The Allegheny County HealthChoices Program, 2007: The Year in Review

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2007 Highlights

HealthChoices is Pennsylvania's managed care program for Medical Assistance. This program provides physical and behavioral health care to children and adults. The 2007 Year in Review report provides an overview of the HealthChoices behavioral health program in Allegheny County during 2007.

Allegheny HealthChoices, Inc. (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 intended to highlight enrollment, service utilization, and related trends.

Several positive trends emerged within the Allegheny County HealthChoices program in 2007. Use of community-based, recovery-oriented services like community treatment team and mobile medication services increased, while use of restrictive inpatient mental health services for adults decreased.

In 2007, monthly enrollment in the Allegheny County HealthChoices program averaged 150,174 members, an increase of 1% from 2006. About 24% of members (36,035 people) used at least one behavioral health service, compared to 23% in 2006. Total paid claims amounted to $182 million in 2007, a 1% increase from 2006.

The highlights of the 2007 Year in Review Report include:

- **Mental health and drug and alcohol service use varied by age, race, and gender.** Penetration rates indicate adult members had adequate access to mental health and drug and alcohol services. However, penetration and expected prevalence rates suggest access to drug and alcohol treatment services for adolescents and young adults could be improved. Additionally, 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.*
- **Due to a decrease in use of residential treatment facility (RTF) services, paid claims related to children and adolescents services decreased.** Fewer children received RTF services as part of the Integrated Children's Services Initiative. As a result, paid claims for RTF services decreased $3.8 million from 2006 to 2007. *For more information, see pages 4-5.*
- **Adult inpatient mental health admission rates continued to decrease.** For adults, the inpatient admission rate, readmission rate, and average length of stay continued to decrease from 2005 and 2006 levels. Admission rates for children and adolescents did not show significant improvements from 2006. *For more information, see pages 4-7.*
- **New Community Treatment Teams (CTTs) and mobile medication teams expanded the availability of community-based, recovery-oriented services.** These new teams help people with complex needs. By addressing the holistic needs of people receiving services, they are designed to lessen the need for more restrictive levels of care. Paid claims and the number of adults using these services grew substantially from 2006 to 2007. *For more information, see pages 6-7.*
- **Trends in the use of drug and alcohol services differed for adults and adolescents.** Paid claims for drug and alcohol services provided to adults increased 7% from 2006, while paid claims for services provided to adolescents decreased 15%. *For more information see pages 8-9.*

HealthChoices Enrollment and Service Use Overview

Table 1 shows that between 2006 and 2007, enrollment in the Allegheny County HealthChoices program grew by 1%. From 2006 to 2007, the number of people who used services increased by 3%. The proportion of enrollees using services (the penetration rate) increased 2%.

Overall, paid claims increased 2% from 2006 to 2007. Previously, paid claims increased at a higher annual rate. The relatively low increase in paid claims from 2006 to 2007 is the result of decreased use in residential treatment facility (RTF) services for children and adolescents. While paid claim totals for many other levels of care increased, paid claims for RTF services decreased by almost $4 million from 2006 to 2007. The reduction in RTF use also contributed to a decrease in the average cost per service user (see pages 4-5).

Table 1. HealthChoices 2007 At a Glance

	2007	% change from 2006
Average Monthly Enrollment	150,174	1%
Number of People Using Services	36,035	3%
Penetration Rate	24%	2%
Total Claims (millions)	$182.3	1%
Average Cost per Service User	$5,052	-2%

Access to Services

Ensuring members have access to behavioral health services is an important aspect of the HealthChoices program. To measure access to services in the HealthChoices program, the Pennsylvania Department of Public Welfare uses penetration rates. As mentioned above, the penetration rate is the proportion of enrollees using services.

Table 2 compares penetration rates for the HealthChoices program to national norms used by DPW to measure members' access to services. DPW has identified these norms through a review of research on prevalence statistics. Prevalence is the number of individuals in a particular group expected to have a mental health or substance abuse disorder. However, DPW notes that 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 Allegheny County HealthChoices mental health penetration rate for adults ages 18 to 64 years (28.9%) exceeded the national norm used by DPW (12.3%), indicating adult HealthChoices members continue to have access to needed mental health services. Similarly, the drug and alcohol treatment penetration rate for adults ages 18 to 64 years (10.7%) exceeded the national norm for substance abuse or dependence (7%).

