

**A Snapshot of Transition Age Youth
Served by Public Mental Health Providers in Ohio
During SFY 2008**



**Ohio Department of Mental Health
Division of the Medical Director
Office of Research & Evaluation
30 E. Broad St.
Columbus, OH 43215**

**Carol Carstens, PhD, LISW-S
April 30, 2009**

Purpose of Study

Records for 107,737 consumers between the ages of 14-24.9 were extracted for analysis of service access and payment source, age and gender distributions, service access and custody status, and diagnostic patterns. The selected age range is based on the federal (Substance Abuse and Mental Health Services Administration/SAMSHA) definition of Transition Age Youth. These analyses were conducted at the request of the Transition Age Youth workgroup of the Transformation State Incentive Grant (T-SIG) for policy development and program planning purposes.

1. How many 14 through 24.9 year old consumers accessed mental health services by type of insurance coverage?

Table 1. Insurance Coverage

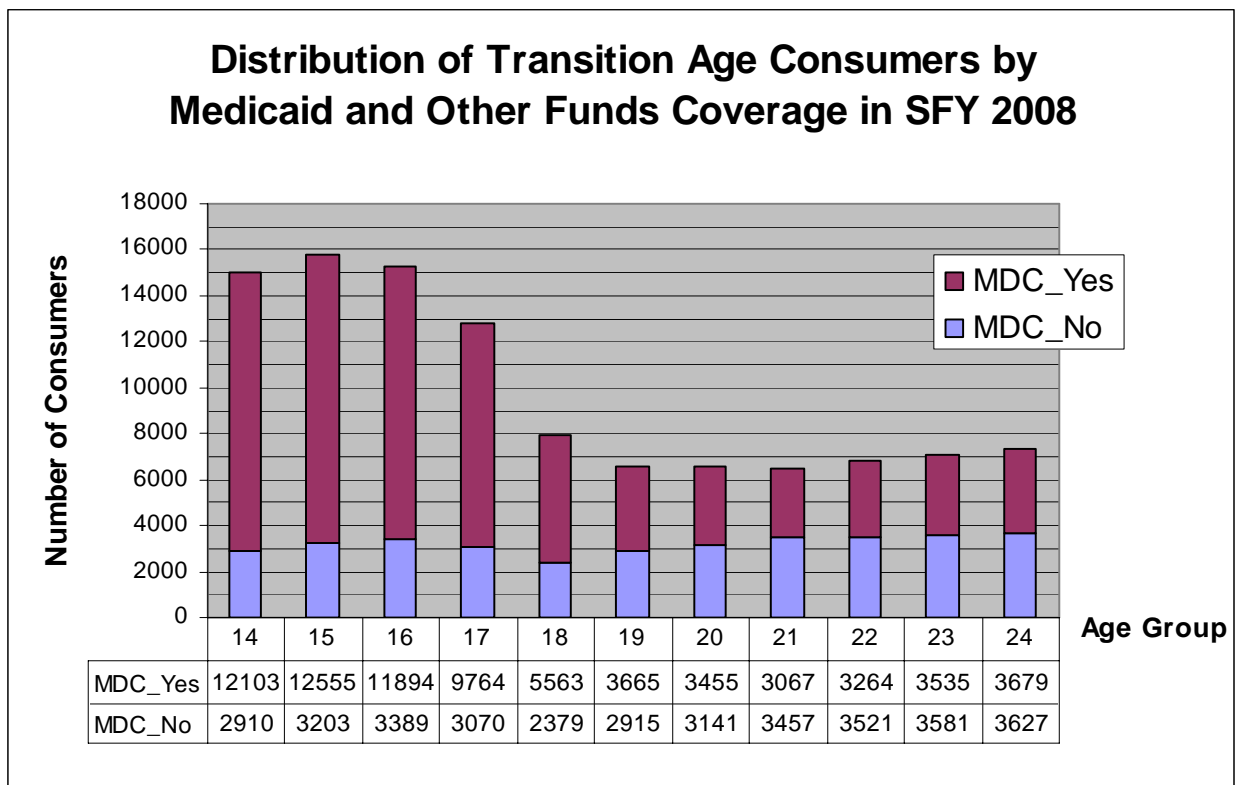


Table 1 above shows the distribution of 107,737 consumers between the age of 14 and 24.9 who received mental health services in SFY 2008. The category “MCD_Yes” means the consumer was Medicaid eligible at the time of service delivery. The category “MCD_No” means the

consumer was covered by other sources of funding at the time of service delivery. Other Funds Coverage include levy or general revenue funds (GRF). This latter group of transition age youth (TAY) accounted for 33% of the total (N = 322,372) consumers served by public mental health providers in SFY 2008. The 14 through 17.9 age group accounts for over half (55%) of the total 108,118 child and adolescent consumers, while the 19 through 24.9 age group accounts for only 20% of the total 217,109 adult and older adult consumers served that year.

