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Behavioral health crisis service systems- Urban and rural service challenges and opportunities

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AVP Crisis Product/Corporate Strategy

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Primary challenges and cost drivers when comprehensive crisis services do not exist

Unnecessary justice system involvement

ED boarding for people in BH crisis is estimated to cost upwards of $11B annually

Human cost of emotional pain of individuals and families struggling to access care

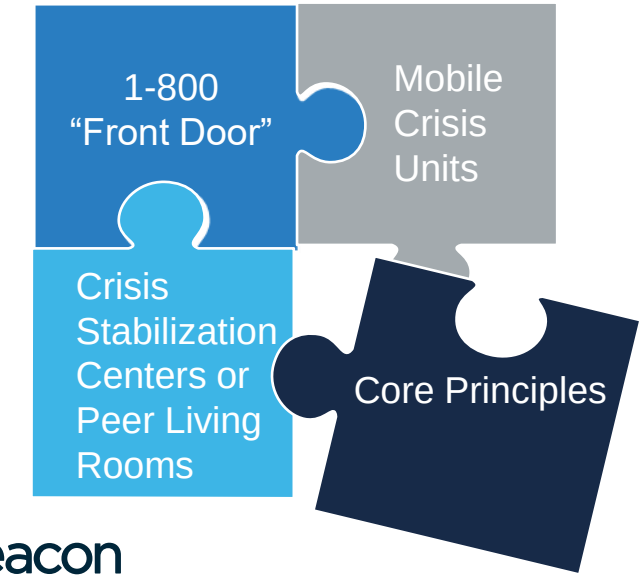
It is estimated law enforcement spends over $900 M a year on transporting individuals with SMI

Use of inpatient care or other types of out of home placement when lower levels of care are inaccessible but would have been appropriate

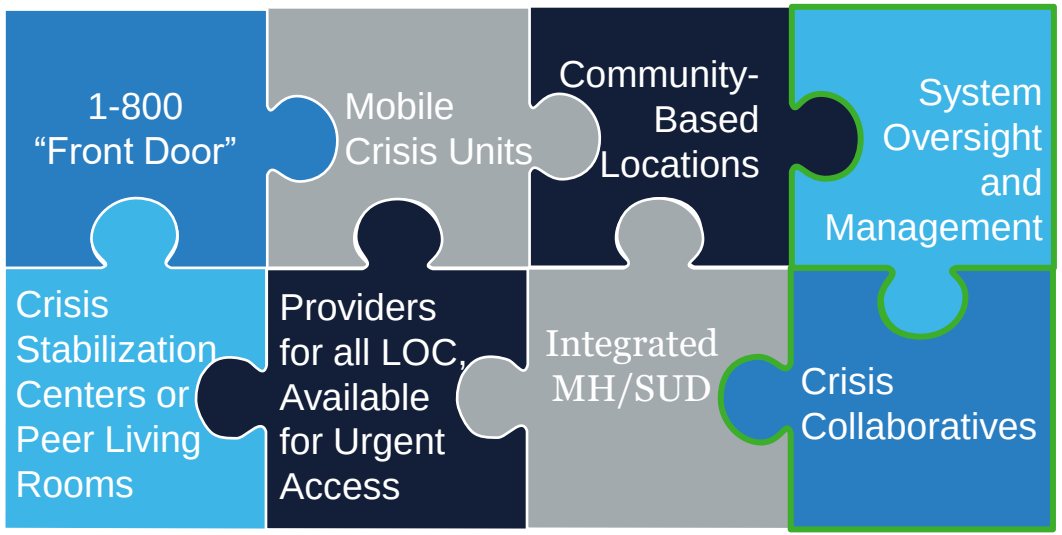
A comprehensive crisis system starts with SAMHSA guidelines

According to SAMHSA, core elements of a crisis system must include:

1. Regional or statewide crisis call centers coordinating in real time
2. Centrally deployed, 24/7 mobile crisis
3. 23-hour crisis receiving and stabilization programs
4. Essential crisis care principles and practices



An optimal system of crisis care is created when these eight core components are present and coordinated



National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation (SAMHSA 2020).

