

Auditing Behavioral Health Programs

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Overview

- Background: Prevalence, Treatment, and Spending
- GAO's Behavioral Health Work
- Special Considerations for Auditing Behavioral Health Programs
- Work Coming Soon

Background

- The term “behavioral health” encompasses mental health and substance use conditions.
- Common mental health conditions include
 - anxiety disorders – like phobias and post-traumatic stress disorder, and
 - mood disorders – like depression and bipolar disorder.
- Common substance use conditions include
 - alcohol use disorder, and
 - opioid use disorder.

Background

- In 2016, an estimated 45 million adults had a mental health condition, and of those, about 10 million had a serious mental illness.
- About 19 million adults had a substance use condition.
- About 8 million adults had co-occurring conditions (both mental health and substance use conditions).
- Low-income individuals, such as those enrolled in Medicaid, are at greater risk for developing behavioral health conditions.

Background

- Treatment can help people reduce and manage their symptoms, improve their functioning, and maintain their ability to live in and contribute to their communities.
- Treatments can include one or more of the following:

Psychosocial therapies	Medications	Supportive services
Meetings with a health care provider designed to reduce symptoms and improve functioning.	Prescription drugs that affect mood, thought, or behavior.	Services designed to help individuals manage their conditions and maximize their potential to live independently in the community.

Background

- Treatment is also important because untreated conditions can lead to
 - worsening health,
 - increased medical costs,
 - negative effects on employment,
 - strain on relationships, and
 - incarceration.

Background

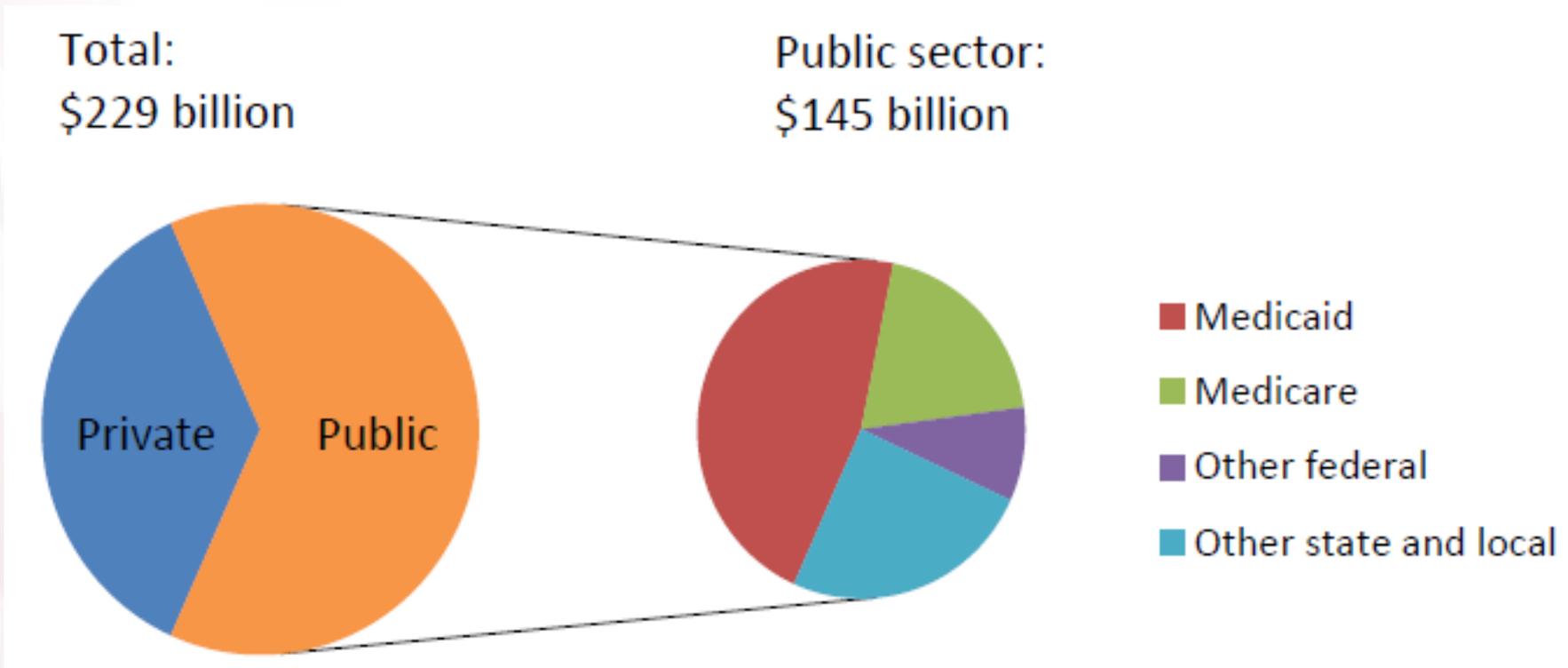
- **Mental health treatment:** Of the 45 million adults with a mental health condition in 2016, in the past year, about 19 million (43 percent) had received treatment in the past year.
- **Substance use treatment:** 2 million of the 19 million adults with substance use conditions received treatment in 2016 (11 percent).

