A Formula for Success

Pennsylvania's Behavioral Health Carve-Out in Allegheny County

A report from Allegheny HealthChoices, Inc.

FEBRUARY 2018

A Formula for Success:

Pennsylvania's Behavioral Health Carve-Out in ALLEGHENY COUNTY, 1999 - 2016

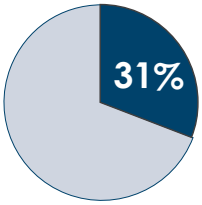
18 YEARS OF PROGRESS

As a program *developed and transformed in response to the local needs of the community* over the past 18 years, Allegheny County's HealthChoices Behavioral Health Medicaid Managed Care Program has **improved the lives of tens of thousands of residents**.

1. Over half a million people in Allegheny County have benefited from effective and efficient coverage provided through the HealthChoices behavioral health carve-out.

Between 1999 and 2016*

164,000 of the **523,000** people who enrolled in HealthChoices used at least one behavioral health service



Of the **164,000 people** who used services:

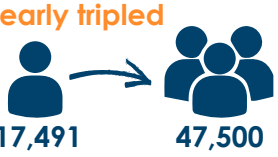
152,000 used mental health services**

51,000 used substance use disorder services**

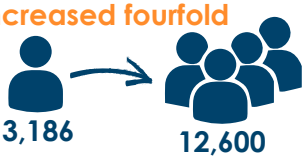
Comparing 1999 to 2016*

While enrollment grew by 78% . . .

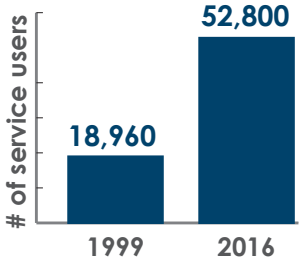
The number of enrollees using mental health services **nearly tripled**



The number of enrollees using substance use disorder services **increased fourfold**



The percent of enrollees who used a behavioral health service increased by 8 percentage points from 13% of enrollees in 1999 to 21% in 2016.



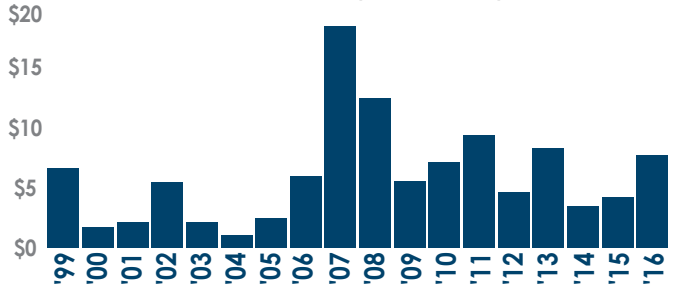
*NOTE: Although HealthChoices was implemented in Allegheny County in January 1999, enrollment was not mandatory until July 1999.
**The total for both categories will not equal 164,000 because people could use both mental health and substance use disorder services.

2. The carve-out ensures that savings from the behavioral health system are reinvested in mental health and/or substance use disorder services.

Between 1999 and 2016

$108 million has been reinvested* to target unmet or under-met needs; expand capacity; implement evidence-based or promising practices; as well as to introduce innovative approaches to outreach and program support based on local needs.

REINVESTMENT FUNDS* (IN MILLIONS) BY YEAR



Key Projects Supported by Reinvestment (1999 - 2016)

- **Allegheny County Peer Support Warmline/ Warm & Friendly Call Program**
- **Certified Peer Support Specialists**
- **Community and School Based Behavioral Health Teams**
- **Community Treatment Teams (CTTs)**
- **Comprehensive Crisis Network**
- **Housing and Residential Treatment related to the closure of Mayview State Hospital (MSH)**
- **Permanent Supportive Housing (PSH)**
- **Mobile Treatment Services for Youth and Young Adults**

*Reinvestment funds are the program revenues remaining after all medical claims and other obligations are paid. Allegheny County can retain these funds, up to a certain limit, and use them to reinvest in certain state-approved initiatives.

3. A locally-operated and monitored carve-out allows the system to respond to high-priority behavioral health challenges in ways that serve the unique needs of the community and drive positive outcomes for residents.

Responding to Local Needs

Partnering with agencies in the human service system to adapt and better serve the needs of local residents, critical issues addressed include:

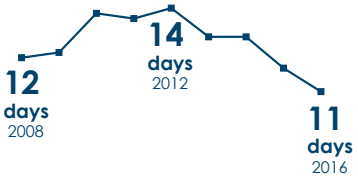
- Housing for people with serious and persistent mental illness
- Care for youth (and their families) involved in multiple systems who have specialized mental health care needs
- Partnering with local schools to better address the mental health care needs of children and families in their area
- The use of peer supports to assist people in their recovery
- Treatment options for people with co-occurring (both mental health and substance use) disorders
- Overseeing behavioral health treatment for people in the Allegheny County Jail
- Educating and training individuals with mental illness and/or substance use disorders as well as their families, friends, and providers

Responding to Policy Change

In support of efforts for adults who have serious and persistent mental illness to live in the least restrictive setting, Mayview State Hospital (MSH) closed in December 2008.

Comparing 2008, the year prior to the closure of MSH, and 2016

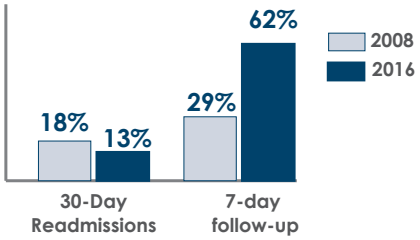
Average total days* in inpatient is the lowest it has been since peaking in 2012.



Monthly cost per eligible member for intensive services decreased by $31.**

30-day readmission rates decreased by 5 percentage points.***

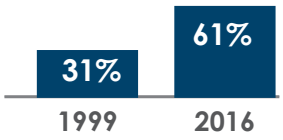
7-day follow up rates increased by 33 percentage points.***



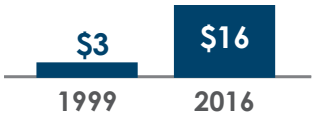
Responding to National Crisis

With the rise in opioid-related overdose deaths, there are multiple initiatives and programs in place to provide quality care for people with substance use disorders in Allegheny County.

The percent of SUD service users with a primary diagnosis related to opioid use increased by 30 percentage points.



The monthly cost per eligible member for treatment related to opioid use increased by $13.**



Examples of initiatives and programs (through 2017) are:

- A jointly issued position statement in support of medication-assisted treatment (MAT)
- Increased coordination of care for people with substance use disorders who frequently readmit to intensive SUD services
- Six Centers of Excellence (COEs) serving as health homes for people with opioid use disorder

*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.
**Cost per member data for each year was adjusted for inflation (equivalent to 2016) using the Bureau of Labor Statistics' Consumer Price Index (CPI) Medical Cost values.
*** Inpatient mental health readmissions and follow-up rates are calculated based on the IPRO specifications for 2016.

4. HealthChoices has invested in building relationships and infrastructure to support better coordination of people's physical and behavioral health care needs.

