
Effective Funding and Reimbursement Strategies to Support the Behavioral Health Workforce of the Future

October 31, 2018



Our mission drives our commitments to clients, providers, and members

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We help people live their
lives to the *fullest potential.*

This shared mission guides our purpose

Everything we do matters and how we do it helps us
improve the lives of those we serve

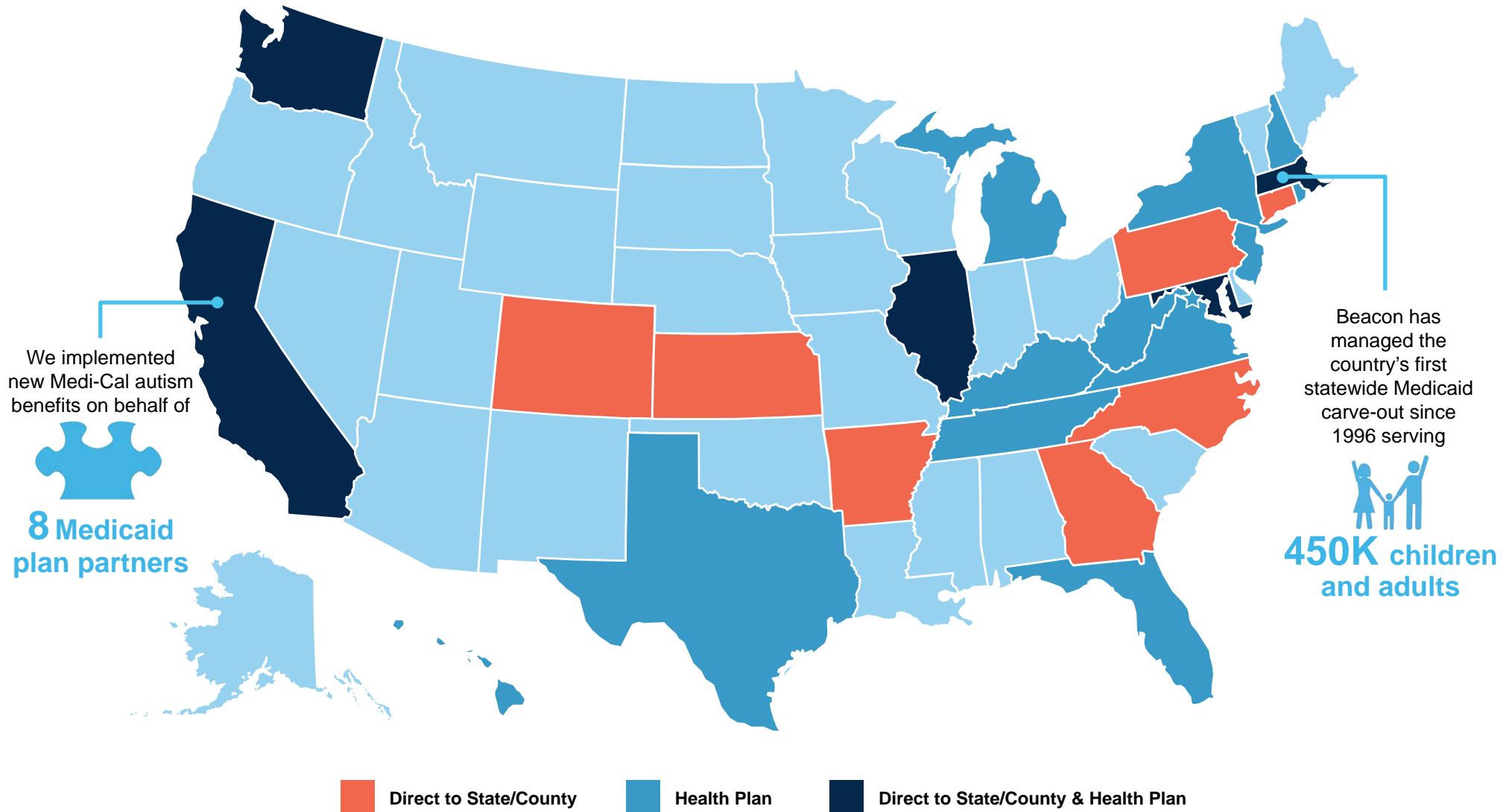
Beacon has a 30-year history providing managed behavioral health care services

