

2017 Year in Review

The Allegheny County HealthChoices Behavioral Health Program

A report from Allegheny HealthChoices, Inc.

DECEMBER 2018

Introduction

Medicaid is a publicly financed health care program in the United States. Medicaid covers pregnant women, 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 primary goals of the HealthChoices program are to assure greater access to care, improve quality, and manage costs. Allegheny County’s integrated human services model, which coordinates the delivery of other human services provided through Children, Youth and Families, Juvenile Probation, Intellectual Disabilities, Homelessness, Housing, Food Security, Employment, Justice Related Services, with HealthChoices funded services, aims to support adults and youth in achieving their goals for a healthy and meaningful life in their community.

This annual report is part of Allegheny HealthChoices, Inc.’s (AHCI) oversight and monitoring of the HealthChoices behavioral health program, and highlights enrollment, service use, and cost information. In addition to the regularly reported data, the 2017 report also presents an update on Medicaid expansion as it has provided people with an opportunity to receive mental health and substance use disorder treatment in the midst of the continuing opioid epidemic. Allegheny County initiatives that are underway to address the opioid crisis are also highlighted.

Finally, with a shifting focus on the value of services provided versus the volume of services, Allegheny County has begun re-designing the way services are financed and delivered via value-based contracting, to incentivize coordinated, high-quality, cost-effective care. Local examples of value-based contracting arrangements are presented.

Allegheny County Overview: Enrollment, Diagnoses, Service Use and Costs

This section provides an overview of enrollment (Figure 1), diagnoses (Table 1), service use (Figure 2 and Table 2), and cost data (Figure 3 and Table 3) for the HealthChoices behavioral health program and Medicaid expansion subpopulation in 2017. The call-out box on page 2 presents racial differences observed in 2017. Comparisons to the prior year were not included as there were no statistically significant changes from 2016.

Figure 1. HealthChoices Enrollment in Allegheny County, 2017

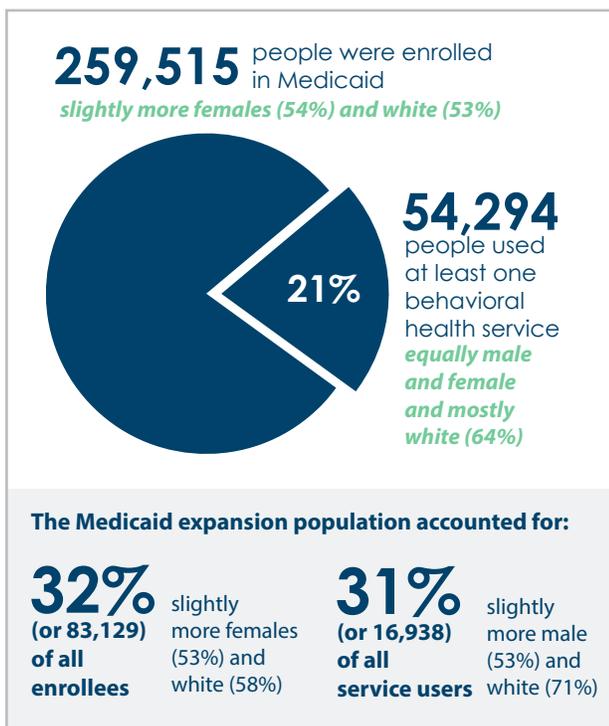


Table 1. Top MH/SUD Diagnoses in Allegheny County, 2017

17,898 Youth (ages 0 - 21) used a behavioral health service	
Diagnosis category	Percent of youth
ADHD	34%
Adjustment disorder	20%
Autism spectrum disorder	16%
36,656 Adults (ages 21+) used a behavioral health service	
Diagnosis category	Percent of adults
Depressive disorder	31%
Opioid use disorder	24%
Bipolar disorder	16%

NOTE: people may be included in both tables if they turned 21 before the end of 2017.

