

2016 Year in Review

The Allegheny County HealthChoices Behavioral Health Program

A report from Allegheny HealthChoices, Inc.

NOVEMBER 2017

2016 YEAR IN REVIEW HIGHLIGHTS

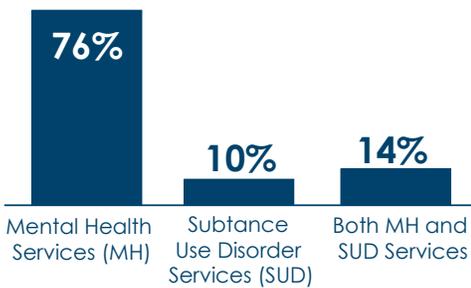
The Allegheny County HealthChoices Behavioral Health Program

Medicaid is a publicly financed health care program in the United States, providing services to address physical and behavioral (mental health and substance use disorders) health needs. HealthChoices is the Medicaid managed care program in Pennsylvania. These highlights are from the 2016 annual report which details enrollment, service use and cost information, as well as the continued impact of the opioid crisis and Medicaid expansion for the HealthChoices behavioral health program in Allegheny County.

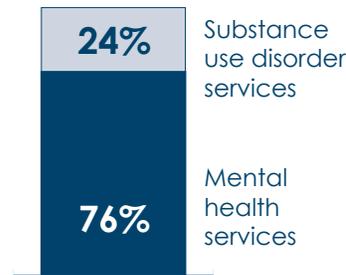
Similar to 2015, 21% of the people enrolled in the Allegheny County HealthChoices program used at least one behavioral health service in 2016. Mental health services continue to account for a majority of the service users and paid claims.

In 2016

52,800 of the **255,139** people enrolled in HealthChoices used at least one behavioral health service



Paid claims totaled **\$261.4 million**



Service used by the most people	Outpatient mental health (33,860)
Highest cost service	Inpatient mental health (\$37.1M)
Top diagnosis for youth	ADHD (35%)
Top diagnosis for adults	Depressive disorder (32%)

Though fluctuations in service use and costs have not resulted in significant changes for most services on a year-over-year basis, there have been notable changes for substance use disorder (SUD), inpatient mental health (IPMH), and behavioral health rehabilitation (BHRS) services from 2012 - 2016.

For SUD services, paid claims increased by \$15.3 million, accounting for 18% of total behavioral health paid claims in 2012, and 24% in 2016.*



■ = portion of SUD paid claims related to treatment for opioid use disorder

For BHRS, paid claims* decreased by \$22.4 million and **units per person decreased** by 191.



For IPMH, average total days (ATD) has been steadily declining** since 2012.



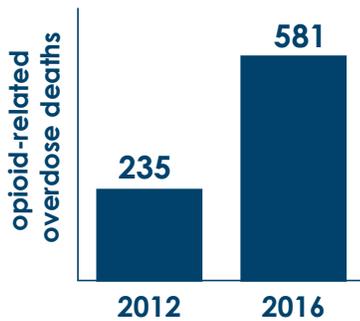
NOTE: The decrease has been driven by adult service users, as ATD has remained consistent for youth

* Cost information prior to 2016 has been adjusted for inflation using the Bureau of Labor Statistics' Consumer Price Index (CPI) Medical Cost values.

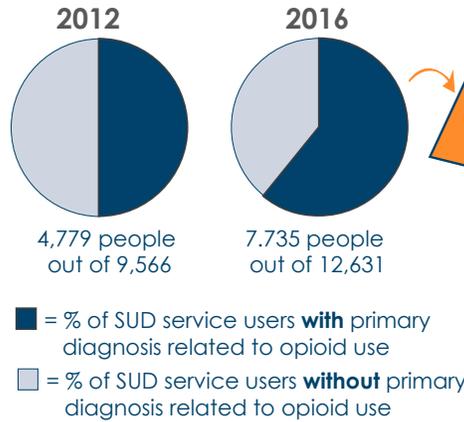
** Average total days = the sum of each person's total number of inpatient days for the year divided by the number of people who had a stay in the year.

Parallel to the recent increase in SUD treatment costs, there has also been an increase in the number of people with a primary diagnosis related to opioid use. The opioid epidemic remains a top priority and focus area in Allegheny County.

In Allegheny County, based on data from OverdoseFreePA, **opiate-related overdose deaths increased by 346 from 2012 to 2016.**



The percent of people with an opioid use related diagnosis who used SUD services, increased by 11 percentage points from 50% in 2012 to 61% in 2016.



