How has utilization of mental health services by Oregon Health Plan (OHP) members changed in recent years, particularly among youth and young adults between 14 and 25 years of age? The four charts in this report use data from OHP Medicaid claims to examine changes in utilization of mental health services over time and by age.

Records for completed claims in the first three months of each calendar year from 2006 through 2011 were extracted and consolidated to achieve unduplicated counts of individuals who received services. The charts below show results for MHO plan members who received any OHP mental health services during the time periods sampled, regardless of the amount or type of services provided. The sample for each year includes unique individuals. However, members who received services in more than one of the quarters sampled were included in the count for each of those years.

Medicaid eligible individuals who received services but were not MHO plan members (“Fee for Service”), and MHO members who received services only between April and December, were not included. Enrollment data were not used for this report, so utilization rates (number served per thousand members) are not known.

**Figure 1** shows the number of OHP members who received mental health services of any type during the first three months of each year from 2006 to 2011, grouped by members’ age on January 1 of that year. Each line represents data from one year.

![Figure 1: Unduplicated Count of Members by Age (0-95 years) Who Received Mental Health Services During the 1st Quarter of 2006-2011](image)
Some observations from Figure 1:

- A consistent pattern of utilization is evident along the age continuum for each year.
- Among school age children, the number served increased considerably in both 2010 and 2011, compared to earlier years.
- The number of young adults (up to age 35) rose a little more than usual in 2010.
- In 2011 the number served increased in nearly all ages up to the 60’s.
- Totals served in 2011 peaked among 14 year olds and then, as in previous years, dropped steeply until early 20’s.

Figure 2 below focuses on the YAT population. Each data point shows the number of members of that age who received mental health services of any type during the first three months of 2006 or 2011. Showing a smaller age range stretches out the dramatic drop in the previous chart and affords a more detailed view of the 14-25 age group.

Some observations from Figure 2:

- The pattern of services by age has the same shape in 2011 as in 2006.
- The number of youth and young adults served in 2011 was higher than the number in 2006 across all 12 age cohorts.
- In both years, the steepest decline in utilization was between 17 and 18 years.
- 2006-2011 increases in first-quarter number served among those age 14-17 years were much larger (400-600 members) than increases among older youth and young adults (100-200), however…
- The size of the population served in 2006 was also much higher among 14-17 year olds than among older members – as illustrated in the next chart.
How big are the increases observed in Figure 1 and 2? **Figure 3** shows the proportional difference between first quarter totals in 2006 and 2011 by age groups, using the same data as the previous chart. This chart highlights the fact that although in comparison to younger teens, utilization by 18-21 year old youth was much lower in both years, the number served in 2006 was effectively doubled six years later.

**Figure 4** presents a more nuanced picture by combining results into three two-year totals and comparing the change from the first (2006-2007) to second (2008-2009) two-year period, and again from the second to third (2010-2011). This chart clearly illustrates that most of the observed change happened in the most recent two years.
These data provide an interesting high-level picture of utilization of mental health services by youth and young adults. Yet they also raise questions about what forces might be driving the patterns we are observing. When youths drop out of publicly funded services, what happens to them, and how many will come back into the adult system with serious problems that could have been prevented or eased with earlier treatment?

Utilization of publicly funded mental health services is subject to many influences, which may or may not be measurable. Factors to consider when interpreting these data include (but are not limited to) the following:

- Differences in diagnostic criteria for accessing services
- Changes in financial eligibility criteria
- Cuts in funding for programs and services
- Developmental norms, especially as adolescents begin to assert their independence
- Transitions in school, employment, and family relationships
- Social norms and stigma around mental health conditions and services
- Social, economic, and political forces

These results are limited in a couple of ways. First, without knowledge of total enrollment, it is uncertain how much of the variation of utilization by age and over time is attributable to variation in the in the number of enrollees. This question could be addressed by extracting enrollment data and calculating the number served per 1,000 members by age and year.

Secondly, these data can’t tell us whether those who need mental health services are receiving it, or whether members who do receive services get the amount and types of treatment they need. These questions are addressed at many levels by AMH, but not in the present study.