When looking at Medicaid expansion:

33% (or 5,529) of the total expansion population who used a behavioral health service had a primary diagnosis of opioid use disorder

Figure 2. Service Use, 2017

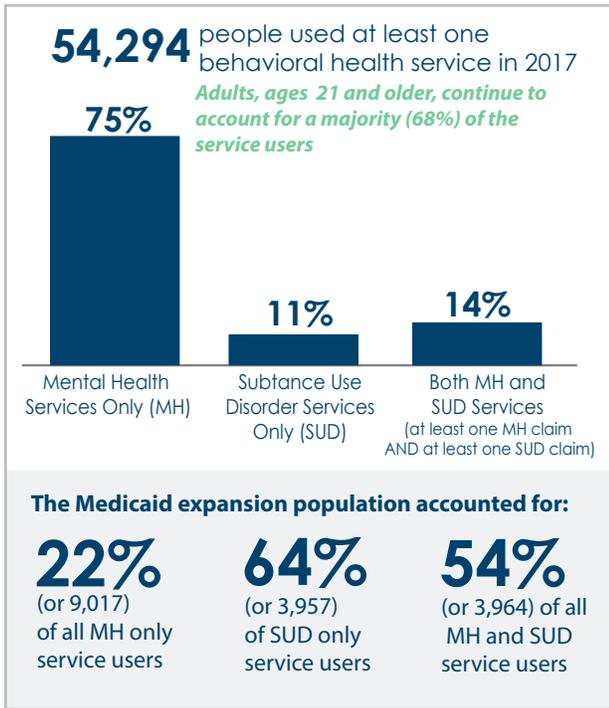


Table 2. Top Behavioral Health Services by Number of Service Users, 2017

Service category	% of Service Users
Outpatient mental health	65%
Medication checks	39%
Outpatient substance use disorder	19%
Service coordination	12%
Crisis	10%
Total behavioral health service users	54,294

NOTE: people could use more than one service.

When looking at Medicaid expansion:

58% (or 9,803) of the expansion population service users used outpatient mental health services

Figure 3. Paid Claims, 2017

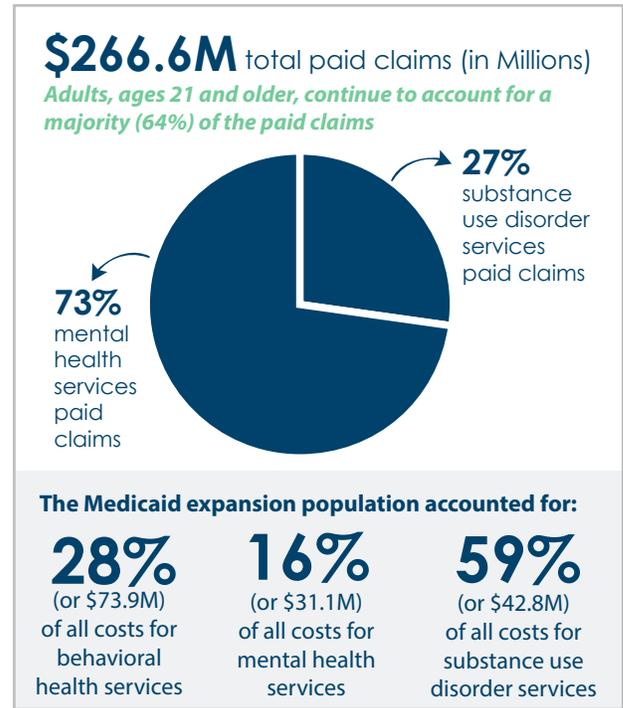


Table 3. Top Behavioral Health Services by Paid Claims, 2017

Service category	% of paid claims
Inpatient mental health	13%
Non-hospital rehabilitation	13%
Outpatient mental Health	12%
BHRS	10%
Service coordination	7%
Total paid claims (in millions)	\$266.6M

NOTE: people could use more than one service.

When looking at Medicaid expansion:

28% (or \$20.5M) of total costs for the expansion population was used for non-hospital rehabilitation

Racial differences in service use and diagnoses for youth and adults in Allegheny County, 2017

Youth (ages 0 to 20)

- A higher percentage of enrollees were white (47%) compared to black (40%).
- Black* youth accessed behavioral health services at a lower rate (136 per 1,000 enrollees) than white youth (195 per 1,000 enrollees). Youth of Other races accessed services at a rate of 100 per 1,000 enrollees.
- Based on statistical testing, black youth were more likely to receive a diagnosis of ADHD and/or cannabis use. White youth were more likely to receive a diagnosis of anxiety disorder and/or autism spectrum disorder.
- The largest gaps in service use were seen in outpatient mental health, BHRS, and service coordination, with fewer black youth accessing services than white youth.