Background

- **Unmet need for mental health treatment:**
 - About 12 million adults had a perceived unmet need for treatment in 2016.
- **Unmet need for substance use treatment:**
 - About 18 million adults who needed treatment did not receive specialty substance use treatment in 2016.

Background

Projected Spending on Behavioral Health Treatment by Payer, 2016



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High Expenditure Medicaid Beneficiaries

Percentage of High-Expenditure and All Medicaid-Only Enrollees with Certain Conditions or Services, Fiscal Year 2011

Fiscal year	Asthma	Diabetes	HIV/AIDS	Mental health	Substance use
Percentage of high-expenditure Medicaid-only enrollees					
2011	14.20	18.79	3.10	52.64	19.87
Percentage of all Medicaid-only enrollees					
2011	5.74	2.98	0.27	13.61	4.02

Source: GAO analysis of data from the Centers for Medicare & Medicaid Services. | GAO-15-460

Notes: High-expenditure Medicaid-only enrollees were defined as the 5 percent with the highest expenditures within each state. Data were from all states and the District of Columbia, but excluded Florida and Maine.

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Federal Efforts Related to Serious Mental Illness

- In fiscal year 2013, 30 programs specifically targeted individuals with severe mental illness, including subpopulations such as homeless veterans and children and families.
- About \$5.7 billion was obligated for the 30 targeted programs.

Number of programs, by primary program purpose

Agency	Prevention	Research	Support services	Surveillance	Technical assistance	Treatment	Other	Total
DOD	3		1			1		5
DOJ			3					3
HHS			10		3			13
SSA		1						1
VA			1			6	1	8
Total	3	1	15		3	7	1	30

Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

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Evaluation Status of 30 Federal Programs Targeting Individuals with Serious Mental Illness, as of September 2014

Completed	Underway	Neither completed or underway

Source: GAO analysis of questionnaire responses from five federal agencies. | GAO-15-113

- As of September 2014, only 9 of the 30 programs that focus on serious mental illness had completed program evaluations.

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Children's Mental Health

- Early detection and treatment of childhood mental health conditions can improve symptoms and reduce potentially detrimental effects on a child's life.
- Concerns were raised that children with mental health conditions do not always receive appropriate care.
 - Lack of access
 - Rapid increase in psychotropic medication use, especially antipsychotics
- Compared to privately insured children, children in Medicaid can experience:
 - a greater prevalence of mental health conditions
 - increased prescribing of psychotropic medications

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- Children in Medicaid took psychotropic medications at a higher rate than privately insured children.
 - 6.2 percent of children in Medicaid
 - 4.8 percent of children with private insurance
- Rate was twice as high for boys in Medicaid (8.4 percent) than girls (3.9 percent)
- Almost half of children in Medicaid who took psychotropic medications took more than one in a 1-year period

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Table 1: Most Common Types of Psychotropic Medications Taken by Children Covered by Medicaid or Private Insurance, Ages 0-20, 2007-2009

Percentage of children who took the type of medication among children who took any psychotropic medication

Type of medication	Medicaid	Private insurance
ADHD medication	78%	74%
Antidepressant	24	33
Antipsychotic ^a	21	10

Source: GAO analysis of HHS data.