Stakeholder collaboration supports diverse approaches to integrating care. Integration initiatives include:

- The Connected Care program which links members to needed services after assessing their behavioral, medical, and psychosocial needs
- The Behavioral Health Home Plus (BHHP) project where Community Care partnered with 11 behavioral health providers to serve as behavioral health homes
- Pharmacy initiatives to monitor prescribing practices and use of antipsychotics
- Partnerships between multiple behavioral health providers and primary care facilities, pediatric care offices, and Federally Qualified Health Centers (FQHCs) to imbed physical and behavioral health care for residents. This includes a center which integrates prenatal care, MAT, and SUD treatment for pregnant women with opioid use disorder
- Wellness Coaching

A Formula for Success

Pennsylvania's Behavioral Health Carve-Out in Allegheny County

Introduction

EIGHTEEN YEARS OF PROGRESS IN ALLEGHENY COUNTY

As a program developed and transformed in response to the local needs of the community over the past 18 years, Allegheny County's HealthChoices Behavioral Health Medicaid Managed Care Program has improved the lives of tens of thousands of residents.

This report highlights key advantages of the behavioral health carve-out in Allegheny County:[A]

1. More people are accessing and receiving needed behavioral health treatment.
2. Funds have been reinvested in the system to expand existing and develop new services to keep pace with community needs.
3. The system can respond effectively to high-priority behavioral health issues in ways that serve the unique needs of the community and drive positive outcomes.
4. Stakeholder collaboration supports diverse approaches to better integrating physical and behavioral health care.

WHAT IS A BEHAVIORAL HEALTH CARVE-OUT?

A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits –in this case behavioral health services – are managed and/or financed separately.[1]

Pennsylvania is one of 24 states that has adopted this approach to financing some or all Medicaid behavioral health benefits.

HISTORY OF HEALTHCHOICES AND THE ALLEGHENY COUNTY APPROACH

In 1997, in an effort to assure greater access to care, improve quality of services, and manage cost, Pennsylvania began transitioning its Medicaid program from a statewide fee-for-service model to a local managed care approach, known as HealthChoices. The HealthChoices program provides services to address both physical and behavioral (mental health and substance use disorders) health needs. Pennsylvania's Department of Human Services (DHS) "carved out" behavioral health services to be managed separately from physical health services. DHS allowed counties the right of first opportunity to manage their HealthChoices behavioral health program or contract with one or more entities for oversight and management. By allowing counties to draw upon their understanding of the needs and challenges of the individuals served in their area, this approach provides an opportunity to expand behavioral health services within the existing human services system (i.e. housing, employment, aging, intellectual/developmental disabilities, child and family welfare, and justice related) and to promote integration with the physical healthcare delivery system to better meet the needs of local residents.

Beginning in January 1999, Allegheny County embraced this opportunity, pursuing an innovative approach to implementing and managing the behavioral health carve-out by developing a public-private partnership where responsibilities are divided among:

- The Allegheny County Department of Human Services, largely through its Office of Behavioral Health (OBH),
- Community Care Behavioral Health Organization (Community Care), a non-profit behavioral health managed care organization (BH-MCO), and
- Allegheny HealthChoices, Inc. (AHCI), an independent, non-profit oversight and monitoring agency.

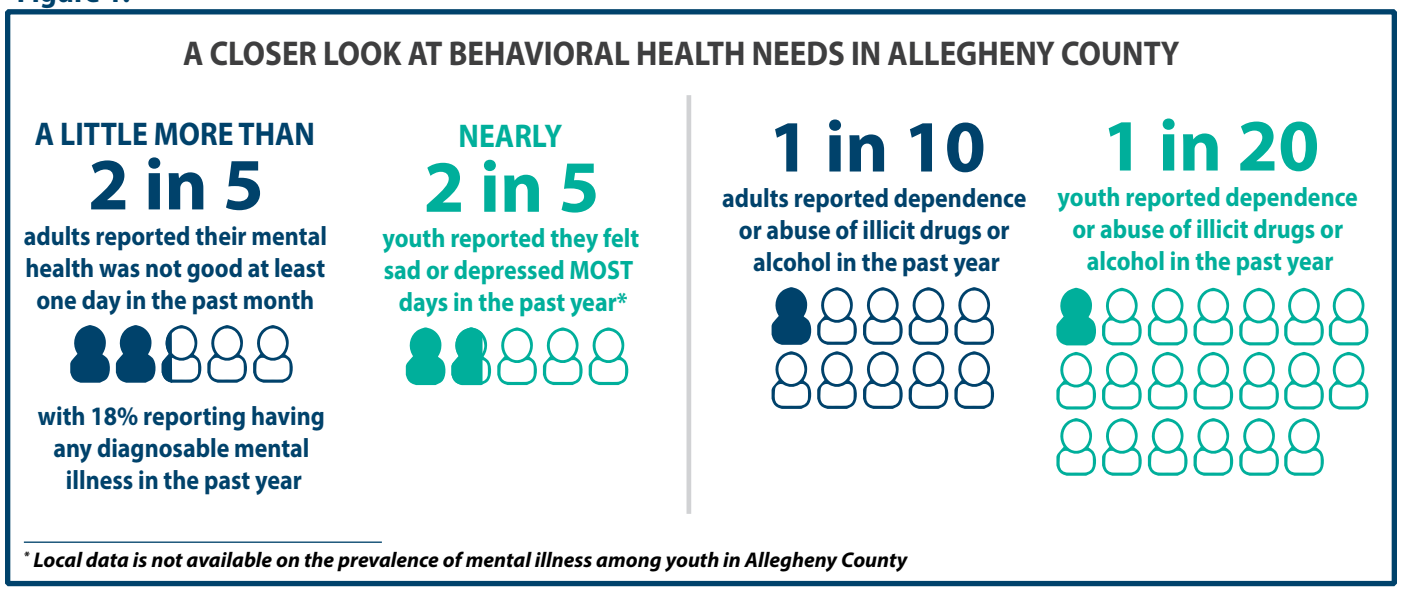
The successes of this innovative model are highlighted throughout the following pages of this report.

[A] HealthChoices reinvestment reports, quality improvement reports, claims, and enrollment data were used for this report unless otherwise noted or referenced.

1. More people are accessing and receiving behavioral health treatment.

Behavioral health conditions affect a substantial number of people[2] resulting in a high need for behavioral health services nationwide. Based on data from the National Surveys on Drug Use and Health,[3] the Allegheny County Health Department's Health Survey,[4] and the Pennsylvania Youth Survey,[5] Figure 1 illustrates behavioral health needs in Allegheny County.

Figure 1.



Untreated behavioral health conditions put individuals at risk for diminished quality of life, co-occurring medical conditions, hospitalizations, incarcerations, shortened life expectancy, and suicide.[6] In addition, for youth, untreated behavioral health conditions put them at risk for school failure, juvenile justice system involvement, removal from their home, and fewer stable and longer-term child welfare system placements.[7-8]

As a major source of insurance coverage for Pennsylvania residents with low-incomes and/or disability, as well as the only source of funding for some specialized behavioral health services, HealthChoices plays a critical role in ensuring access to mental health and substance use disorder services.[2,9]

The Allegheny County HealthChoices program has evolved and grown in the last 18 years to keep pace with local needs and priorities. In the program's first full year of operation, 148,000 people were enrolled.