Medicaid coverage ranges between 76% and 80% among TAY consumers in the 14 through 17 age bands. After dropping off to 70% of all 18-year-old consumers, Medicaid coverage ranges between a low of 47% and a high of 56% among TAY consumers in the 19 through 24 age bands. This drop-off is an expected result due to the loss of Medicaid eligibility at age 18, but the fairly stable number of TAY consumers in all age categories covered by Other Funds is remarkable. Similar to those covered by Medicaid, there is clearly a loss of the total number of 18-year-old consumers covered by Other Funds. Nevertheless, this loss in total numbers is much smaller relative to the Medicaid coverage drop-off, and the proportion of those covered by Other Funds rises to 30% (N = 2379) among 18-year-olds from a low of 19% (N = 2910) among the 14-year-olds. The proportion of TAY consumers covered by Other Funds reaches a high of 53% among the 21-year-olds.

2. What is the gender and race distribution of TAY consumers by age?

Table 2. Male TAY Consumers

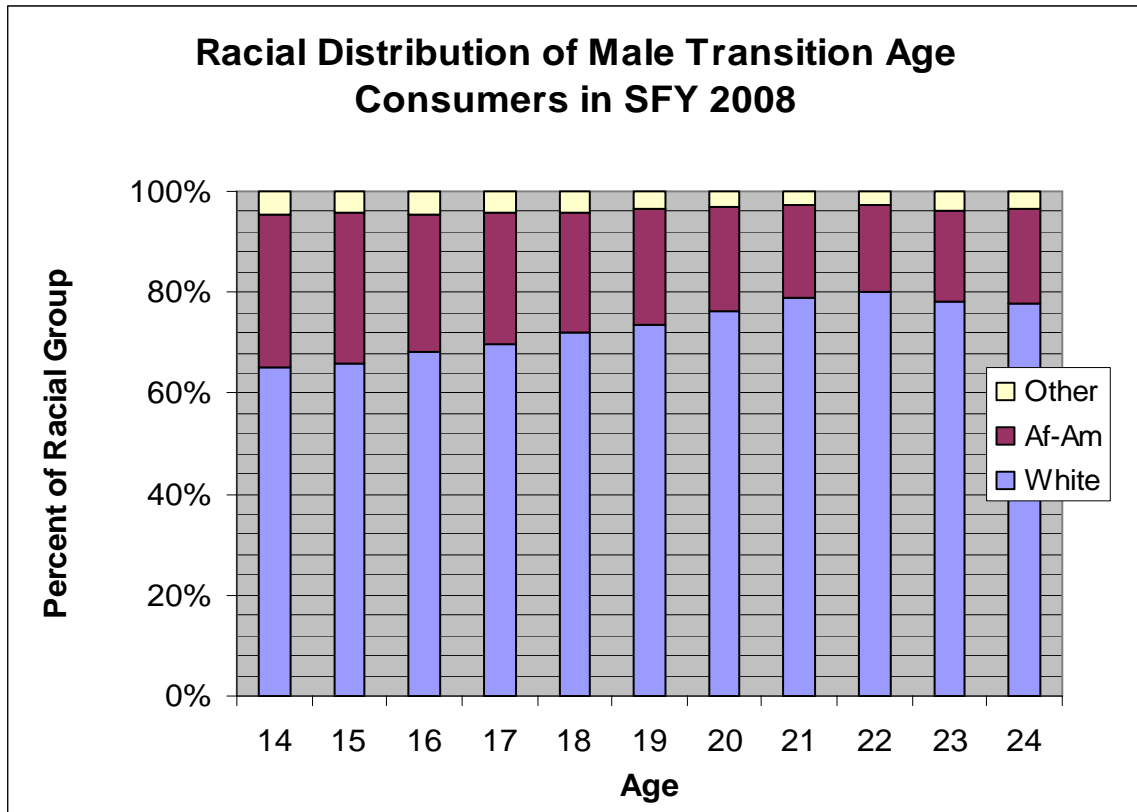


Table 2 above shows the proportion of race categories for male TAY consumers. The proportion of African-American males ranges from a high of 28.1% of all 14-year-old male consumers to a low of 17.7% of 23-year-olds. This bar chart does not show the drop in consumers that occurs at age 18 (as seen in Table 1); however, it highlights the disproportionate frequency at which African-American males drop out of services between age 18 and 23, when compared to White and Other male consumers. The “Other” category in this analysis includes Asians, Hispanics, and individuals of unknown racial/ethnic background.