The drug and alcohol treatment penetration rate for adolescents (3.9%) fell short of the national norm (6.6%). Some adolescents may be receiving treatment through non-HealthChoices programs, such as Alcoholics Anonymous, church programs, etc. However, access to and engagement with drug and alcohol treatment services, particularly for individuals ages 13-17 years, should still be considered an area for improvement.

Table 2. Access to Behavioral Heath Services, 2007

	2007 Penetration Rate[1]	National Norm used by DPW[1,2]
Access to mental health services, ages 18-64	28.9%	12.3%
Access to drug and alcohol treatment services, ages 13-17	3.9%	6.6%
Access to drug and alcohol treatment services, ages 18-64	10.7%	9.6%

[1] The penetration rate is calculated by dividing the number of individuals using services by the number of individuals eligible to receive services.

[2] Pennsylvania Department of Public Welfare. *HealthChoices Behavioral Health Performance Report - 2007*.

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 2007 access rates by race indicate continued efforts are necessary to improve access to behavioral health services for African-Americans.

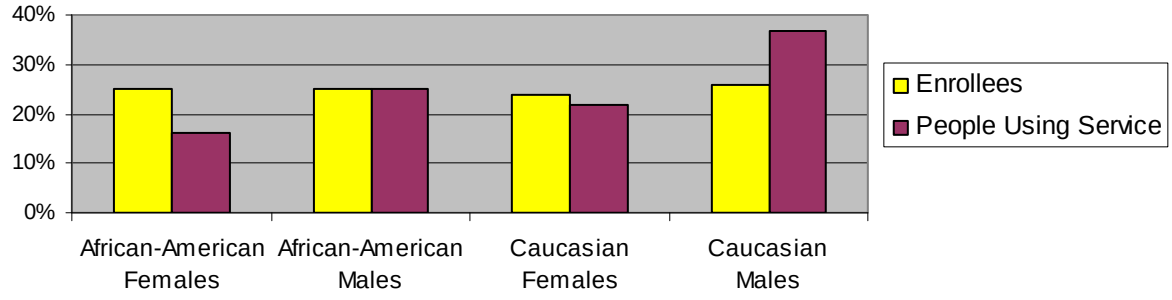
The following sections provide more detailed information regarding enrollee and service use demographics, as well as differences by race and gender.

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, 25% were African-American females. However, African-American females represented only 16% of child and adolescent service users. Meanwhile, Caucasian males are overrepresented in the service user population. Caucasian males constituted 26% of the enrollees in this age category, but over 37% of service users.

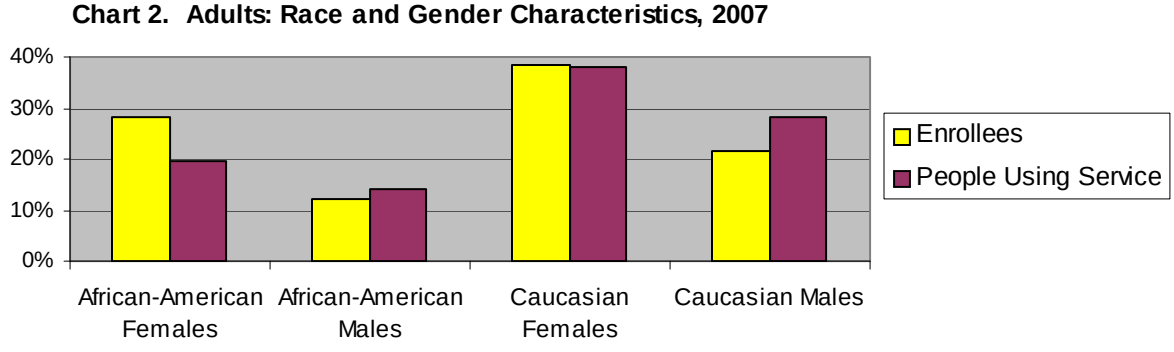
Chart 1. Children and Adolescents: Race and Gender Characteristics, 2007



Adults: 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, 28% were African-American females. However, African-American females represented only 20% of adult service users. Caucasian males represented 22% of the enrollees in this age category, but 28% of service users.

Chart 2. Adults: Race and Gender Characteristics, 2007



Frequently Used Mental Health Services for Children and Adolescents, 2007

In 2007, 13,254 children and adolescents received mental health services, representing a 2% increase from 2006. Paid claims for services provided to children and adolescents totaled $94.7 million in 2007, a 2% decrease from 2006. Chart 3 illustrates how the different mental health services account for total paid claims and the total number of children and adolescents using services in 2007.