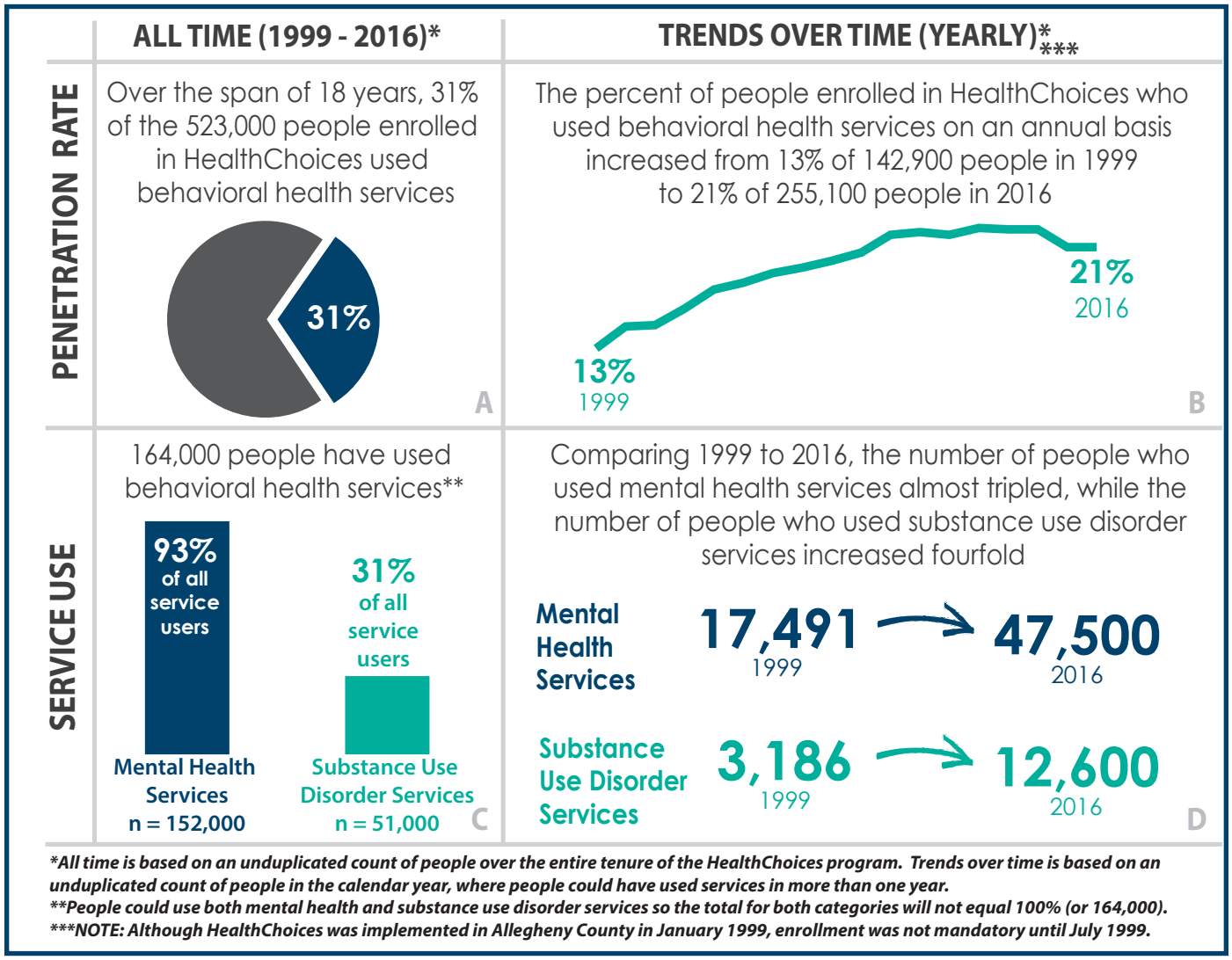
In 2016, HealthChoices enrollment exceeded 255,000. Medicaid expansion, which extends HealthChoices eligibility to adults with incomes up to 138 percent of the federal poverty level, has driven much of the recent growth in enrollment. Over 87,000 Allegheny residents were newly eligible for coverage under Medicaid expansion between 2015 and 2016.

Since 1999, over half a million people in Allegheny County have benefited from effective and efficient coverage provided through the HealthChoices behavioral health carve-out.

Figure 2A illustrates that 31% of individuals enrolled in HealthChoices at some point between 1999 and 2016 used at least one mental health or substance use disorder service. On a yearly basis, the penetration rate has increased over the lifespan of HealthChoices: 21% of people enrolled in 2016 used a behavioral health service, up from 13% in 1999. (See Figure 2B)

Figure 2D also shows that when looking at the type of service used, the number of HealthChoices members using mental health services has almost tripled since 1999, and the number of members receiving treatment for substance use disorders has increased fourfold. These increases outpace enrollment growth over the same time period (enrollment up 78%).

Figure 2.



All time is based on an unduplicated count of people over the entire tenure of the HealthChoices program. Trends over time is based on an unduplicated count of people in the calendar year, where people could have used services in more than one year.

****People could use both mental health and substance use disorder services so the total for both categories will not equal 100% (or 164,000).***

*****NOTE: Although HealthChoices was implemented in Allegheny County in January 1999, enrollment was not mandatory until July 1999.***

Ensuring that people are aware of and receiving the mental health and substance use disorder treatment that they need is an important accomplishment of the HealthChoices program.

2. Funds have been reinvested in the behavioral health system to expand existing and develop new services to keep pace with community needs.

Reinvestment funds are a critical tool for expanding existing and developing new services that focus on recovery-oriented care. Since HealthChoices began in Allegheny County in 1999, over $108 million in reinvestment funds have been reallocated to target local unmet or under-met needs by expanding system capacity, implementing evidence-based or promising practices, as well as deploying innovative approaches to outreach. Figure 3 shows the distribution of funds by year through 2016.

The carve-out ensures that savings from the behavioral health system are specifically reinvested in mental health and/or substance use disorder services.

While reinvestment is the primary way that HealthChoices is able to support innovative, evidence-based approaches to improving service delivery, reinvestment projects that prove effective have the potential to become more widely available by being transitioned into HealthChoices covered programs. Two services that began as reinvestment projects that are now covered by HealthChoices include community treatment teams (CTTs) and the comprehensive crisis network (resolve Crisis Network). See Appendix A on page 12 for a list of key reinvestment projects in Allegheny County.