Notes: Data are from the Medical Expenditure Panel Survey. The percentages do not sum to 100 because children can take multiple medications. Differences between children covered by Medicaid and those covered by private insurance were not statistically significant, unless otherwise noted. Percentages represent estimated average annual rates.

^aThe difference between children in Medicaid and privately insured children was statistically significant.

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- Children in Medicaid were over twice as likely as privately insured children to take an antipsychotic medication.
 - 1.3 percent of children in Medicaid
 - 0.5 percent of children with private insurance
- Majority of children in Medicaid who took an antipsychotic were males ages 6 through 17.

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- Of children in Medicaid who took a psychotropic medication
 - 61 percent did not receive psychosocial therapy or counseling in the same year
 - 26 percent had no mental health-related visits in the same year

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Medicaid Expansion: Treatment Options

- Beginning January 1, 2014, states had the option to expand Medicaid eligibility with an enhanced federal match.
- States that chose to expand Medicaid were required to provide enrollees with plans that included behavioral health treatment.

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Selected States' Coverage of Behavioral Health Benefits for Newly Eligible Medicaid Enrollees in 2014

State	Delivery systems			
	Physical health services	Mental health services	Substance use services	Behavioral health prescription drugs
Connecticut	Fee-for-service (FFS)	FFS; contracted separately from physical services	FFS; contracted separately from physical services	FFS; contracted separately from physical and behavioral health services
Kentucky	Managed care (MC)	MC	MC	MC
Maryland	MC	Carved out; FFS	MC	Carved out; FFS
Michigan	MC	Carved out; limited benefit plan	Carved out; limited benefit plan	Carved out; FFS
Nevada	FFS and MC	FFS and MC	FFS and MC	FFS and MC
West Virginia	FFS	FFS	FFS	FFS; contracted separately from physical and behavioral health services

Source: GAO analysis of information from state Medicaid programs. | GAO-15-449

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- Officials from our sample of expansion states generally reported that the Medicaid expansion resulted in greater availability of behavioral health treatments.
- Officials from our sample of expansion states reported some access concerns for new Medicaid enrollees, including
 - behavioral health professional shortages, and
 - expansion-related budget reductions.

