

The Allegheny County HealthChoices Program, 2006: The Year in Review

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2006 Highlights

HealthChoices is Pennsylvania's managed care program for Medical Assistance. This program provides physical and behavioral health care to children and adults. The 2006 Year in Review report provides an overview of the behavioral health program in Allegheny County during 2006.

Allegheny HealthChoices, Inc. (AHC) produces the Year in Review Report as a means of presenting information about the status of the HealthChoices program in Allegheny County. The report is also intended to highlight enrollment, service utilization, and related trends.

In 2006, monthly enrollment in the Allegheny County HealthChoices program averaged 148,772 members. About 23% of enrollees (23,779 people) used at least one behavioral health service. Total paid claims amounted to almost \$180 million in 2006, a 13% increase from 2005.

The highlights of the 2006 Year in Review Report include:

- **Enrollment in the Allegheny County HealthChoices program grew by 3%.** Penetration rates indicate adult members have access to behavioral health services. However, penetration and expected prevalence rates suggest access to drug and alcohol treatment services for adolescents and young adults could be improved. Age, race, and gender characteristics of enrollees were very similar to previous years. The percent of service users who are African-American and/or female continued to be low relative to their representation in the enrollee population. *For more information, see pages 2-3.*

Short-term improvements in inpatient mental health admission rates and the development of new community-based recovery-oriented services should be considered positive achievements for the Allegheny County HealthChoices program in 2006.

- **Overall, service utilization patterns were consistent with previous years.** This stability indicates that members continue to use the same types and amounts of behavioral health services, generally speaking, from year to year. *For more information, see pages 4-9.*
- **Service utilization patterns for the child and adolescent population continued to be affected by the Integrated Children's Services Initiative (ICSI).** Due to ICSI-related changes, there were significant increases in the utilization of residential treatment facility (RTF), family-based mental health, and family-focused solution-based services. The increase in RTF utilization, a service with a high cost per person, resulted in an overall increase in both total paid claims for this age group and the average cost per child or adolescent using services. *For more information, see pages 4-5.*
- **While utilization of inpatient mental health services remained high in 2006, several positive short-term trends emerged.** In particular, the admission rate (the number of admissions per 1,000 enrollees) decreased for both children and adolescents and adults. Inpatient mental health admission data will continue to be closely tracked to determine if any long-term trends are developing. *For more information, see pages 5 and 7.*
- **Several new services have been developed to encourage the use of community-based treatment.** These include family-focused solution-based services and mobile medication services. *For more information, see pages 5 and 7.*

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HealthChoices Enrollment and Service Use Overview

Table 1 shows that between 2005 and 2006, enrollment in the Allegheny County HealthChoices program grew by 3%. From 2005 to 2006, the number of people who used services also increased by 3%. However, the *proportion* of enrollees using services (the penetration rate) did not change.

Total claims paid increased 13% from 2005 to 2006. The increase in paid claims is largely due to a 9% increase in the average cost per person receiving service. The average cost per person receiving services increased more for children and adolescents than for adults. The average cost per child or adolescent using services increased 12% from 2005 to 2006, largely due to increased utilization of residential treatment facility (RTF) services.

Services used by adults accounted for 45% of all paid claims in 2006. From 2005 to 2006, the average cost per adult using services increased by 5%.

Table 1. HealthChoices 2006 At a Glance

	2006	% change from 2005
Average Monthly Enrollment	148,772	3%
Number of People Using Services	34,779	3%
Penetration Rate	23.38%	0%
Total Claims (millions)	\$179.6	13%
Average Cost per Service User	\$5,157	9%

Access to Services

Ensuring members have access to behavioral health services is an important aspect of the HealthChoices program. One way to measure members' access to services is through penetration rates. As mentioned above, the penetration rate is the proportion of enrollees using services. To calculate the penetration rate, the number of individuals using services is divided by the number of individuals eligible to receive services. Generally, a relatively high penetration rate indicates good access to care¹.

To interpret access rates, penetration rates should be considered in the context of prevalence statistics. Prevalence is the number of individuals in a particular group expected to have a mental health or substance abuse disorder. Prevalence statistics are determined through research.