Table 3. Female TAY Consumers

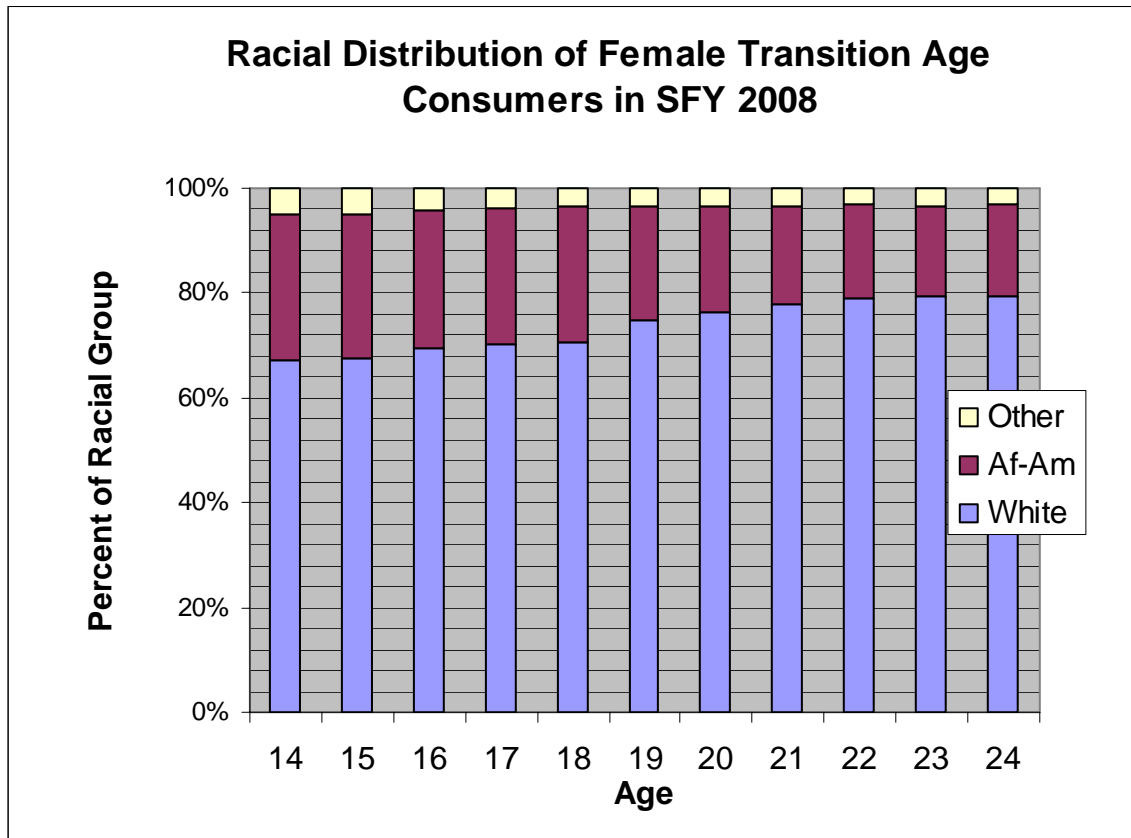


Table 3 above shows the proportion of race categories for female TAY consumers. The proportion of African-American females ranges from a high of 30.4% of female all 14-year-old consumers to a low of 17.3% of 22-year-olds. This bar chart does not show the drop in consumers that occurs at age 18 (as seen in Table 1); however, it highlights the disproportionate frequency at which African-American females drop out of services between age 18 and 23, when compared to White and Other female consumers.

4. How many TAY consumers who received treatment while in out-of-home care¹ between SFY 03 and SFY 07 also received treatment in SFY 08?

Table 4.

