beacon health options

CRISIS SYSTEM OVERVIEW SWWA FIMC

November 2016

Who We Are

- A health improvement company that specializes in mental and emotional wellbeing and recovery
- A mission-driven company singularly focused on behavioral health
- Largest privately-held behavioral health company in the nation

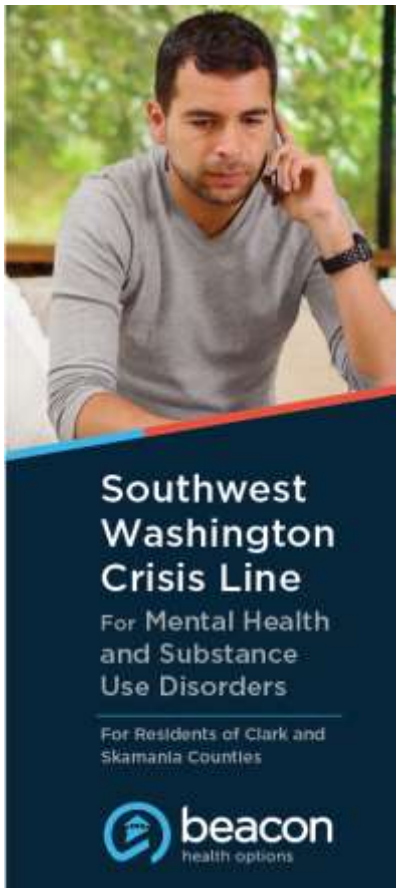
beacon health options

We help people live their lives to the fullest potential.

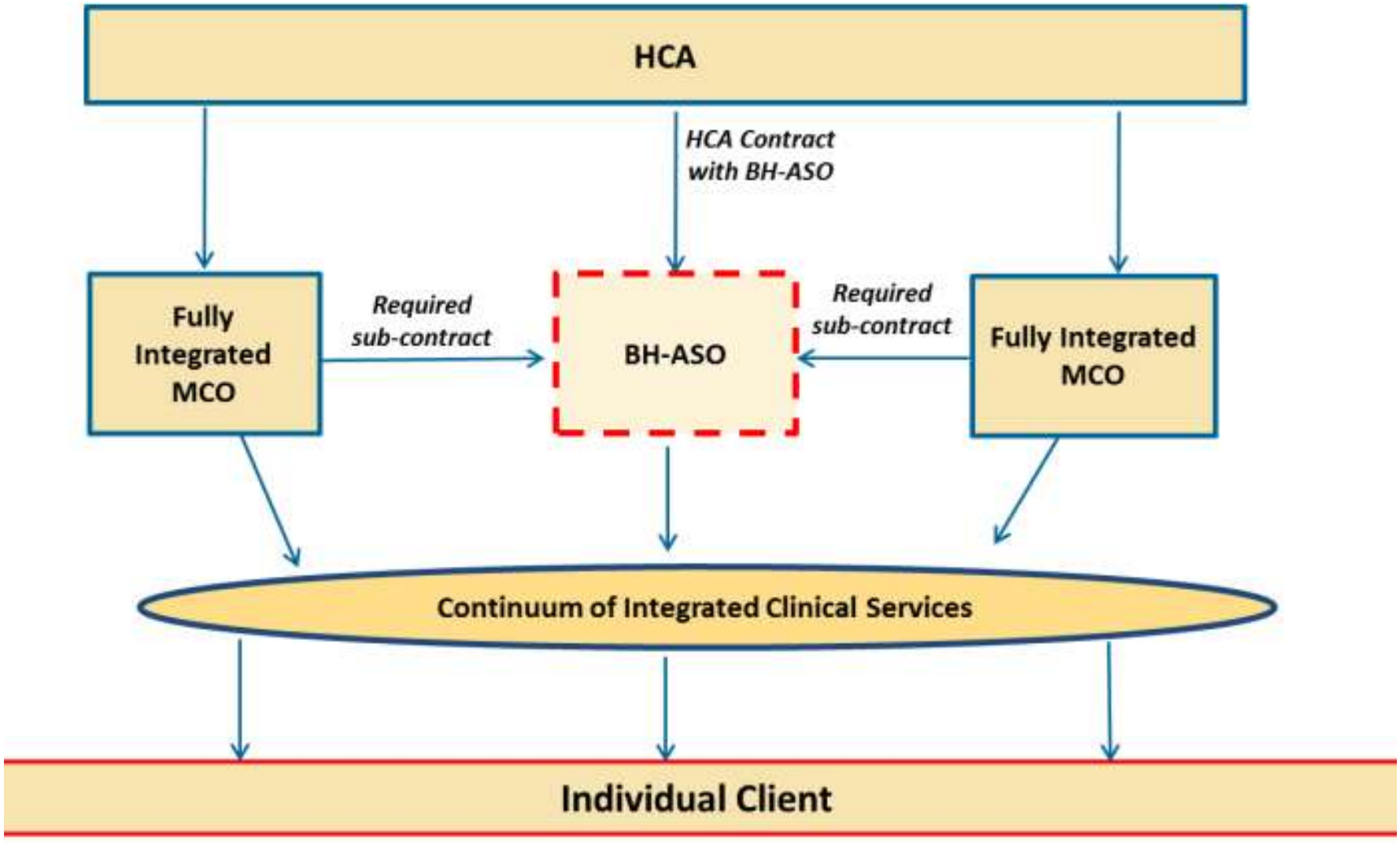
Beacon – A National Company with a Local Presence

