

The Allegheny County HealthChoices Program, 2008: The Year in Review

A publication of Allegheny HealthChoices, Inc.

2008 Overview and Highlights

HealthChoices is Pennsylvania's managed care program for Medical Assistance. This program provides physical and behavioral health care to children and adults. The 2008 Year in Review Report provides an overview of the HealthChoices behavioral health program in Allegheny County during 2008.

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 describes changes in enrollment and service use in comparison to 2007.

The highlights of the 2008 Year in Review Report include:

- **Enrollment and rates of access to services remained consistent from 2007 to 2008.** For both children/adolescent and adult age groups, the average monthly enrollment did not increase from 2007 to 2008. The percentage of enrolled children/adolescents and adults who accessed services increased slightly (by 6% and 4% respectively). Race and gender enrollment and service access patterns did not change significantly from 2007 to 2008. See pages 2 and 4.
- **Adolescent access to drug and alcohol services increased.** The number of adolescents accessing drug

and alcohol treatment increased 11% from 2007. More people accessing needed services is considered a positive change. Paid claims for drug and alcohol services also increased significantly, as payment rates for some services were increased. See page 3.

The HealthChoices Program: 2008 At a Glance

- 151,305 people were enrolled, on average, each month in 2008
- 38,199 people (25%) accessed mental health and/or drug and alcohol treatment
- \$196.8 million was spent on paid claims for treatment services
- The average cost per service user in 2008 was \$5,152

- **Use of residential treatment facility (RTF) services by children and adolescents continued to decrease.** Fewer children received RTF services as part of the Integrated Children's Services Initiative (ICSI). See pages 2-3.

- **Access to crisis services increased.** In July 2008, Allegheny County's redesigned crisis services became available through the Western Psychiatric Institute and Clinic (WPIC). Publicity efforts for the re:solve Crisis Network have resulted in increased access to these services. Telephone and mobile services began in July 2008, and walk-in and crisis residential services began at the end of December 2008. See pages 3 and 5.

- **Community-based, recovery-oriented services for adults continued to expand.** In order to meet the anticipated community treatment needs with the closure of Mayview State Hospital, capacity to provide Community Treatment Team (CTT), mobile medications, and enhanced clinical case management continued to expand in 2008. See pages 4-5.

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Enrollment and Service Use for Children and Adolescents

Enrollment and Access to Services

Enrollment in the HealthChoices program in 2008 remained very similar to 2007 for children and adolescents (0-20 years old). In 2008:

- 81,107 children and adolescents were enrolled on average per month; 47% of enrollees are African-American, 47% are Caucasian, and 5% are of other races.
- 14,576 enrollees (18%) used behavioral health services.
- 14,104 (97%) used mental health services totaling \$98.2 million in paid claims, and 1,168 (8%) used drug and alcohol services totaling \$3.3 million in paid claims.
- The average cost per person using services was \$7,118.
- Caucasian males continued to be more likely to access services; African-American females were less likely to access services.

This enrollment and service access profile is consistent with 2007 data.

Changes in Mental Health Service Use

In 2008, over 14,000 children and adolescents used mental health services, a 6% increase from 2007. Paid claims for mental health services totaled \$98.2 million, a 3% increase from 2007. Table 1 summarizes the different mental health services used by children and adolescents in 2008 compared to 2007.

- **Behavioral health rehabilitation services (BHRS)** accounted for the largest portion of paid claims (43%); nearly one third of service users used BHRS services.

BHRS service use did not change significantly (defined as an increase or decrease of more than 10%) from 2007.

- **Residential treatment facilities** accounted for 18% of claims in 2008 and were used by 3% of service users. RTF use has varied in the past several years due to the introduction of the Integrated Children's Services Initiative in 2005. Use peaked in 2006, and has since decreased due to several factors. First, overall system capacity has decreased. Second, an ongoing initiative of the Office of Children, Youth and Families to decrease the number of children in out-of-home placement resulted in fewer referrals for RTF services.
- **Inpatient mental health services** accounted for 10% of claims, an increase of 13% from 2007. The number of children/adolescents using inpatient services did not vary significantly from 2007, and the increase in paid claims is partly due to an increase in the payment rates to providers. Note this category includes a very small number of extended acute care stays, which are not included in the following admission rates.