SAMSHA Crisis Toolkit- Unique Challenges of Rural and Frontier Communities

- Learning how other first responder services like law enforcement, fire and emergency medical services operate in the area.
- Leveraging existing first responder transportation systems to offer access to care in a manner that aligns with emergency medical services in the area.
- Incorporating technology such as telehealth to offer greater access to limited licensed professional resources.
- Developing crisis response teams with members who serve multiple roles in communities with limited demand for crisis care to advance round the clock support when called-upon.
- Establishing rural reimbursement rates for services that support the development of adequate crisis care in the area.
- Creating crisis service response time expectations that consider the geography of the region while still supporting timely access to care.

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Beacon's Crisis Footprint

Washington State – Since 2016

- Crisis ASO services offered across eight counties for all individuals regardless of insurance coverage through a braided funding mechanism
- Beacon contracts with and oversees mobile crisis teams/designated crisis responders and a 24/7 hotline service

Georgia – Since 2015

- Beacon and partner manage hotline calls, dispatch mobile crisis teams, capture and track critical information, and refer to needed care and track crisis services, including bed availability statewide
- Crisis line available to entire GA population (~10M residents); ~200K calls into the crisis line annually
- Beacon conducts quality reviews for crisis stabilization units

Colorado – Since 2019

- Beacon acts as the Crisis ASO in three regions (32 Counties) ensuring appropriate resource distribution, coverage and compliance with State crisis services directives.
- Responsible for managing contracts for mobile crisis services, walk-in centers, crisis stabilization units and crisis respite

Massachusetts Emergency Services Program – Since 1996

- Unrestricted access for covered Medicaid individuals & uninsured, Commercial, and Medicare members (~2.65M residents)
- Beacon manages the Emergency Services Program (ESP), including crisis assessment, intervention, and stabilization services
- We also offer a web-based search tool that enables behavioral health providers, emergency departments, and other stakeholders to identify available capacity including inpatient beds and urgent walk-in capacity.

Benefits of a statewide approach- Georgia

The Economy of Scale: Because resources are typically highly limited for crisis, economy of scale should be leveraged in a crisis system design order to maximize resources, particularly for shared services. An added benefit of a statewide approach is more streamlined “marketing”, driving awareness and availability of crisis services across the state.

Statewide Contact Center

Air Traffic Control

Facilitating Crisis Data Sharing

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Regional Approaches- Washington

Coverage for Rural Areas: Washington has adopted a policy of "regionalization" in which rural counties are regionalized with more urban/populous counties to create a larger risk pool and service area that can attract vendors/payers to serve an entire region. This model limits the risks inherent in a county-by-county purchasing approach of rural areas being underserved.