In 2016, 22% of people with a primary diagnosis related to opioid use received some form of Medication-Assisted Treatment (MAT)*

There are numerous initiatives and programs in place to address the opioid crisis. Examples include:

- A jointly issued position statement in support of medication-assisted treatment (MAT).*
- Better coordination of care for people with substance use disorders who present at local hospitals, frequently readmit to intensive SUD services, and those who are being released from the Allegheny County Jail.
- Evaluation of the service system's capability to provide co-occurring (MH and SUD) services.
- County-wide standing order making Naloxone (Narcan)** available at local pharmacies.

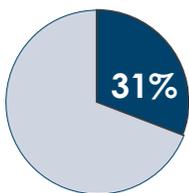
* Medication-assisted treatment (also called MAT) is defined by the Substance Abuse and Mental Health Administration (SAMHSA) of the U.S. Department of Health and Human Services as the use of pharmacological medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders.

** Naloxone (Narcan) is a medication that can reverse an overdose that is caused by an opioid drug. It is not a narcotic, and is not addictive.

When looking at the subset of the Healthchoices population who are enrolled via Medicaid expansion, there were significant changes in enrollment, service use, and services costs from 2015.

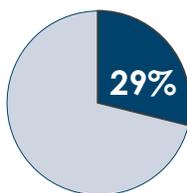
In 2016, people enrolled via Medicaid expansion accounted for:

31% (79,536)
of the 255,139 enrollees



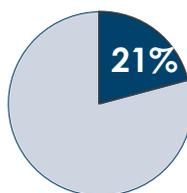
up from 23% of enrollees in 2015

29% (15,423)
of the 52,800 service users



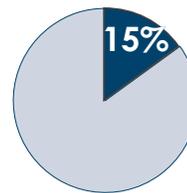
up from 19% of service users in 2015

21% (8,343)
of the 40,169 mental health only service users



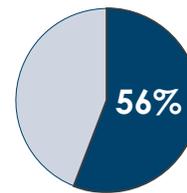
up from 12% of MH only service users in 2015

15% (\$29.6M) of all mental health paid claims



up from 8% of MH paid claims in 2015

56% (\$36.1M) of all substance use disorder paid claims



up from 41% of SUD paid claims in 2015

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INTRODUCTION

Medicaid is a publicly financed health care program in the United States. Medicaid covers pregnant women and individuals with low-incomes (up to 138% of the Federal Poverty Level, or \$27,821 for a family of three) and/or a disability. Pennsylvania's mandatory managed care program for Medicaid recipients, HealthChoices, provides services to address physical and behavioral (mental health and substance use disorders) health needs. The three goals of the HealthChoices program are to assure greater access to care, improve quality, and manage costs.

This annual report is part of Allegheny HealthChoices, Inc's (AHCI) oversight and monitoring of the HealthChoices program and highlights enrollment, service use and cost information from claims data, as well as the continued impact of Medicaid expansion. In addition, in the midst of the opioid epidemic across the United States, this report presents local information for the HealthChoices population and Allegheny County efforts to address the crisis.

A closer look at Medicaid expansion

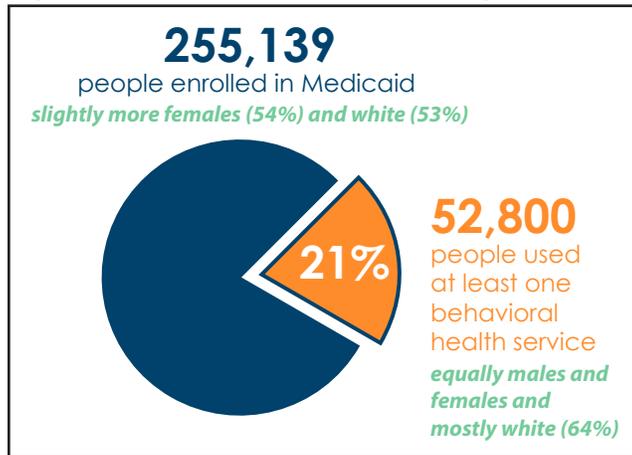
The main focus of this report is on trends and changes for the entire HealthChoices population. To highlight the impact of Medicaid expansion, gray boxes appear throughout this report that present data for the subset of the HealthChoices population eligible under Medicaid expansion.

For more information on Medicaid expansion visit http://www.ahci.org/wordpress/wp-content/uploads/2017/05/The_Impact_of_Medicaid_Expansion_FINAL.pdf

NOTE: Unless otherwise specified, changes from 2015 to 2016 were not statistically significant (p -value<0.05). Additionally, all cost information in this report prior to 2016 has been adjusted for inflation using the Bureau of Labor Statistics' Consumer Price Index (CPI) Medical Cost values.