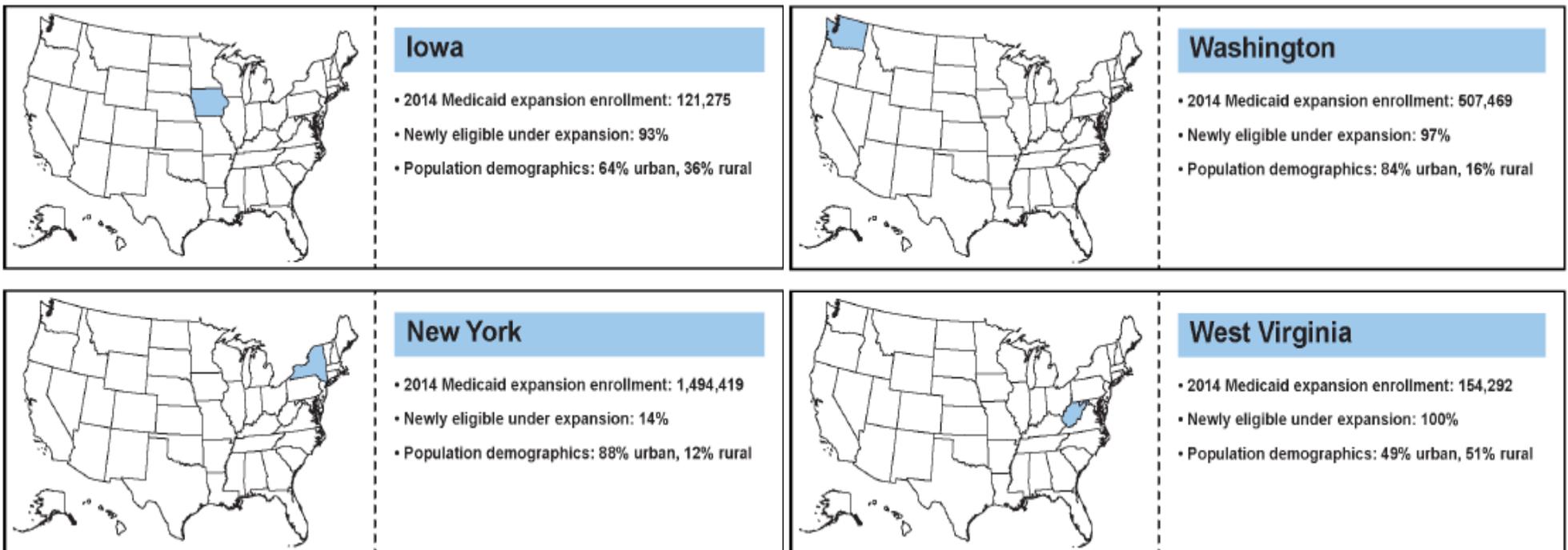
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- GAO also examined behavioral health treatment in four non-expansion states.
- Non-expansion states prioritized care for the most serious behavioral health needs.
- Priority populations included
 - individuals with serious mental illness,
 - individuals in crisis,
 - pregnant women, and
 - individuals using intravenous drugs.
- Three of four states maintained waiting lists for more modest behavioral health needs.

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Medicaid Expansion: Behavioral Health Treatment Use

Characteristics of Selected Medicaid Expansion States



Sources: Centers for Medicare & Medicaid Services (CMS) and U.S. Census Bureau (data); Map Resources (map). | GAO-17-529

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Coverage of Behavioral Health Benefits for Medicaid Expansion Enrollees in Selected States, 2014

State	Delivery systems			Behavioral health prescription drugs
	Physical health services	Mental health services	Substance use services	
Iowa	Fee-for-service or managed care	Carved out; managed care	Carved out; managed care	Fee-for-service
New York	Managed care	Partially carved out; fee-for-service	Partially carved out; fee-for-service	Managed care
Washington	Managed care	Partially carved out; managed care	Managed care	Managed care
West Virginia	Fee-for-service	Fee-for-service	Fee-for-service	Fee-for-service

Source: GAO interviews with state officials and analysis of state Medicaid programs. | GAO-17-529

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- In selected states, 17 to 25 percent of Medicaid expansion enrollees had a behavioral health diagnosis.
 - 11 to 20 percent were diagnosed with mental health conditions.
 - 6 to 8 percent were diagnosed with substance use conditions.

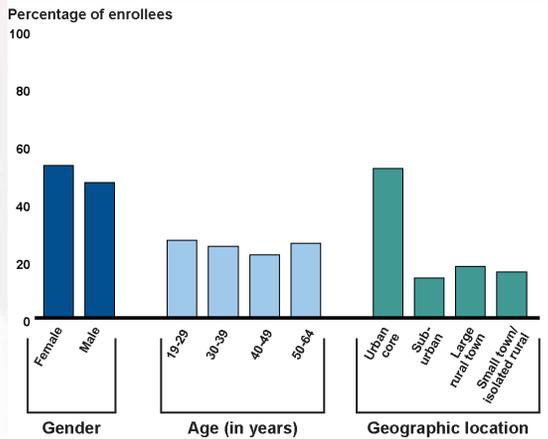
**Percentage of expansion enrollees
(number of expansion enrollees)**