Chart 3 shows that behavioral health rehabilitation services (BHRS) accounted for the largest portion of paid claims (41%). Claims for residential treatment facility (RTF) services accounted for an additional 20% of paid claims. Other services accounted for a smaller proportion of paid claims: inpatient mental health (9%), family-based services (8%), partial hospitalization (6%), service coordination (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 3 also illustrates that a greater number of children and adolescents used outpatient mental health (63%) than any other service. Many also used medication checks (35%), BHRS (32%), and case management services (15%). Each of the other services in Chart 3 were used by less than 10% of children and adolescents.

The height of the blue and red bars in Chart 3 shows the relative costs per person for each service. Services shown with a tall red bar and a short blue bar are less expensive (e.g. outpatient mental health). On the other hand, more expensive services (e.g. RTF) have a short red bar and a tall blue bar.

Chart 3. Child and Adolsecent (0-20 Years) Services, 2007

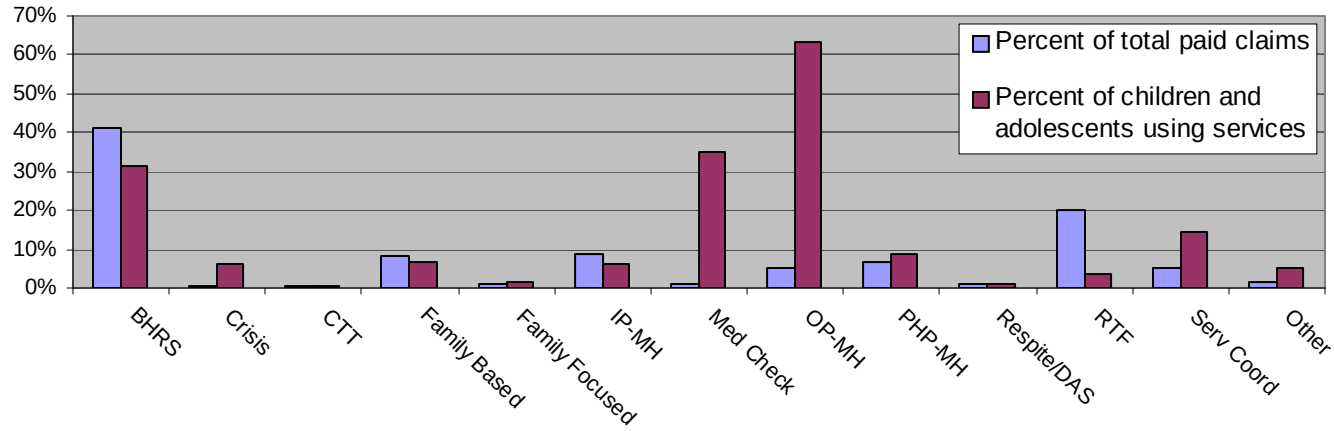


Table 3. Paid Claims and Number of Children and Adolescents (0-20 Years) Using Services, 2007

Commonly Used Services	Paid Claims 2007 (millions)	% Change from 2006	# Children 2007	% Change from 2006
Behavioral Health Rehab. Services (BHRS)	$39.2	2%	4,180	8%
Crisis Services	$0.4	10%	844	29%
Community Treatment Teams (CTT)	$0.3	-42%	38	-14%
Family-Based Mental Health Services	$7.7	-1%	875	8%
Family-Focused Solution-Based Services	$0.8	8%	173	1%
Inpatient Mental Health (IP-MH)	$8.1	5%	832	-1%
Medication Checks	$0.9	15%	4,636	4%
Outpatient Mental Health (OP-MH)	$4.8	4%	8,354	-1%
Partial Hospitalization (PHP-MH)	$6.1	-1%	1,137	-2%
Respite and Diversion/Acute Stabilization (DAS)	$0.8	-11%	158	-2%
Residential Treatment Facilities (RTF)	$19.2	-17%	505	-20%
Service Coordination (Serv Coord)	$5.0	6%	1,943	2%
Other	$1.3	45%	666	-2%
All Mental Health Services	***$94.7***	***-2%***	***13,254***	***2%***
All Behavioral Health Services	***$97.0***	***-3%***	***13,673***	***2%***

Changes from 2006 to 2007

There were several significant changes in HealthChoices service utilization for children and adolescents in 2007.