The overall number of admissions decreased 3% from 2007, and the admission rate also decreased slightly from 902 to 8.72 admissions per 1,000 enrollees. Additionally, the rate of readmission occurring within 30 days of discharge decreased from 16% in 2007 to 15% in 2008. The average length of stay increased from 10.4 days to 11.3 days.

- **Family-based mental health services, partial hospitalization, and service coordination services** each accounted for less than 10% of claims, and use of these services did not increase or decrease more than 10% from 2007.

Table 1. Paid Claims and Number of Children and Adolescents (0-20 years) Using Mental Health Services, 2008

	Paid claims in 2008	Percent of paid claims	Increase or decrease in claims?	Number of children 2008	Percent of children	Increase or decrease in # of children?
Behavioral Health Rehab. Services	\$42.0	43%	⇒	4,465	32%	⇒
Residential Treatment Facilities	\$17.4	18%	↓	433	3%	↓
Inpatient Mental Health	\$9.7	10%	↑	861	6%	⇒
Family-Based Mental Health Services	\$7.9	8%	⇒	883	6%	⇒
Partial Hospitalization	\$6.1	6%	⇒	1,138	8%	⇒
Service Coordination	\$4.6	5%	⇒	1,946	14%	⇒
Outpatient Mental Health	\$5.3	5%	↑	9,162	65%	⇒
Medication Checks	\$1.1	1%	↑	4,916	35%	⇒
Family-Focused Solution-Based Services	\$1.0	1%	↑	205	1%	↑
Crisis Services	\$0.2	0%	↓	1,178	8%	↑
Other Mental Health Services	\$2.9	3%	↑	953	7%	↑
All Mental Health Services	\$98.2	100%	⇒	14,104	100%	⇒

KEY: ↑ = an increase of more than 10% from 2007 ↓ = a decrease of more than 10% from 2007 ⇒ = a change of less than ± 10% from 2007

- While **outpatient mental health services** accounted for only 5% of paid claims in 2008, 65% of consumers accessed outpatient services. Claims increased 10% from 2007.
- Claims for **medication checks** also increased significantly from 2007 (21%) due to an increase in the average payment rate. A similar number of people (35%) used these services in 2007 and 2008.
- **Family-focused solution based services** continued to expand in 2008, with an increase of 22% in paid claims and 18% in the number of service users.
- While paid claims for **crisis services** decreased 42% from 2007, 40% more children and adolescents used crisis services in 2008. In July 2008, Allegheny County's redesigned crisis services became available through the Western Psychiatric Institute and Clinic (WPIC). Also in 2008, more claims were submitted for people receiving evaluations at WPIC's diagnostic and evaluation center (DEC).
- Paid claims for **other mental health services** increased 22% from 2007, and the number of children/adolescents using these services increased 28%. These increases are due to changes in two services. 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. Also, *Multisystemic Therapy (MST)* became available as a HealthChoices service in Allegheny County. MST is a research-based therapy model for adolescents 12-17 years with behavioral issues that put them at risk for out-of-home placement.

Common Diagnoses in 2008

Diagnosis data in this report comes from claims forms providers submit after they have provided a service. Of the 14,581 people ages 0-20 years who used mental health and/or drug and alcohol services in 2008, many had different diagnoses on different claims. Throughout this report, the diagnosis used most often (on claims forms) is considered that individual's diagnosis.

In 2008, the largest amount of claims dollars (\$30.2 million, 30%) was spent in the treatment of children with autism spectrum disorders (see Table 2), an 11% increase from 2007. The number of children with these diagnoses using services increased 14% from 2007 to 2008.

Other common diagnoses included ADHD, adjustment disorder, major depression, and conduct disorder. The number of people with these primary diagnoses and paid claims did not change significantly (increase or decrease more than 10%) from 2007 to 2008.

	Claims (millions)	# Children 2008
Autism Spectrum D/O	\$30.2	2,098
ADHD	\$21.6	3,438
Adjustment D/O	\$8.2	3,062
Major Depression	\$7.9	989
Conduct D/O	\$7.2	828
Oppositional Defiant D/O	\$7.0	957
Bipolar D/O	\$6.5	477
Depressive D/O	\$3.9	772
Neurotic D/O	\$2.4	674
Drug and Alcohol D/O	\$3.5	754
Other MH diagnoses	\$3.1	532
All Diagnoses	\$101.5	14,581

Changes in Drug and Alcohol Service Use

Table 3 shows commonly used drug and alcohol services for adolescents. Of the children and adolescents using HealthChoices services, 8% (1,168 people) used at least one drug and alcohol treatment service in 2008, an 11% increase from 2007. Overall, use of drug and alcohol services accounts for about 3% (\$3.3 million) of paid claims for children and adolescents.