Table 2 compares penetration rates for the HealthChoices program to expected prevalence rates. (Child and adolescent mental health prevalence rates are not as well researched as

prevalence rates for adults, and are therefore not included). These prevalence rates apply to the general population. Because HealthChoices enrollees have higher rates of poverty and disability status, both potential life stressors, the HealthChoices population may have higher prevalence rates of mental disorders than the general population.

The penetration rate for adult mental health services (28%) exceeded the expected mental illness prevalence rate (21%), indicating adult HealthChoices members have higher access to services. Similarly, the drug and alcohol treatment service penetration rate for adults aged 26 years and older (10%) exceeds the expected prevalence rate for substance abuse or dependence (7%). However, the drug and alcohol treatment service penetration rates for younger age groups fall well short of expected prevalence rates. This indicates access to and engagement with drug and alcohol treatment services for these age groups could be improved.

Table 2. Access to Behavioral Health Services, 2006

	2006 Penetration Rate	Expected Prevalence Rate ^{2,3}
Access to mental health services, ages 18-55	28%	21%
Access to drug and alcohol treatment services, ages 12-17	3%	8%
Access to drug and alcohol treatment services, ages 18-25	7%	22%
Access to drug and alcohol treatment services, ages 26 and older	10%	7%

¹ Pennsylvania Department of Public Welfare. *2005 HealthChoices Behavioral Health Performance Report*. 2007.

² Prevalence of mental illness statistic from: U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. 1999.

³ Prevalence of substance abuse or dependence statistic from: U.S. Department of Health and Human Services. *2005 National Survey on Drug Use & Health*. Rockville, MD: U.S. 2006.

Demographics

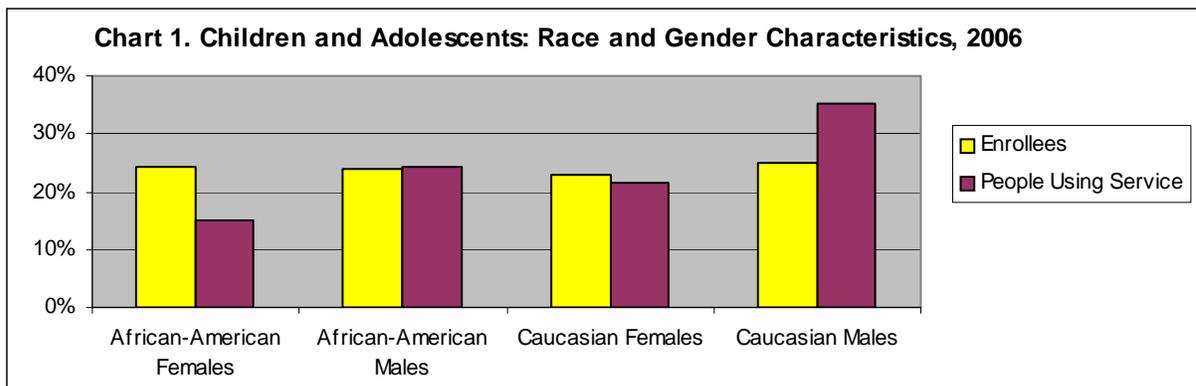
Overall, demographic patterns in enrollment and service use were consistent with previous years. Differences in the rates at which groups accessed services remain a concern. Differences in service use are evident when a group constitutes a large portion of enrollees, but a small portion of service users. The prevalence of some behavioral health disorders varies by age and gender. However, research has shown few differences between African-Americans and Caucasians in terms of the overall prevalence of mental illness. Differences in 2006 access rates by race indicate continued efforts are necessary to improve access to behavioral health services for African-Americans.

The following sections provide more detailed information regarding enrollee and service use demographics, as well as differences by race and gender.