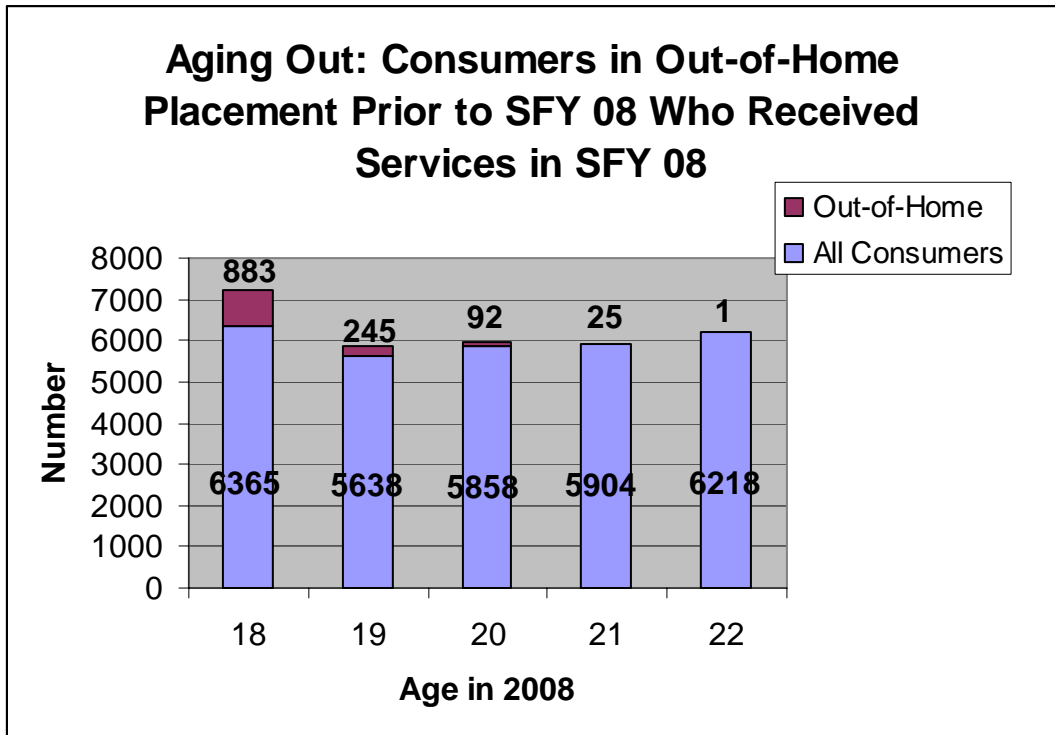


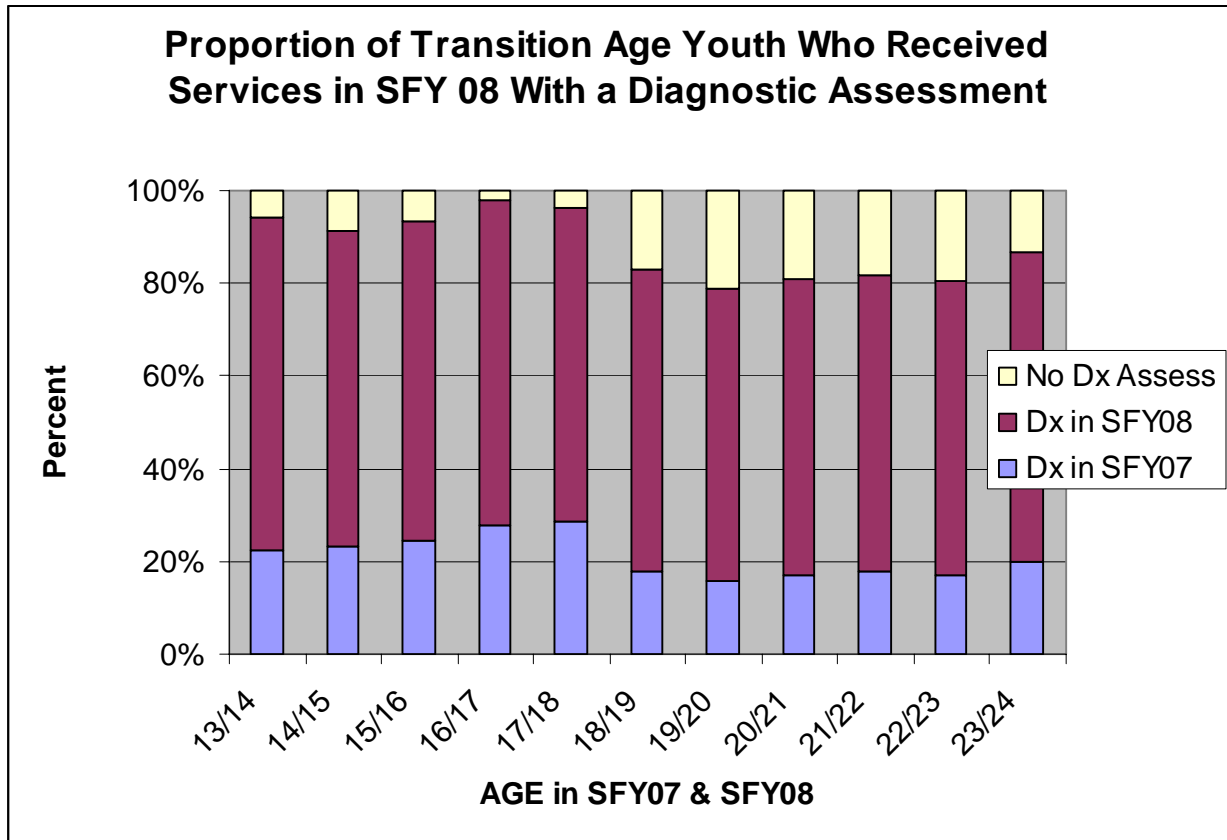
Table 4 above shows an unduplicated count of TAY consumers who were in out-of-home care between SFY 03 and SFY 07 who received treatment in SFY 08. The highest proportion of those consumers are the 18-year-olds, who make up a little over 12% ($N = 883/6365$) of all consumers served in that age band.² As the total number of TAY consumers receiving services decreases at age 19, the proportion of youth with a history of out-of-home treatment also decreases to a little over 4% ($N = 245/5638$) of all consumers in that age band. By age 21, less than half a percent ($.42 = 25/4905$) of TAY consumers with an out-of-home placement history show up in the treatment population.