ENROLLMENT AND SERVICE USE

Figure 1. Penetration Rate and Demographics, 2016

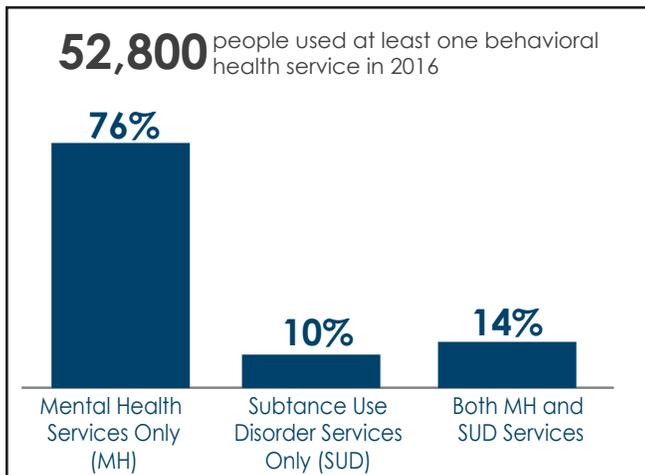


Enrollment and service use grew at the same rate between 2015 and 2016 (8%). As a result, the penetration rate (21% of people enrolled used at least one behavioral health services) remained unchanged in 2016.

 **For the Medicaid expansion population, the number of enrollees and service users significantly increased from 2015. In 2016, they accounted for:**

31% (or 79,536) of all enrollees	<i>up from 23% of all enrollees in 2015 (or 53,873)</i>	29% (or 15,423) of all service users	<i>up from 19% of all service users in 2015 (or 9,250)</i>
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Figure 2. Behavioral Health Care Service Use, 2016



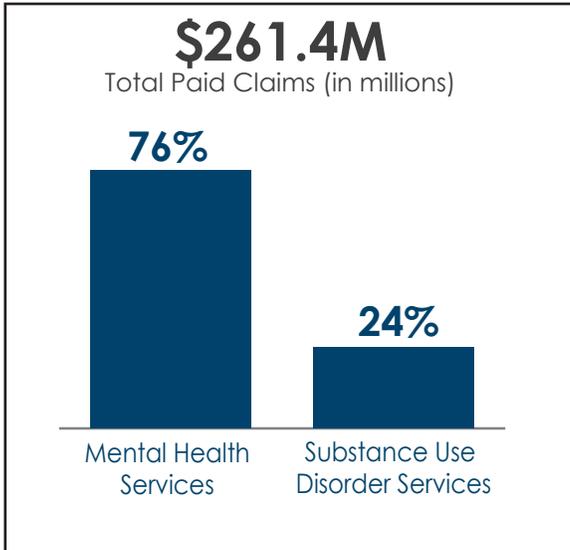
A majority of people who used behavioral health services used mental health services only. Adults, ages 21 and older, continue to account for a majority (67%) of service users.

 **For the Medicaid expansion population, the number of people who only used mental health services significantly increased from 2015. In 2016, they accounted for:**

21% (or 8,343) of all MH only service users	<i>up from 12% of all MH only service users in 2015 (or 4,721)</i>	62% (or 3,326) of SUD only service users	51% (or 3,754) of all MH and SUD service users
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BEHAVIORAL HEALTH CARE COSTS

Figure 3. Behavioral Health Paid Claims, 2016



Behavioral health paid claims in 2016 totaled \$261.4M. Mental health services accounted for \$197.4M. Substance use disorder services accounted for \$64M. Adults continue to account for a majority of paid claims (63%).



Behavioral health care costs for people enrolled in Medicaid expansion significantly increased from 2015. In 2016, they accounted for:

25%
(or \$65.7M) of all behavioral health care costs
up from 16% of costs in 2015 (or \$38.3M)