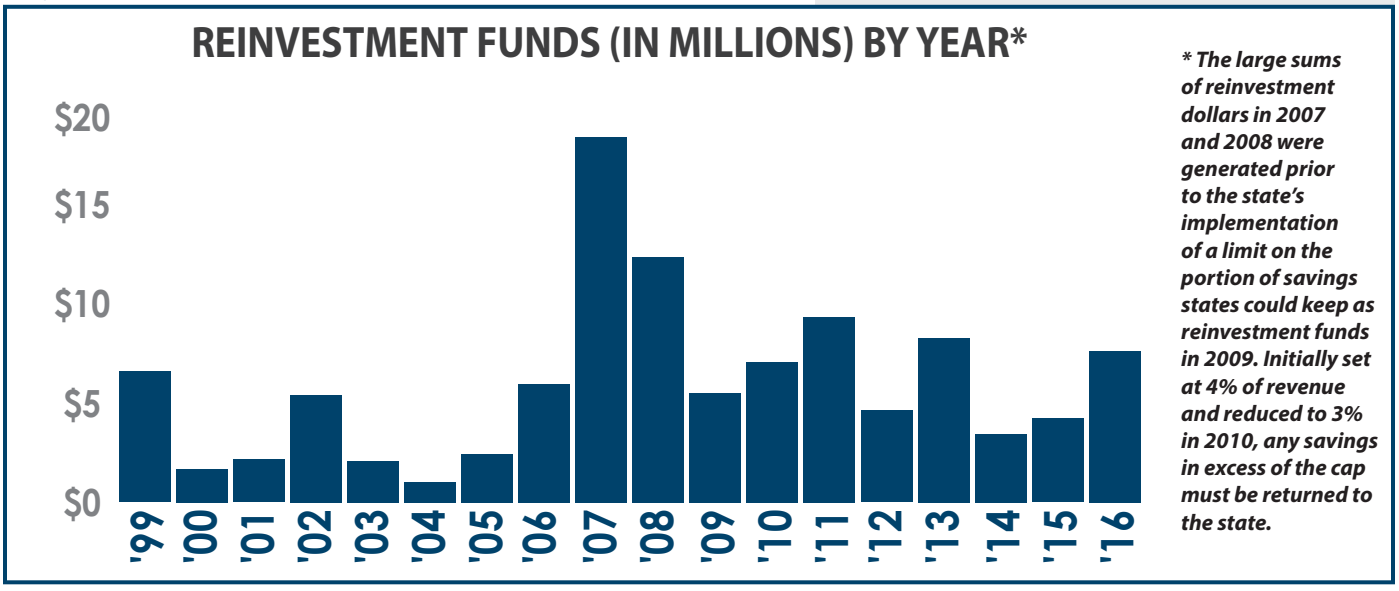
WHAT ARE REINVESTMENT FUNDS?

Reinvestment funds are the program revenues remaining after all medical claims and other obligations are paid. Allegheny County can retain these funds, up to a certain limit, and use them to reinvestment in certain state-approved initiatives.

The HealthChoices carve-out was designed to preserve behavioral health resources and to reward sound fiscal management practices. Reinvestment dollars serve as that financial incentive to manage care effectively and operate an efficient program that serves all individuals in need and maintains service quality.

Allegheny County, AHCI, and Community Care, along with people with lived experience, family members, and other stakeholders work together to develop reinvestment proposals based on local needs and available funding each year. These reinvestment plans are then submitted to the state for approval. Reinvestment plans can include the expansion of existing services, the start up of new, innovative services and/or funding for capital projects.

Figure 3.



3. The system can respond effectively to high-priority behavioral health issues in ways that serve the unique needs of the community and drive positive outcomes.

A locally operated and monitored carve-out enables stakeholders to respond to pressing behavioral health challenges in ways that best suit the unique needs of the community. Whether those challenges emerge as part of a national crisis, or flow from an ever-evolving state and federal policy landscape, Allegheny County is well-positioned to envision and implement innovative strategies for meeting the comprehensive human service needs of residents.

Allegheny County's commitment to providing an array of recovery-oriented services tailored specifically to meet the needs of individuals with mental illness and substance use disorders (see Appendix A) is a prime example of how locally developed planning and management processes, coupled with the clinical expertise of the behavioral health managed care organization, enable the effective management of Medicaid resources under the HealthChoices behavioral health carve-out.

WHAT IS RECOVERY?

Based on the Pennsylvania Department of Human Services' Office of Mental Health and Substance Abuse, recovery is " . . . a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members."[10]

Responding to Local Needs: Meeting the Comprehensive Human Services Needs of Allegheny County Residents

Partnering with other human service agencies to better serve residents, Allegheny County's HealthChoices program has adapted to address a multitude of behavioral health concerns. Critical issues addressed include:

- Housing for people with serious and persistent mental illness,
- Care for youth involved in multiple systems who have specialized mental health care needs,
- Partnering with local schools to better address the mental health care needs of children and families in their communities,
- The use of peer supports, which includes recovery specialists, to assist people in their recovery,
- Treatment options for people with co-occurring (both mental health and substance use) disorders,
- Overseeing and coordinating behavioral health treatment for people in the Allegheny County Jail, and
- Educating and training providers and individuals with mental illness and/or substance use disorders as well as their families, friends, and other stakeholders.

Responding to Policy Change: The Closure of Mayview State Hospital

In Olmstead vs L.C. (1999), the United States Supreme Court held that people with mental disabilities have the right to receive supports and services in the community rather than in institutions, if they are able and choose to do so.[B] In response to this decision, the Olmstead Plan for the Pennsylvania State Mental Health system was developed to reflect the Commonwealth's decision to end the unnecessary institutionalization of adults who have a serious and persistent mental illness; and to have people live in the least restrictive setting.[B] To achieve this, each county (or partnering counties) in Pennsylvania submitted a plan outlining strategies to address the needs of the people in their area as they transition from institutions to the community.[C]

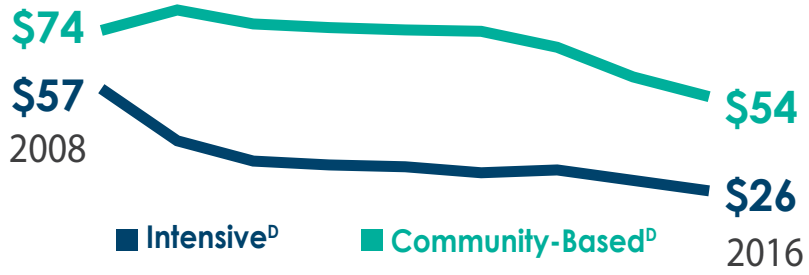
[B] To read more about Olmstead vs L.C., please visit https://www.ada.gov/olmstead/olmstead_about.htm.
[C] To read more about the Olmstead Plan for the Pennsylvania State Mental Health system, as well as to review county specific plans, please refer to http://164.156.7.185/parecovery/principles_olmstead.shtml.

The closure of Mayview State Hospital (MSH) in December 2008 was a key piece of this effort. Counties in the Mayview Regional Service Area (Allegheny, Beaver, Greene, Lawrence and Washington) employed a person-centered discharge planning process for individuals leaving MSH, which informed and directed the development and/or expansion of community services and supports in their respective counties. Based on findings from quality improvement processes and feedback from the families and individuals they serve, system stakeholders and providers are continually making improvements to the current programs and services.

Figure 4.

MONTHLY COST PER ELIGIBLE MEMBER* FOR INTENSIVE AND COMMUNITY-BASED MENTAL HEALTH SERVICES

Monthly cost per member for intensive mental health services decreased, shifting to community-based mental health services.