Adults (ages 21 and older)

- A higher percentage of enrollees were white (56%) compared to black (35%).
- Black adults accessed behavioral health services at a lower rate (209 per 1,000 enrollees) than white adults (300 per 1,000 enrollees). Adults of Other races accessed services at an even lower rate (127 per 1,000 enrollees).
- Based on statistical testing, black adults were more likely to receive a diagnosis of schizophrenia, diagnosis deferred, cocaine use, and/or cannabis use. White adults were more likely to receive a diagnosis of anxiety disorder and/or opioid use.
- Findings were similar for the Medicaid expansion population (adults ages 18 to 64).

*The racial category "Black" in Allegheny HealthChoices behavioral health utilization data captures the federal racial category "Black or African American."

Medicaid Expansion in Allegheny County 2015 - 2017^A

Medicaid expansion broadened Medicaid eligibility to all adults (ages 18 - 64) with incomes below 138% of the Federal Poverty Level. Historically, Medicaid benefits had only been available to low-income children and their parents, pregnant women, and individuals with disabilities, with few states offering coverage to low-income, childless adults. Between 2015 and 2017, 62% of the people who used substance use disorder services, and 67% of individuals with a primary diagnosis related to opioid use, were enrolled in the HealthChoices program via Medicaid expansion. This section looks at Medicaid expansion enrollment (Figure 4) and demographics (Figure 5), between 2015 and 2017, illustrating the relationship to substance use disorder services and costs (Figures 6, 7 and Table 4), opioid diagnoses and overdose deaths related to opioid use (Figure 8), as well as interventions underway to address the opioid crisis.

Figure 4. Medicaid Expansion Enrollment, 2015 - 2017^{B,C}

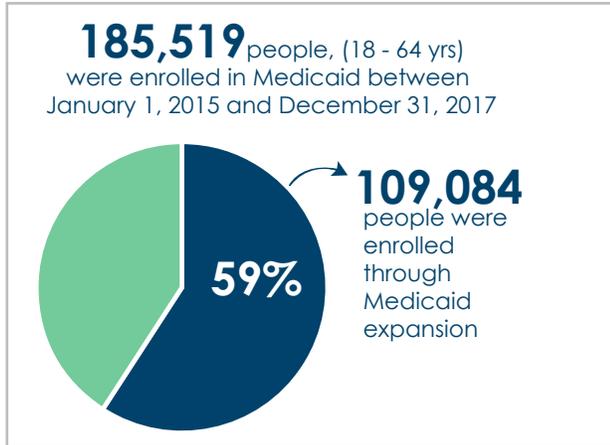


Figure 5. Medicaid Expansion Demographics, 2015 - 2017^{B,C,D}

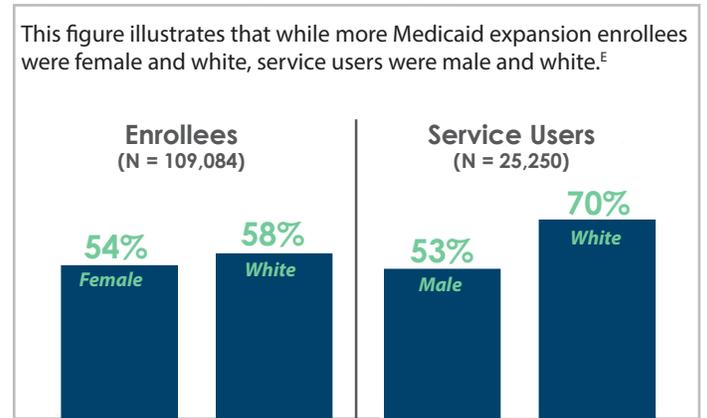


Figure 6. Medicaid Expansion Behavioral Health Care Service Use, 2015 - 2017^{B,D}