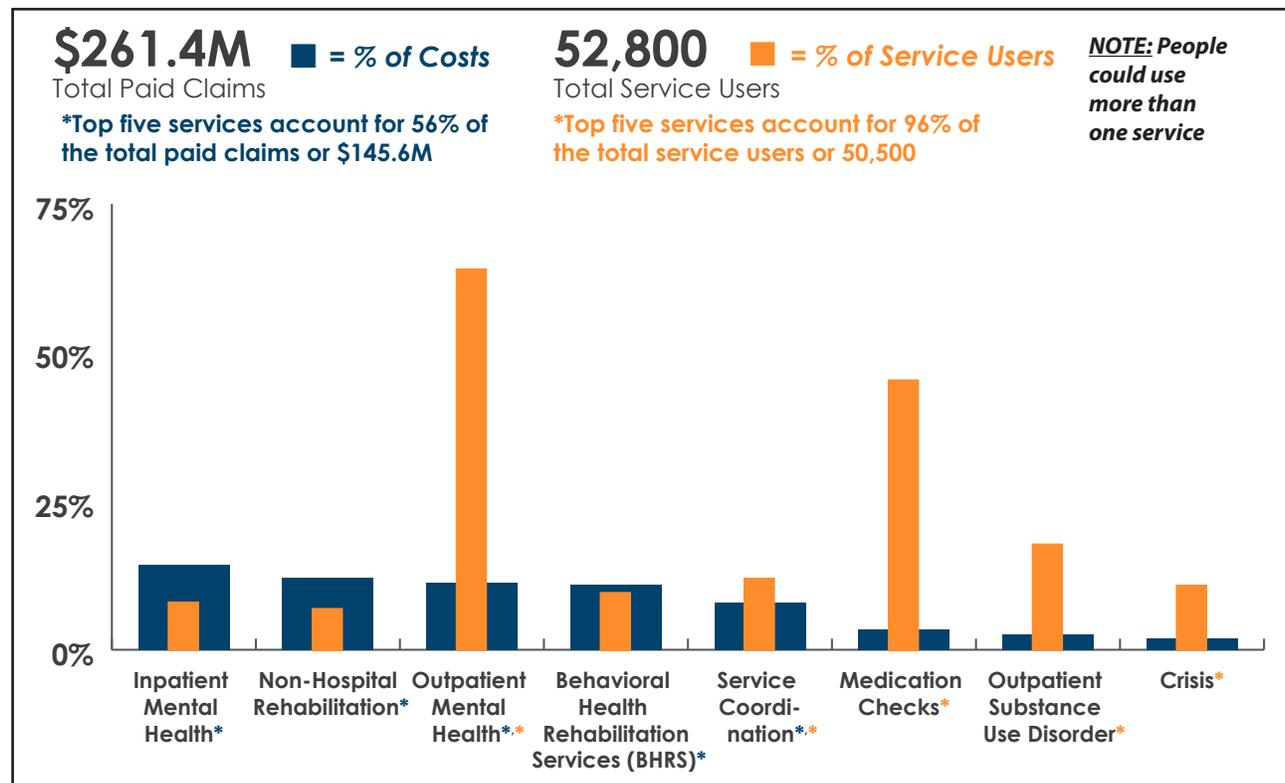
15%
(or \$29.6M) of all mental health services costs
up from 8% of costs in 2015 (or \$16.2M)

56%
(or \$36.1M) of all substance use disorder services costs
up from 41% of costs in 2015 (or \$22.1M)

TOP BEHAVIORAL HEALTH SERVICES

Inpatient mental health (\$37.1M) and non-hospital rehabilitation (\$31.2M) were the highest cost services. Outpatient mental health (33,860 people) and medication checks (24,003 people) were used by the most people.

Figure 4. Top Behavioral Health Services by Cost and Service Users, 2016



Top behavioral health services for people enrolled in Medicaid expansion, 2016

28% of total costs for the expansion population was attributable to non-hospital rehabilitation (or \$17.9M)

59% of the expansion population service users used outpatient mental health services (or 9,040)

TOP BEHAVIORAL HEALTH DIAGNOSES

ADHD and adjustment disorder remain the top two diagnoses for youth. Depressive disorder and opioid use disorder remain the top two diagnoses for adults.

Table 1. Top Behavioral Health Diagnoses for Youth and Adults, 2016

17,831 Youth (ages 0 - 21) used a behavioral health service		35,202 Adults (ages 21+) used a behavioral health service	
Diagnosis Category	Percent of People	Diagnosis Category	Percent of People
ADHD	35%	Depressive Disorder	32%
Adjustment Disorder	19%	Opioid Use Disorder	23%
Depressive Disorder	17%	Bipolar Disorder	17%
Autism Spectrum Disorder	16%	Anxiety Disorder	14%
Anxiety Disorder	13%	Schizophrenia	12%

NOTE: people may be included in both tables if they turned 21 before the end of 2016.