Children and Adolescents: Race and Gender Characteristics

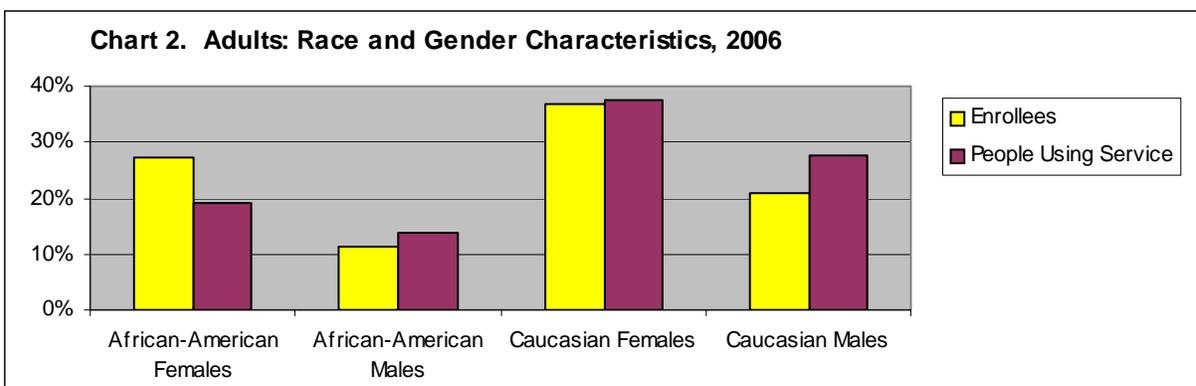
As shown in Chart 1, race and gender groups were equally represented in the child and adolescent enrollee population (the yellow bars are of similar height). Race and gender groups were not equally represented in the service user population (the red bars are of varying heights).

African-American females are underrepresented in the population of children and adolescent service users relative to their representation in the enrollee population. Of children and adolescents enrolled, 24% were African American females. However, African-American females represented only 15% of child and adolescent service users. Meanwhile, Caucasian males are overrepresented in the service user population. Caucasian males constituted 24% of the enrollees in this age category, but over 35% of service users.



Children and Adolescents: Race and Gender Characteristics

Chart 2 shows that differences existed in enrollment and service use patterns by race and gender for adults. Compared to their representation in the enrollee population, African-American females were underrepresented in the population of adult service users. Of adults enrolled, 27% were African-American females. However, African-American females represented only 19% of adult service users. Caucasian males represented 21% of the enrollees in this age category, but 28% of service users.



Frequently Used Mental Health Services for Children and Adolescents, 2006

In 2006, almost 13,000 children and adolescents received mental health services, representing a 6% increase from 2005. Paid claims for services provided to children and adolescents totaled \$96.7 million in 2006, a 19% increase from 2005. Charts 4 and 5 illustrate how the different mental health services account for total paid claims and the total number of children and adolescents using services in 2006.

Chart 4 shows that behavioral health rehabilitation services (BHRS) accounted for the largest portion of paid claims (40%). Claims for residential treatment facility (RTF) services accounted for an additional 24% of paid claims. Other services accounted for a smaller proportion of paid claims: inpatient mental health (8%), family-based services (8%), partial hospitalization (6%) case management (5%) and outpatient mental health (5%). Each of the other services in

the graph accounted for less than 5% of claims paid for services used by children and adolescents.

Chart 5 illustrates that a greater number of children and adolescents used outpatient mental health (65%) than any other service. Many also used medication checks (35%), BHRS (30%) and case management services (15%). Each of the other services in Chart 5 were used by less than 10% of children and adolescents.

Charts 4 and 5 also show the relative costs per person for each service. Services that are a small piece of the claims pie and a large piece of the number of users pie are less expensive (e.g. outpatient mental health). Services that are a big piece of the claims pie and a small piece of the number of users pie are more expensive (e.g. inpatient mental health).

Chart 3. Percent of 2006 Claims Paid by Service for Children and Adolescents (0-20 Years)

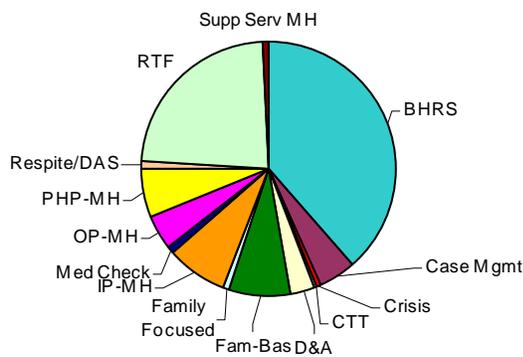


Chart 4. Number of Children and Adolescents (0-20 Years) Using Each Service, 2006