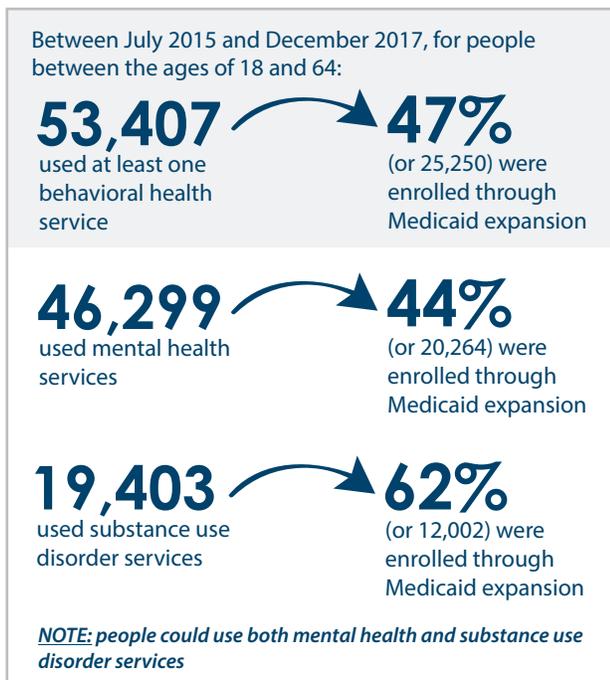
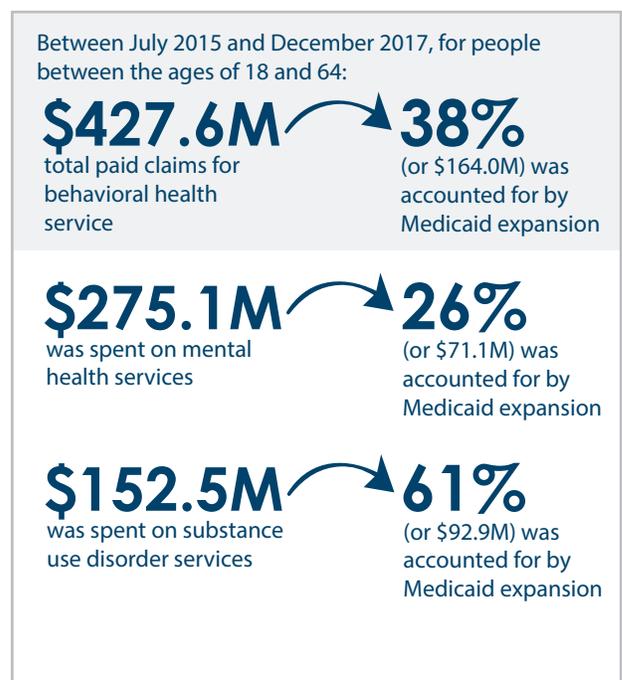


Figure 7. Medicaid Expansion Behavioral Health Paid Claims, 2015 - 2017



^A To see the previous report on Medicaid expansion visit http://www.ahci.org/wordpress/wp-content/uploads/2017/05/The_Impact_of_Medicaid_Expansion_FINAL.pdf.

^B Medicaid expansion, which broadened Medicaid eligibility to all adults (ages 18 - 64) with income below 138% of the Federal Poverty Level (FPL). For the purposes of this report "Traditional" Medicaid refers to coverage via Medicaid enrollment categories, other than expansion, that would cover individuals between the ages of 18 and 64. These categories include Temporary Assistance for Needy Families (TANF), State-Only general assistance (categorically needy and medically needy), and Social Security with and without Medicare.

^C 35,598 people (33% of 109,084) were also enrolled in "Traditional" Medicaid at some point between July 2015 and December 2017.

^D 6,176 people (12% of 53,407) also used services under "Traditional" Medicaid at some point between July 2015 and December 2017.

^E People enrolled via "Traditional" Medicaid (N=112,038) were mostly female (62%) and white (54%) and service users (N= 37,617) were also mostly white (62%) and female (61%).