From 2007 to 2008, paid claims for drug and alcohol services increased 33%. The largest increase occurred in non-hospital rehabilitation services, where payment rates increased in 2008 and the average number of units per person also increased. Use of outpatient drug and alcohol services also increased significantly from 2007 to 2008, with more people accessing these services with greater average frequency.

Of the adolescents using drug and alcohol services, 37% had a primary diagnosis of a mental health disorder. Common drug and alcohol diagnoses included cannabis (33%), opioid, e.g. heroin and OxyContin (10%) and alcohol (8%) use/abuse disorders.

	Paid Claims 2008	# Adolescents 2008
Non-hospital Rehabilitation	\$1,938,853	233
Outpatient Drug and Alcohol	\$632,226	928
Halfway House	\$235,053	28
Intensive Outpatient Drug and Alcohol	\$233,543	210
Partial Hospitalization Program	\$79,314	85
Methadone Maintenance	\$75,022	40
Non-hospital Detoxification	\$57,091	64
Other Drug and Alcohol Services	\$15,720	87
Total D&A Services	\$3,266,821	1,168

Enrollment and Service Use for Adults

Enrollment and Access to Services

Enrollment in the HealthChoices program in 2008 remained very similar to 2007 for adults 21 years and older. In 2008:

- 70,196 adults were enrolled on average per month; 38% of enrollees are African-American, 58% are Caucasian, and 4% are of other races.
- 23,831 enrollees (34%) used behavioral health services during 2008, totaling \$95.7 in paid claims.
- The average cost per person using services was \$3,811.
- 20,197 (85%) used mental health services totaling \$66.9 million in paid claims, and 7,512 (32%) used drug and alcohol services totaling \$28.7 million in paid claims.
- Caucasian males continued to be more likely to access services; African-American females were less likely.

This enrollment and service access profile is consistent with 2007 data.

Changes in Mental Health Service Use

In 2008, over 20,000 adults used mental health services, a 6% increase from 2007. Paid claims for mental health services totaled \$66.9 million, a 13% increase from 2007. Table 4 summarizes the different mental health services used by adults in 2008 compared to 2007.

- **Inpatient mental health services** continued to account for the largest proportion of paid claims (\$25.8 million); 15% of adult service users used inpatient mental health services. Use of inpatient services did not change significantly (defined as an increase or decrease of more than 10%) from 2007. See page 5.
- Traditional **service coordination** services accounted for 15% of paid claims in 2008 and were used by 18% of adult service users, consistent with use of this service in 2007.
- A number of services were developed or expanded in 2008 in order to meet the anticipated community treatment needs with the closure of Mayview State Hospital. While these services were used by relatively small percentages of people, this expanded capacity helps account for the overall increase in paid claims from 2007 to 2008.
 - The number of **Community Treatment Teams** expanded from four in 1996 to nine in 2009. As a result of this expansion, claims for CTT services increased 47% from 2007 to 2008, and the number of adults using CTT services increased 29%. CTT services represented 10% of paid claims in 2008, and are accessed by a small percentage (2%) of those using mental health services.
 - **Enhanced clinical case management** and **mobile medication** teams continued to grow in their capacity during 2008.