Role of the BH-ASO in Southwest Washington

1. Maintain the Crisis System	• Maintain 24/7/365 regional crisis hotline • Provide mental health crisis services, including mobile outreach team • Administer Involuntary Treatment Act for MH + SUD
2. SUD + MH services to the non-Medicaid population	• Pay for inpatient and other discretionary OP services to non-Medicaid individuals with incomes less than 220% FPL • Target these services to individuals who may be frequent users of the crisis system • Provide care coordination to assist individuals in enrolling in Medicaid, when possible
3. Admin & Financial Services and Support	• Operate Behavioral Health Ombudsman • Manage the administration of the Mental Health Block Grant (MHBG) and Substance use Prevention & Treatment (SAPT) BG • Manage the administration of the Criminal Justice Treatment Account (CJTA) funds and Juvenile Drug Court funds



Role of the Behavioral Health ASO



Design Considerations behind the BH-ASO

1. Ensure equal and adequate access to crisis services for all individuals, regardless of insurance status
2. Centralize certain functions, to ensure 1 hotline, 1 payer for DMHPS, 1 entity working with courts, FYSPRT, CLIP Committee, etc.
3. Maximize MCO responsibility for Medicaid enrollees
4. Formalized contractual relationship between MCOs/BH-ASO
5. Maintain mechanism for continued provision of limited services to individuals who are not eligible for Medicaid
6. Establish an entity responsible for discharge planning for non-Medicaid individuals in Western State Hospital, on the SW census
7. Ensure local influence over block grant and CJTA funds is maintained
8. Maximize independence of the ombudsman and centralize employment of ombuds
9. Financial solvency of crisis organization

Crisis System Mission and Purpose

The Mission of Crisis System is to:

- Deliver high-quality, culturally competent, clinically and cost-effective, integrated community-based behavioral health crisis assessment, intervention, and stabilization services that promote resiliency, rehabilitation, and recovery.

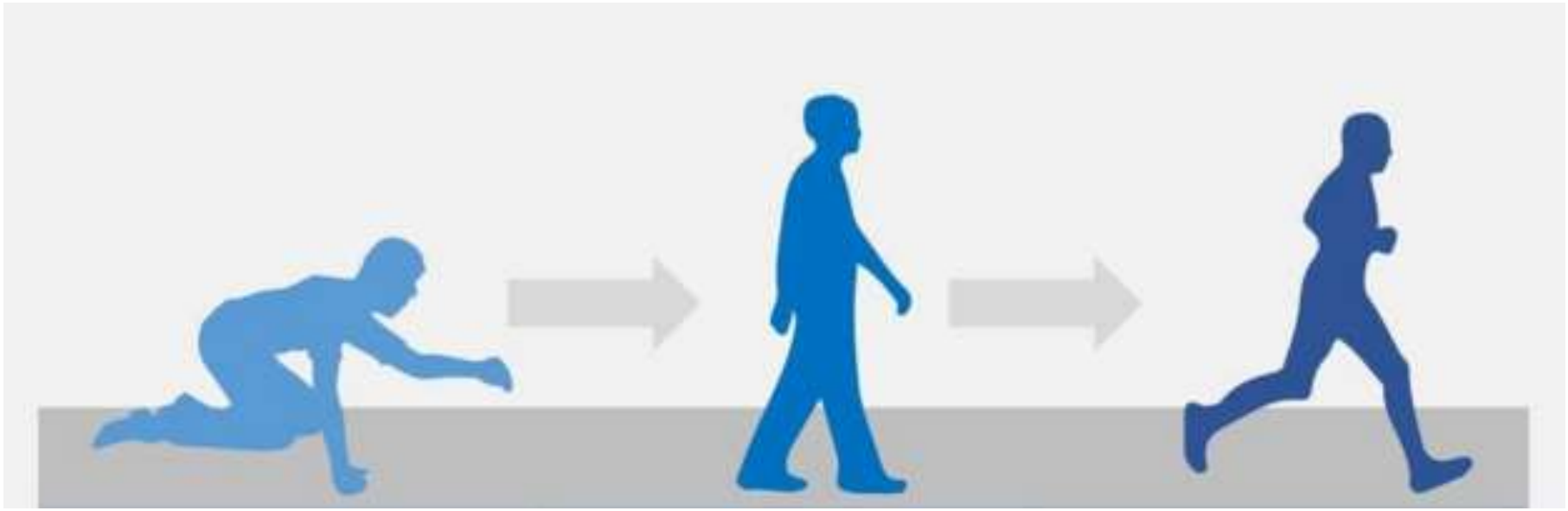
The Purpose of the Crisis System is to:

- Respond rapidly, Assess effectively, Deliver a course of treatment
- Promote recovery, ensure safety, and stabilize the crisis
- Facilitate access to other levels of care
- Offer community-based behavioral health emergency services in order to bring treatment to individuals in crisis, allow for individual choice, and offer medically necessary services in the least restrictive environment that is most conducive to stabilization and recovery

Clark County Crisis Services

- Deliver crisis response and intervention services, referral, and linkage services to all individuals located in Clark County
  - Brief Counseling, Skill Building, Case Management, Check-in, Family Support
- Deliver ITA services
- For 10 years part of Clark County Department of Community Services coming out of Community Mental Health
- Located in community services building shared with Telecare's local E&T and multiple CD and MH providers.
- Team composition
  - Admin: Program Manager, Business Coordinator (billing, data systems), Office Assistant
  - Clinical: 13 full time DMHPs, 2 on-call, full time Peer and Family Support Counselor
  - Team lead and court DMHP

System Development Approach: Crawl, Walk Run

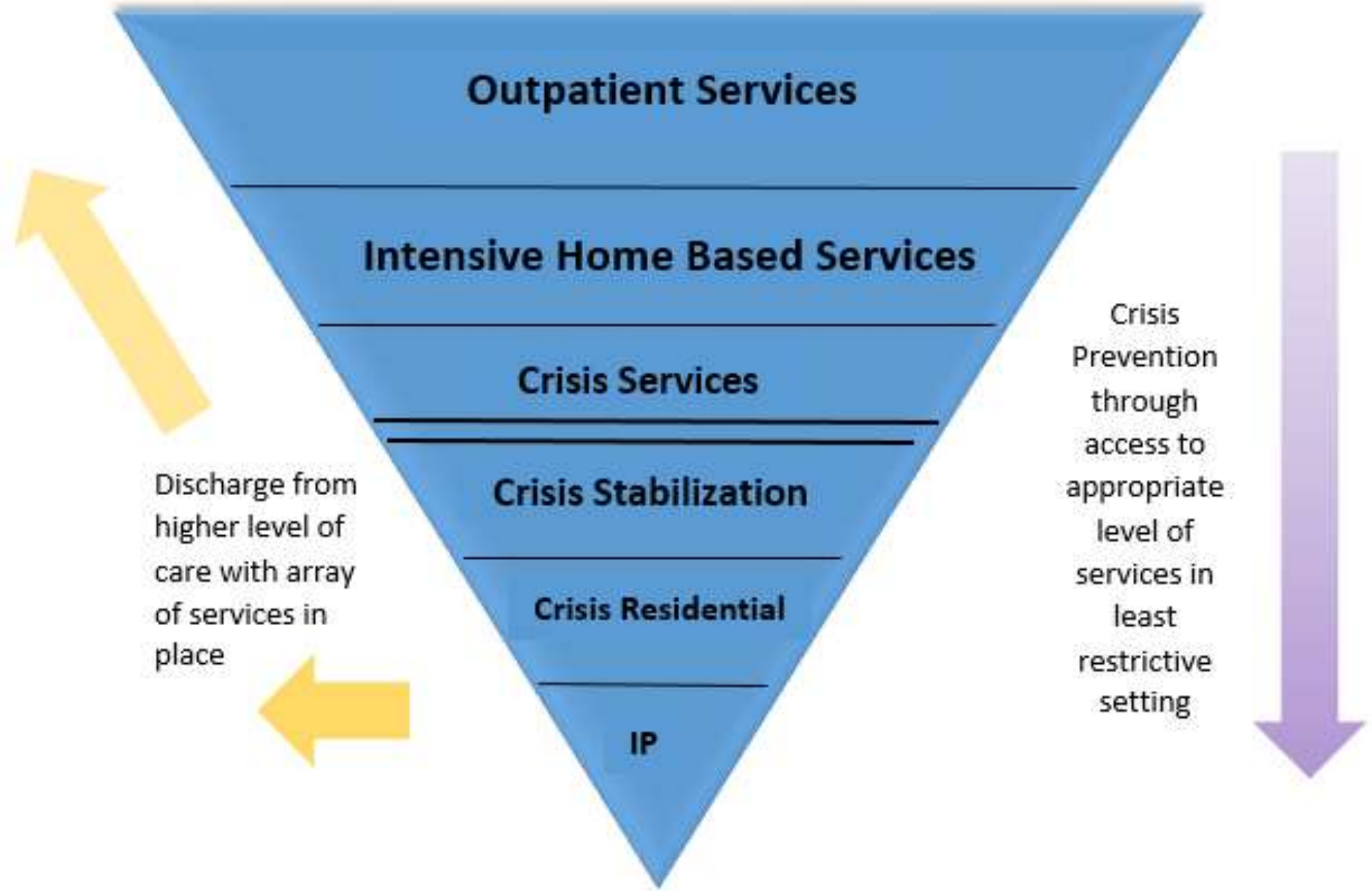


Phase 1: Go Live; ensure continuity

Phase 2: Short-term improvements

Phase 3: Long-term Improvements

Design Framework: Crisis Continuum of Care



Where we are going: Opportunities to strengthen the crisis system in SWWA

Collaboration and information exchange

- Strong collaboration between Beacon and MCOs and first responders across the crisis system
- Using tools such as the Community Needs assessment to advocate for needed resources, e.g., additional beds