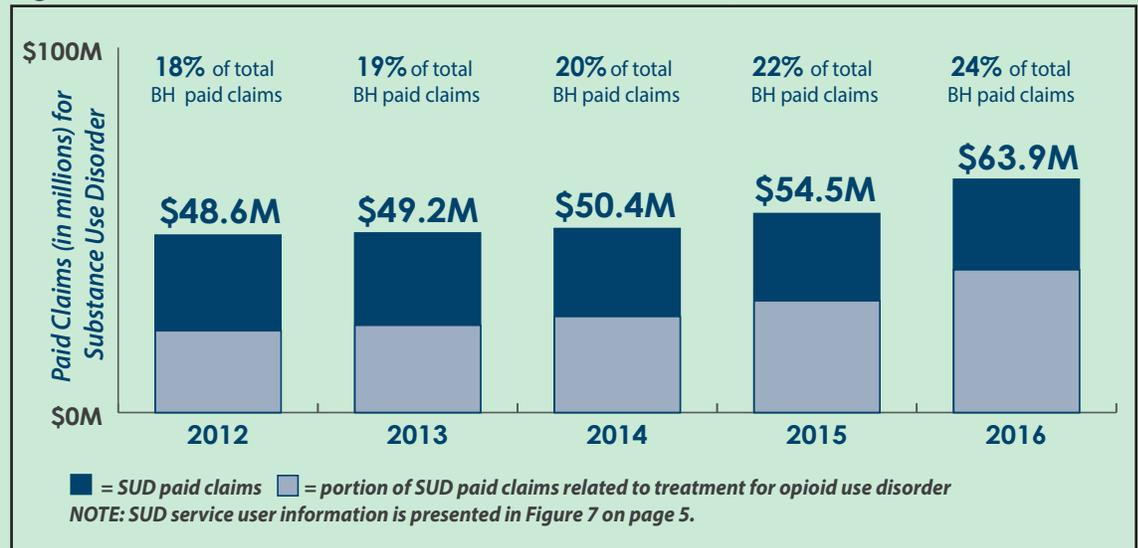
 **Top diagnosis for people enrolled in Medicaid expansion, 2016**

32% of total expansion population who used a behavioral health service had a primary diagnosis related to opioid use disorder (or 4,903)

SERVICE HIGHLIGHTS: FIVE YEAR TRENDS

Although the year over year changes were not significant, the costs for substance use disorder services (adjusted for inflation) increased significantly (31%) from 2012 to 2016. SUD paid claims accounted for 18% of total behavioral health costs in 2012, increasing to 24% of total behavioral health costs in 2016.

Figure 5. Increase in Substance Use Disorder Paid Claims, 2012 - 2016



The opioid crisis that has been observed across the United States in recent years (see "The Opioid Crisis" section on page 5) has contributed to the increase in costs for substance use disorder services. In Allegheny County, opioid use disorder was the second most common diagnosis for adult service users in 2016 (see "Top Behavioral Health Diagnoses" section above).

SERVICE HIGHLIGHTS: FIVE YEAR TRENDS, CONTINUED

BEHAVIORAL HEALTH REHABILITATION SERVICES (BHRS), 2012 - 2016

Paid claims and units of service per person for behavioral health rehabilitation services (BHRS) have significantly decreased from 2012 to 2016. To illustrate further, BHRS accounted for the highest proportion of total paid claims in 2012 and 2013, dropping to the second highest proportion of paid claims in 2014 and 2015, and to the fourth highest proportion of paid claims in 2016.

Table 2. Changes in Behavioral Health Rehabilitation Services (BHRS)

BHRS changes in paid claims, number of service users, costs and units per person over five years				
Year	Paid Claims (in Millions)	# of People	Cost per Person	Units per Person
2012	\$50.4	5,959	\$8,454	628
2013	\$42.6	6,054	\$7,040	534
2014	\$36.2	5,715	\$6,330	481
2015	\$30.2	5,293	\$5,698	449
2016	\$28.0	5,130	\$5,452	437
Trend				
Change #	-\$22.4M	-829	-\$3,002	-191
'12 - '16 %	-44%	-14%	-36%	-30%

Community Care

Behavioral Health (Community Care), the behavioral health managed care organization, has prioritized educating providers about the medical appropriateness of BHRS services. The goal is for youth to receive the amount of BHRS treatment relevant to meet their needs or be referred to other treatment options that may be more suitable.

INPATIENT MENTAL HEALTH SERVICES (IPMH), 2012 - 2016

The average total days (ATD) for people using inpatient mental health services has been steadily declining since 2012. While there was an increase in the number of people who used inpatient services and an increase in episodes in 2016, this increase mirrors the growth in HealthChoices eligibility (+25% over the 2012-2016 time period).

Note: Average total days = the sum of each person's total number of inpatient days for the year divided by the number of people who had a stay in the year.