- Headquartered in Boston; more than 70 US locations
- 4,500+ employees serving 40 million people across the country
- 180 Employer clients; 43 Fortune 500 companies
- Partnerships with 65 health plans
- Programs serving Medicaid recipients in 24 states and the District of Columbia
- Serving 5.4 million military personnel and their families
- Accreditation by both URAC and NCQA

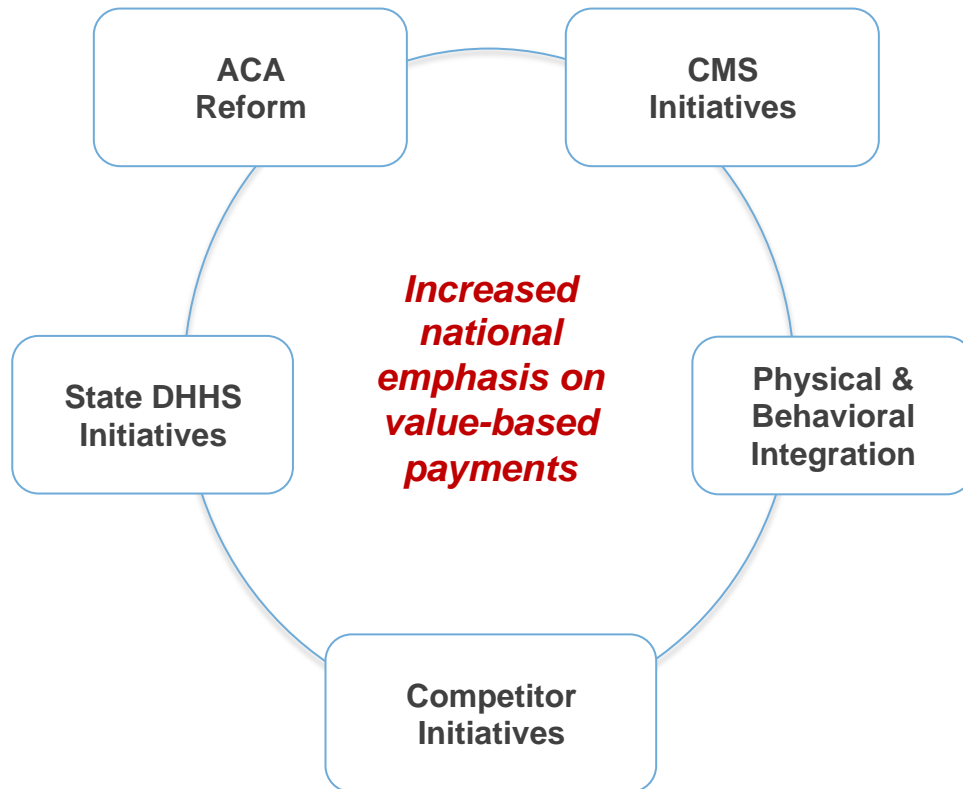


Beacon's Medicaid programs include health plan partnerships and direct-to-state contracts

14 Million members



A Series of Market Developments Have Set the Stage for Change




- The ACA has established the **Center for Medicare and Medicaid Innovation** to support the development and testing of innovative health care payment and service delivery models
- In July of 2014, CMS launched the **Medicaid Innovation Accelerator Program (IAP)** to help accelerate new payment and service delivery reform
- With the support from DHHS, **individual states are implementing their own VBP strategies** with set objectives (e.g. New York, Minnesota)
- Emphasis on **physical and behavioral health integration and** social determinants of need are helping accelerate utilization of VBPs due to the benefits value-based payments can have in accelerating execution of integration
- Both physical health and behavioral health managed care organizations across the US are implementing different forms of VBPs


Why Does It Matter?


