

Connecting People to Substance Abuse Services in Allegheny County: First Year Utilization of the Engagement Center

A report from Allegheny HealthChoices, Inc.

Overview of the Engagement Center

In July 2010, Western Psychiatric Institute and Clinic (WPIC) opened the Engagement Center, which provides engagement, assessment, and referral services to people experiencing a crisis primarily resulting from substance use.

Informed by their experience operating the re:olve Crisis Network and by advocates and providers from the substance abuse treatment community, WPIC and Allegheny County identified that the lack of access to substance abuse treatment services in the evenings and on weekends is a barrier to people getting the treatment they need.

This can lead to people using emergency room services, which may lead to psychiatric inpatient admissions (as many people have co-occurring mental illness). This may also create missed opportunities for people to connect to substance abuse services immediately when they are ready.

The Engagement Center fills this gap in the substance abuse treatment system and complements the mental health crisis services already available through the County-wide re:olve Crisis Network. Re:olve provides telephone, walk-in, mobile, and residential mental health crisis services 24 hours a day, 7 days a week. Both re:olve and the Engagement Center are located at 333 North Braddock Avenue in Pittsburgh (1-877-7-YOU-CAN).

The Engagement Center (EC) is open from 5 p.m. to 5 a.m. Monday-Friday and 10 a.m. to 10 p.m. on weekends. Also, individuals with substance abuse crises can utilize the re:olve walk-in services at any time, and be assessed and referred to the Engagement Center. Assessment and referral services are usually provided at the Center, although clinicians will provide services in the community based on individual needs. Service coordi-

nators work in the Engagement Center during the day to facilitate linkage and provide follow-up.

Key aspects of the Engagement Center services include:

The Engagement Center offers engagement, assessment and referral services, during non-traditional hours, to people experiencing a crisis resulting from substance use.

- ▶ Helping individuals develop a recognition of the impact substance use is having on their lives and build readiness for treatment through motivational interviewing and assertive engagement.
- ▶ Conducting standardized clinical assessments to identify appropriate services and to make referrals.
- ▶ Connecting people to community-based supports based on their needs and wants.
- ▶ Coordinating care with existing providers (for example, service coordinators).
- ▶ Offering family members and significant others support, referrals, and information on community services.

The Center is initially funded with reinvestment funds. When these funds are spent it is expected that services will be paid by HealthChoices and County base dollars.

This report includes demographic data and a summary of service utilization prior to visits to the Engagement Center during its first year of operation to provide an understanding of the characteristics of people using the EC. This report also presents findings on how often visits to the Engagement Center lead to drug and alcohol treatment and connection to other behavioral health services.

Data related to the Engagement Center visits was provided by WPIC, and this data was merged with HealthChoices and County-funded demographic and service use data.



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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.

Summary of Engagement Center (EC) Visit Frequency, July 2010—June 2011

Between July 2010 and June 2011, there were 1034 visits to the Engagement Center, for an average of 90 visits per month.

- ▶ As Chart 1 shows, the number of visits has increased over time, as knowledge of services provided by the EC services has increased.
- ▶ The original proposal for the program estimated as many as 300 visits each month.
- ▶ As Table 1 shows, 723 people have visited the EC in its first year of operation, for a total of 1034 visits.
- ▶ Most people (76%) who received services at the EC visited only one time during the year.
- ▶ A smaller proportion received services twice (16%), and 9% had more than 3 visits during the year.
- ▶ For people with two EC visits during the year, the average number of days between visits was 72 days; for people with 3 or more visits, the average time between visits was less.

In many of the visits, people may be assessed at the Engagement Center then have follow-up contact with the Engagement Center the next

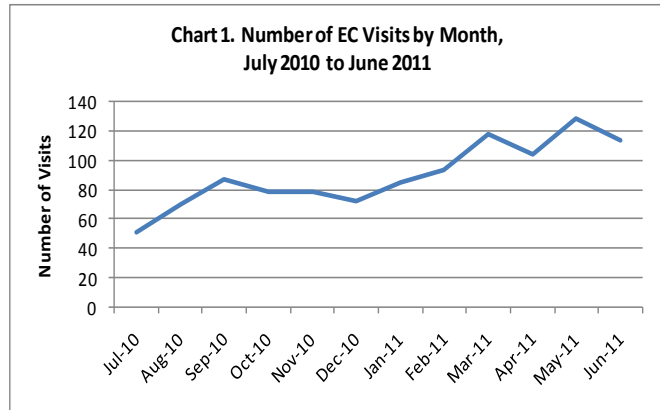


Table 1. Frequency of Visits to the EC, July 2010 to June 2011

# visits	# consumers	% of consumers	Average days between visits
1 visit	546	76%	n/a
2 visits	113	16%	78
3 visits	28	4%	61
4 visits	16	2%	46
5 or more visits	20	3%	40
Total	723	100%	

day (or several days) while the Engagement Center helps with referrals and access to services. When analyzing access to services following an Engagement Center visit, services received during and after the episode of care at the Engagement Center are included.