Addressing the Opioid Crisis in Allegheny County

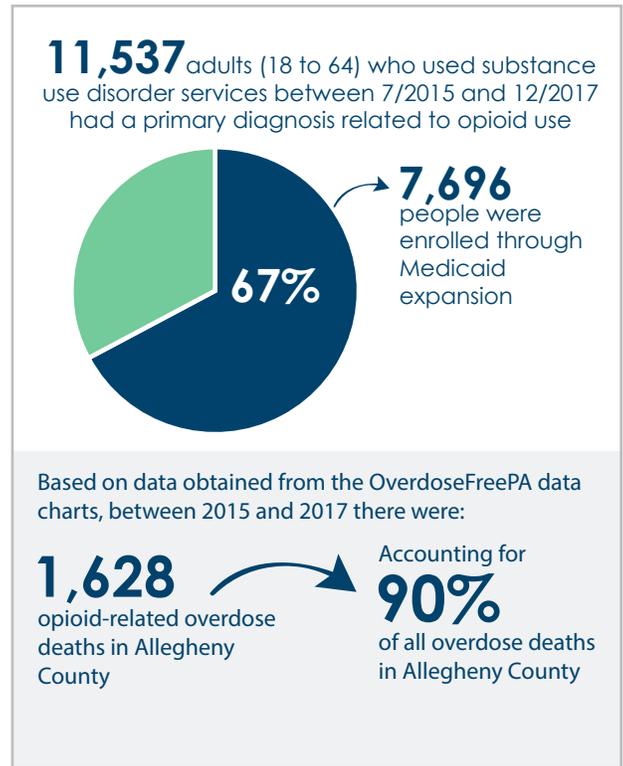
Table 4. Substance use disorder (SUD) service use listed in alphabetical order, 2015 - 2017

Statistically significant differences in service use are highlighted in green. This table illustrates that people enrolled via Medicaid expansion were more likely to use 9 of the 11 (82%) SUD services, compared to people enrolled via "Traditional" Medicaid^f

SUD service use for people ages 18 to 64 from 7/2015 to 12/2017	Traditional Medicaid ^f	Medicaid expansion ^f
Service Category (Number of People)	% of Service Users**	
Case management - D&A (N = 571)	45%	60%
Halfway house (N = 1,101)	28%	76%
Inpatient detoxification (N = 924)	45%	58%
Inpatient rehabilitation (N = 114)	53%	50%
Intensive outpatient (N = 4,920)	39%	65%
Medication check (N = 1,937)	44%	64%
Methadone maintenance (N = 3,888)	59%	56%
Non-hospital detoxification (N = 4,384)	35%	69%
Non-hospital rehabilitation (N = 6,886)	36%	69%
Outpatient (N = 15,644)	49%	60%
Partial hospitalization (N = 2,210)	32%	70%
Total # of people = 19,403	49%	62%

NOTE: people could use more than one service

Figure 8. Primary diagnoses related to opioid use and opioid-related overdose deaths, 2015 - 2017



As part of a multi-disciplinary approach to responding to the opioid crisis, many County and State initiatives are underway:

Naloxone (Narcan) Access Initiative

A Naloxone Work Group was formed in the spring of 2017. Members of the work group included representatives from the Allegheny County Department of Human Services' Office of Behavioral Health, the Allegheny County Health Department, service provider organizations, Community Care Behavioral Health, and AHCI. The goal of the work group was to devise a plan for addressing the opioid epidemic among people receiving services in community-based mental health programs, since many people receiving mental health services have co-occurring disorders. The County developed a webinar/video to address the need for education around Naloxone, and trained all Allegheny County Department of Human Services staff, as well as fifteen community-based mental health providers through a pay-for-performance initiative that began in 2018. A pay for performance (P4P) initiative was also developed to begin in 2018. Sixteen behavioral health providers agreed to participate in the P4P initiative.

Co-Occurring Disorders (COD) Services Needs Assessment

In 2017, five local providers participated in an evaluation of their organizations' capability of providing co-occurring (mental health/substance use disorder) services using evidence-based assessments. After completion of the assessments, the providers shared Pennsylvania policy/regulatory requirement barriers, which confound attempts to provide comprehensive COD care. To move the service system towards more comprehensive and effective co-occurring treatment, Allegheny County is using this information to work with Pennsylvania's Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS) and Pennsylvania's Department of Drug and Alcohol Programs (DDAP) to identify possible ways to address these barriers.