Type of behavioral health diagnosis	Iowa (131,967)	New York (1,759,414)	Washington (566,193)	West Virginia (197,071)
Any behavioral health diagnosis	25	17	24	24
Mental health diagnosis	20	11	17	20
Substance use condition diagnosis	8	7	8	6
Opioid abuse/dependence diagnosis	1	3	1	3
Both mental health and substance use conditions	5	3	4	3

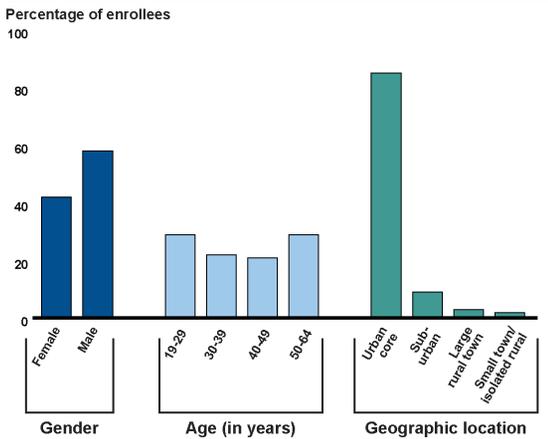
Source: GAO analysis of Medicaid program data. | GAO-17-529

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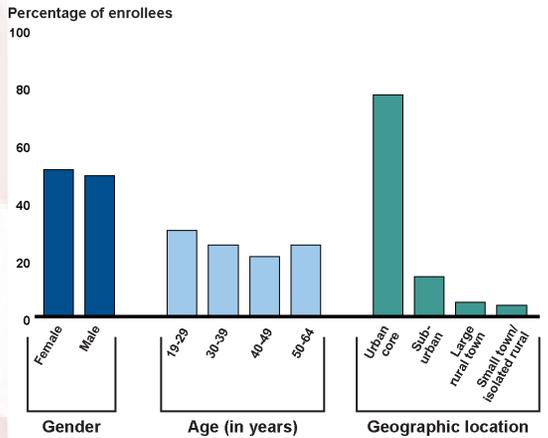
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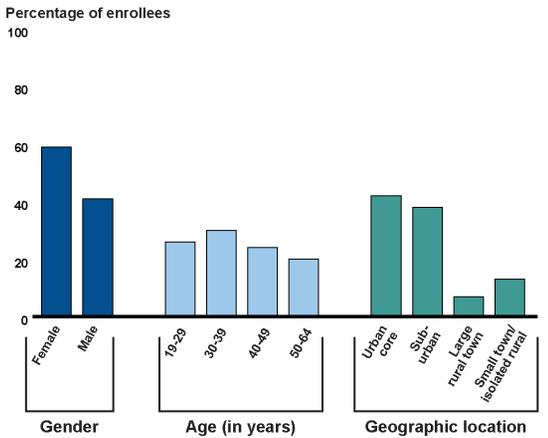
NEW YORK



WASHINGTON



WEST VIRGINIA



- Distribution of Medicaid expansion enrollees with diagnosed behavioral health conditions by age and gender was generally similar.
- However, geographic location varied.

Source: GAO analysis of Medicaid program data. | GAO-17-529

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- Use of behavioral health treatment ranged from 20 to 34 percent of Medicaid expansion enrollees.
- Rates of behavioral health prescription drug use were higher than the use of services across selected states.