Race, Gender and Age Characteristics of People Using the Engagement Center

Table 2 presents the age, gender and race characteristics of people using the Engagement Center.

- ▶ About half are between the ages of 21 and 40 years; another 31% are between 41 and 50 years.
- ▶ An equivalent proportion of people by race used the Engagement Center.
- ▶ More males than females have visited the Engagement Center. About 71% are male, and 29% female.

Table 2. Age, Gender and Race Characteristics of People using EC Services

	Female	Male	Total	
Age Group	16 to 20 years	4%	4%	4%
	21 to 30 years	27%	26%	26%
	31 to 40 years	25%	21%	22%
	41 to 50 years	33%	31%	31%
	over 50 years	11%	18%	16%
	Total	100%	100%	100%
Race	Black	42%	44%	43%
	White	42%	42%	42%
	Other/no data	15%	14%	14%
	Total	100%	100%	100%
Total percent	29%	71%	100%	
Total count	203	506	709	

Note: demographic data was not available for 14 people out of the 723 total in Table 1.

Service Utilization in the 90 Days Before Engagement Center Services

Table 3 shows the services used and associated costs for these services in the 90 days before each person's *first* visit to the Engagement Center. This data provides insight into how people were connected to other services in the three months before visiting the EC for the first time, and how intensively they used services in this period.

- ▶ 16% used non-hospital drug and alcohol rehabilitation services. The average length of stay for these services was 19 days.
- ▶ 18% used outpatient drug and alcohol services.
- ▶ Other drug and alcohol services were used infrequently in the 90 days before people's first visit to the EC.*

A large proportion of EC visits were preceded by a variety of mental health services; 40% of visits to the EC had paid claims for outpatient mental health treatment within 90 days prior.

Notably, 12% of people had an inpatient mental health stay (6 days average length of stay), and a smaller proportion received service coordination services, County-funded housing support services, and/or community treatment team (CTT) services. This indicates that a significant group of those accessing the EC have co-occurring mental health needs.

Overall, this data suggests that people who come to the EC are generally not new to substance abuse or mental health treatment. Only 15% of people had not had any contact with mental

Table 3. HealthChoices and County-funded Services Used in 90 Days Prior to First Engagement Center Visit

	Service Type	Number of Consumers	% of Consumers	Paid	% of Paid
Drug and Alcohol Services	Non-Hospital Rehab	116	16%	\$359,604	14%
	Outpatient D&A	129	18%	\$55,432	2%
	Non-Hospital Detox	44	6%	\$33,453	3%
	Partial Hosp D&A	19	3%	\$21,536	1%
	Inpatient Detox	23	3%	\$61,471	2%
	Intensive OP D&A	22	3%	\$16,154	1%
	Methadone Maintenance	20	3%	\$15,640	1%
	Halfway House	15	2%	\$21,160	1%
	Inpatient Rehab	1	0%	\$2,535	0%
	Mental Health Services	Community Treatment Team	23	3%	\$145,059
Outpatient MH		288	40%	\$101,165	4%
Inpatient MH		88	12%	\$405,124	16%
Housing Support		25	3%	\$20,340	1%
Respite		16	2%	\$78,786	3%
Crisis Services	Service Coordination	72	10%	\$120,264	5%
	Crisis services	481	67%	\$814,820	32%
	Consumers with crisis only in 90 days prior	101	14%	\$138,482	5%
At least one service in 90 days		612	85%	\$2,525,766	100%
Total		723		\$2,525,766	100%

health or substance abuse treatment in the 90 days prior to EC visits. A large proportion (67%) of visits are also preceded by use of crisis services. Almost half of these crisis events were within two days of the EC visit, suggesting these may be continuous episodes. As the EC is co-located with the re:solve Crisis Network, this is not surprising. The crisis services account for 32% of the \$2.5 million costs for services used in this three-month period.

Service Utilization Immediately Following Engagement Center Services, and within 30 Days

A key outcome of the Engagement Center is to help people access drug and alcohol treatment quickly—when they need it and are ready for it. Table 4 shows that 52% of people accessed drug and alcohol services within five days after their first visit to the Engagement Center.