- Compared to 2006, there was a significant decrease in use of residential treatment facility (RTF) services. RTF use has varied recently due to the introduction of the Pennsylvania Department of Public Welfare's Integrated Children's Services Initiative (ICSI). Through ICSI, residential treatment facilities were added to the network to serve more children and adolescents involved in the Office of Children, Youth and Family (OCYF) or Juvenile Probation Office (JPO) systems. In 2005 and 2006, a rise in the number of referrals from OCYF and JPO resulted in a large increase in RTF use in the Allegheny County HealthChoices program. However, OCYF and JPO referrals for RTF services decreased from 2006 to 2007. In particular, OCYF referrals decreased due to an ongoing initiative to reduce the need for out of home placements by working with families to access appropriate community supports and treatment services in their home communities. Since the number of referrals lessened, fewer adolescents received RTF services as part of ICSI in 2007, resulting in a 17% decrease in paid claims.
- The 42% decrease in paid claims and 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.
- The number of children using crisis services increased by 29% from 2006 to 2007. However, paid claims for crisis services increased only 10%. These changes in utilization were due to an increase in the number of claims submitted for evaluations performed at an inpatient provider's diagnostic emergency center (DEC). Since these services have a lower cost relative to other crisis services, the increase in the number of children and adolescents using them was greater than the increase in paid claims.
- Increased use of two types of services led to overall increases in the "other" service category. One service specializes in early identification and brief intervention services for mental health issues in community settings for members of underserved populations. The second service provides intensive services to children and adolescents with a combination of complex mental health, mental retardation, and severe behavioral disorder diagnoses.
- From 2006 to 2007, the number of children and adolescents using inpatient mental health services decreased slightly (1%). The admission rate also decreased slightly from 9.2 to 9.0 admissions per 1,000 enrollees. Additionally, the rate of readmissions occurring within 30 days of discharge decreased from 18% in 2006 to 16% in 2007. However, the average length of stay increased from 10.3 to 10.7 days.

Common Diagnoses in 2007

Diagnosis data in this report comes from claims forms providers submit after they have provided a service. Of the 13,673 consumers ages 0-20 years who received services in 2007, 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 2007, most claims dollars ($27.1 million, 28%) were spent in the treatment of children with autism spectrum disorders (see Table 4). This represents a 10% increase from 2006. From 2006 to 2007, the number of children and adolescents with autism spectrum disorder diagnoses receiving services increased 11% from 1,660 to 1,840. Because children with these diagnoses usually need a high intensity of services, there is a high cost per child for these services.

There was a significant increase (16%) from 2006 to 2007 in paid claims for services used by children and adolescents with schizophrenia diagnoses. This increase is due to adolescents with schizophrenia diagnoses using more units of RTF service, on average, in 2007.

From 2006 to 2007, fewer adolescents with conduct disorder diagnoses used RTF services, resulting in an overall decrease in paid claims for children and adolescents with this diagnosis.

Table 4. Claims Paid by Primary Diagnosis for Children and Adolescents, 2007

	Claims 2007 (millions)	# Children 2007
ADHD	$21.3	3,216
Adjustment D/O	$7.5	2,801
Autism Spectrum D/O	$27.1	1,840
Bipolar D/O	$6.5	499
Conduct D/O	$7.4	838
Drug and Alcohol D/O	$2.3	631
Depressive D/O	$3.6	712
Major Depression	$7.7	942
Neurotic D/O	$2.5	601
Oppositional Defiant D/O	$7.1	1,030
Schizophrenia	$1.4	74
All other diagnoses*	$2.5	492
Totals	***$97.0***	***13,673***

**Includes deferred diagnoses, unspecified psychosis, and other categories*

Frequently Used Mental Health Services for Adults, 2007

In 2007, over 19,000 adults used mental health services, totaling $58.4 million in paid claims. Chart 4 and Table 5 summarize claims data and the number of adults using services.

Chart 4 shows that inpatient mental health services continued to account for the largest portion of paid mental health claims (42%). Other services accounted for a smaller portion of claims: case management (17%), outpatient mental health (12%) and community treatment teams (8%). The remaining services each accounted for less than 5% of claims paid for mental health services used by adults.

Table 5 illustrates that a greater number of adults used outpatient mental health (72%) than any other mental health service. Many people also used medication checks (61%), service coordination (18%) and inpatient mental heath services (17%). Other services were each used by less than 10% of adults.