Percentage of expansion enrollees
(number of expansion enrollees)

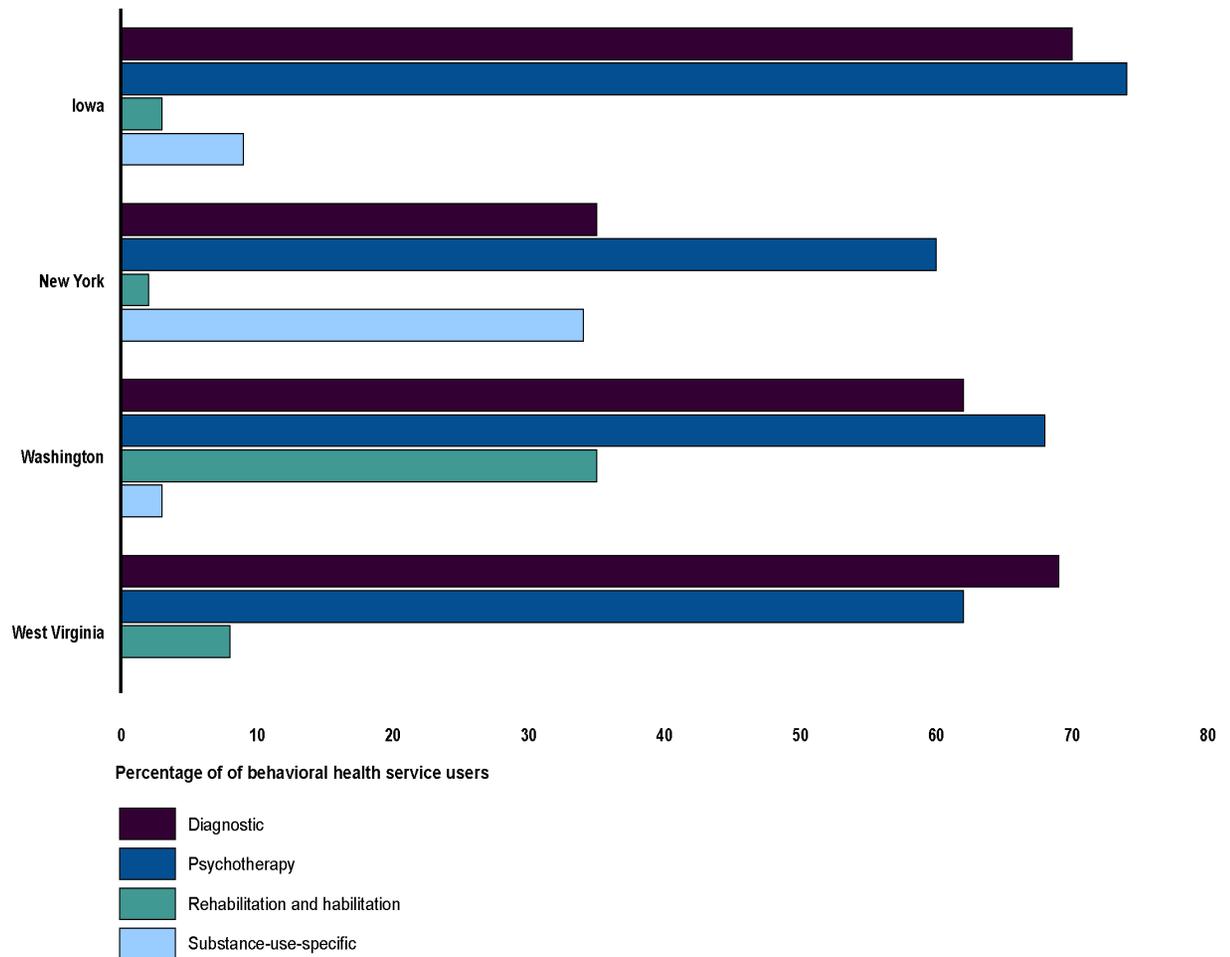
Type of behavioral health treatment	Iowa (85,669)	New York (1,222,309)	Washington (399,785)	West Virginia (132,137)
Any behavioral health treatment*	34	20	26	33
Behavioral health services	16	13	9	11
Behavioral health drugs	30	16	23	31
Both services and drugs	12	8	7	9

*Any behavioral health treatment refers to the receipt of behavioral health services, behavioral health prescription drugs, or both.