** Cost per member data for each year was adjusted for inflation (equivalent to 2016) using the Bureau of Labor Statistics' Consumer Price Index (CPI) Medical Cost values.*

Figure 4 above shows that the monthly cost per eligible member for intensive mental health services[D] decreased substantially as the state mental hospital closed. While the monthly cost per eligible member for community-based mental health services[D] has also declined slightly in recent years, there has been a marked shift in cost from intensive to community-based mental health services.

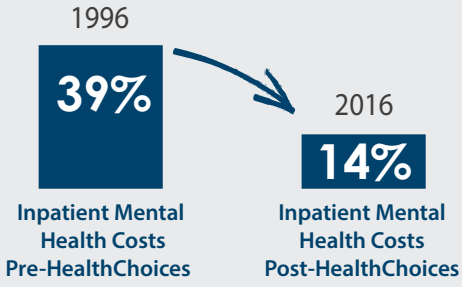
Allegheny County's locally operated and monitored carve-out enables the HealthChoices program to address emerging behavioral health issues in ways that support positive outcomes for residents.

INPATIENT MENTAL HEALTH COSTS HAVE FALLEN AS A PROPORTION OF ALL BEHAVIORAL HEALTH SPENDING

Since 1999, inpatient mental health (IPMH) treatment has been one of the most intensive, frequently used, and highest cost services.

As Allegheny County has invested in developing other community-based mental health services that are effective and allow individuals to stay in their communities with their familes and loved ones, the proportion of HealthChoices spending associated with IPMH has declined.

Comparing Medicaid Fee-For-Service cost information from 1996 to HealthChoices claims data from 2016, inpatient mental health costs have fallen to less than half of their pre-HealthChoices level; from 39% to 14% of total behavioral health spending.

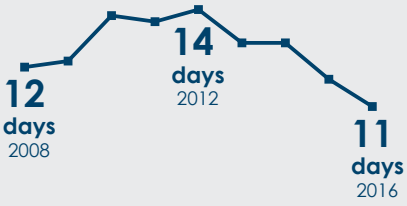


[D] Intensive mental health services provide care in an inpatient or more restrictive setting (i.e. state mental hospital, inpatient hospitalizations, residential treatment facilities, and extended acute care). Community-based mental health services are services provided within the community and/or home setting to meet the needs of the person (i.e. outpatient mental health, crisis services, behavioral health rehabilitations services, community treatment teams, etc.).

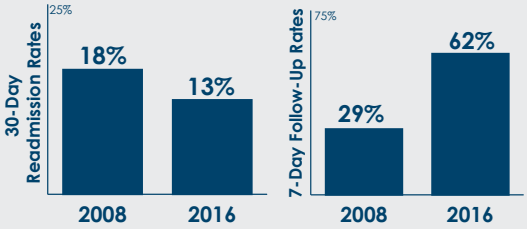
ALLEGHENY COUNTY BEHAVIORAL HEALTHCHOICES: SPOTLIGHT ON IPMH OUTCOMES

Comparing 2008, the year prior to the closure of Mayview State Hospital, and 2016

Average total days* in inpatient is the lowest it has been since peaking in 2012.



30- day readmission rates decreased and 7-day follow up rates increased by 5 and 33 percentage points, respectively.



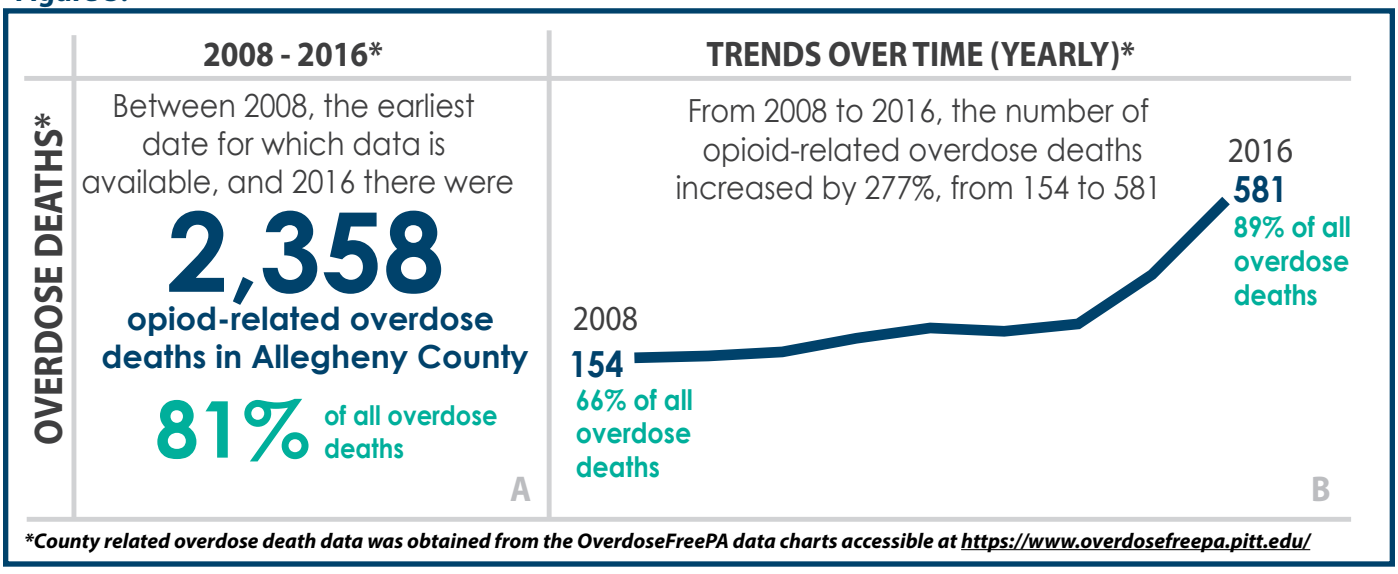
**Average total days = the sum of each person's total number of inpatient days for the year divided by the number of people who had a stay in the year.*
*** Inpatient mental health readmissions and follow-up rates are calculated based on the IPRO specifications for 2016.*

Responding to a National Crisis: The Opioid Epidemic

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 issues, and crime.[11] Millions of Americans have reported using and misusing, as well as becoming addicted to opiates, which includes heroin and prescription pain killers (i.e. oxycodone, hydrocodone, and fentanyl).[12-13] 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.[14]

In Allegheny County, between 2008 and 2016, there have been a total of 2,894 substance use related overdose deaths; 81% of which have been related to opioid use.[E] Comparing 2008 to 2016, yearly overdose deaths related to opioid use have almost quadrupled.[E] See Figure 5A-B.

Figure 5.

