

Behavioral Health and Rehabilitation Services: Brief Treatment Report

2004 - 2009, Executive Summary

Full report available at www.ahci.org

Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance abuse treatment.

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



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Introduction

Brief Treatment is an adaptation of Behavioral Health and Rehabilitation Services (BHRS), that has been available to children and adolescents within the HealthChoices program since 2004. Brief Treatment services are provided in the community by either a mobile therapist (MT) or behavioral specialist consultant (BSC). Children may be prescribed up to six hours of service per week for up to 72 weeks. In the year following discharge from Brief Treatment, families are able to access “booster sessions,” which are three non-consecutive, two-week sessions of MT or BSC services.

Brief Treatment was developed to facilitate rapid access to community-based clinical services for children transitioning from more or less intensive services. Providers have found that Brief Treatment is also an appropriate way to begin serving children and families new to behavioral health services. Although Brief Treatment has become more commonly accepted by providers and families, barriers to adoption persist (e.g. confusion stemming from the word “Brief” in the service title).

AHCI developed this report to examine how utilization of Brief Treatment has changed, and whether it is meeting its implementation goals. The findings in this report are drawn from claims data for services that occurred between January, 2004 and June 30, 2009, as well as input from BHRS providers, and consultation with Community Care Behavioral Health (the Allegheny County HealthChoices behavioral health managed care organization).

Who Uses Brief Treatment?

- ▶ On average, 46% of children who use Brief Treatment each year are 6 to 12 years old, 41% are 13 to 17 years old.
- ▶ Compared to HealthChoices enrollment data, there has generally been an overrepresentation of Caucasian members (average of 56% in Brief Treatment, 48% of HealthChoices enrolled children) and an underrepresentation of African-American children (average of 40% in Brief Treatment, 48% of HealthChoices enrolled children) among the population of Brief Treatment service users.
- ▶ On average each year, 65% of children that use Brief Treatment are male.
- ▶ Children with a diagnosis of attention deficit hyperactivity disorder make up the largest diagnostic group of children that use Brief Treatment (26% on average).

Utilization of Brief Treatment

- ▶ Between January 2004 and July 2009, 2,157 children and adolescents used Brief Treatment.
- ▶ While all BHRS grew as a whole over this time period, the proportion of these children who used Brief Treatment increased from 9% in 2004 to 16% in 2008. This growth is due to increased reimbursement rates for Brief Treatment starting in 2008, as well as increased recognition and understanding of the Brief Treatment model by providers and families.
- ▶ Eighty-nine percent (89%) of authorized units for Brief Treatment were for mobile therapy and 11% were for behavioral specialist consultants. Less than 1% of children accessed booster sessions.

Services Used Before, After Brief Treatment

- ▶ Most children (78%) were involved with services before using Brief Treatment; services most commonly accessed were traditional BHRS, outpatient mental health, medication checks, and service coordination. A smaller number of children accessed other, more intensive types of care. This may indicate that Brief Treatment has been successful in serving as both a “step up” and “step down” for children needing more or less intensive services.
- ▶ Other services accessed during Brief Treatment were typically related to medication management or service coordination, which is appropriate given the diagnostic characteristics of children in Brief Treatment.
- ▶ Over a quarter of children on average did not access services in the 90 days after discharge from Brief Treatment. An absence of follow-up is not necessarily seen as a negative outcome; it may indicate that the family is functioning independent of services, using skills learned in Brief Treatment.
- ▶ The percentage of children who accessed traditional BHRS in the 90 days after Brief Treatment has decreased from 37% in 2004 to 14% in 2008, while the percentage who accessed additional periods of Brief Treatment has increased from 13% to 27% over the same time period. This may indicate that children’s needs are being met effectively through the less intensive services of Brief Treatment.

Conclusions and Recommendations from AHCI

Brief Treatment has been successful in facilitating timely access to treatment services delivered by master’s level clinicians, for children with a variety of behavioral health needs and backgrounds. The continued expansion of Brief Treatment is a positive trend. While Brief Treatment has met the goals of implementation, AHCI recommends that Community Care continue to guide its growth by:

- ▶ Educating providers on the benefits of starting children new to services in Brief Treatment.
- ▶ Working with providers and families to re-assess the added value of booster sessions, since this service has been used by very few individuals in any year.
- ▶ Bringing providers and families together with the Office of Mental Health and Substance Abuse Services to develop a new service title for Brief Treatment, to eliminate confusion associated with the name as a barrier to service adoption.