¹ TAY consumers who received treatment while in out-of-home care between SFY 03 and SFY 07 were identified through a SACWIS/MACSYS records match.

² In SFY 08, consumers under age 18 in out-of-home placements made up 11.2% of all consumers under the age of 18 who received services.

5. What percentage of TAY consumers who received services in SFY 2008 received a non-physician diagnostic assessment or physician diagnostic interview³ in either SFY 2007 or SFY 2008?

Table 5.



In Table 5 above, the 107,737 TAY consumers who received services in SFY 2008 are shown in three categories: 1) Those with a diagnostic assessment conducted in SFY 07 are indicated in blue; 2) those with a diagnostic assessment in SFY 08 are indicated in maroon; and, 3) those with no record of a diagnostic assessment are indicated in yellow. The percentage of diagnostic assessments occurring in SFY 08 (maroon segment) ranges from a low of 42% in the 17/18 and 18/19-year-old age bands to a high of 52% in the 19/20-year-old age band. However, many consumers who were 17- and 18-years-old in SFY 08 received a diagnostic assessment in SFY 07 when they were 16 and 17 years old. In the 16/17 and 17/18-year-old age bands, the frequency of diagnostic assessments occurring in SFY 07 (blue segment) reaches a respective

³ Medicaid rules require a diagnostic assessment within 30 days of admission to treatment.

high of 29% and 30%. Only 2% and 4% of TAY consumers in the 16/17 and 17/18-year-old age bands (yellow segment) did not receive a diagnostic assessment. The low for assessments in SFY 07 occurred in the 19/20-year-old age band, where 20% of the consumers in the age group received an assessment. The greatest percentage of TAY consumers who did not receive a diagnostic assessment at any time over the 24-month period of SFY 07-08 were in the 19/20-year-old band, with 27% of consumers represented in the yellow segment. The percentage of TAY consumers without diagnostic assessments is higher in the 18/19 through 23/24 age bands (average = 22%) than the percentage of TAY consumers in the 13/14 to 17/18 age bands (average = 6%).

A possible interpretation of the patterns seen in the four age bands ranging from 16/17 to 19/20 are as follows: 1) Fewer TAY consumers enter the system as new cases as 18 and 19 year-olds, and data in Table 1 confirms this conclusion. Data in Table 5 suggests that TAY consumers who receive services as 18 and 19-year-old age were also receiving services as 16-, 17- and 18-year-olds. 2) The higher percentage of TAY consumers without a diagnostic assessment in the 19/20 age band suggests the frequency with which TAY consumers in this older age group drop out of services prior to receiving a diagnostic assessment.

6. What are the distributions of diagnostic groups among TAY consumers? Are there differences in the diagnostic patterns derived from nonphysician versus physician assessments?

Table 6.