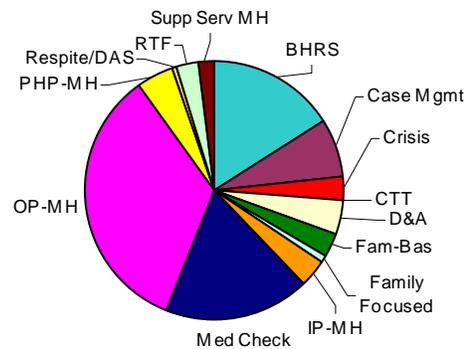


Table 3. Paid Claims and Number of Children and Adolescents (0-20 Years) Using Services, 2006

Commonly Used Services	Paid Claims 2006 (millions)	% Change from 2005	# Children 2006	% Change from 2005
Behavioral Health Rehab. Services (BHRS)	\$38.5	6%	3,879	8%
Case Management	\$4.7	-6%	1,901	1%
Crisis Services	\$0.4	17%	652	0%
Community Treatment Teams (CTT)	\$0.5	-7%	44	-14%
Family-Based Mental Health Services (Fam-Bas)	\$7.8	14%	808	11%
Family-Focused Solution-Based Services*	\$0.7	n/a	174	n/a
Inpatient Mental Health (IP-MH)	\$7.8	-1%	834	-5%
Medication Checks	\$0.8	26%	4,505	4%
Outpatient Mental Health (OP-MH)	\$4.5	0%	8,410	4%
Partial Hospitalization (PHP-MH)	\$6.2	3%	1,157	-1%
Respite and Diversion/Acute Stabilization (DAS)	\$1.0	14%	162	-6%
Residential Treatment Facilities (RTF)	\$22.9	100%	630	66%
Supplemental Services	\$0.8	17%	676	20%
All Mental Health Services	\$96.7	19%	12,982	6%
All Behavioral Health Services	\$99.6	19%	13,430	6%

* Implemented in 2005. Data for 2005 does not cover the full year. Therefore, comparisons between 2005 and 2006, i.e. percent change, cannot be made.

Residential Treatment Facility Services, 2006

Utilization of residential treatment facility (RTF) services for children and adolescents has grown substantially since the implementation of the Integrated Children's Services Initiative (ICSI) in 2005. The goal of this initiative, developed by the Pennsylvania Department of Public Welfare (DPW), is to ensure that all children have access to a comprehensive range of services available through all public systems, regardless of how the child enters the system. As a result of ICSI, residential treatment facilities were added to the network to ensure children and adolescents with mental health needs in the Office of Children, Youth and Family (OCYF) or Juvenile Justice systems could receive medically necessary treatment.

From 2005 to 2006, the number of children and adolescents using RTF services increased 66% and the amount of total paid claims for RTF services increased by 100%. Most of the increase is related to the continued implementation of ICSI.

Changes from 2005 to 2006

There were several significant changes in HealthChoices service utilization for children and adolescents in 2006.

- Promoting recovery and community tenure is a primary goal of the Allegheny County HealthChoices program. By decreasing use of inpatient services, more resources are available for community-based services, and individuals can receive services in less restrictive settings.

In 2006, the number of children and adolescents using inpatient mental health services decreased by 5%. The admission rate decreased from 10.0 to 9.2 admissions per 1,000 enrollees. The average length of stay decreased from 10.8 to 10.4 days. However, the rate of readmissions occurring within 30 days of discharge rose from 16.3% in 2005 to 17.6% in 2006.

- In addition to changes in RTF capacity, ICSI-related activities included the introduction of family-focused solution-based services to the Allegheny County HealthChoices program. This service provides assessment, treatment and support to parents or children with a mental illness and their family members. To receive family-focused solution-based services, a member of the family must be involved with the Office of Children, Youth & Families (CYF), Juvenile Probation, or specific child abuse and neglect prevention programs funded by CYF.
- The increase in family-based mental health services is also related to the continued implementation of ICSI. Through ICSI, providers of family-based services expanded their capacity and served a greater number of children and adolescents involved in the CYF or Juvenile Probation systems.
- The 14% decrease in the number of children and adolescents receiving community treatment team (CTT) services is primarily the result of CTT members aging out of the children and adolescent category. CTTs are designed to provide long-term services. Therefore, members who begin receiving CTT services in their teenage years may continue to receive services as they grow older, and appear in data reflecting adult service use.