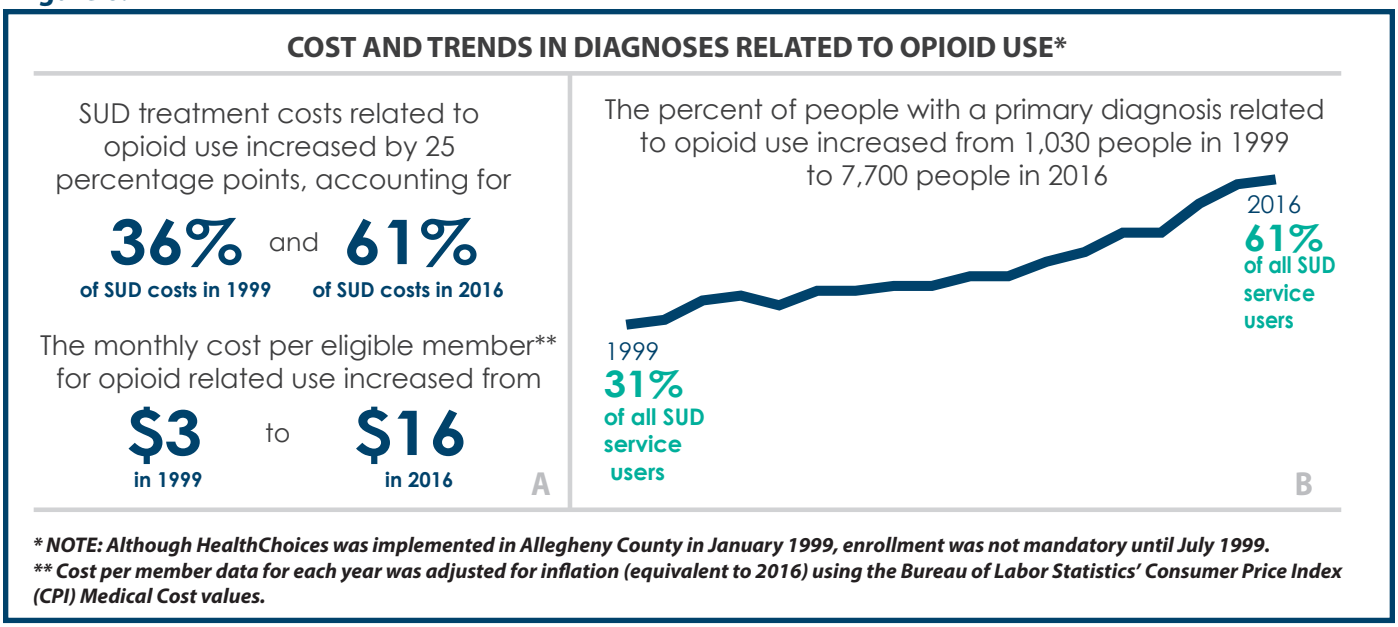


**County related overdose death data was obtained from the OverdoseFreePA data charts accessible at https://www.overdosefreepa.pitt.edu/*

Since 1999, of all people who have ever used substance use disorder (SUD) services, 39% have had a primary diagnosis related to opioid use. In addition, costs related to opioid treatment have significantly increased from 1999 to 2016. Figure 6A-B (on the following page) compares cost information from 1999 to 2016 and shows trends in diagnoses by year for opioid related use.

[E] County related overdose death data was obtained from the OverdoseFreePA data charts accessible at https://www.overdosefreepa.pitt.edu/

Figure 6.



The increase in cost related to opioid use is a result of more people having access to and using SUD treatment services. For example, individuals enrolled via Medicaid expansion between 2015 and 2016 accounted for 62% of SUD service users with a primary diagnosis related to opioid use during that time-frame.[F] Without Medicaid expansion these individuals may not have been eligible to receive care.

Creating a system that is responsive to residents with needs related to opioid use is a top priority in Allegheny County. County efforts towards providing appropriate, effective, evidence-based substance use disorder programs and services include a jointly issued position paper on medication-assisted treatment (MAT).[G-I] Allegheny County's Department of Human Services (DHS), the Allegheny County Health Department (ACHD), Community Care Behavioral Health (Community Care), and AHCI jointly issued a statement outlining the belief that every person entering SUD treatment for opioid use in Allegheny County is entitled to the opportunity to learn about and consider MAT as a treatment option.[G-I]

Three examples of initiatives occurring in Allegheny County (through 2017) are:

- An evaluation of the behavioral health service system's capability of providing co-occurring (MH/SUD) services and using results to improve treatment,
- Care managers working 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, and
- Six Centers of Excellence (COEs) established to coordinate care for HealthChoices members who, through increased outreach and engagement efforts, have been identified as having opioid-related substance use disorders.[J]

[F] For more information regarding Medicaid expansion and the opioid crisis, please refer to http://www.ahci.org/wordpress/wp-content/uploads/2017/05/The_Impact_of_Medicaid_Expansion_FINAL1.pdf

[G] 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.

[H] 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.

[I] To read the joint position paper please see http://www.alleghenycountyanalytics.us/wp-content/uploads/2017/01/MAT-Position-Paper.pdf

[J] The Pennsylvania Department of Human Services created Centers of Excellence (COEs) to aide in addressing the opioid crisis. COEs, sometimes referred to as health homes, coordinate care for people with opioid-related substance use disorders who have Medicaid. COE care management teams ensure that people stay in treatment, receive follow-up care and are supported within their communities. For more information on the Centers of Excellence see http://www.dhs.pa.gov/citizens/substanceabuseservices/centersofexcellence/

More information on endeavors occurring in Allegheny County to address the opioid crisis can be found in the report produced by DHS and ACHD titled, "Opiate-Related Overdose Deaths in Allegheny County: Risks and Opportunities for Intervention."[K] 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.[L]

4. Stakeholder collaboration supports diverse approaches to better integration of physical and behavioral health care.

People with serious mental illnesses (SMI)[M] and substance use disorders have higher rates of chronic health conditions, such as high blood pressure, asthma, diabetes, cardiovascular disease, and respiratory disease, than the general population.[15-18,N] They also die 13 to 30 years earlier than the general population due to unmanaged physical health conditions[15-17,19] (See Figure 7).

Figure 7.

Since behavioral health and physical health services are typically delivered by different providers in separate settings, with little coordination or integration across providers, healthcare systems struggle to meet the complex health needs of this population.[15,18,20] Fragmented treatment leads to suboptimal care, poor health, costly emergency room visits and hospitalizations, and death.[15,17,20] Conversely, integrating behavioral and physical health care services and expertise can not only increase access to care, but also improve experiences and quality of care for individuals, reduce adverse health outcomes, lower costs, and ultimately, save lives.[15-18,21]

With a commitment to providing holistic care and promoting wellness for people with behavioral health needs in Allegheny County, diverse integration initiatives are underway within the behavioral health HealthChoices program. Though not exhaustive of all of the work being done, examples of some initiatives are presented on the following page.

WHAT IS INTEGRATED CARE?

Integrated care is the systematic coordination of physical health (PH) and behavioral health (BH) care, which may or may not involve the integration, or merging, of organizations.[17,22] It can take place in behavioral health, primary care, specialty clinics, and/or health home settings.[17,22] It is comprehensive (team-based approach blending the expertise of behavioral health and physical health clinicians), personalized (goals and plans for care are specific to the individuals' health needs), and person-centered (considers social factors, values, and preferences of the individual and their family).[15-17]

Integrated care can be delivered in multiple ways as there are different levels of integration, which fall into three main categories.[15,17,21]

- **Coordinated Care,** which concentrates on communication between BH and PH professionals that are located at separate sites;
- **Co-located Care,** which focuses on physical proximity of PH and BH professionals sharing the same facility; and
- **Fully Integrated Care,** which emphasizes practice change where PH and BH professionals not only share the same facility but also systems and funding streams.