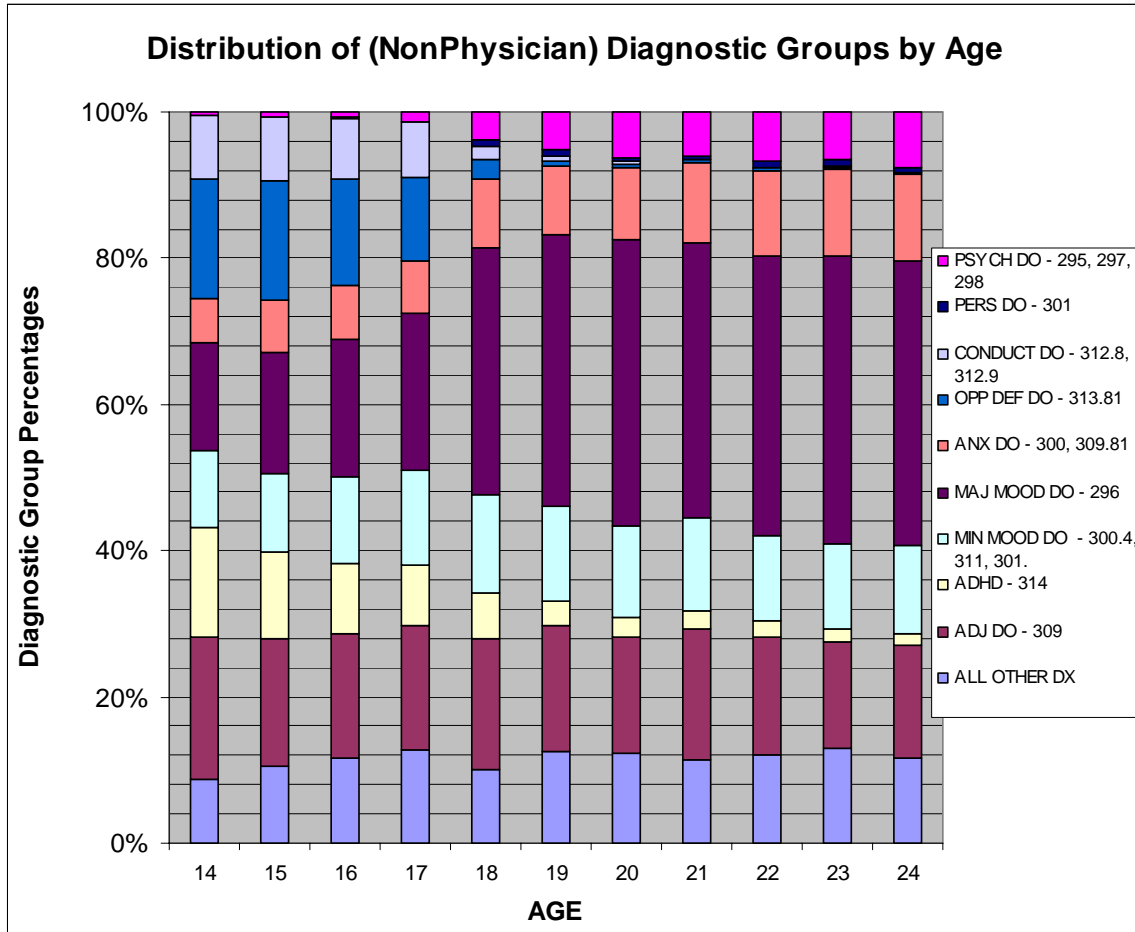


Table 6 above shows the percentage of consumers in the SFY 08 cohort by age band and diagnostic categories.⁴ Diagnoses in Table 6 were assigned by a nonphysician clinical practitioner. The psychotic disorders category ranges from a low of .5% in the 14-year-old and to a high of 8.3% in the 24-year-old band. The major mood disorders category ranges from a low of 14.8% in the 14-year-old band to a high of 42.3% among the 24-year-old consumers. The table also shows a sharp decline in childhood-specific diagnoses, such as disruptive behavior disorders (Conduct, Oppositional Defiant and ADHD) in the 18 and 19-year-old bands.

⁴ Specific conditions within a diagnostic group are indicated by the first three digits of the ICD-9 code.

There is a relatively high frequency in the assignment of Adjustment Disorder among TAY consumers, ranging from a high of 19.5% among 14-year-olds to a low of 15.5% among 23-year-olds.

The “All Other Diagnoses” category bears further analysis, given its low/high range of 9% to 15% among TAY consumers. The frequency of Substance Abuse Disorders was examined, but occurred with such a low frequency in the diagnoses assigned in SFY 08 that they were subsequently included in the “All Other Diagnoses” category. “All Other Diagnoses” include such clinically related groups as Psychosocial and Environmental Problems (V-Codes), Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence (with the exclusion of ADHD, Oppositional Defiant and Conduct Disorder), the Dementias, Disorders due to Medical Conditions, Pain Disorders, Sexual and Gender Identity Disorders, Eating, Sleep and Impulse-Control Disorders Not Elsewhere Classified. In the present analysis, the frequency of a diagnosis such as autism is not known.