Common Diagnoses in 2006

Diagnosis data in this report comes from claims forms providers submit after they have provided a service. Of the 13,430 consumers ages 0-20 years who received services in 2006, many had different diagnoses on different claims. Throughout this report, the diagnosis used most often (on claims forms) is considered that individual's primary diagnosis.

In 2006, most claims dollars (\$24.5 million, 26%) were spent in the treatment of children with autism spectrum disorders (see Table 4). During 2006, 1,660 children and adolescents with these diagnoses received services. Because children with these diagnoses usually need a high intensity of services, they have a high cost per child.

There were significant increases in 2006 in service utilization by children and adolescents with ADHD, conduct disorder, bipolar disorder and major depression diagnoses. These increases are associated with growth in RTF utilization.

Table 4. Claims Paid by Primary Diagnosis for Children and Adolescents, 2006

	Claims 2006 (millions)	# Children 2006
ADHD	\$21.1	2,993
Adjustment D/O	\$7.7	2,900
Autism Spectrum D/O	\$24.5	1,660
Bipolar D/O	\$7.0	490
Conduct D/O	\$9.5	876
Drug and Alcohol D/O	\$2.9	676
Depressive D/O	\$3.9	714
Major Depression	\$6.8	882
Neurotic D/O	\$2.6	611
Oppositional Defiant D/O	\$7.8	1,050
Schizophrenia	\$1.0	66
All other diagnoses*	\$4.8	512
Totals	\$99.6	13,430

*Includes deferred diagnoses, unspecified psychosis, and other categories

Frequently Used Mental Health Services for Adults, 2006

In 2006, almost 18,000 adults used mental health services, totaling \$55 million in paid claims. Charts 6 and 7 summarize claims data and the number of adults using services.

Chart 6 shows that inpatient mental health services continued to account for the largest portion of paid mental health claims (47%), even though it decreased slightly from 2005. Other services accounted for a smaller portion of claims: case management (18%), outpatient mental health (12%) and community treatment teams (7%). Other services each accounted for less than 5% of claims paid for mental health services used by adults.

Chart 7 illustrates that a greater number of adults used outpatient mental health (73%) than any other mental health service. Many people also used medication checks (64%), case management (20%) and inpatient mental health services (18%). Other services were each used by less than 10% of adults.

Chart 5. Percent of 2006 Paid Claims for Adults by Type of MH Service

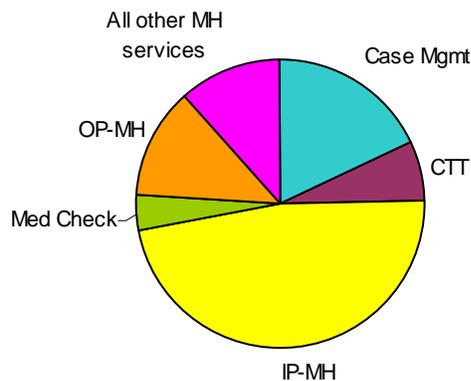


Chart 6. Number of Adults Using Each MH Service, 2006

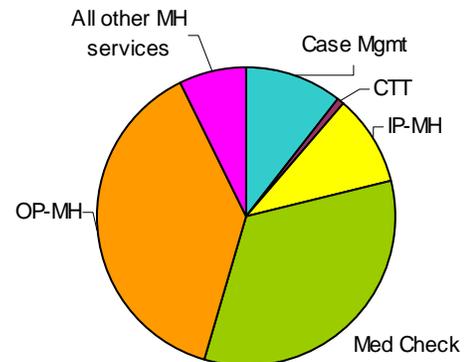


Table 5. Paid Claims and Number of Adults (21 Years and Older) Using Mental Health Services, 2006