System Oversight & Management

Stakeholder Engagement

Facilitating Crisis Data Sharing

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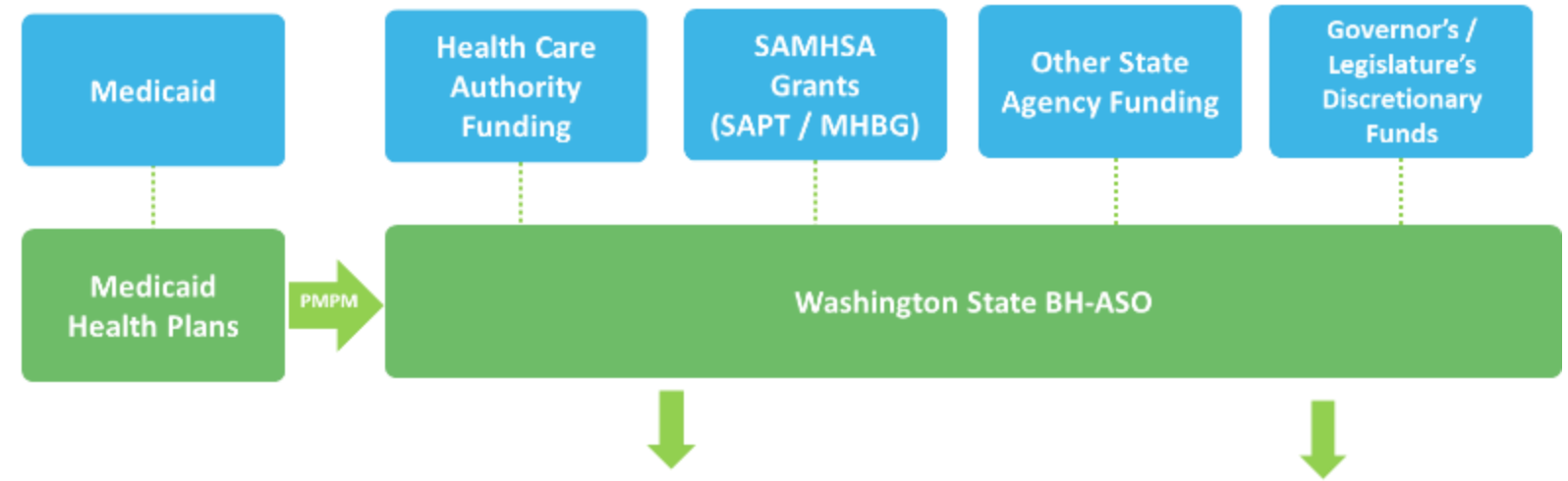
Crisis Services in Washington

- Beacon manages the crisis system in eight Washington counties
- Six counties are rural

	Pierce	Clark	Skamania	Klickitat	Chelan	Douglas	Grant	Okanogan	TOTAL
Total Population	891,000	467,018	11,340	21,301	76,338	41,327	93,546	41,554	1,643,424
Medicaid Enrollees	222,500	107,313	2,438	5,594	22,183	11,579	33,019	13,213	417,839
Geographic Size (square miles)	1,669	629	1,655	1,871	2,920	1,819	2,679	5,267	
Population Density (people per sq mile)	476	676	6.86	10.9	24.8	21	33.3	7.8	

As the Behavioral Health Administrative Service Organization Beacon is at the Center of Regional BH Crisis Systems

Design of the Crisis BH-ASO



- 24/7/365 regional behavioral health crisis hotline
- Dispatch of adult and youth mobile crisis teams and designated crisis responders
- Conduct assessments for involuntary detention for mental health and substance use disorders
- Voluntary and involuntary psychiatric inpatient treatment
- Outpatient mental health and substance use treatment
- Residential mental health and substance use treatment for uninsured individuals
- Peer recovery warm line
- Assertive Community Treatment and youth crisis stabilization services
- Community based prevention services and family support such as Mental Health First Aid, suicide prevention curriculum and NAMI signature family classes

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Braided funding- contractual relationships ensure accessibility and less burden on providers

- Washington's braided funding model and contract design allows a single, centralized entity to braid an unlimited number of available funding streams to support a crisis continuum and related support services, for all populations.
- The Washington model allows for private insurers to contract with the BH-ASO to support services for commercial or individual market members.
- Washington requires MCOs to subcontract to the BH-ASO for all Medicaid-reimbursable crisis services, ensuring Medicaid funds are maximized for eligible individuals and services. This design requires the MCOs to use a sub-capitated payment methodology and conduct a semi-annual financial reconciliation to true-up payment based on actual utilization, a design that provides the BH-ASO with a steady and stable funding stream in the form of a PMPM to support crisis service delivery.

Contracting with crisis providers

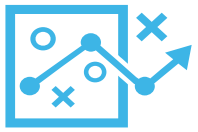
The BH-ASO contracts with a network of crisis service providers and is responsible to undertake the administrative work inherent in a braided funding system, such as reporting and tracking each cost based on individual eligibility.

