalizations and placements, hospitalizations and placements,” explains Topaz. While describing her teenage years, she mentioned this pattern was most likely due to a substance use-related condition. Her drug-seeking behavior began at the age of 14 due to a variety of traumatic events, including her parents’ divorce. During this time, there were patterns of substance use, self-injury, and suicide attempts. Topaz had her first state hospital admission in the winter of 1991, when she was 14 years old. She was discharged the following summer. After a brief period of stability over the next few years, she found herself bouncing back into her former patterns of behavior. It was difficult to determine her exact diagnosis due to the fact that she experienced co-occurring mental health and substance use disorders. “I got misdiagnosed a lot mainly because of [my] med [drug]-seeking [behavior],” says Topaz.

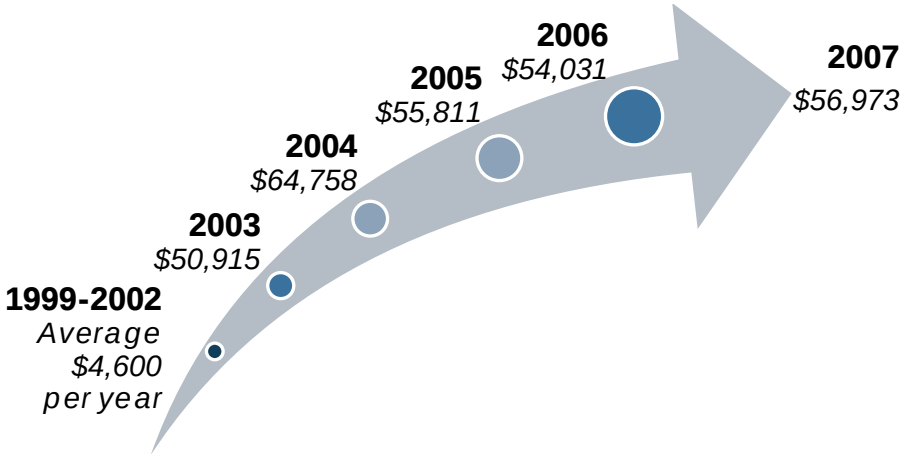
Beginning at the age of 16, Topaz was placed in several different residential/congregate living programs as it was deemed unsafe for her to remain at home with her mother and siblings. Although this was a difficult time for her, Topaz made an effort to be proactive in treatment and her recovery. She began receiving social security benefits when she turned 18. By age 20, Topaz considered herself to be fairly self-sufficient and rented her first apartment. Topaz moved once more within Allegheny County, but at the age of 24 she left for Chicago with her boyfriend. This was Topaz’s first time leaving Pittsburgh. Financial expenses and Topaz’s continued substance use behaviors were barriers to adjusting to a new city. While her boyfriend found work, Topaz was unemployed. During this time, she became pregnant and experienced extreme feelings of homesickness, in addition to having to adjust to the pregnancy. This ultimately resulted in both Topaz and her boyfriend returning to Pittsburgh in 2001. That summer, Topaz gave birth to a baby boy, however, shortly afterward she began to experience postpartum psychosis and was hospitalized for this condition.

Upon discharge from the hospital, Topaz lived independently in the community but the bond with her son was strained and her drug-seeking behavior continued. Over the next several years, Topaz married her son’s father and lived with her husband and son, however, she was still struggling with her postpartum condition. “For whatever reason, there were some issues that I had that were unresolved and that made it difficult for me to take care of him [my son],” said Topaz. In 2003, her husband requested that Topaz leave their home. He said, “You need to get some help or you’re never going to see him [your son] again.” It was during this year that she and her husband divorced.

Losing her home and her family was difficult on her well-being, but in 2004, Topaz decided she was going to work on her recovery and sobriety. In 2005, Topaz moved to a residential/congregate setting, was actively receiving service coordination services, and occasionally utilized outpatient mental health services for individual psychotherapy. Topaz was taking time to better herself. After living at her last residential/congregate program in 2006, she moved into her own apartment at the age of 29. At last, Topaz felt she was diagnosed appropriately and in turn was able to manage her symptoms and utilize services to address her specific needs. “Things were good! I got a job; I worked at Giant Eagle in East Liberty and I commuted.” Medication management was important for Topaz so she could manage her symptoms associated with schizophrenia and bipolar disorder. She felt positive and had increased self-esteem. However, in the beginning of 2007, Topaz experienced some medication and other issues related to her well-being. “I would have very bizarre and very irrational thoughts and ended up in Western Psych[iatric Institute and Clinic]. Eventually, I ended up in Mayview [State Hospital].”