Commonly Used Mental Health Services	Paid Claims 2006 (millions)	% Change from 2005	# Adults 2006	% Change from 2005
Case Management	\$9.7	0%	3,625	0%
Community Treatment Teams (CTT)	\$3.7	12%	318	13%
Crisis	\$0.1	25%	638	3%
Family-Focused Solution-Based Services*	\$0.3	n/a	43	n/a
Inpatient Mental Health (IP-MH)	\$25.5	-5%	3,299	-11%
Medication Checks	\$2.1	18%	11,460	5%
Mobile Medication Team*	\$0.3	n/a	76	n/a
Outpatient mental health (OP-MH)	\$6.7	12%	13,122	1%
Partial Hospitalization (PHP-MH)	\$1.4	2%	739	-6%
Psych-Rehab	\$0.9	39%	555	11%
Respite and Diversion/Acute Stabilization Services	\$1.6	7%	382	1%
RTF-Adult	\$1.3	10%	59	-21%
Supplemental MH Services	\$0.4	78%	499	44%
All Mental Health Services	\$54.8	3%	17,991	1%
All Behavioral Health Services	\$80.0	6%	21,564	1%

* These services were implemented in 2005. Data for 2005 does not cover the full year. Therefore, comparisons between 2005 and 2006, i.e. percent change, cannot be made.

Changes from 2005 to 2006

There were several changes in service use from 2005 to 2006:

- Use of community treatment team (CTT) services increased, both in terms of number of adults using the service (13%) and paid claims (12%). Increases in CTT service use from 2005 to 2006 were similar to growth rates in previous years. The number of adults using CTT services has increased at least 12% per year since 2002, when CTT services were introduced.
- The increases in paid claims for medication check services (18%) and outpatient services (12%) were primarily the result of increases in the rates paid to providers for these services.
- Mobile Medication Team services were introduced in late 2005. Mobile Medication Services were developed to address the needs of individuals whose difficulties taking psychiatric medications placed them at risk for frequent inpatient admissions or placement into restrictive living arrangements. Mobile Medication Services provide people with community-based, team-delivered medication administration, education, and monitoring services.
- Family-Focused Solution-Based Services were introduced into the Allegheny County HealthChoices program in 2005. For more information on this service, see page 3.
- Use of psychiatric rehabilitation services increased, both in the number of adults using the service (11%) and paid claims (39%). The increase in claims is due to greater service intensity, as adults using these services, on average, received more units of service in 2006 than in 2005. This increase is a positive trend, as the County has been working with providers to encourage greater service use intensity for psychiatric rehabilitation services.
- Largely due to an increase in the average length of stay, residential treatment facility services for adults (RTF-A) experienced a 10% increase in paid claims and a concurrent 21% decrease in the number of adults using the service. The increase in average length of stay and decrease in number of adults being served are concerning, as these trends affect the number of adults who have access to this level of care over time.

Common Diagnoses Treated in 2006

In 2006, most claims dollars for mental health services (\$19.5 million, 36%) were spent in the treatment of schizophrenia (see Table 6). Schizophrenia was the primary diagnosis for over 3,000 adults who received mental health services in 2006.

A large proportion of claims was also spent on the treatment of mood disorders, including major depression (\$9.1 million, 17%), bipolar disorder (\$7.5 million, 14%) and depressive disorders (\$5.6 million, 10%).

Table 6. Paid Mental Health Service Claims by Diagnosis for Adults, 2006

	Claims 2006 (millions)	# Adults 2006
Adjustment D/O	\$1.5	1,096
Bipolar D/O	\$7.5	2,239
Depressive D/O	\$5.5	1,719
Drug and Alcohol D/O	\$5.5	2,513
Maj Depression	\$9.2	4,232
Neurotic D/O	\$1.8	1,421
Schizophrenia	\$19.9	3,460
All other diagnoses*	\$3.9	1,311
Total	\$54.8	17,991

* Includes deferred diagnoses, unspecified psychosis, and other categories

Inpatient Mental Health Services for Adults, 2006

Inpatient services continue to account for the largest portion of claims paid in the HealthChoices program. However, utilization data shows short-term improvement in several areas from 2005 to 2006.

Table 7 shows inpatient service use data for adults in 2006. Decreases were seen in the admission rate, average length of stay, and readmission rate from 2005 to 2006.

Although the readmission rate remains high (21%) and continues to be a concern, the decrease in the rate from 2005 is a positive trend.