Table 4. Paid Claims and Number of Adults (21 Years and Older) Using Mental Health Services, 2008

	Paid claims in 2008	Percent of paid claims	Increase or decrease in claims?	Number of adults 2008	Percent of adults	Increase or decrease in # of adults?
Inpatient Mental Health	\$25.8	39%	↔	3,070	15%	↔
Service Coordination	\$9.8	15%	↔	3,573	18%	↔
Outpatient Mental Health	\$7.5	11%	↔	14,470	72%	↔
Community Treatment Team (CTT)	\$6.9	10%	↑	451	2%	↑
Inpatient Extended Acute	\$3.6	5%	↑	59	0%	↑
Respite and Diversion/Acute Stabilization	\$2.4	4%	↑	401	2%	↔
Medication Checks	\$2.4	4%	↑	11,983	59%	↔
Residential Treatment Facility for Adults	\$1.8	3%	↑	64	0%	↑
Partial Hospitalization	\$1.2	2%	↔	622	3%	↔
Enhanced Clinical Case Management	\$0.9	1%	↑	88	0%	↑
Mobile Medication Team	\$0.8	1%	↑	156	1%	↑
Psychiatric Rehabilitation	\$0.7	1%	↔	396	2%	↓
Crisis Services	\$0.2	0%	↑	1,861	9%	↑
Other Mental Health Services	\$2.6	4%	↔	2,882	14%	↑
All Mental Health Services	\$66.9	100%	↑	20,197	100%	↔

KEY: ↑ = an increase of more than 10% from 2007 ↓ = a decrease of more than 10% from 2007 ↔ = a change of less than ± 10% from 2007

- The **Inpatient Extended Acute** unit at Western Psychiatric Institute and Clinic (WPIC) expanded its capacity from 15 to 30 beds in early 2008. As a result, claims increased 80% and the number of people using extended acute services increased 28% from 2007 to 2008.
- Paid claims for the **residential treatment facility for adults (RTF-A)** increased 30%, and the number of people using these services increased 10% from 2007 (bed capacity was expanded during 2007). From 2007 to 2008, the average length of stay increased from 58 to 76 days.
- **Outpatient mental health** services continued to be used by the largest proportion of adults; 72% of adult service users accessed outpatient services during 2008. Because outpatient services are relatively inexpensive, they accounted for 11% of paid claims in 2008, similar to 2007. **Medication checks** were the second most commonly accessed mental health service, with 59% of adult services users accessing these services during 2008. Paid claims increased as a result of a rate increase.
- Paid claims for **crisis services** increased 18% and the number of adults using crisis services doubled from 2007. In July 2008, Allegheny County’s redesigned crisis services became available through the Western Psychiatric Institute and Clinic (WPIC). Publicity efforts for the re:solve Crisis Network have resulted in increased access to these services. Telephone and mobile services began in July 2008, and walk-in and crisis residential services began at the end of December 2008. In addition to these services, more claims were submitted for people receiving evaluations at WPIC’s diagnostic and evaluation center (DEC), contributing to the overall increase.
- From 2007 to 2008, paid claims for **respite services and diversion/acute stabilization services** increased 12%, while the number of people using these services remained consistent with 2007. The increase is the result of an increase in the average amount of services used per person.

Common Diagnoses in 2008

In 2008, the largest amount of claims for mental health diagnoses were spent in the treatment of schizophrenia (\$28.7 million, 3,557 adults). See Table 5. Other common primary diagnoses included major depression (\$11.4 million, 4,777 adults), bipolar disorder (\$9.2 million, 2,698 adults), and depressive disorder (\$6.7 million, 1,852).

From 2007 to 2008, paid claims for people with primary diagnoses of schizophrenia and unspecified psychoses increased significantly. People in these diagnostic groups used more CTT services. They also used inpatient mental health and extended acute services in larger proportions.

Treatment for people with primary drug and alcohol disorders accounts for 31% of paid claims (29.2 million). See page 6.

	Claims (millions)	# Adults 2008
Schizophrenia	\$28.7	3,557
Major Depression	\$11.4	4,777
Bipolar D/O	\$9.2	2,698
Depressive D/O	\$6.7	1,852
Neurotic D/O	\$1.9	1,630
Unspecified Psychosis	\$2.9	405
Adjustment D/O	\$2.0	1,193
Other MH diagnoses	\$3.7	1,228
Drug and Alcohol D/O	\$29.2	6,491
All Diagnoses	\$95.7	23,831

Inpatient Mental Health and Extended Acute Services for Adults, 2008

Inpatient mental health services continue to account for the largest portion of claims paid for adults in the HealthChoices program. Paid claims did not increase or decrease significantly (10% or more) from 2007 to 2008 despite the large changes in the adult behavioral health system in 2008 (including service expansion and the closure of Mayview State Hospital, both discussed above).