The data in Figure 1 shows a large increase in paid claims from an average of $4,600 to $50,915 in 2002 and 2003 respectively, coinciding with when Topaz lost her home and family. There were a total of 71 inpatient mental health days, which made up the vast majority of claims for 2003 at $42,630 (84% of her total behavioral health costs for the year). This trend of high service utilization continued up until her admission into MSH.

Figure 1. Paid Claims Leading Up to MSH Admission*

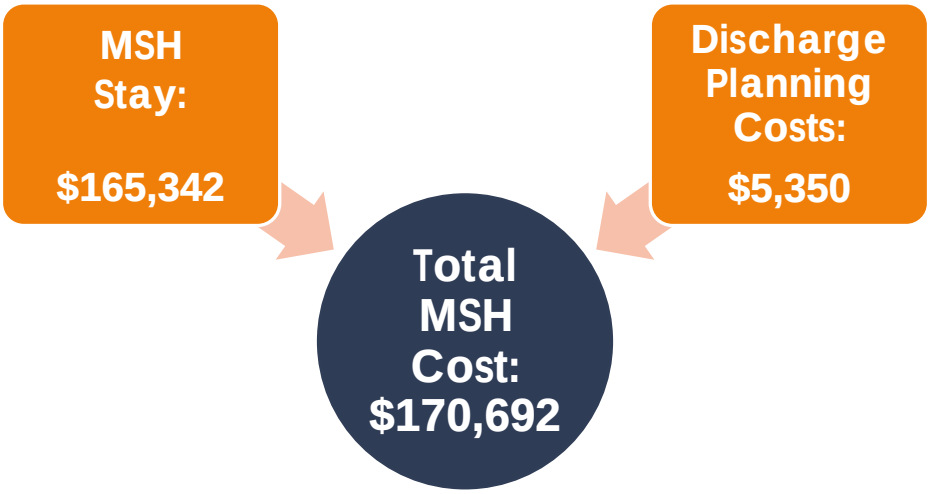


*Note, 2007 only encompasses claims data from January 1, 2007 to April 1, 2007.

AT MAYVIEW STATE HOSPITAL

Topaz was admitted to Mayview State Hospital on April 2, 2007 for a total of 282 days. She does not feel that she had a positive experience while at MSH and is reluctant to elaborate on this part of her life. Prior to discharge, she received additional services, including service coordination and administrative management. The presence of these additional coordination and management supports could also be attributed to her community providers maintaining contact with her at the beginning of her stay. Including all services mentioned, the total cost of her treatment at MSH was $170,692 (Figure 2). Topaz was discharged from MSH on January 9, 2008.

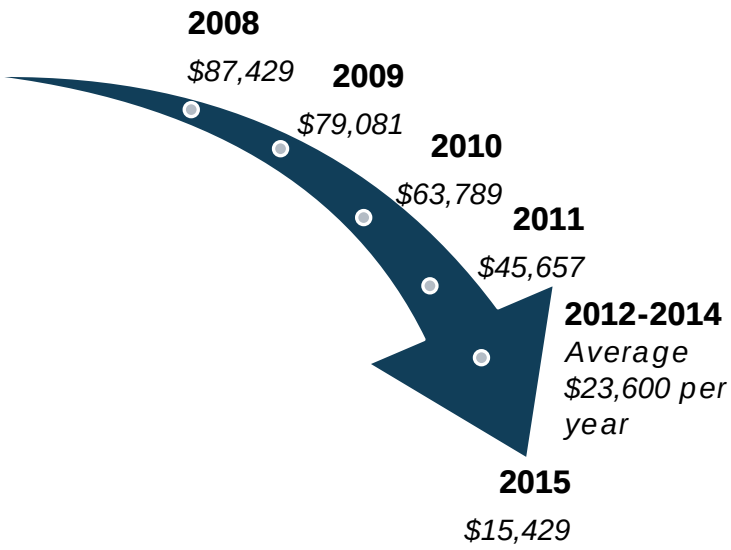
Figure 2. Total Costs Incurred While at MSH (2007/2008)



Following discharge in 2008, Topaz transitioned to supportive housing and treatment with an ACT team (regionally referred to as a Community Treatment Team [CTT]). ACT is a team-delivered service with extensive success in helping people with serious mental illness live in the community.[4] Previous research on the ACT model has shown dramatic decreases in inpatient days and emergency room utilization.[5] From 2010 to 2011, she completed a workforce training program. In 2012, she moved into her own apartment in the community, bringing her closer to family and other natural supports.

Since her discharge from MSH, her community-based treatment resulted in fewer paid claims (Figure 3). Utilizing community-based services saved an average of $125,400 per year compared to her time in MSH. Not only were costs substantially decreased during her transition back into the community, Topaz affirms her quality of life has drastically changed for the better as well.