Table 7. Inpatient Mental Health Services

	2006	% Change from 2005
# adults with at least one admission	3,588	-11%
Admission rate (admissions per 1,000 enrollees)	42.00	-13%
Average length of stay (days)	10.5	-1%
Readmission Rate (% readmitted in 1-30 days)	21%	-3%

Drug and Alcohol Treatment for Adults, 2006

In 2006, about 6,900 adults used drug and alcohol services, totaling \$25.1 million in paid claims. This represents 31% of all claims paid for adult behavioral health services. Charts 8 and 9 summarize paid claims and the number of adults using drug and alcohol services in 2006.

Chart 8 shows that non-hospital rehabilitation services account for the largest portion of claims paid for drug and alcohol services (40%). Other services account for a smaller portion of paid claims: methadone maintenance (26%), and supplemental drug and alcohol services* (13%). Each of the other services in Chart 6 accounted for less than 10% of claims paid for drug and alcohol services used by adults.

Chart 9 illustrates that more adults used outpatient drug and alcohol services (46%) than any other drug and alcohol treatment service. Many adults also used supplemental drug and alcohol services (37%), non-hospital rehabilitation (30%), methadone maintenance (28%), and non-hospital detoxification (11%). Each of the other services in Chart 7 were used by less than 10% of adults using drug and alcohol services.

Charts 8 and 9 also show the relative costs per person for each service. Services that are a small piece of the claims pie and a large piece of the number of users pie are less expensive (e.g. outpatient drug and alcohol). Services that are a big piece of the claims pie and a small piece of the number of users pie are more expensive (e.g. non-hospital rehabilitation).

Chart 7. Percent of 2006 Paid Claims for D&A Services for Adults

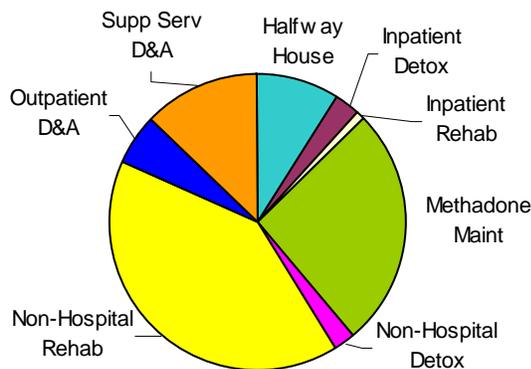


Chart 8. Number of Adults Using D&A Services, 2006

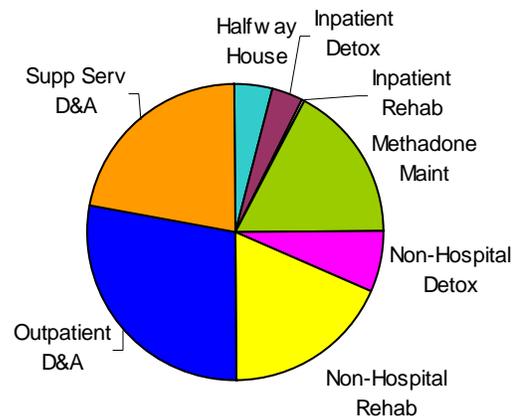


Table 8. Drug and Alcohol Services: Paid Claims and Number of Adults (21 Years and Older) Using Services, 2006

Commonly Used D&A Services	Claims 2006 (millions)	% Change from 2005	# Adults 2006	% Change from 2005
Halfway House	\$2.3	-2%	487	-4%
Inpatient Detoxification	\$0.7	0%	351	-6%
Inpatient Rehabilitation	\$0.2	44%	57	36%
Medication Checks	\$0.1	43%	908	17%
Methadone Maintenance	\$6.6	19%	1,941	13%
Non-hospital Detoxification	\$0.6	13%	757	3%
Non-hospital Rehabilitation	\$10.1	9%	2,073	4%
Outpatient Drug and Alcohol Services	\$1.4	-2%	3,171	-6%
Supplemental Drug and Alcohol Services*	\$3.2	22%	2,545	8%
All Drug and Alcohol Services	\$25.1	11%	6,901	3%
All Services (including mental health)	\$80.0	6%	21,564	1%

* Supplemental drug and alcohol services include: intensive outpatient (45% of claims for supplemental services), partial programs (29%), residential partial programs (12%), acute partial programs (7%), and individual therapy services (5%).