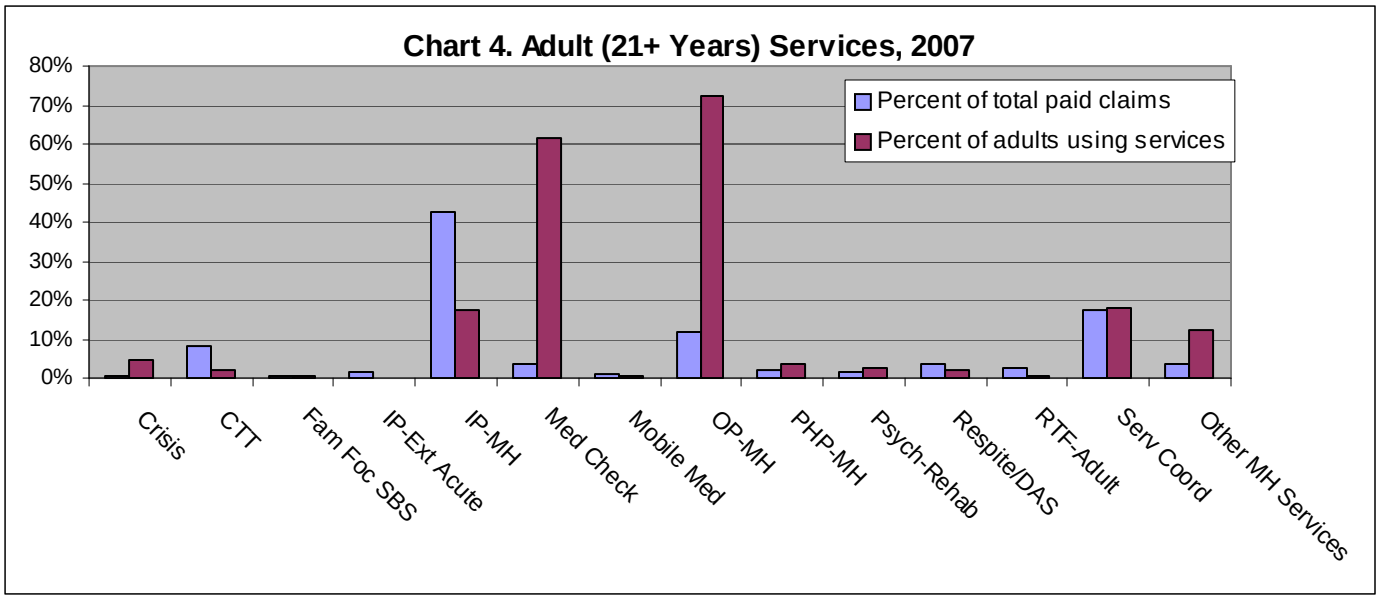


Table 5. Paid Claims and Number of Adults (21 Years and Older) Using Mental Health Services, 2007

Commonly Used Mental Health Services	Paid Claims 2007 (millions)	% Change from 2006	# Adults 2007	% Change from 2006
Crisis Services	$0.2	31%	912	43%
Community Treatment Team (CTT)	$4.7	28%	350	10%
Family-Focused Solution-Based Services	$0.3	16%	57	33%
Inpatient Mental Health (IP-MH) and Inpatient Extended Acute (IP-Ext Acute)	$25.5	-4%	3,276	-1%
Medication Checks	$2.2	7%	11,682	8%
Mobile Medication Team	$0.7	121%	116	53%
Outpatient Mental Health (OP-MH)	$7.0	3%	13,747	4%
Partial Hospitalization (PHP-MH)	$1.3	-8%	657	-11%
Psychiatric Rehabilitation	$0.8	-8%	485	-13%
Respite and Diversion/Acute Stabilization Services	$2.2	33%	418	9%
Residential Treatment Facility for Adults (RTF-Adult)	$1.4	11%	58	-2%
Service Coordination	$10.1	4%	3,454	-5%
Other MH Services	$2.0	159%	2,308	-9%
All Mental Health Services	***$58.4***	***5%***	***19,036***	***5%***
All Behavioral Health Services	***$85.3***	***6%***	***22,584***	***4%***

Changes from 2006 to 2007

There were several changes in service use from 2006 to 2007:

- There were large increases in paid claims (31%) and the number of adults (43%) using crisis services. These changes in utilization were due to an increase in the number of claims submitted for evaluations performed in an inpatient provider's diagnostic emergency center (DEC).
- Use of community treatment team (CTT) services increased, both in terms of number of adults using the service (10%) and paid claims (28%). These increases are related to the addition of two new CTTs in 2007. To a lesser extent, members on the transition-age CTT moving from the adolescent to adult category also contributed to the increase in claims.
- In the third quarter of 2007, two new providers began providing mobile medication services. This change in capacity resulted in a 53% increase in the number of adults using mobile medication services and a 121% increase in paid claims.
- From 2006 to 2007, paid claims for respite services and diversion/acute stabilization services increased 33%, while the number of adults using these services increased 9%. Increased use of these services for people experiencing a crisis or exacerbation of symptoms as an alternative to more restrictive services is encouraged.
- In 2007, residential treatment facility services for adults (RTF-A) capacity expanded from 12 beds to 16 beds. However, there was an overall increase in the average length of stay for adults using the service. The increase in average length of stay resulted in a 2% decrease in the number of adults using the service and an 11% increase in total paid claims.
- Several factors affected the "other mental health service" category. First, a new service, alternative outpatient treatment (AOP) was introduced. AOP is an alternative, highly structured therapeutic service for adults in specific types of residential settings. Claims for AOP services totaled $1.1 million in 2007. Second, the number of adults using other services in this category decreased. In particular, 342 fewer adults used lab services in 2007 compared to 2006.

Common Diagnoses in 2007

In 2007, most claims dollars for mental health services ($23 million, 39%) were spent in the treatment of schizophrenia (see Table 6). Schizophrenia was the primary diagnosis for 3,580 adults who received mental health services in 2007.

A large proportion of claims was also spent on the treatment of mood disorders, including major depression ($9.8 million, 17%), bipolar disorder ($7.7 million, 13%) and depressive disorders ($5.1 million, 9%).

Table 6. Paid Mental Health Service Claims by Diagnosis for Adults, 2007

	Claims 2007 (millions)	# Adults 2007
Adjustment D/O	$1.3	1,111
Bipolar D/O	$7.7	2,437
Depressive D/O	$5.1	1,813
Drug and Alcohol D/O	$4.9	2,612
Maj Depression	$9.8	4,449
Neurotic D/O	$1.7	1,490
Schizophrenia	$23.0	3,580
All other diagnoses*	$4.9	1,551
Total	***$58.4***	***19,036***

** Includes deferred diagnoses, unspecified psychosis, and other categories*

Inpatient Mental Health Services for Adults, 2007

Inpatient services continue to account for the largest portion of claims paid in the HealthChoices program. However, utilization data shows continued improvement in several areas from 2006 to 2007. Table 7 shows inpatient admission data for adults in 2007. Decreases were seen in the admission rate, average length of stay, and readmission rate from 2006 to 2007. It is important to note, though, that the readmission rate remains high (20%) and continues to be a concern.

In 2006, a new level of inpatient care was introduced into the Allegheny County HealthChoices program. In addition to symptom alleviation, **inpatient extended acute** services offer the opportunity for longer-term skill-building and focused interventions. The average length of stay for adults who were admitted for inpatient extended acute services in 2007 and who have been discharged is 131 days. Six adults who were admitted in 2007 have not yet been discharged. (Since stays in this level of care tend to be longer than those for traditional inpatient services, admission data for inpatient extended acute services are not included in table 7.)

Table 7. Inpatient Mental Health Services	2007	% change from 2006
# adults with at least one admission	3,554	-1%
Admission rate (admissions per 1,000 enrollees)	39.5	-6%
Average length of stay (days)	10.2	-2%
Readmission Rate (% readmitted in 1-30 days)	20%	-5%

Drug and Alcohol Treatment for Adults, 2007

In 2007, over 7,000 adults used drug and alcohol services, totaling $26.9 million in paid claims. This represents 32% of all claims paid for adult behavioral health services. From 2006 to Table 8 summarizes paid claims and the number of adults using drug and alcohol services in 2007.

Chart 5 shows that non-hospital rehabilitation services account for the largest portion of claims paid for drug and alcohol services (41%). Methadone maintenance services account for 26% of claims paid for drug and alcohol services. Each of the other services in Chart 5 accounted for less than 10% of claims paid for drug and alcohol services used by adults. More adults used outpatient drug and alcohol services (48%) than any other drug and alcohol treatment service. Many adults also used non-hospital rehabilitation (30%), methadone maintenance (29%), intensive outpatient (18%), and partial hospitalization program (15%) services. Each of the other services in Chart 5 were used by less than 15% of adults using drug and alcohol services.