Source: GAO analysis of Medicaid program data. | GAO-17-529

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- 9 to 16 percent of Medicaid expansion enrollees used a behavioral health service in the selected states.
- Psychotherapy and diagnostic services were the two most commonly used among expansion enrollees.



Source: GAO analysis of Medicaid program data. | GAO-17-529

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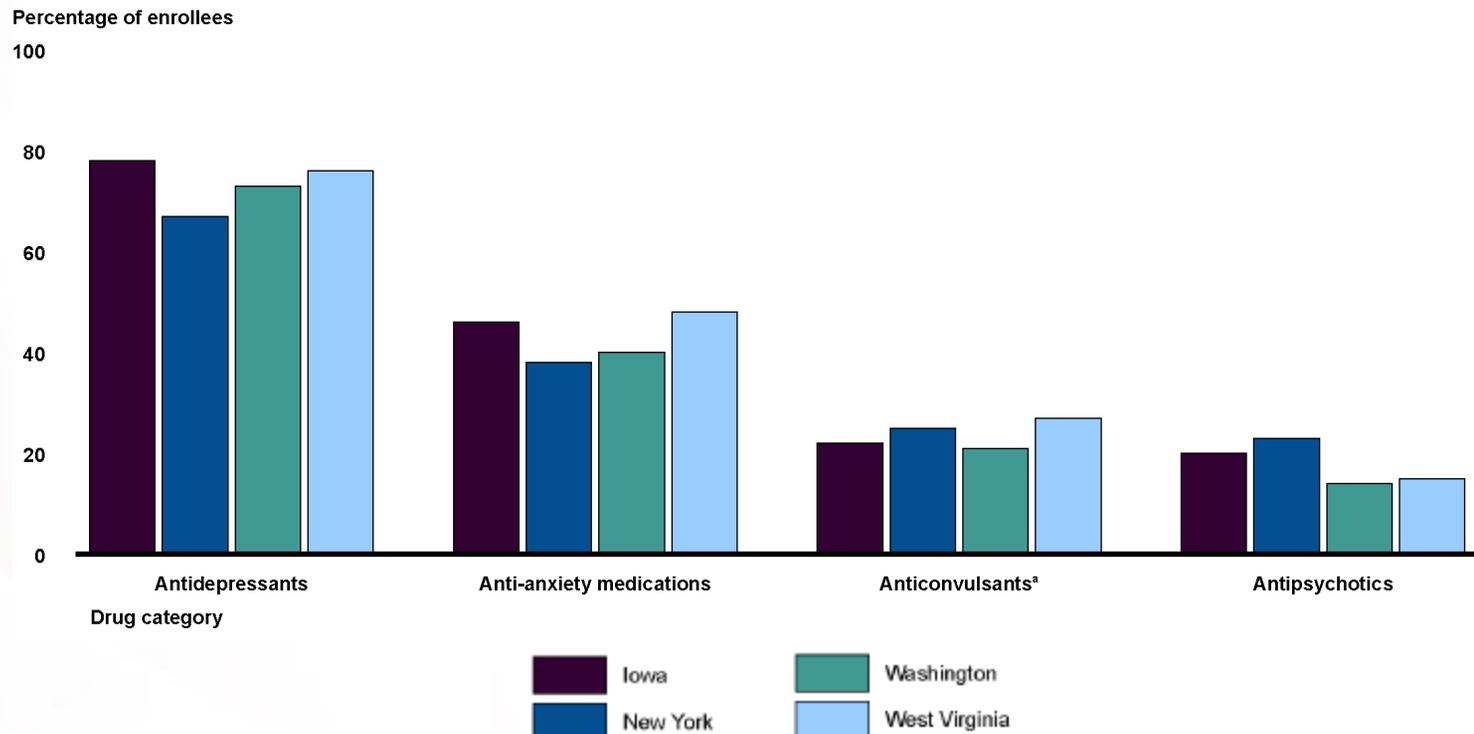
- Up to 3 times as many Medicaid expansion enrollees with a behavioral health diagnosis had an emergency room visit compared with expansion enrollees without such a diagnosis.
 - (42 to 57 percent compared with 13 to 32 percent)