- Landscape is Changing
- Recognition of Importance of Social Determinants in driving the need to update, enhance, and support effective workforce strategies and programming
- Purchasers and Consumers are redefining desired outcomes (symptom reduction *and* housing and food stability, meaningful work, spirituality, re-entry into community, etc) vs one clinician impacting an individual's diagnosis/symptom
- Which in turn requires providers to redefine the people, staff, and programs necessary to produce those outcomes
- This also has implications for the broader BH system


SDH Impacts on Behavioral Health Status





 Low Income: 80% more likely to be diagnosed with a **mood disorder**


 Low Income: 34% more likely to be diagnosed with an **SUD**


 **Chronic Homelessness:** 66% with MH condition 80% with SUD condition


 **Socially isolated** individuals 50% more likely to die prematurely than those with strong relationships

 43% of older adults **report feeling lonely** on a consistent basis

 Only 12% of Americans have **proficient health literacy** (National Assessment of Adult Literacy)

 **Minorities** 3x's more likely to be diagnosed with psychotic disorder than whites with same symptom profile

 **Minorities:** Black and Latino adults 50% less likely to receive treatment for depression

 WHO: Overall **health literacy** is a stronger predictor of health status than income, employment, education, or race/ethnicity

¹ Sareen, Jitender, et al. "Relationship Between Household Income and Mental Disorders." *Archives of General Psychiatry*, vol. 68, no. 4, 2011, p. 419. https://www.researchgate.net/publication/50999627_Relationship_Between_Household_Income_and_Mental_Disorders_Findings_From_a_Population-Based_Longitudinal_Study ² "Today's Heroin Epidemic." *Centers for Disease Control and Prevention*, 7 July 2015, www.cdc.gov/vitalsigns/heroin/index.html

How Does the Provider Pivot?

- Developing the People, Resources, and Products:
 - Care Coordination via Health Extenders, Peers (Coaches, Advocates, Health System Navigators, Clinical Care Adjuncts), Non-Licensed Staff
 - Multi-Agency models that incorporate resource shifting, peer supports, BH expertise in criminal justice, law enforcement, primary care, housing, employment. We're now intersecting with multiple systems outside clinic walls
 - Mobile Apps, Telehealth etc.

Solutions Addressing SDH Issues

Social Determinants of Behavioral Health



Examples of Program Solutions Addressing Specific SDH Issue

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|---|--|--|--|---|
| <ul style="list-style-type: none"> • Supportive Employment | <ul style="list-style-type: none"> • Housing First / Permanent Supportive Housing | <ul style="list-style-type: none"> • Community Linkage • Drop-in Centers • Criminal Justice Intercept Model | <ul style="list-style-type: none"> • Provider Recruitment • Inclusivity Training | <ul style="list-style-type: none"> • Health Coaching • Achieve Solutions Online Self-Help |
|---|--|--|--|---|

Cross-Cutting Solutions Addressing Multiple SDH Needs

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|--|--|
| <ul style="list-style-type: none"> • Screening / Data Management Systematic SDH Needs Triage; Integrated Health Perspective • Community-Based Resourcing and Partnerships Community Resource Bank and Needs Matching | <ul style="list-style-type: none"> • Policy Changes and Payment Model Reform Alternative Funding Models ("In Lieu of", Waivers, VBP, Braided Funding); SDH Models of Care (Social ACO) • Delivery System Redesign and Workforce Development Minority Provider Recruitment; Peer Navigators; EAP WAP Work-Life; Intensive Care Coordination |
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Cross-Cutting Solutions