The height of the blue and red bars in Chart 5 shows the relative costs per person for each service. Services shown with a tall red bar and a short blue bar are less expensive (e.g. outpatient drug and alcohol services). On the other hand, more expensive services (e.g. non-hospital rehabilitation) have a short red bar and a tall blue bar.

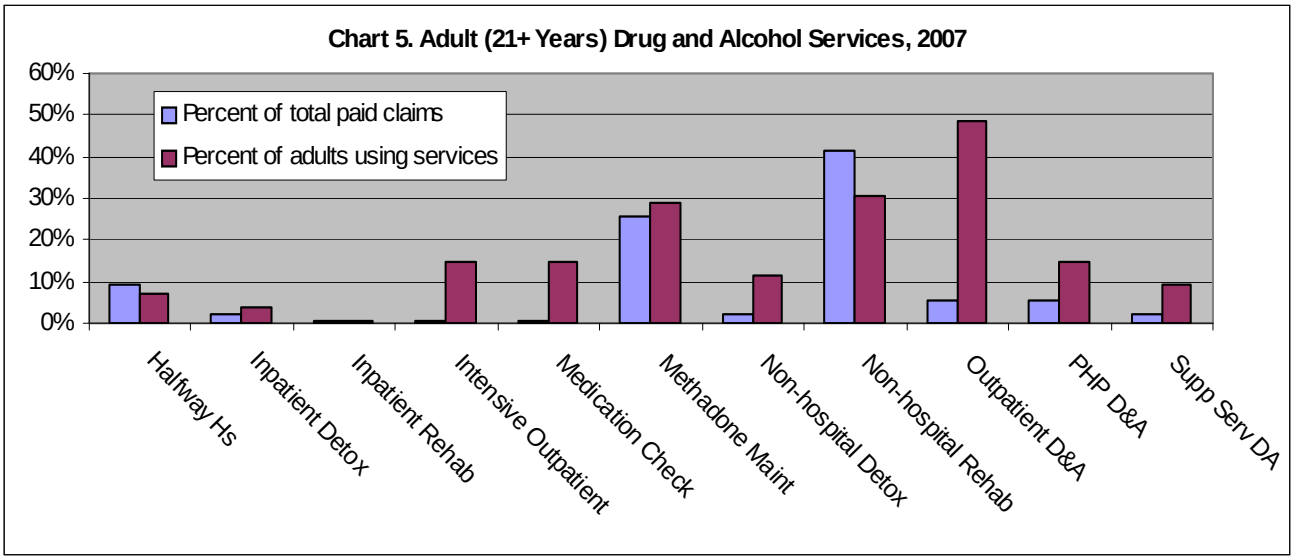


Table 8. Drug and Alcohol Services: Paid Claims and Number of Adults (21 Years and Older) Using Services, 2007

Commonly Used D&A Services	Claims 2007 (millions)	% Change from 2006	# Adults 2007	% Change from 2006
Halfway House	$2.5	10%	482	-1%
Inpatient Detoxification	$0.6	-12%	266	-24%
Inpatient Rehabilitation	$0.2	-15%	38	-33%
Intensive Outpatient	$1.3	16%	1,279	9%
Medication Checks	$0.1	6%	1,019	12%
Methadone Maintenance	$7.0	6%	2,036	5%
Non-hospital Detoxification	$0.6	10%	798	5%
Non-hospital Rehabilitation	$11.1	10%	2,138	3%
Outpatient Drug and Alcohol Services	$1.5	4%	3,417	8%
Partial Hospitalization Program (PHP D&A)	$1.5	-1%	1,039	-10%
Supplemental Drug and Alcohol Services	$0.5	4%	636	-16%
All Drug and Alcohol Services	***$26.9***	***7%***	***7,046***	***2%***
All Behavioral Health Services	***$85.3***	***6%***	***22,584***	***4%***

Changes from 2006 to 2007

Table 8 shows the changes in use for all drug and alcohol services, both in terms of claims paid and the number of people using services. Overall, paid claims increased 7%, primarily due to an increase in paid claims for non-hospital rehabilitation services. Highlights from 2006 to 2007 include the following:

- Paid claims for non-hospital rehabilitation services increased 10%. This increase is due to adults using more units of service and using more expensive types of non-hospital rehabilitation services.
- Use of inpatient detoxification services decreased 12% in terms of paid claims and 24% in terms of number of adults using services.
- The number of adults using inpatient rehabilitation services decreased 33%, and paid claims for this service decreased 15%. However, it should be noted that compared to most other drug and alcohol services, very few adults used inpatient rehabilitation services. Actual changes in number of adults using services and total paid claims were therefore relatively small.
- From 2006 to 2007, the number of adults using intensive outpatient services increased 9%, while paid claims for these services increased by 16%.