Figure 3. Paid Claims since MSH Discharge



In 2012, Topaz received a call from her former husband asking her to have their son live with her in Pennsylvania. Additionally, Topaz gained several new responsibilities. “I had a new place, I had my son again, and I applied [for and obtained a] job … all in 2012.” She believes “…having those things were more therapeutic than the majority of any of the other treatment I had been through as an adult.”

Topaz credits the CTT program for assisting her with a number of things. In addition to her behavioral health treatment, Topaz has benefited from financial management; scheduling of medical appointments; benefits counseling; grocery shopping; public transit passes; and medication management. When asked about her future, Topaz said she would “like to continue to work [at her current employer] in some capacity and maybe two or three years from now be a Certified Peer Specialist.” By maintaining her independence in the community, Topaz feels as though she has better self-esteem, self-worth, confidence, and a greater sense of belonging.

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[4] For the most recent update on Assertive Community Treatment (ACT) Teams in Allegheny County refer to the following link, http://www.ahci.org/Documents/CTT/CTT%202013%20Report.pdf.

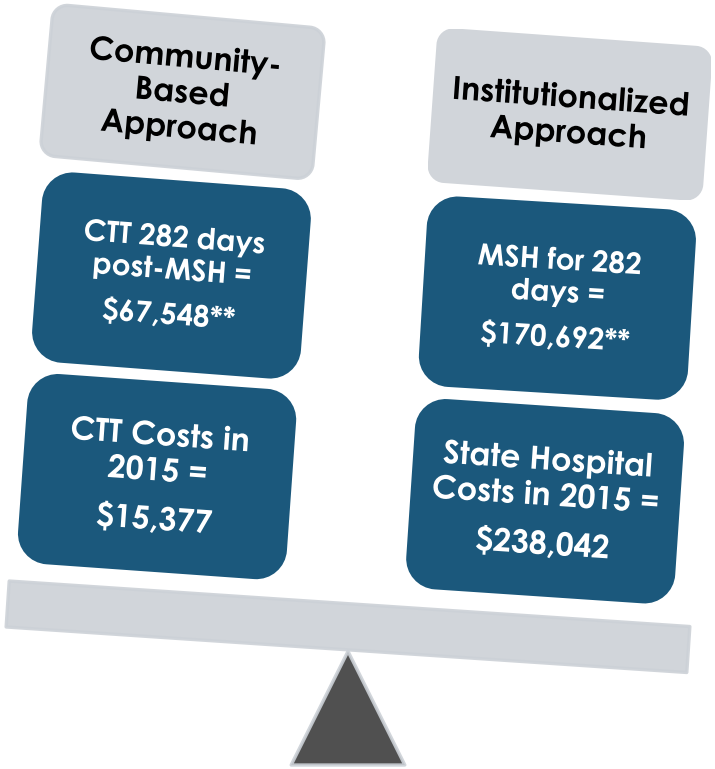
[5] Slade, Eric P et al. “Cost Savings from Assertive Community Treatment Services in an Era of Declining Psychiatric Inpatient Use.” *Health Services Research* 48.1 (2013): 195–217.

CONCLUSION

The goal of recovery is unique for each individual but has common themes. In addition to appropriate medication and/or treatment, recovery includes hope and empowerment; finding meaningful roles/relationships in the community; and having a support system of friends and family. As this case study shows, person-centered, community-based programs play a critical role for people in the behavioral health system who are working on their recovery.

The data in Figure 4 shows that this approach to care has also significantly reduced Topaz's annual behavioral health costs. Topaz's first 282 days on CTT resulted in a 60%, or $103,144, reduction in costs compared to her 282 day stay in MSH. Between 2008 and 2015, Topaz had, on average, a 22% decrease in costs per year. In addition to these cost savings, Topaz has also not spent any days in any type of hospital or institutional setting, remains engaged in her community, is successfully employed, and lives with and close to her family.