The BH-ASO typically funds crisis service providers using a capitated payment methodology which allows the crisis providers to maintain a “firehouse model” of 24/7 services, and to focus largely on delivery of services rather than navigating the multitude of complex billing and reporting requirements that can be different with each funding source.

Data Sharing

- Because of the formal contractual agreement between Medicaid MCOs and the centralized BH-ASO, there is an ability to share data back and forth for individuals covered by Medicaid. For example, the BH-ASO is required to share crisis hotline call notes with an individual's MCO within 24 hours, to support continued care coordination and outreach efforts by the MCO.
- In the event a commercial insurance plan contracts with the BH-ASO to support crisis services for their members, this same data-sharing ability applies.
- Additionally, utilization data for individuals covered by Medicaid flows directly from the BH-ASO to the Medicaid MCOs. This encounter data is used by the MCOs to support data analytics and predictive modeling to identify high-risk individuals and is also shared from the MCO to the State to support actuarial rate setting.

System Oversight Function Brings Stakeholders Together to Design a Roadmap for Crisis System Transformation



Key Steps to Transformation

1. Listen and learn: How do consumers experience the current system?
2. Identify key actions that are impactful and also achievable in a relatively short time frame so everyone can see/feel results
3. Bring diverse stakeholders together in a purposeful, action-oriented collaborative
4. Gather data and be transparent
5. Iterate and build. Drive the system forward.

Monthly crisis collaboratives- bringing services to scale while maintaining localized services

Purpose

- Define the crisis system and identify gaps and solutions
- Promote principles of recovery and resiliency
- Develop and distribute Crisis System of Care protocols
- Identify responsibilities and expected competencies in performance standards
- Review medical clearance practices and make recommendations for improvements in user experience
- Decide critical data to track and assess crisis system performance routinely

Membership

- Mobile Crisis team
- Crisis Responder team
- Managed Care Organizations
- Law Enforcement
- Hospitals
- Behavioral Health Providers
- Peers
- Suicide Coalition
- Housing Providers
- Regional Crisis Line
- Regional Emergency Services Agency (911 dispatch)
- School Districts
- Emergency Medical Services
- Public Health

Beacon's role

System organizer and entity responsible to ensure that work is completed to make forward progress, ensure people feel invested in the forum, and the time is well spent. Data collection and analysis to drive understanding and decision making

Crisis outcomes- WA

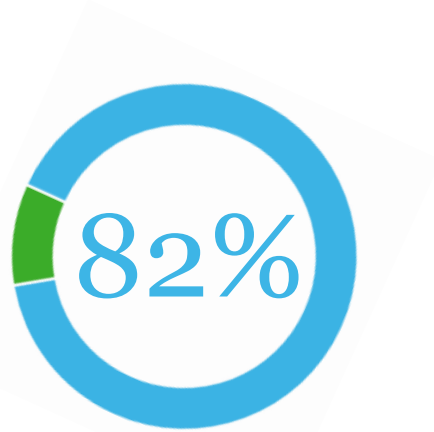
24/7
Immediate access to a crisis clinician via phone

78%
of issues resolved over the phone

Resources can include immediate dispatch of mobile crisis, referral to a designated crisis responder for an assessment of involuntary treatment, referral to a local provider, or care coordination by Beacon staff

Mobile Crisis Outcomes

Diverted from ED/higher levels of care



Get follow up within 7 days

4% Recidivism

Important Lessons for Crisis System Development

Canary in the coal mine

Geography matters

Services are highly localized

Consumer-centric, plan/payer agnostic

Technology key to facilitate referrals and data collection

Crisis is not just the behavioral health system

Responsive and safe responding 24/7

Realistic response time parameters

Leverage community meeting sites

Consider using two responders

Prioritize community over ED response

Leverage contiguous regions

Build relationships at collaboratives

Consider co-responder partners

Build capacity with peers and volunteers

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Thank You

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