Drug & Alcohol Diagnoses in 2007

Table 9 outlines the most common drug and alcohol diagnoses in 2007. The largest amount of drug and alcohol claims dollars were spent in the treatment of opioid (e.g. heroin, OxyContin) addictions ($10.1 million, 38%). Other drug and alcohol diagnoses included cocaine disorders ($4.5 million, 17%), alcohol disorders ($2.9 million, 12%) and "other" substance disorders ($2.9 million, 14%).

A large number of adults who received drug and alcohol services had a primary diagnosis of a mental health disorder. The most common mental health diagnoses for individuals receiving drug and alcohol services were depressive disorder, major depression, and bipolar disorder.

Table 9. D&A Diagnoses for Adults, 2007

	Claims 2007 (millions)	# Adults 2007
Cannabis	$0.5	262
Cocaine	$4.5	991
Alcohol	$3.3	1,000
Opioid	$10.1	2,546
Other Subs D/O*	$3.8	1,168
Mental health diagnoses	$3.9	1,082
Total	***$26.9***	***7,046***

** Most paid claims for the "Other substance disorder" category are for polysubstance use/abuse.*

Drug and Alcohol Treatment for Adolescents, 2007

Table 10 shows commonly used drug and alcohol services for adolescents. Overall use of drug and alcohol services was relatively small compared to use of mental health services for adolescents. In 2007, all drug and alcohol services accounted for only 3% ($2.5 million) of paid claims for children and adolescents. From 2006 to 2007, paid claims for drug and alcohol services for this population decreased 15%. The largest decrease in paid claims occurred for non-hospital rehabilitation services. Compared to 2006, fewer adolescents used non-hospital rehabilitation services. Additionally, the average number of units of non-hospital rehabilitation services decreased in 2007.

Of the children and adolescents using HealthChoices services, 8% (1,052 children and adolescents) used at least one drug and alcohol treatment service in 2007, roughly the same number as in 2006. Most drug and alcohol services are used by adolescents 13 years and older.

Of the 1,052 adolescents receiving drug and alcohol services, 41% had a primary diagnosis of a mental health disorder. Common drug and alcohol diagnoses for adolescents included cannabis (27%) and opioid use/abuse disorders (12%). The remaining primary diagnoses included polysubstance, alcohol, cocaine, and inhalant use/abuse disorders.

Table 10. Drug and Alcohol Services: Paid Claims and Number of Adolescents Using Services, 2007

Commonly Used D&A Services	Paid Claims 2007	# Adolescents 2007
Halfway House	$91,779	25
Intensive Outpatient Drug and Alcohol Services	$211,106	204
Methadone Maintenance	$105,740	48
Non-hospital Detoxification	$48,116	65
Non-hospital Rehabilitation	$1,445,748	219
Outpatient Drug and Alcohol Services	$443,897	760
Partial Hospitalization Program	$95,995	102
Other Drug and Alcohol Services	$18,056	94
All Drug and Alcohol Services	***$2,460,415***	***1,052***
All Behavioral Health Services	***$97,041,383***	***13,673***

About AHCI

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

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

We work with counties, providers, advocacy groups, and individuals using mental health or substance abuse services. Through our fulltime staff and network of consultants, we provide:

- Relevant financial and program data analysis and evaluation, at both the agency and system level, for quality improvement and planning purposes
- Project management services for new program development and strategic planning
- Training and technical assistance for providers in building their capacity to provide evidence-based, recovery-oriented services
- Educational opportunities for individuals with mental illness and/or substance abuse and their families
- Information systems consulting, including needs assessment, systems design, data warehousing solutions, information security, and web development.

To learn more about AHCI, please visit us at **www.ahci.org**

Allegheny HealthChoices, Inc.
444 Liberty Avenue, Suite 240
Pittsburgh, PA 15222

Phone: 412-325-1100
Fax: 412-325-1111
E-mail: mutz@ahci.org

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- Working Towards Wellness: Addressing the Physical Health of People with Serious Mental Illness
- Using Motivational Interviewing In Substance Abuse Treatment
- Family Focused Solution Based Services
- Substance Abuse Treatment Services
- Mobile Medication Services