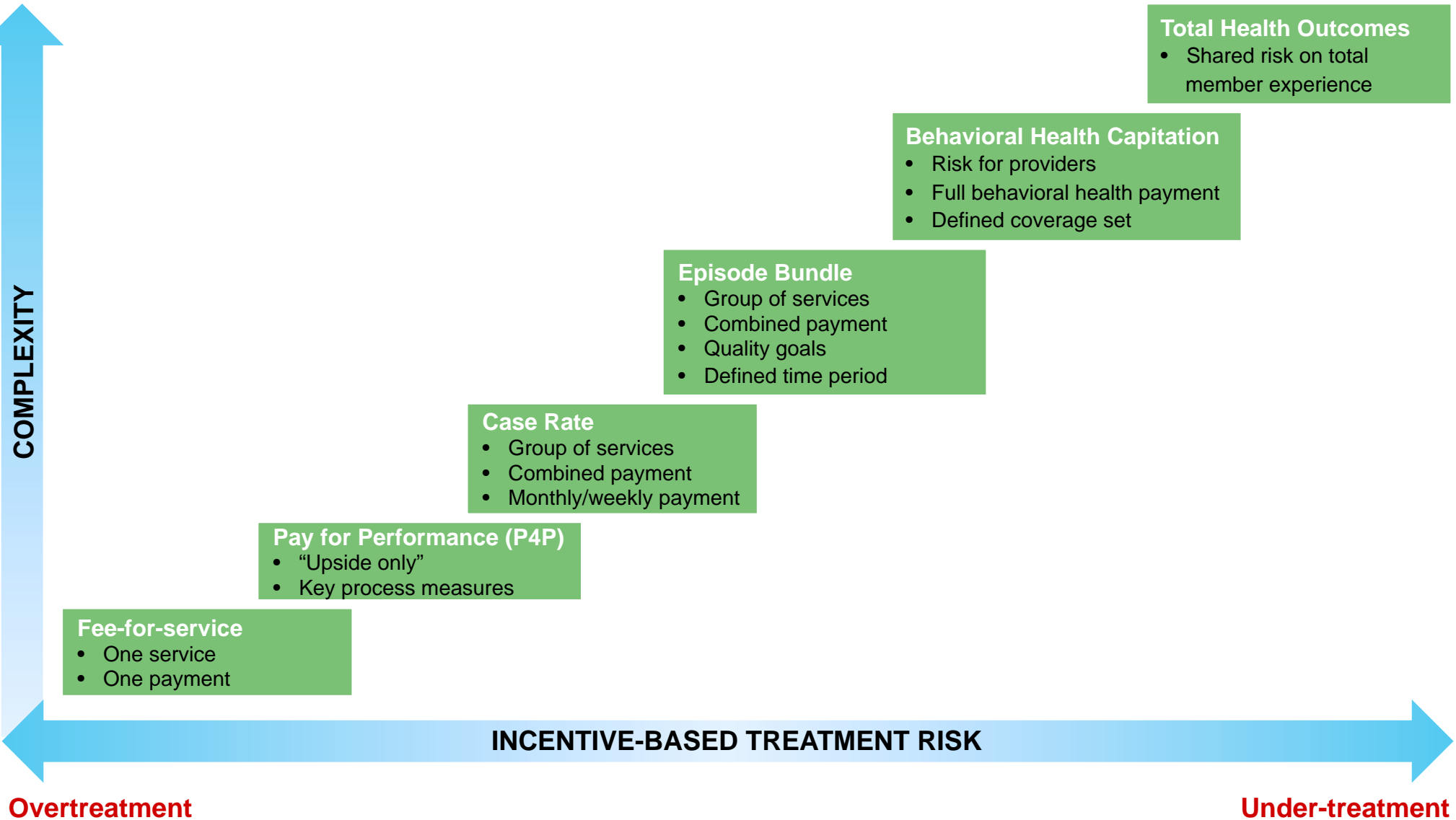
- **Systematic screening and data management**
 - *Systematic screening model*
- **Community-based resourcing and partnerships**
 - *Partnering with a one-stop community-based social determinant resource*
- **Policy changes and payment model reform**
 - *Accountable Care Organizations' SDH focus*
 - *Social ACO*
- **Delivery-system redesign and workforce development**
 - *Peer support specialists*
 - *Employee Assistance Programs, Work-Life, Wellness Assistance Program*
 - *Intensive care coordination*

How Do You Pay for This?