^f See footnote A on the previous page for the difference between "Traditional" Medicaid and Medicaid expansion

^g 2,013 people (33% of 19,403) used services under both "Traditional" Medicaid at some point between July 2015 and December 2017.

Centers of Excellence (COEs)

The Pennsylvania Department of Human Services (PA DHS) is working to address the opioid crisis by creating and funding Centers of Excellence (COEs). The COEs offer treatment and coordinate care for HealthChoices members in Pennsylvania who have an opioid-related substance use disorder. Treatment uses a team-based approach that focuses on identifying the needs of the whole person — with the explicit goal of integrating behavioral health treatment with primary care. Of the 45 COEs located in Pennsylvania, six are located in Allegheny County: Gateway Rehabilitation Center, Magee-Women’s Hospital of UPMC, Tadiso, University of Pittsburgh Physicians: General Internal Medicine Clinic – Oakland, West Penn Allegheny Health System, and Western Psychiatric Institute and Clinic of UPMC. Through the end of 2017, 1,897 people received care through the six COEs in Allegheny County.

Coordinating Care for Individuals with Substance Use Disorders (CCISUD) Initiative

Working with the state, Allegheny County physical health and behavioral health managed care organizations and hospitals implemented an initiative to increase initiation and engagement to substance use disorder treatment for people who present to local hospitals and screen positive for substance use disorders. Three different models were piloted using social workers and/or peers to engage and link identified individuals to services in the community. By December 2017, 3,077 people in the Allegheny County HealthChoices program received at least one of the CCISUD interventions.

Support for Medication-Assisted Treatment

Allegheny County, the ACHD, Community Care, and AHCI jointly issued a statement outlining the belief that every person entering substance use disorder treatment in Allegheny County is entitled to the opportunity to learn about and consider medication-assisted treatment (MAT) as a treatment option. In response to the joint position statement, there is an expectation that behavioral health providers offer MAT as an option to the individuals they serve. As of the time of this report, there were 44 behavioral health organizations in Allegheny County, contracted through HealthChoices, to offer MAT services.

Substance Use Disorder (SUD) Case Management

Case managers continue to work directly with people who readmit to intensive SUD services to identify barriers to care so that these individuals are ready to participate in follow-up services in the community. In 2017, SUD case managers served 371 individuals.

Financing Shifts Towards Value-Based Contracting (VBC)

PA DHS has implemented a series of value-based contracting (VBC) requirements for the HealthChoices behavioral health Medicaid managed care program. Effective January 2018, PA DHS contractually requires five percent of total behavioral health medical expenses be linked to VBC models. This increases to 10 percent and 20 percent in subsequent years for each county’s HealthChoices contract. This section presents examples of some VBC arrangements in Allegheny County that were active throughout 2017. AHCI will provide results from these initiatives in future reports.

Value-based contracting (also known as value-based purchasing, value-based reimbursement, or pay-for-performance) refers to alternative payment arrangements in which providers’ level of reimbursement is linked to the cost and quality of the services provided. Since providers’ payments are linked to their performance, failure to meet certain benchmarks reduces providers’ payments. By shifting the emphasis from volume to value, value-based contracting arrangements seek to incentivize coordinated, high-quality, cost-effective care.

Risk plays a key role in any payment arrangement and the shift toward value-based payment means a shift in how risk is distributed between payers and providers. Under the new PA DHS requirements, the level of financial risk^H associated with VBC strategies must also increase over time. This means that providers must shift from low financial risk (fee-for-service and performance-based contracting) to moderate financial risk (bundled payments, shared savings, and shared risk models), and eventually, to full financial risk (capitation and capitation plus performance-based contracting).

While the contractual requirements were not effective until 2018, it is worth noting that Allegheny County has been proactive in its approach to VBC, having started some initiatives a number of years prior to the PA DHS

SNAPSHOT: Allegheny County Value-Based Contracting in 2017

Eleven VBC arrangements were active in Allegheny County throughout 2017. The table below captures the services areas involved in these initiatives and provides examples of their target outcomes. Each target outcome has a specific, quantifiable goal which is used in determining providers' payments.