[K] For more information on Opiate-Related Overdose Deaths in Allegheny County and county efforts and initiatives to address this concern see http://www.achd.net/overdoseprevention/Opiate-Related_Overdose_Deaths_in_Allegheny_County.pdf.

[L] 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

[M] The term serious mental illness (SMI) is broadly defined to include individuals diagnosed with a "mental, behavioral, or emotional disorder resulting in substantial impairment in carrying out major life activities".[15]

[N] People with common physical health conditions also have higher rates of mental health issues.[16-17]

Connected Care

The Connected Care program, which started as a two-year pilot program for the Pennsylvania Department of Human Services, is a partnership between a physical health managed care organization, Community Care (behavioral health managed care organization), and the Allegheny County Department of Human Services (DHS). Care managers in each organization focus on conducting comprehensive assessments that identify members' behavioral health, medical, and psychosocial needs and link members to services. Education about appropriate emergency department service use and follow-up after hospitalizations is also provided.

An evaluation of the program has shown that rates of mental health hospitalizations and all-cause readmissions within 30 days decreased for Connected Care program participants.[18, 20]

In recognition of the potential integrated care approaches hold for improving outcomes and cost-effectiveness, HealthChoices has invested in building relationships and infrastructure to support better coordination.

Site Based Co-Location/Integration Initiatives

Behavioral health providers in Allegheny County have successfully partnered with primary care providers and Federally Qualified Health Centers (FQHCs) to facilitate better coordination of people's physical and behavioral health care needs. Examples of provider-driven integration efforts are shown in Table 1 below.

Table 1.

Physical health integrated in to behavioral health settings	• Mercy Behavioral Health has physical health physicians on site to provide care to people as part of their behavioral health programs. The InSHAPE (Self Help Action Plan for Empowerment) program addresses physical health needs among persons with serious mental illness (SMI) and has been shown to reduce behavioral healthcare service costs and increase housing stability. • Mon Yough Community Services brings Latterman Clinic physicians to their site to address physical health needs of behavioral health care consumers. • POWER (Pennsylvania Organization for Women in Early Recovery) offers primary care services to the individuals they serve by use of mobile van services provided by a FQHC. • Wesley Family Services (Formerly Wesley Spectrum and Family Services of Western Pennsylvania) provides behavioral health services to children identified by their pediatrician as having current or emerging behavioral health needs by placing behavioral health clinicians in pediatric offices, FQHCs, and at local health clinics that provide individual and family therapy to children and adolescents. Western Psychiatric Institute and Clinic (WPIC) also places behavioral health clinicians in pediatric offices. • Milestones Center partners with a FQHC to provide primary care and wellness services at two behavioral health locations. Using a registered nurse, care navigator, and peer specialist people are encouraged to address their physical health needs and develop wellness goals following their visits at the behavioral health center.
Behavioral health integrated in to physical health settings	• Chartiers Center has embedded behavioral health clinicians in a FQHC. • The Pregnancy Recovery Center at Magee Women's Hospital integrates prenatal care, medication-assisted treatment (MAT), and substance use disorder treatment for pregnant women suffering from opioid use disorder. This initiative also helps address the opioid epidemic discussed on pages 7 and 8. • In addition to having physicians located at the behavioral health site as noted above, Mercy Behavioral Health has behavioral health therapists co-located within a Family Health Center.

Other Integration Initiatives Underway

For the **Behavioral Health Home Plus (BHHP) project** Community Care partnered with 11 behavioral health providers. Eight providers serve as behavioral health homes for individuals with serious mental illness (SMI). Two methadone/opioid treatment providers serve as behavioral health homes for individuals with opioid use disorder. Some components of this project include placement of a nurse focused on wellness and PH challenges in a BH setting, training of peer specialists, case managers, service coordinators to serve as health navigators and wellness coaches, and general PH/BH education to psychiatrists, therapists, and BH staff.

With the support of Community Care, OBH, and AHCI, **Wellness Coaching**[O] is being implemented across the behavioral health system in Allegheny County. Multiple BH provider organizations (mental health, substance use disorder, and peer-run programs) have participated in training and are integrating Wellness Coaching and other wellness activities into the services they provide. Community and school based behavioral health providers are also implementing Wellness Coaching with adolescents.

While the use of medications may be necessary in treating some behavioral health conditions, over medicating and/or potential adverse physical reactions are safety concerns. To address this concern, there are multiple **pharmacy initiatives** underway in Allegheny County. One initiative focuses on reducing the concurrent prescribing of opiates and benzodiazepines (i.e. Xanax, Valium, Ativan, and Klonopin) for HealthChoices members in methadone treatment. Other initiatives focus on reducing the use of multiple psychotropics for children and adults and increasing the rate of metabolic monitoring of children being treated with atypical antipsychotic medications.

The Future of the Allegheny County Behavioral HealthChoices Carve-Out

The management of Allegheny County's behavioral health carve-out, facilitated by a collaborative partnership with Community Care, has allowed for a robust behavioral health system that serves as a key lifeline for over half a million people since 1999. The behavioral health carve-out assures that resources are used to provide behavioral health care and protects those resources so that people in Allegheny County who need mental health or substance use disorder services are able to access them.

As illustrated throughout this report, the community behavioral health system in Allegheny County has evolved in response to local needs and priorities. People are accessing and receiving the behavioral health care that they need, cost savings have been reinvested to develop and improve a number of behavioral health services, and the system is able to tailor local responses to pressing behavioral health issues by developing new and expanding other behavioral health services. In addition, Allegheny County has multiple initiatives in place to address care for the whole person.

Moving forward, priorities will continue to focus on identifying the needs of the individuals served to ensure they have access to appropriate services; and making continuous improvements in the quality of behavioral health programs and services in Allegheny County.

[O] Wellness Coaching is based on a model developed by Dr. Peggy Swarbrick and her colleagues at the University of Medicine and Dentistry of New Jersey (UMDNJ)- now a part of Rutgers University.

Appendix A. Key Reinvestment Projects (in Alphabetical Order), 1999 - 2016

Allegheny County Peer Support Warmline/Warm & Friendly Call Program

The Warmline is a confidential, non-emergent call center operated by the Peer Support & Advocacy Network (PSAN) and staffed by individuals with lived mental health experience who serve as Telephone Support Specialists. Telephone Support Specialists are trained to actively listen to their peers, empathize with their concerns and empower them to choose their path to wellness and recovery. The Warm & Friendly Call program – an extension of the Warmline – uses Peer Support Specialists to call program participants, at their request, on a weekly, daily, or as needed basis. If a caller is determined to be in crisis, with the caller's permission, Telephone and Peer Support Specialists can transfer callers to resolve crisis services for further assistance. ***In 2016, the Warmline and the Warm & Friendly Program handled over 8,500 calls.***

Certified Peer Support

Peer Specialists are people with lived experience regarding behavioral health (mental health and/or substance use) disorders and treatment. Some peers also have experience with forensic involvement. Peer specialists provide guidance, education, encouragement, resources, and support to others during their recovery. Certified Peer Specialists (CPS) and Certified Recovery Specialists (CRS) obtain state certification, which includes formal training on how to assist others in recovery and wellness. Peer support services have been shown to reduce symptoms and hospitalizations, increase social support and participation in the community, decrease lengths of hospital stays and costs of services, improve well-being, self-esteem, and social functioning, and encourage more thorough and longer-lasting recoveries. Recognizing the value of peers in recovery, Allegheny County used reinvestment funds to support the inclusion of peers in behavioral health treatment. ***Over 800 people have benefited from peer services as of the time of this report.*** Please visit http://www.peer-support.org/ for more information.