The admission rate decreased slightly from 39.5 to 37 admissions per 1,000 enrollees from 2007 to 2008. The average length of stay increased from 10.2 days to 10.8 days (a 6% increase) from 2007 to 2008. The readmission rate remained high, with 20% readmitted within 30 days and an additional 14% readmitted within 31-90 days.

During 2008, inpatient extended acute services expanded capacity. These services are for people who need longer-term stabilization than is available on an inpatient mental health unit. These services are an alternative to state hospital services. In contrast to inpatient mental health services, there were only 53 admissions to extended acute services during 2008, and the average length of stay for extended acute stays remained consistent, at 125 days in 2007 and 128 days in 2008.

Key Statistics	2008
Number of adults with at least one admission	3,325
Admission rate (admissions per 1,000 enrollees)	37.0
Average length of stay (days)	10.8
% of discharges resulting in a readmission within 30 days	20%
% of discharges resulting in a readmission within 31-90 days	14%

Changes in Drug and Alcohol Health Service Use for Adults, 2008

In 2008, 7,512 adults used drug and alcohol services, a 6% increase from 2007. Paid claims for drug and alcohol services totaled \$28.7 million, a 6% increase from 2007. Table 7 summarizes the different drug and alcohol services used by adults in 2008 compared to 2007. Overall, use of drug and alcohol treatment by adults in 2008 was similar to 2007.

- **Non-hospital rehabilitation** accounted for the largest portion of paid claims (40%, \$11.4 million); 28% of adults who accessed drug and alcohol treatment used non-hospital rehab services. Non-hospital rehab use did not change significantly (defined as an increase or decrease of more than 10%) from 2007.
- **Methadone maintenance** accounted for 25% of paid claims for drug and alcohol treatment (\$7.2 million), and was used by 29% of adults who accessed drug and alcohol treatment. Methadone maintenance use in 2008 also did not change significantly from 2007.
- While **outpatient drug and alcohol services** represented only 8% of paid claims, 56% of adults using drug and alcohol services accessed outpatient treatment. Paid claims increased 13% from 2007, and the number of adults using outpatient services increased 10% from 2007.

- Paid claims for **partial hospitalization programs** increased 13%, as the average number of treatment hours used per person increased. The number of people using partial hospitalization services in 2008 was similar to 2007.
- Paid claims for **inpatient and non-hospital detoxification** services increased. Both types of services had a significant increase (more than 10%) in the average units per service user. The number of people using inpatient detoxification services also increased significantly from 2007.

The largest amount of drug and alcohol claims dollars were spent in the treatment of opioid (e.g. heroin, OxyContin) addictions (\$10.8 million, 2,823 adults). Other drug and alcohol diagnoses included dependence on multiple substances (\$5.0 million, 1,031 adults), cocaine disorders (\$4.1 million, 874 adults) and alcohol disorders (\$3.1 million, 1,059 adults).

A large number of adults who used drug and alcohol services had a primary diagnosis of a mental health disorder (\$4.1 million, 1,267 people). The most common mental health diagnoses for individuals receiving drug and alcohol services were depressive disorder, major depression, and bipolar disorder.

Table 7. Paid Claims and Number of Adults (21 Years and Older) Using Drug and Alcohol Services, 2008

	Paid claims in 2008 (millions)	Percent of paid claims	Increase or decrease in claims?	Number of adults 2008	Percent of adults	Increase or decrease in # of adults?
Non-hospital Rehabilitation	\$11.4	40%	⇒	2,094	28%	⇒
Methadone Maintenance	\$7.2	25%	⇒	2,213	29%	⇒
Halfway House	\$2.6	9%	⇒	478	6%	⇒
Outpatient Drug and Alcohol	\$2.3	8%	↑	4,186	56%	↑
Partial Hospitalization Program	\$1.7	6%	↑	1,064	14%	⇒
Intensive Outpatient Program	\$1.3	5%	⇒	1,262	17%	⇒
Inpatient Detoxification	\$1.0	5%	↑	362	5%	↑
Non-hospital Detoxification	\$0.7	3%	↑	863	11%	⇒
Inpatient Rehabilitation	\$0.1	0%	↓	40	1%	⇒
Medication Checks	\$0.1	0%	⇒	966	13%	⇒
All Drug and Alcohol Services	\$28.7	100%	⇒	7,512	100%	⇒

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