VBP Initiative / Target Service Area	Target Outcomes
Behavioral Health Homes Plus (BHHP) <i>*three initiatives in this area</i>	<ul style="list-style-type: none"> • Increase wellness coaching • Increase tobacco cessation • Reduce hypertension
Outpatient Mental Health Provider Work Group	<ul style="list-style-type: none"> • Increase outpatient follow-up rates following a discharge from an inpatient mental health setting
Behavioral Health Rehabilitation Services (BHRS)	<ul style="list-style-type: none"> • Increase use of evidence-based practice of parent-child therapy (PCIT) in BHRS
Short-Term Non-Hospital Rehabilitation (3B)	<ul style="list-style-type: none"> • Increase 7 and 30 day follow-up rates post 3B discharge
Residential Treatment Facility (RTF)	<ul style="list-style-type: none"> • Improve health and wellness through focus on youth with elevated BMI scores
Community Treatment Team (CTT)	<ul style="list-style-type: none"> • Reduce inpatient mental health utilization • Increase rates of competitive employment
Certified Community Behavioral Health Clinics (CCBHC)	<ul style="list-style-type: none"> • Reduce emergency department visits and hospital stays for behavioral health reasons
Inpatient Mental Health (IPMH)	<ul style="list-style-type: none"> • Reduce 30 day readmissions to IPMH • Increase 7 day follow-up rates for community-based care after IPMH discharge
Community and School Based Behavioral Health (CSBBH)	<ul style="list-style-type: none"> • Reduce utilization of concurrent behavioral health services • Increase implementation of services within one day of authorization

^H The Pennsylvania Department of Human Services (PA DHS) has identified six VBC strategies and classified them into three levels of risk, small, medium, and large, with each level referring to the increase of financial risk incurred by providers for any given model.

Summary

Allegheny County's Integrated Human Service Model Addresses the Comprehensive Needs of HealthChoices Members

By ensuring that human service system providers, behavioral health providers, and the behavioral health managed care organization use a coordinated approach to the delivery of services and supports that address the individualized and comprehensive needs of each person and/or family, Allegheny County's integrated human service model has yielded quantifiable, improved outcomes for HealthChoices members.

Highlights from the Allegheny County HealthChoices Behavioral Health Program 2017 Year in Review Include:

- ***HealthChoices Enrollment and Utilization Continue to Increase in Allegheny County***
Though not significantly different from 2016, enrollment, service use, and costs for the HealthChoices population have increased since the previous year overall, and for the Medicaid expansion population, in particular. When looking at service use by race, differences continue to exist in accessing services, the types of services that are used, and diagnoses received between blacks and whites, for both youth and adults. This warrants a further look at why these differences exist in addition to ways in which the behavioral health system in Allegheny County can respond.
- ***Medicaid Expansion Critical in Providing Access to Services***
Medicaid expansion has played a key role for individuals between the ages of 18 and 64, to access substance use disorder treatment services. As of the end of December 2017, people eligible through Medicaid expansion accounted for 59% of all adult HealthChoices enrollees and 62% of those over the age of 18 who use SUD services in Allegheny County. Further, 67% of Medicaid expansion members who used SUD services had a primary diagnosis related to opioid use, and represented 61% of the paid claims for SUD services. When compared to people who are enrolled in HealthChoices through other eligibility categories, based on statistical testing, people enrolled via Medicaid expansion were more likely to use nine of the eleven SUD services offered through the HealthChoices behavioral health program. This illustrates the importance and the continued impact of Medicaid expansion locally. Without Medicaid expansion, the people served under this program would have limited access to much needed treatment.
- ***Allegheny County Moving Toward Value-Based Contracts***
Since the inception of the HealthChoices behavioral health program in Allegheny County, the County has consistently evolved to keep pace with the needs of the community, and has responded to changing State and Federal policies. With the implementation of value-based contracting (VBC) models as early as 2014, the County is well-positioned for the move towards a contractual requirement of VBC models for behavioral health services in January 2018.

AHCI will continue to monitor and report on utilization and costs for the HealthChoices program quarterly and annually, as well as County efforts to ensure the coordination of behavioral health with physical health, changes related to Medicaid expansion, the opioid crisis, value-based contracting, and racial differences in behavioral health treatment.



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.