



INSIGHT

An Information Resource from COMCARE

Butler County Providers Mark Anniversary of Behavioral HealthChoices

Joyce Ainsworth, the Director of Butler County Human Services, gave an overview of the success of Health Choices in Butler



County at the Spring Directors Meeting in May. Ainsworth credited the county's ability to retain reinvestment funds for the Center for Community Resources, Alliance for Non-Profit Resources, and the Non-Profit Development Corporation. Reinvestment funds also made the Bette Peoples Transitional Care Center at the Veterans Administration Hospital, and the expansion of the Gaiser Addiction Center possible, as well as a myriad of other great projects. Butler County is using reinvestment funds to embark upon a massive housing plan to provide funds to assist individuals with serious mental illness and/or substance abuse with safe, affordable, decent housing. *For more information regarding Butler County HealthChoices, feel free to contact Joyce Ainsworth at jainswor@co.butler.pa.us.*

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Allegheny HealthChoices, Inc. Shares Their Formula for Success

Reinvestment Projects Performance (1999 to 2016)

Allegheny County Peer Support Warmline / Warm & Friendly Call Program – in 2016 handled over 8,500 calls.

Certified Peer Support – over 800 people have benefited up through February 2018.

Community and School Based Behavioral Health Teams – 7 teams that can serve up to 35 children each.

Community Treatment Teams (CTTs) – 8 teams that have served 742 individuals in 2016 and 1,424 during the time of the Behavioral HealthChoices Program.

Comprehensive Crisis Network – since opening, served over 21,000 unique individuals.

Housing and Residential Treatment (related to the closure of Mayview State Hospital) – developed one 15-bed LTSR, one RTF-A, one 16-bed community based EAC and two Specialized Support Homes that can accommodate 3 people each.

Permanent Supportive Housing – through 2016, helped 385 people find housing in the communities of their choice.

Mobile Treatment Services for Youth and Young Adults – capacity to serve 35 youth at any given time.

Allegheny County commissioned Allegheny HealthChoices, Inc (AHCI) to prepare a whitepaper at the 20-year anniversary of the Behavioral HealthChoices Program. AHCI released a whitepaper entitled “A Formula for Success – Pennsylvania’s Behavioral Health Carve-Out in Allegheny County” in February 2018. As a program developed and transformed in response to the local needs of the community over the past 18 years, Allegheny County’s Behavioral HealthChoices Program has improved the lives of tens of thousands of residents. The whitepaper highlights:

- Over half a million people in Allegheny County have benefited from effective and efficient coverage provided under the Behavioral HealthChoices carve-out.
- The carve-out ensures that savings from the behavioral health system are reinvested in mental health and / or substance use disorder services.
- Locally operated and monitored, the behavioral health system responds to high-priority behavioral health challenges in ways that serve the unique needs of the community and drive positive outcomes.
- Behavioral HealthChoices has invested in building relationships and infrastructure to support better coordination of people’s physical and behavioral health care needs.

Allegheny County statistics show that more people are accessing and receiving behavioral health treatment. Over the span of 18 years, 31% of the 523,000 people enrolled in Behavioral HealthChoices used some type of behavioral health service. At the same time, one of the most intensive, frequently used, and most expensive services – Inpatient Mental Health (IPMH) – has fallen as a proportion of all behavioral health spending. As Allegheny County has invested in developing other community-based mental health services, IPMH costs have fallen to less than half of their pre-Behavioral HealthChoices levels, from 39% in 1996, to 14% in 2016.

To learn more, please read the whole report in the COMCARE Information Resource Library



PENETRATION RATE

Over the span of 18 years, 31% of the 523,000 people enrolled in HealthChoices used behavioral health services



Lancaster County RASE Project Hosts Resource Recovery Fair

The RASE Project hosted a Recovery Resource Fair at their Recovery Center (one of four developed by Capital Area Behavioral Health Collaborative using their reinvestment funds) in downtown Lancaster earlier this month for residents and their families seeking access to the wide array of services that are available in the county. More than 25 provider organizations participated in the event, which was organized by Brandon Hildenbrand a Recovery Specialist to Warm Hand-Off for Overdose Survivors Program. The COMCARE Team interviewed more than a dozen providers and Rase staffers.