- ▶ 35% of visits led to non-hospital rehabilitation (16 days average length of stay), and 7% of visits led to non-hospital detoxification services (3 days average length of stay).
- ▶ 18% of visits led to outpatient drug and alcohol treatment.
- ▶ Follow-up with other drug and alcohol services was uncommon.

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Table 4. Drug and Alcohol Service Use within 5 days of First Engagement Center Visit (County and HealthChoices)

Service	# People	% of Visits
Halfway House	1	0%
Inpatient Detox	8	1%
Inpatient Rehab	1	0%
Intensive OP D&A	1	0%
Methadone Maintenance	10	1%
Non-Hospital Detox	52	7%
Non-Hospital Rehab	255	35%
Outpatient D&A	132	18%
Partial Hosp D&A	6	1%
Any D&A service within 5 days	373	52%
No D&A services within 5 days	350	48%
Total	723	

*Because the average time between visits for those with multiple EC visits was less than 90 days, analyses are based on first visit only to avoid duplication of costs.

Service Utilization Immediately Following Engagement Center Services, and within 30 Days (cont.)

(Continued from page 3)

Table 5 shows the most common services and associated costs for the month following each person's first Engagement Center visit. Overall, patterns are similar to Table 4, with non-hospital rehabilitation and outpatient drug and alcohol services being most commonly utilized.*

As with the service use *prior to* Engagement Center visits (see page 3), a small but significant population uses CTT, service coordination, inpatient mental health, and/or housing support services after the Engagement Center, indicating serious co-occurring mental health needs.

- ▶ Within the 30 day period after their first visit to the EC, 81% of people accessed at least one type of service.
- ▶ About 20% of the costs during this month period were for other crisis services, indicating that many people use both the Engagement Center and re:solve. About half of these crisis events occurred within two days of the EC visit, indicating they may be part of the same overall episode.

		Number of People	% of People	Paid	% of Paid
Drug and Alcohol Services	Non-Hospital Rehab	304	42%	\$948,477	47%
	Outpatient D&A	154	21%	\$42,599	2%
	Non-Hospital Detox	65	9%	\$44,978	2%
	Service Coordination	69	10%	\$48,770	2%
	Partial Hosp D&A	40	6%	\$37,861	2%
	Methadone Maintenance	14	2%	\$3,333	0%
	Halfway House	20	3%	\$19,928	1%
	Inpatient Detox	15	2%	\$40,156	2%
	Intensive OP D&A	9	1%	\$3,765	0%
	Inpatient Rehab	2	0%	\$5,628	0%
Mental Health Services	Community Treatment Team	21	3%	\$41,172	2%
	Outpatient MH	130	18%	\$31,506	2%
	Inpatient MH	46	6%	\$200,170	10%
	Housing Support	34	5%	\$13,447	1%
	Respite	17	2%	\$61,019	3%
Crisis Services	Service Coordination	69	10%	\$48,770	2%
	Crisis services	322	45%	\$386,779	19%
	Consumers with crisis only in 30 days after	69	10%	\$87,474	4%
At least one service in 30 days		583	81%	\$2,009,328	100%
Total		723	100%	\$2,009,328	100%

* Tables 4 and 5 reflect only services billed to the County or the HealthChoices program. The EC also refers people to other non-billable community support services. Also, Table 3 summarizes services used in the 90 days prior to the first EC visit to illustrate service use history; because the post-EC visit analysis examines immediate connection to services (and not 90-day service use patterns after the EC visit) this data is not a direct comparison of pre and post costs or services used.

Conclusions and Next Steps

The number of visits to the Engagement Center has increased steadily over time to about 120 visits per month; the majority of people (76%) have just one visit during the year.

Based on the data available from the first year of operation, about 52% of visits to the Engagement Center have led to accessing formal substance abuse treatment within five days. Some people may not need or be ready for formal treatment, and some may access support groups like Alcoholics Anonymous or other community services not reported through billing data; these data are not available for analysis. Some people with less immediate needs also access services within one month of contact with the Engagement Center.

This data indicates that the Engagement Center has had some success in engaging people with substance abuse crises in formal treatment. The number of visits

is still below what was anticipated, so efforts to increase access to this service should continue.

The data also raises several questions that require further analysis. Gaining a better understanding of the patterns of use for crisis services in conjunction with the Engagement Center will be important to understand how individuals get connected to services.

Also, as more longitudinal data becomes available, analyzing costs and patterns of repeated use of both the Engagement Center and crisis services—for adults with substance use disorders only as well as those with co-occurring mental health disorders—will provide further insight into the effectiveness of these services.