Emergency room visits by enrollee type	Iowa	New York	Washington	West Virginia
Percent of expansion enrollees who had an emergency room visit (number of enrollees)				
For enrollees with a diagnosed behavioral health condition	54 (14,265)	42 (103,333)	51 (56,683)	57 (21,064)
For enrollees without a diagnosed behavioral health condition	22 (13,313)	13 (125,607)	18 (52,737)	32 (30,348)
Number of emergency room visits per user per year				
For enrollees with a diagnosed behavioral health condition	6	3	6	6
For enrollees without a diagnosed behavioral health condition	4	2	4	4

Source: GAO analysis of Medicaid program data. | GAO-17-529

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- Among Medicaid expansion enrollees who used a behavioral health drug, antidepressants were the most commonly used category.



Source: GAO analysis of Medicaid program data. | GAO-17-529

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- The use of opioid pain medications was generally higher among Medicaid enrollees diagnosed with opioid abuse or dependence compared with all other expansion enrollees.

Use of Opioid Pain Medications among Medicaid Expansion Enrollees Diagnosed with Opioid Abuse or Dependence Compared with All Other Expansion Enrollees, 2014

Expansion population	Percentage of enrollees with an opioid prescription (number of enrollees ^a)			
	Iowa	New York	Washington	West Virginia
Expansion enrollees diagnosed with opioid abuse or dependence	44 (370)	24 (10,102)	48 (3,287)	28 (1,338)
All other expansion enrollees ^b	27 (23,165)	13 (155,191)	26 (103,240)	35 (44,740)

Source: GAO analysis of Medicaid program data. | GAO 17-529

Notes: Percentages are weighted by enrollees' length of enrollment in 2014. The number of enrollees is expressed as person years, which is the total number of enrollment months divided by 12. All other expansion enrollees comprises all expansion enrollees without an outpatient service with a recorded diagnosis of opioid abuse or dependence.

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Additional GAO Work on Opioids

Prescription pain reliever abuse, diversion, and overdose

- [GAO-04-110](#): OxyContin Abuse and Diversion
- [GAO-09-341](#): Methadone-Associated Overdose Deaths
- [GAO-12-115](#): Prescription Pain Reliever Abuse

Prenatal opioid use and infants with neonatal abstinence syndrome

- [GAO-15-203](#): Prenatal Opioid Use and Newborn Health
- [GAO-18-32](#): Newborn Health: Federal Action Needed to Address Neonatal Abstinence Syndrome

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Additional GAO Work on Opioids

Medication-assisted treatment for opioid use disorder

- [GAO-16-833](#): Factors Affecting Medication-Assisted Treatment Access
- [GAO-18-44](#): HHS Efforts to Expand Access to Medication-Assisted Treatment

Opioid prescribing patterns and oversight

- [GAO-18-15](#): Oversight to Reduce the Risk of Harm in Medicare

Special Considerations for Auditing Behavioral Health Programs

- Heavily funded and administered by states and localities.
- Behavioral health diagnoses are associated with greater medical costs and utilization.
- Behavioral health delivery can be fragmented, as can funding and oversight.
- There are few objective measurements for diagnosing behavioral health conditions or documenting response to treatment; identifying what is “evidence-based” can be tricky.
- Data issues can limit the kinds of analyses that can be done; recommendations may target data as the first step to better oversight.

Work Coming Soon

- Substance Abuse among Adolescents and Young Adults
Newly released: GAO-18-606
- VA Mental Health Drug Therapy
- Peer Support Specialist Programs in States Funded by the Substance Abuse and Mental Health Services Administration
- Untreated Behavioral Health Conditions
- Opioid Public Health Emergency Declaration



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