For more information see the RASE Project of Lancaster. Also, Look for the clips on the COMCARE Facebook Page.

Beyond Health Care - Social Determinants of Health

Efforts to improve health in the U.S. have traditionally looked to the health care system as the key driver of health and health outcomes. However, there has been increased recognition that improving health and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health. Social determinants of health are conditions in which

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

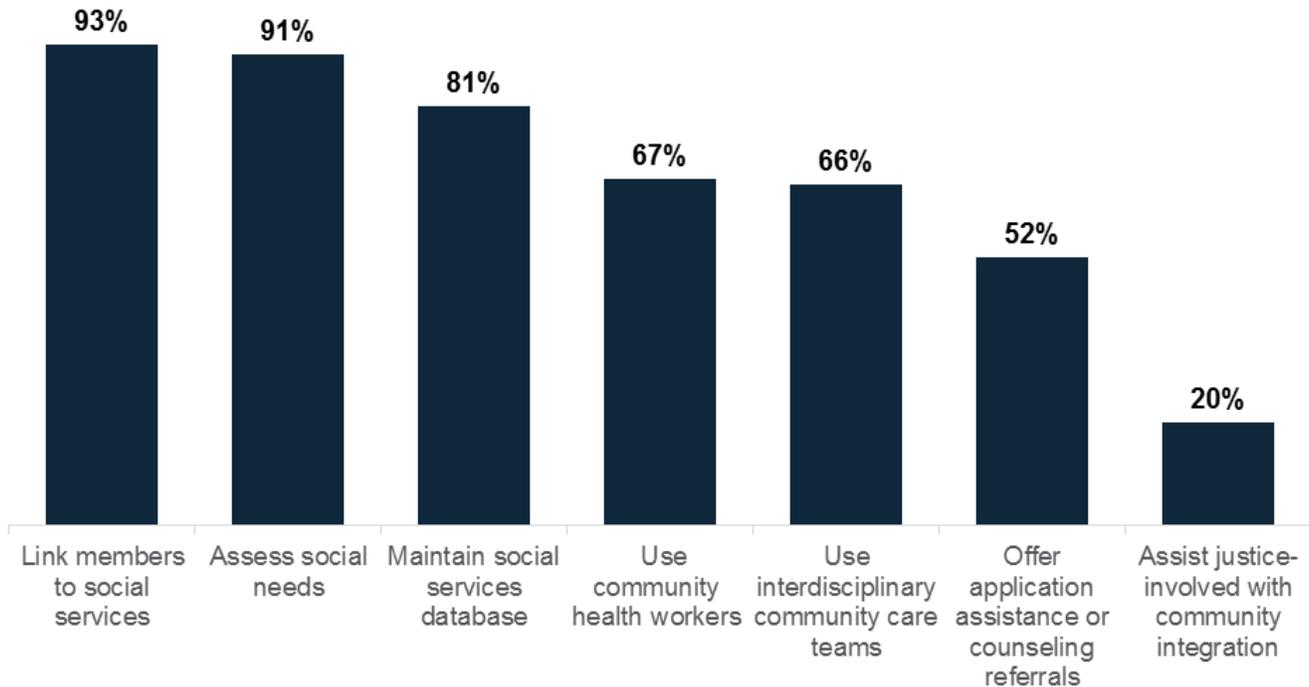
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

people are born, grow, live, work and age that shape health. They include factors like socioeconomic status, education, neighborhood and physical environment, employment and social support networks, as well as access to health care.

Outside of the health care system, initiatives seek to shape policies and practices in non-health sectors in ways that promote health and health equity. Within the health care system, there are multi-payer federal and state initiatives as well as Medicaid-specific initiatives focused on addressing social needs. These include models under the Center for Medicare and Medicaid and Innovation, Medicaid delivery system and payment reform initiatives, and options under Medicaid. Managed care plans and providers also are engaged in activities to identify and address social needs. For example, in a survey conducted by the Kaiser Family Foundation – 50 state Medicaid Budget Survey, 19 states required Medicaid managed care plans to screen for and/or provide referrals for social needs in 2017, and a recent survey of Medicaid managed care plans found that almost all (91%) responding plans reported activities to address social determinants of health (with housing and nutrition / food security as the top areas of focus).