- Current funding strategies are intimately tied to traditional clinical treatment models. Change is especially challenging in a fee-for-service environment.
- For Medicaid: Make sure State Plan amendments and waivers in place to do unique, innovative things; or
- In a managed care environment, utilizing new funding mechanisms that recognize and/or demand alternatives: case rates, population health management, tiering strategies, whole health management, sub-capitation and capitation

Utilizing VBP to Address Market Changes and Expectations

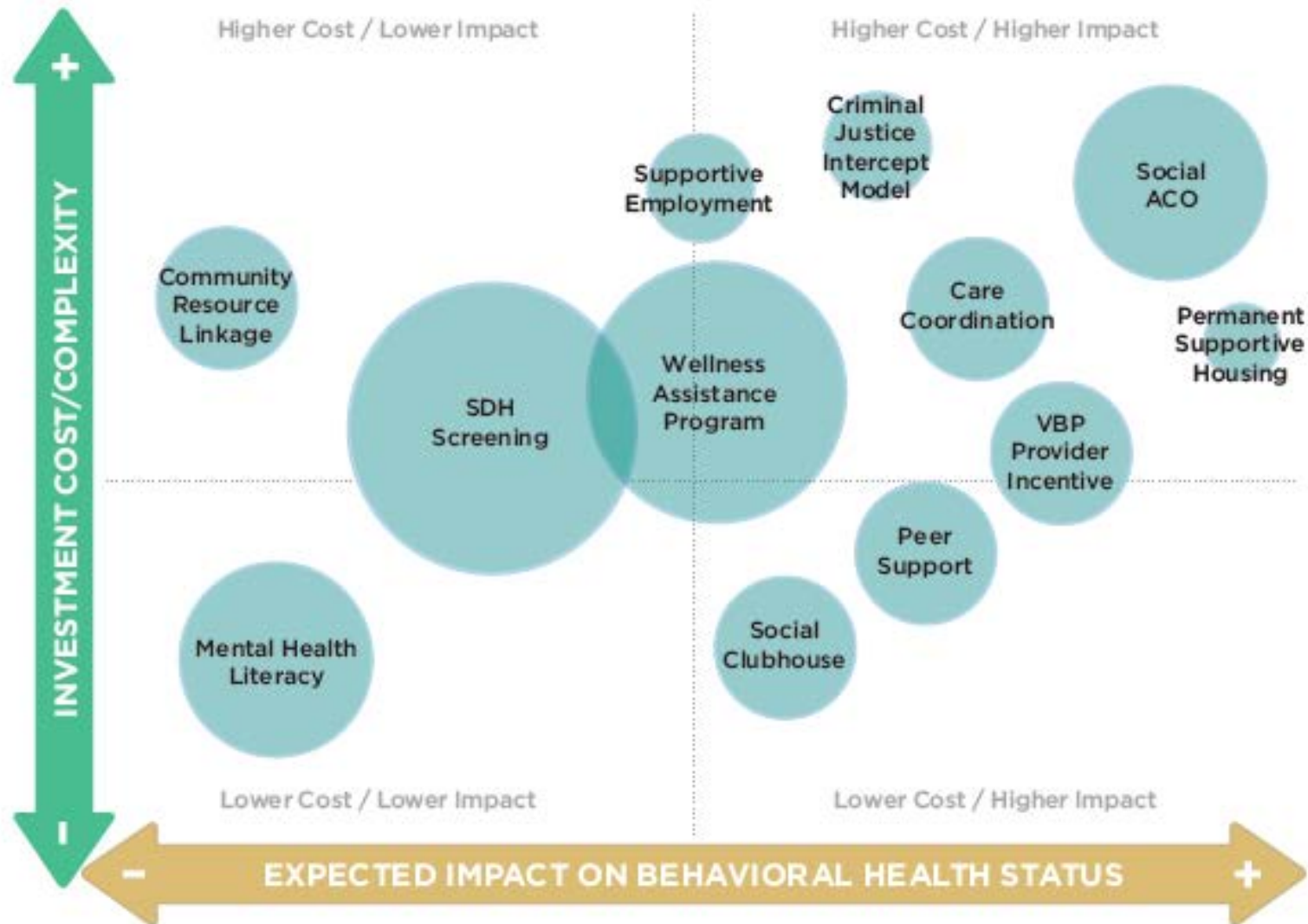
VALUE-BASED PURCHASING OPTIONS



Informed Investment Strategy

Social Determinants of Behavioral Health - Interventions

(Relative size of sphere represents portion of behavioral health utilizing population targeted for intervention)



Questions?

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Thank you