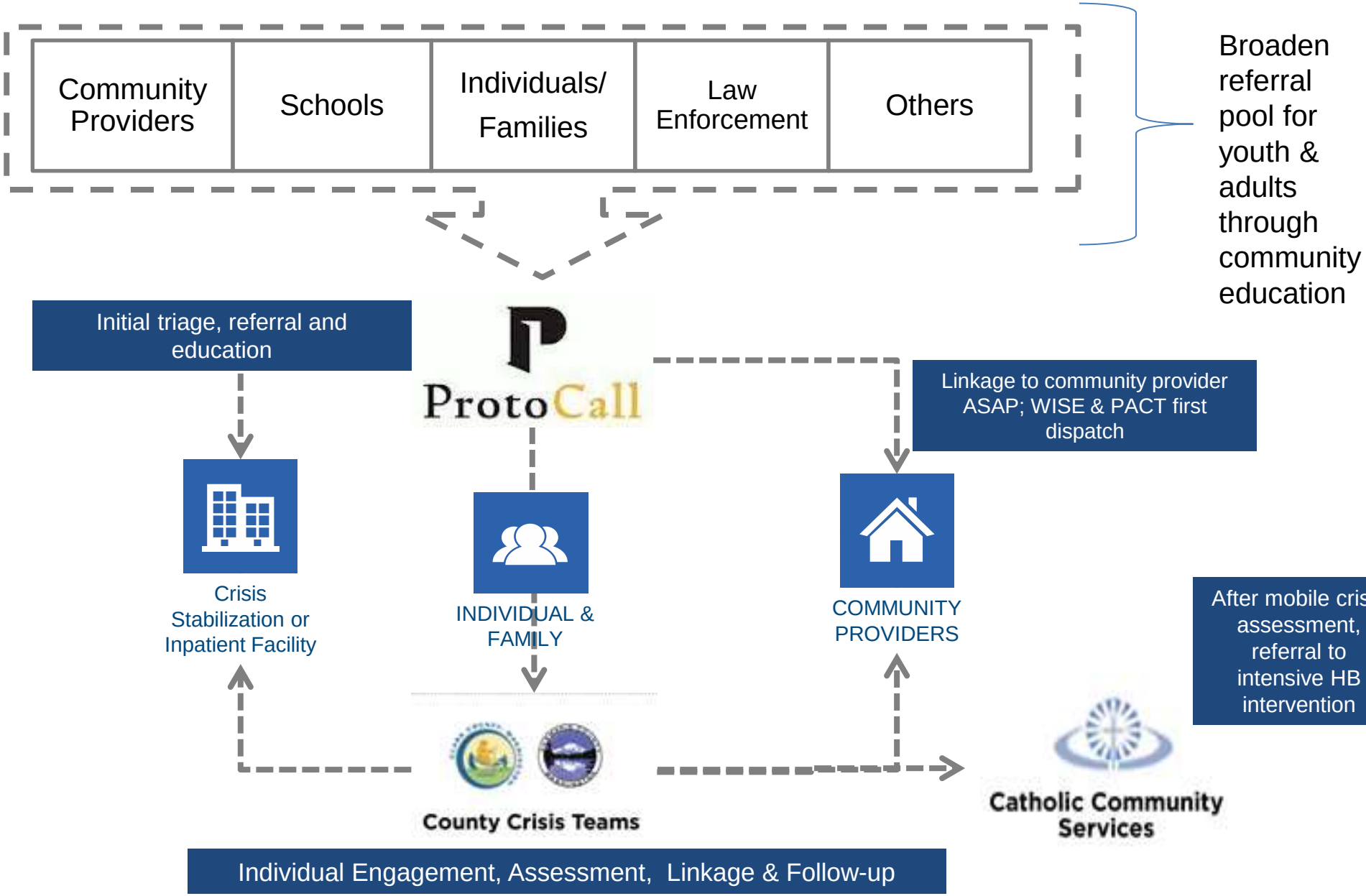
Education and outreach

- Provider-facing initiatives and training
- Outreach to law enforcement
- Engagement with school districts for specialty programs

Expanding the continuum of care

- Development of a Children's Continuum of Care
- Community-driven development of a new crisis triage center
- Expansion of the role of peers in service delivery
- Homelessness and housing initiatives

Where we're going: SWWA Crisis Entry Points & Flow



Challenges

Challenges/barriers	Interventions/Proposed Solutions
Period of rapid change across system	Support community and providers, communicate vision and goals
Limited financial resources for large-scope program development efforts or missing levels of care	Seek out funding opportunities collaboratively with community partners
Various priorities for region that compete for time and energy of community stakeholders	Develop topic or population specific steering committees to drive progress and link to other efforts
Crisis team culture shift to incorporate crisis intervention and diversion in mobile crisis encounters	Benchmark goals, identify needs and gaps, technical assistance, engage community

CHALLENGES

Challenges	Solutions
Redefining Marketing and Identity	Education/Development of materials
Loss of Centralized Database	Development of new crisis alert system
Change in Encounter Reporting	Frequent review of process with Beacon/HCA
Allocation of Resources based on insurance limiting access to WSH	Centralized county waitlist

Key metrics to be tracked

- **Proactive crisis planning**. Quarter over Quarter increase in number of crisis alerts created for SWWA residents with an emphasis on provider coordination for individuals who have a crisis episode.
- **Reductions in involuntary, inpatient recidivism**. Track repeat users of the crisis system who end up inpatient and track diversion.
- Estimated **percentage of calls to the crisis hotline successfully diverted** from Emergency Rooms and/or ITA commitments.