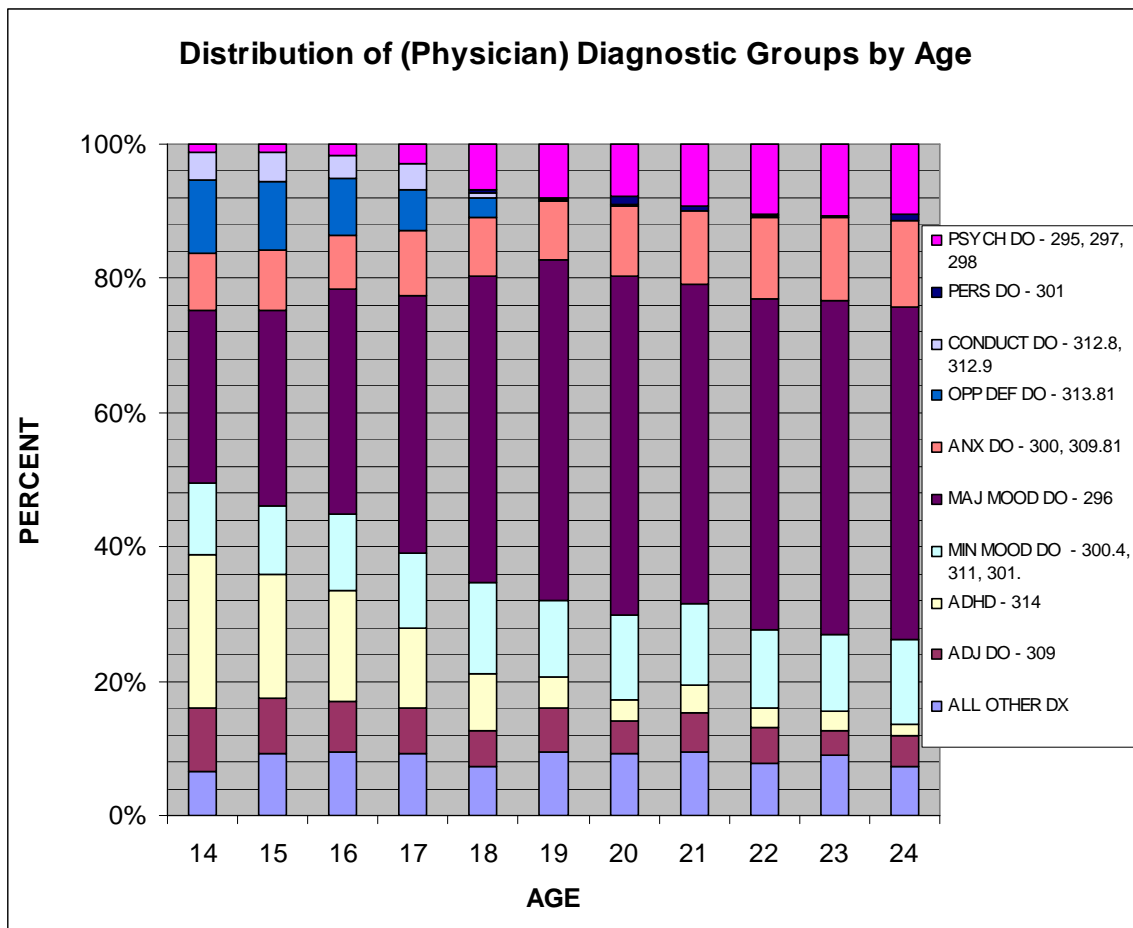
Table 7 below shows the percentage of consumers within an age band that fell into diagnostic groupings derived from a physician interview. The psychotic disorders category ranges from a low of 1.2% in the 14-year-old and to a high of 11.6% in the 24-year-old band. The major mood disorders category ranges from a low of 26% in the 14-year-old band to a high of 55.3% among the 24-year-old consumers. The higher frequency of psychotic and major mood disorder diagnoses by physicians than by nonphysician clinicians is statistically significant. This suggests that TAY consumers seen by diagnosing physicians have more severe conditions than those diagnosed only by clinicians who are not physicians.

Not shown in Table 7, but important to understand, is that no more than 12% of TAY consumers received a physician diagnostic interview in SFY 08 that was billed under this procedure code MACSIS. The Physician Diagnostic Interview procedure code has been available since SFY 2004. It has the same rate ceiling as Pharmacological Management, which was used to bill for physician diagnostic interviews as well as medication management prior to SFY 04. In SFY 08, approximately 40% of consumers between 14 and 17-years-old received Pharmacological Management services (as captured in MACSIS). This suggests that anywhere between 15% and

30% of physician diagnostic assessments that occurred in SFY 08 were billed under the Pharm Management procedure code.

Compared to Table 6, Table 7 below shows a relatively low frequency in the assignment of Adjustment Disorder to TAY consumers by diagnosing physicians, ranging from a high of 9.6% among 14-year-olds to a low of 4.3% among 23-year-olds. Similarly, the low/high frequency range of 6.7% to 10.4% for “All Other Diagnoses” in Table 7 is relatively small compared to the same category in Table 6. The difference between the distributions for Adjustment Disorders and All Other Diagnoses in Tables 6 and 7 is statistically significant. This suggests two possibilities: 1) the consumers seen by diagnosing physicians are more severely mentally ill, and/or 2) physicians are more precise in their clinical assessments than the nonphysician diagnosticians.