Table 3. Changes in Inpatient Mental Health Services (IPMH)

IPMH changes in average total days, number of people, and number of admissions over five years				
Year	Average Total Days*	# of People	# of episodes	
2012	14	3,671	5,514	
2013	13	3,627	5,471	
2014	13	3,475	5,121	
2015	12	3,894	5,754	
2016	11	4,294	6,155	
Trend				
Change #	-3	623	641	
'12 - '16 %	-21%	17%	12%	

**This change was driven by adults as average total days has not significantly changed over the years for youth.*

THE OPIOID CRISIS

Substance use disorders contribute heavily to the burden of disease in the United States and are costly to the nation as a whole because of lost productivity, health care, and crime.¹ Millions of Americans have reported substance use and misuse, as well as becoming addicted to opiates, which includes heroin and prescription pain killers (i.e. oxycodone, hydrocodone, and fentanyl).²⁻³ This significant increase in drug use and addiction has led to an epidemic across the United States, with approximately 91 people dying daily from an opioid-related overdose.⁴

Based on data obtained from OverdoseFreePA, overdose deaths in Allegheny County more than doubled between 2012 and 2016 with opioid-related use accounting for 89% of overdose deaths in 2016.^A See Figure 6.

When looking at the same five year time period, the percent of people with an opioid use disorder diagnosis who used substance use disorder services increased significantly by 11 percentage points from 50% in 2012 to 61% in 2016. See Figure 7.

Figure 6. Increase in Opioid Related Overdose Deaths, 2012 - 2016^A

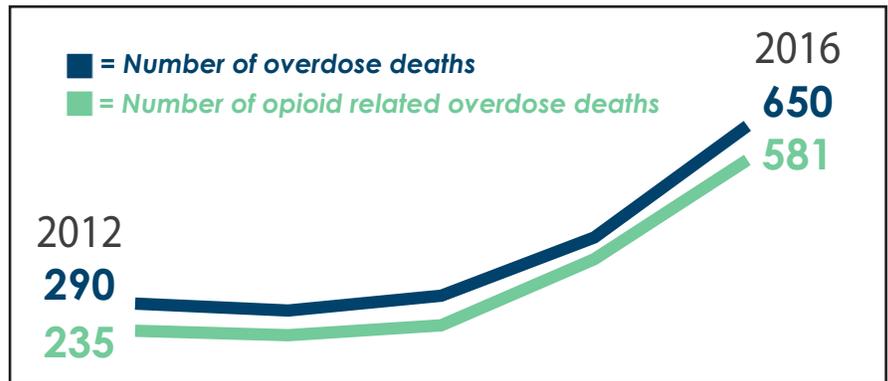
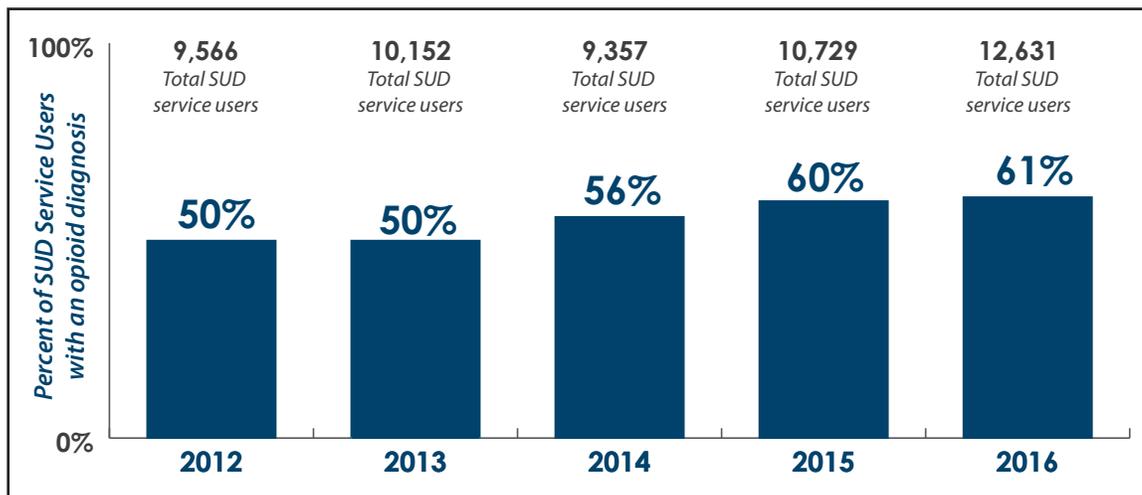


Figure 7. Increase in Primary Diagnosis Related to Opioid Use among SUD Service Users, 2012 - 2016



Of the 7,735 people with a primary diagnosis related to opioid use in 2016

62%
(or 4,761) were enrolled through Medicaid expansion

In an effort to address the opioid crisis, Allegheny County is committed to building a more readily accessible and effective system for addressing substance use disorders which delivers quality programs and services that are evidence-based/evidence-informed.