- Outcome measures for mobile crisis that reflects the expectation for % of alerts they respond to in the community and the success diverting them away from the ED

Lesson Learned so far in SWWA

1. Include the providers in the planning process
2. Understand and address the differences in rural versus urban counties
3. BH-ASO must be a strong collaborator
4. Spend the time upfront and ongoing educating the community and other allied systems about the change
5. Health care is local: having local staff is important
6. Ongoing HCA involvement and responsiveness, willingness to be at the table as concerns came up
7. Education and iteration as understanding of the BH crisis system evolves
8. BE PATIENT – takes time to develop levels of care missing in community

CRISIS LESSONS LEARNED & OPPORTUNITIES

Lessons Learned

- Transition much more seamless than expected
- Communication channels need to be clear
- Adaptable triage process needed

Opportunities

- Transitioning from ED becoming center of crisis services
- More robust crisis stabilization options
- Development of Adolescent Crisis Outreach Team
- Prescriber access

Our experience in SWWA and other states provides guidance for other regions

- **Geography matters –** system design in other regions must take into account distance and access to care
- **Services are highly localized** – MCOs and providers must work together to create the right continuum of care
- **System should be consumer-centric, plan agnostic** – one entry point, regardless of coverage, is important for consistency of care
- **Right technology can serve as "air traffic control"** – systems for tracking crisis utilization, beds and others resources across regions improve care
- **Crisis is not just the behavioral health system** – solution must involve other stakeholders, such as law enforcement and housing providers
- **Strong crisis system supports the role of state hospitals** – by providing community-based alternatives, we can reduce state bed utilization