Table 7.



7. In what ways do diagnoses change for TAY consumers who receive services before and after age 18?

Table 8.

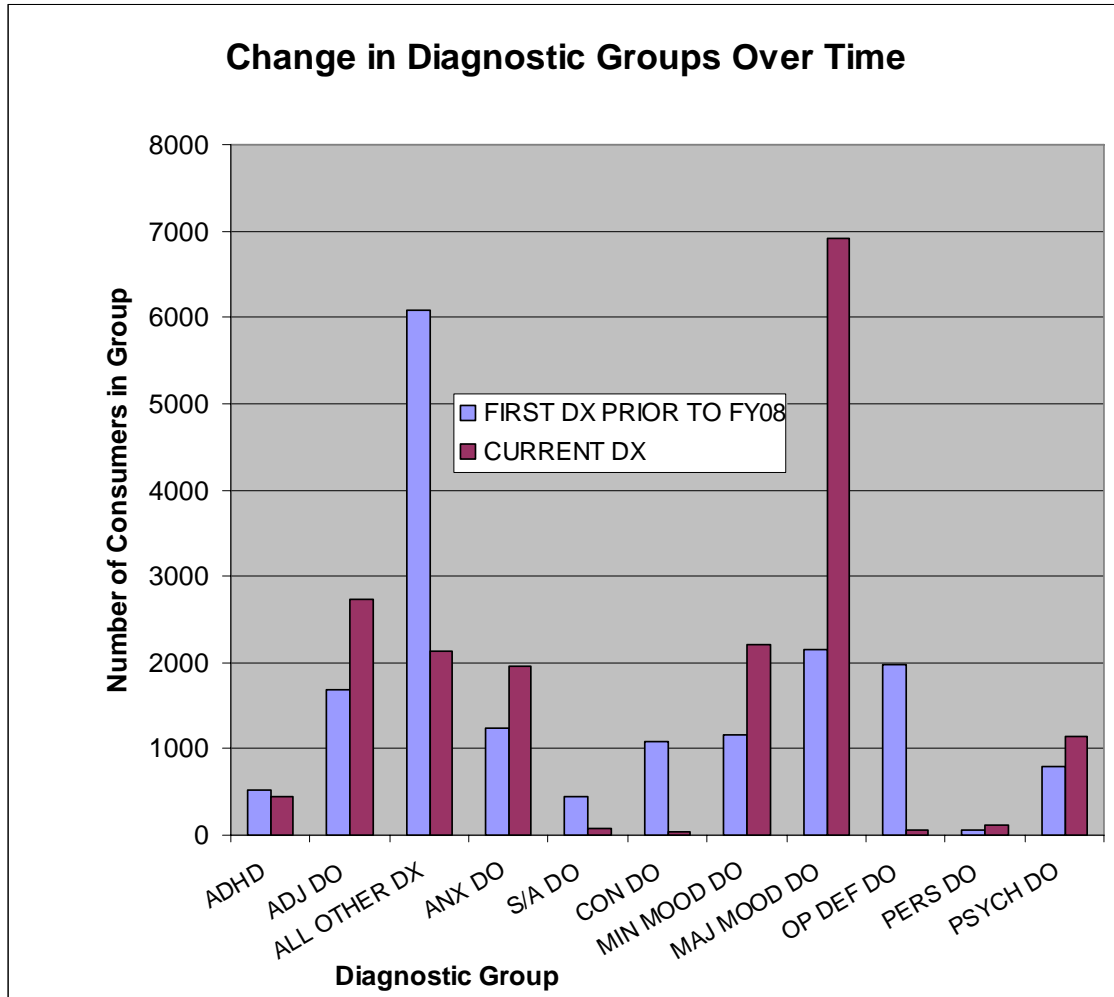


Table 8 above represents an exploratory analysis of shifts in diagnostic groups over time. The maroon bars show the number of consumers 18 and older who received either a nonphysician or physician diagnostic assessment prior to SFY 08 and also had a nonphysician or physician diagnostic assessment during SFY 08. The logic for the “First Diagnosis Prior to FY 08” category was the first diagnostic claim encountered for the consumer, with the records search beginning in SFY 00 running through SFY 07. The finding of interest in this analysis is the high number of TAY consumers in the “All Other Diagnoses” category between SFY 00-07 who have shifted into other categories—such as major mood disorders—in SFY 08.