Strategies Medicaid MCOs Use to Connect Members to Social Services

Share of Plans Responding that Used Any of the Following Strategies to Connect Members to Social Services:



NOTES: Plans were asked: "In the Past 12 months, has your Medicaid MCO used any of the following strategies to connect members with social services?" "Other" responses (4% of plans) not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.



In Pennsylvania, the Behavioral HealthChoices Program utilizes many of these strategies developed at the county level through their respective human services departments. County expertise at the local level helps guide the development of innovative service delivery models implemented by their local behavioral health managed care organization. Physical and behavioral care integration, and treatment of the "whole-person" aim to address patients' physical, mental, and social needs, as well as shifts towards payments tied to value, quality and outcomes.

Credit: Kaiser Family Foundation; "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity," May 10, 2018.

Need EHR Interoperability Leadership

- For hospitals, there are 16 distinct electronic health records platforms, according to statistics HIMSS Analytics pulled from its Logic database looking at 571,045 providers affiliated with 4,023 hospitals.
- Most hospitals have at least 10 EHRs in place and only two percent are down to just a pair of platforms.
- “Specialty EMRs won’t be easily displaced by core vendors, **such as behavioral health** or oncology products,” added HIMSS Analytics Executive Vice President Blain Newton.
- The plot twists even more when considering both inpatient and outpatient settings. The average health system, in fact, has 18 different EMR vendors **when looking all the way across affiliated providers.**
- Healthcare as an industry **needs interoperability to be able move forward** now that the system is digital. ...so many data sources, trying to provide a total view of the patient.

The above data points to the healthcare industry’s need for ONC and the Centers for Medicare and Medicaid Services to lead the drive toward interoperability. “There needs to be a regulatory push here to play referee and determine what standards will be necessary,” Newton added.

- Here’s the enormous upside, though: True interoperability will spark innovation and not just between EHR makers competing for best of breed but, more important, among innovators that don’t even sell EHRs as health data starts to flow.

Newton added: “You’re going to see consumer health apps that have been playing on the fringes now be able to plug into the mothership and pull data from it, add to it.” That’s the scope of the interoperability problem: When tech vendors and hospitals enable data to flow more effectively, the real innovation can begin.

Credit: Healthcare IT News; “Why EHR data interoperability is such a mess in 3 charts”; Tom Sullivan, May 16, 2018.

Final Thoughts... Agile

Project work ranges from *definable* work to *high-uncertainty work*. Definable work projects are characterized by clear procedures that have proven successful on similar projects in the past (like the production of a car). The production and processes involved are usually well understood and there are typically low levels of uncertainty and risk. New design, problem solving, and not-done-before work is exploratory. It requires subject matter experts to collaborate and solve problems to create solutions.

Much of what human services professionals face (in both clinical and operational / administrative roles) is *largely undefined, not-done-before, and exploratory*. Certainly, there are laws and regulations that provide some definition. However, the challenge comes where laws and regulations are applied to real-life situations in providing care for another.

High-uncertainty projects, like those creating new and innovative service delivery under a HealthChoices reinvestment plan, or in building a value-based payment or incentive system, have high rates of change, complexity, and risk. These characteristics can present problems for traditional predictive approaches that aim to determine the bulk of the requirements upfront and control changes through a rigid process.¹

We are sure you have heard of the term “Agile” as related to software development – but the Agile mindset applies to human services as well.

“Agile” is a set of values and principles.

It’s often called a framework, process, or methodology – *but, it is a way of thinking (beliefs) about how to get important things done*. In high-uncertainty projects like we face in Behavioral HealthChoices every day, teams must base their decisions on their organization’s values and principles. Projects built around motivated individuals forming teams, with the environment, support, and trust they need, in face-to-face collaboration, driven by simplicity (i.e. maximizing the amount of work not done) is a winning recipe for success.

More to come next month...

¹Agile Practice Guide, Project Management Institute®; Pg. 7.

INSIGHT is published monthly by COMCARE, a program of the County Commissioner’s Association of Pennsylvania (CCAP). If you wish to provide comments or feedback, please forward your comments to Lucy Kitner or Michele Denk at COMCARE at the following email addresses: lkitner@pacounties.org; mdenk@pacounties.org. Thank You.