In support of the use of medication-assisted treatment (MAT), which has been shown to be effective in treating people with opioid use disorders,^{B-C} Allegheny County Department of Human Services (DHS), the Allegheny County Health Department (ACHD), Community Care, and AHCI jointly issued a position paper

^A The OverdoseFreePA website can be accessed at <https://www.overdosefreepa.pitt.edu/>

^B Medication-assisted treatment (also called MAT) is defined by the Substance Abuse and Mental Health Administration (SAMHSA) of the U.S. Department of Health and Human Services as the use of pharmacological medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders.

^C FDA-approved medications to treat opioid use disorders include methadone, buprenorphine (commonly combined with naloxone and known by its brand name, Suboxone[®]) and naltrexone (commonly known in its extended-release injectable brand-name form, Vivitrol[®]). Methadone and buprenorphine reduce cravings and withdrawal symptoms; naltrexone blocks the effects of opioids so that people will not get intoxicated/high or overdose if they use heroin or prescription opioids.

on this treatment. The joint statement sets forth a standard expectation that every person entering substance use disorder treatment for opioid use in Allegheny County has the right and is entitled to learn about and consider MAT as a treatment option.^D Figure 8, presents data on MAT for Allegheny County residents who used substance use disorder services in 2016 and had a primary diagnosis related to opioid use.

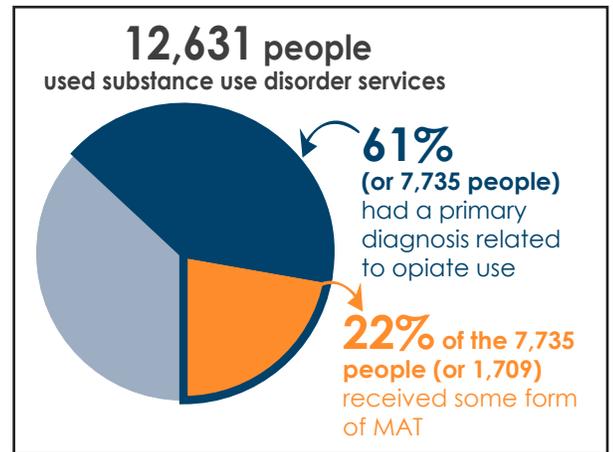
Research indicates that a person is at greatest risk of overdose within 90 days after being released from jail.^E Given this, Allegheny County has developed a pilot program with the Allegheny County Jail. This pilot program focuses on the most effective course of treatment for each individual after he or she is released from jail, providing them with case management supports and access to the most appropriate form of MAT.^E

Other initiatives in Allegheny County include:

- Better coordination of care for people who present to local hospitals and are screened positive for SUDs: People identified are linked to social workers and/or peers who work to engage and link them to services in the community.
- Evaluation of the service system's capability of providing co-occurring (MH/SUD) services using evidence-based indices: Evaluation results will guide the County's work in moving the service system towards more comprehensive and effective co-occurring treatment.
- Care managers (Enhanced care management) are working with people who readmit to intensive SUD services to identify barriers to care and work on problem solving so that these individuals are ready to participate in follow-up services in the community.
- Since May 2015, there has been a county-wide standing order issued by the director of the Allegheny County Health Department which allows licensed pharmacies (which choose to participate) to dispense Naloxone (Narcan)^F to individuals at risk of a heroin or opioid-related overdose, or those who may witness one.
- Training efforts are underway to educate stakeholders, providers and others who support individuals in the community on signs and symptoms of overdose and how to administer Narcan.^G

The initiatives listed above do not include all endeavors occurring in Allegheny County. More information on County efforts can be found in the report produced by Allegheny County Department of Human Services and the Allegheny County Department of Health titled, "Opiate-Related Overdose Deaths in Allegheny County: Risks and opportunities for Intervention."⁵ Information regarding regional initiatives can be found in the report titled, "A Continuum of Care Approach: Western Pennsylvania's Response to the Opioid Epidemic," produced by the University of Pittsburgh's Institute of Politics.⁶

Figure 8. Medication Assisted Treatment, 2016



For the Medicaid expansion population, 7,081 people used substance use disorder services

38% (or 4,761 people) had a primary diagnosis related to opiate use → **26%** of the 4,761 people (or 1,239) received some form of MAT

^D To read the joint position paper please see <http://www.alleghenycountyanalytics.us/wp-content/uploads/2017/01/MAT-Position-Paper.pdf>

^E For more information see http://www.iop.pitt.edu/sites/default/files/Reports/Status_Reports/A%20Continuum%20of%20Care%20Approach%20-%20Western%20Pennsylvania%27s%20Response%20to%20the%20Opioid%20Epidemic.pdf

^F Naloxone (Narcan) is a medication that can reverse an overdose that is caused by an opioid drug. It is not a narcotic, and is not addictive.