Community and School Based Behavioral Health Teams

The Community and School Based Behavioral Health (CSBBH) team program is a voluntary mental health service for youth who have severe emotional and/or behavioral issues that impact their ability to function at school, home and/or in the community. The CSBBH model is team delivered and includes clinical interventions (i.e. individual, group, or family therapy), as well as case management, behavior management planning, crisis intervention, and consultation/training to educational staff. While CSBBH teams are mostly based in the school, services are provided to youth and their families in the school, home, and/or community setting. ***Allegheny County has seven teams that can serve up to 35 children each.*** More information about the CSBBH program can be found here: http://www.ccbh.com/pdfs/HCMembers/newsletters/Foundations-Issue2-2014.pdf.

Community Treatment Teams (CTTs)

Community Treatment Teams provide comprehensive, community-based services to people with serious mental illness who have very complex needs. In Allegheny County, CTTs follow the Assertive Community Treatment (ACT) model. ACT is a person-centered and recovery-oriented evidence-based practice where a wide range of treatment and rehabilitation services are provided to individuals in their homes and communities by a team of transdisciplinary staff. ***Allegheny County has eight CTT Teams that served 742 individuals in 2016 and 1,424 people during the tenure of the program.*** For the most recent update on community treatment teams in Allegheny County see http://www.ahci.org/wordpress/wp-content/uploads/2017/01/CTT-2014-Outcomes-Report-Post-QI.FINAL_.pdf

Comprehensive Crisis Network

A behavioral health crisis is a significant event or feeling of instability in a person's life that they are unable to manage on their own. In an effective behavioral health care system, a variety of crisis services – telephone, mobile, and residential – should be available to help people when they are in a crisis. Using reinvestment funds, the resolve Crisis Network was developed to offer a comprehensive and effective crisis system to Allegheny County residents. Operating 24 hours a day, 365 days a year, people experiencing crises can call a toll-free number and receive telephone counseling, or when indicated, professional behavioral health counselors will provide mobile crisis services at the person's home or in the community. In addition, walk-in and overnight crisis residential services are also available. ***Since opening, re:solve has served over 21,000 unique individuals.*** Please visit http://www.upmc.com/Services/behavioral-health/resolve-crisis-services/Pages/default.aspx for more information.

Housing and residential treatment related to the closure of Mayview State Hospital (MSH)

In preparation for meeting the housing needs of individuals leaving Mayview State Hospital (MSH) after it closed, a long term structured residence (LTSR) was developed, in addition to a residential treatment facility for adults (RTF-A), a community-based extended acute care (EAC) program, and specialized support homes. Though initially developed for people leaving MSH, these supports are still available to serve individuals in the community that may need them. ***Allegheny County developed one 15-bed LTSR, one 16-bed RTF-A, one 16-bed community-based EAC and two Specialized Support Homes that can accommodate up to three people each.***

- A long term structured residence (LTSR) is a highly structured 24-hour supervised and secured therapeutic mental health residential treatment facility. The goals of an LTSR are to provide treatment and high level support to adults with serious mental illness as they are returning to the community after being in a more restrictive environment (i.e. psychiatric hospital or residential treatment facility). LTSRs provide in-house therapeutic groups, activities and recreation in order to equip individuals with the skills necessary to function in the community and manage symptoms of their illness.
- The Residential Treatment Facility for Adults (RTF-A) provides highly structured residential mental health treatment services for individuals 18 years or older. It offers diversion and acute stabilization services and is an alternative to either state or community hospitalization.
- The community-based extended acute residential program is a secured facility located in the community. The program assists individuals who have recently been discharged from psychiatric inpatient facilities who require additional interventions for reintegration back in to the community. Recovery-oriented, individual and group therapeutic services are provided, as well as community integration services.
- Specialized Support Homes provide 24 hour/ seven day supervision to people with serious mental illness and are also designed to assist and support individuals in reaching and/or maintaining independence in a community setting. Many activities take place in the community, with the expectation of people becoming fully integrated into the community system of care and supports over time.

For more information on the closure of Mayview State Hospital see http://www.ahci.org/Documents/Mayview%20Five%20Year%20Report%20Final.pdf, http://www.ahci.org/Documents/Mayview2yr_0611-1_HiRes.pdf or http://www.ahci.org/Reporting/AHCI_MayviewSummary_1004-nobleeds.pdf.

Permanent Supportive Housing (PSH)

Beginning in 2006, the PSH program has offered community-based housing opportunities to people with serious mental illness. PSH is safe, affordable and permanent housing. The PSH program helps people in three main ways: 1) by providing temporary rental subsidies until they qualify for a permanent rental subsidy; 2) by providing contingency funds to help people pay their security deposits or purchase basic household items; and 3) by providing supportive services through the PSH Housing Support Team, which assists people in finding apartments in the community, negotiating leases, moving, setting up utilities, building positive landlord relations, and refining problem- solving skills. ***Through 2016, the PSH program in Allegheny County has helped 385 people find housing in the communities of their choice.*** For the most recent update on the permanent supportive housing program see http://www.ahci.org/wordpress/wp-content/uploads/2016/08/PSH2015ReportAHCIFINAL2.pdf or for more information visit http://www.transitionalservices.org/programs/psychiatric-disabilities/permanent-supportive-housing-psh.

Mobile Treatment Services for Youth and Young Adults

The mobile transition age youth program is designed to reach young adults between the ages of 18 and 25 with serious emotional/behavioral disorders, serious and persistent mental illness, or co-occurring substance use disorders. The young adults are typically living in an adult Community Residential Rehabilitation (CRR) program, discharging from a Residential Treatment Facility (RTF), aging out of the Office of Children, Youth and Families (OCYF), and/or involved with the juvenile justice system and have a desire to live independently. This team-delivered service focuses on finding career opportunities, education, and housing for participants, as well as fostering personal well-being and community functioning through service coordination and flexible support systems. Treatment services and life skills training are person-centered and delivered in the youth's residential setting, school, workplace, and/or within the community. In addition, all youth served in the program are also eligible for Transition Age Youth Permanent Supportive Housing. ***The program has the capacity to serve 35 youth at any given time.***

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The Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222
412-350-5701
www.alleghenycountyanalytics.us

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

For additional information, please contact: **Angelica Starkey, DrPH** *at* **astarkey@ahci.org**

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