Figure 4. Weighing the Costs*

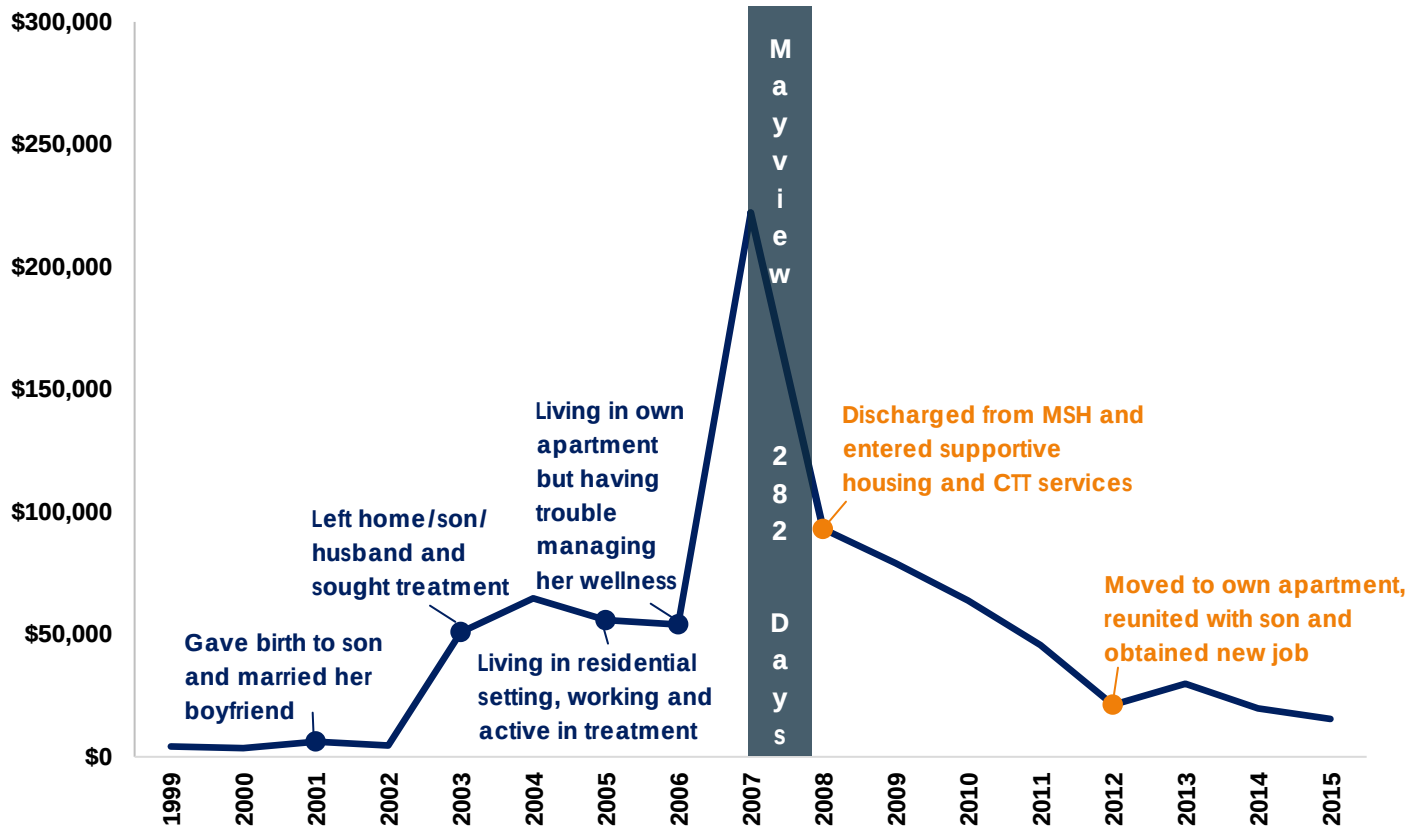


*Actual costs incurred by Topaz, except for the "State Hospital Costs in 2015." This cost is estimated based on the Torrance State Hospital per diem rate of $652.17.

**CTT costs include January 9, 2008 to October 16, 2008 and MSH costs include April 2, 2007 to January 9, 2008.

Figure 5 shows Topaz's paid claims history and life events from 1999 to 2015. As illustrated, her years in MSH in 2007 and 2008 are the highest values. Since her discharge from MSH, her paid claims continued to decrease and remained approximately $20,000 in 2012 through 2015. Although $20,000 may still seem high, individuals on CTTs, like Topaz, have serious and persistent behavioral health illnesses and require a higher level of support compared to other behavioral health service users.[6] On the other hand, Topaz is working competitively, earns an income, and pays taxes. She requires less treatment services, has found herself to be more self-reliant, and does not use many outside sources of support (i.e. food assistance). Topaz serves as a positive example for other people in recovery and her continued progress helps to reduce the stigma of those with behavioral health treatment needs.

Figure 5. Topaz's Paid Claims and Life Events Over Time



Topaz's journey has been remarkable. Besides the reduction in costs, Topaz has expressed appreciation for the great quality of support she has received: "I am very blessed to have a support system. It's incredible." Since her discharge from MSH, Topaz has been sober for 11 years, no self-injury in six years, and has a sense of purpose and confidence being employed and taking care of her son.

[6] In Allegheny County, the average cost per user for HealthChoices and County/Base services in 2015 was $4,892 and $2,231, respectively.

“All in in all, I think that working and taking care of my son were more therapeutic and I felt like a person of worth. I pay taxes, I go to work, I am a productive member of society… I guess I didn’t turn out too bad.”

-Topaz

Allegheny HealthChoices · Inc

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AHCI's mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.

AHCI is a contract agency of the Allegheny County Department of Human Services' Office of Behavioral Health.