^G For more information see http://www.achd.net/pr/pubs/2015release/052115_naloxone.html

SUMMARY

The majority of the significant changes in service utilization and cost in 2016 were related to the Medicaid expansion population. The number of people enrolled via Medicaid expansion increased, as did the number of enrollees that used services. As a result, the Medicaid expansion population accounted for a significantly higher percentage of paid claims for both mental health and substance use disorder services compared to 2015.

Though fluctuations in utilization and cost have not resulted in significant changes for most services on a year-over-year basis, there have been notable changes for substance use disorder (SUD), inpatient mental health (IPMH), and behavioral health rehabilitation services (BHRS) over a slightly longer time-frame. Average total days for IPMH has been declining gradually since 2012. Both BHRS paid claims and units of service per person have also fallen over the course of the past five years. In contrast, service users and paid claims for SUD services have increased significantly over the past five years.

Parallel to the recent increase in SUD costs, there has been an increase in the number of people with a primary diagnosis related to opioid use disorder. Providing quality care for this population remains a top priority in Allegheny County. Multiple initiatives and programs are in place to ensure that people have access to the treatment they need. These efforts include position papers advocating for the availability of medication-assisted treatment (MAT) as an option for everyone and ensuring that Narcan is readily available to having professionals and peers directly working with individuals to ensure they know what services are available and that they are attending appointments.

AHCI will continue to monitor utilization and costs for the HealthChoices program quarterly and annually, as well as changes related to Medicaid expansion and the opioid crisis.

WORKS CITED

1. Lipari, R.N. and Van Horn, S.L. Trends in substance use disorders among adults aged 18 or older. The CBHSQ Report: June 29, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD https://www.ncbi.nlm.nih.gov/books/NBK447253/pdf/Bookshelf_NBK447253.pdf
2. Kaiser Family Foundation. (2017). Medicaid's Role in Addressing the Opioid Epidemic. Menlo Park, CA: The Henry J. Kaiser Family Foundation. Retrieved from <http://files.kff.org/attachment/INFOGRAPHIC-MEDICAIDS-ROLE-IN-ADDRESSING-THE-OPIOID-EPIDEMIC.pdf>
3. Abraham, A. J., Andrews, C. M., Grogan, C. M., D'Aunno, T., Humphreys, K. N., Pollack, H. A., & Friedmann, P. S. (2017). The Affordable Care Act Transformation of Substance Use Disorder Treatment. American Journal of Public Health, 107(1), 31. Retrieved from <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2016.303558>
4. Centers for Disease Control. (2017). Opioid Overdose Understanding the Epidemic. Retrieved from [www.cdc.gov: https://www.cdc.gov/drugoverdose/epidemic/index.html](http://www.cdc.gov/drugoverdose/epidemic/index.html)
5. Allegheny County Department of Human Services and the Allegheny County Health Department. (2016). Opiate-Related Overdose Deaths in Allegheny County: Risks and Opportunities for Intervention. Pittsburgh. Retrieved from [http://www.achd.net/overdoseprevention/Opiate-Related Overdose Deaths in Allegheny County.pdf](http://www.achd.net/overdoseprevention/Opiate-Related%20Overdose%20Deaths%20in%20Allegheny%20County.pdf)
6. Miller, T., Lauer, A., Mihok, B., & Haywood, K. (2016). A Continuum of Care Approach: Western Pennsylvania's Response to the Opioid Epidemic. Pittsburgh: University of Pittsburgh Institute of Politics. Retrieved from [http://www.iop.pitt.edu/sites/default/files/Reports/Status Reports/A%20Continuum%20of%20Care%20Approach%20-%20Western%20Pennsylvania%27s%20Response%20to%20the%20Opioid%20Epidemic.pdf](http://www.iop.pitt.edu/sites/default/files/Reports/Status%20Reports/A%20Continuum%20of%20Care%20Approach%20-%20Western%20Pennsylvania%27s%20Response%20to%20the%20Opioid%20Epidemic.pdf)



444 Liberty Ave, Suite 240 | Pittsburgh, PA 15222 | www.ahci.org | 412-325-1100

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

AHCI is a contract agency for Allegheny County Department of Human Services' Office of Behavioral Health.