Changes from 2005 to 2006

Table 8 illustrates the changes in use for all drug and alcohol services, both in terms of claims paid and the number of people using services. Highlights from 2005 to 2006 include the following:

- Non-hospital rehabilitation services, which have consistently comprised the largest portion of paid claims for drug and alcohol services, experienced a 4% increase in the number of adults using services and a 9% increase in paid claims from 2005.
- Use of inpatient rehabilitation services increased 44% in terms of paid claims and 36% in terms of number of adults using services. However, it should be noted that compared to most other drug and alcohol services, few adults used inpatient rehabilitation services. Actual changes in number of adults using services and total paid claims were therefore relatively small.
- The number of adults using methadone maintenance services increased 13%, while paid claims for these services increased by 19%. These increases are largely the result of a substantial increase in provider capacity.

Drug & Alcohol Diagnoses in 2006

Table 9 outlines the most common drug and alcohol diagnoses in 2006. The largest amount of drug and alcohol claims dollars were spent in the treatment of opioid (e.g. heroin) addictions (\$9.8 million, 39%).

Other drug and alcohol diagnoses included cocaine disorders (\$4.2 million, 17%), alcohol disorders (\$2.9 million, 12%) and “other” substance disorders (\$2.9 million, 12%).

Table 9. Claims Paid by D&A Diagnosis, Adults, 2006

	Claims 2006 (millions)	# Adults 2006
Cannabis	\$0.9	323
Cocaine	\$4.2	1,070
Alcohol	\$3.2	1,026
Opioid	\$9.9	2,510
Other Subs D/O*	\$2.9	771
All other dx**	\$4.0	1,201
Total	\$25.1	6,901

* About 81% of paid claims for the “Other substance disorder” category is for polysubstance use/abuse.

**Includes a large number of adults who received D&A services but had a primary mental health diagnosis.

Drug and Alcohol Treatment for Adolescents, 2006

Overall use of drug and alcohol services was relatively small compared to use of mental health services for adolescents. In 2006, all drug and alcohol services accounted for only 3% (\$2.9 million) of paid claims for children and adolescents. However, use of drug and alcohol services for this age group continued to increase rapidly. From 2005 to 2006, paid claims for drug and alcohol services increased 27%.

Of the children and adolescents using HealthChoices services, 8% (1,046 children and adolescents) used at least one drug and alcohol treatment service in 2006. This represents a 7% increase from 2005. Most drug and alcohol services are used by adolescents 13 years and older.

Table 10 shows commonly used drug and alcohol services for adolescents. Between 2005 and 2006, the largest increases in the paid claims occurred for non-hospital rehabilitation, methadone maintenance, and supplemental services.

Common drug and alcohol diagnoses for adolescents included opioid, cocaine and cannabis use/abuse disorders.

Table 10. Drug and Alcohol Services: Paid Claims and Number of Adolescents Using Services, 2006

Commonly Used D&A Services	Paid Claims 2006	# Adolescents 2006
Halfway House	\$94,820	23
Methadone Maintenance	\$142,715	57
Non-hospital Detoxification	\$81,599	75
Non-hospital Rehabilitation	\$1,682,162	246
Outpatient Drug and Alcohol Svcs.	\$465,388	703
Supplemental Drug and Alcohol Svcs.	\$378,998	318
All Drug and Alcohol Services	\$2,859,299	1,046
All Services (including mental health)	\$99,608,950	13,430



About AHCI

Allegheny HealthChoices, Inc. (AHCI) is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program.

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

AHCI produces the Year in Review Report as a means of presenting information about the status of the HealthChoices program in Allegheny County. The report is also intended to highlight enrollment, service utilization, and operational trends.

Other recent AHCI reports available at www.ahci.org:

Substance Abuse Treatment Services

Mayview Regional Service Area Plan (MRSAP) Summary Report: Phase 2 Consumer and Family Assessment Results

Mobile Medication Services

Peer Support: Consumers Helping Consumers

Housing As Home Newsletter

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