Moving Beyond the Carve-out/Carve-in Debate

In an Age of Integrated Care, Specialty Behavioral Healthcare Matters

PANEL PRESENTATION AND DISCUSSION
RCPA WEBINAR
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Persistent Behavioral Health & Healthcare Challenges Facing States

- Rising Medicaid costs
- Antiquated financing/payment methods
- Lack of clear metrics/outcomes
- Need of data for decision making
- Access to quality MH treatment
- Fragmented health & human services
- Drive to whole person health

Pennsylvania Behavioral HealthChoices Principles

- Utilize capitation risk-based model
- Implement quality & access standards
- Leverage community-based services
- Foster consumer & family-driven care
- Strengthen local services integration
- Prioritize the most vulnerable at-risk population
- Address the complexities and diversities of Pennsylvania

Innovation of County Right of First Opportunity

- The right option for Pennsylvania
- Counties have legislative authority, programmatic & fiscal responsibility for MH & SU delivery systems
- County leadership includes MH/ID administrator & SCA drug & alcohol
- Prevention of private MCO cost shifting the most serious & chronic disorders to county
- Counties also responsible for an array of human services: child welfare, housing, courts, etc.
- Unified systems strategy to coordinate care & address human services fragmentation

County Right of First Opportunity

- Reinvestment in BH services realized through efficiencies instead of going to profit
- Reinvestment decisions made locally to assure relevant services development
- Lower administrative costs
- Reinvestment capped at 3%
- Program phased in over 10 Years: 1997–2007

County Right of First Opportunity

- If county chose to manage BH Dollars, had to meet all contract clinical & fiscal standards
- Counties remain at-risk with capitation
- Key was demonstrating a capacity for meeting standards & assumption of risk
- Counties have flexibility for managing
  - Develop own BHO
  - Contract with ASO
  - Contract with MCO & download mgmt. of risk

Behavioral HealthChoices: Record of Achievement

- "The program has achieved or exceeded its original goals to increase member access to services, improve quality & save money."
  (CCAP Comcare Whitepaper)
- Access to care has increased steadily over the life of the program
- Quality standards & measurement have yielded continual improvement of services
- Costs have been consistently contained, generating savings, reinvestment, & bending "the long-term cost curve."

Behavioral HealthChoices: Performance Outcomes

- Increased access to care, including up to 2.9 million members
- Members offered at minimum 2 providers for each level of care
- Member-months have grown on average of 10% per year 1997–2017
- Basic services offered by all plans firmly established throughout state
- Value-Based Purchasing being implemented
- Social Determinants of Health being addressed
- Number & types of service providers have increased
- Integrated PH/BH (Whole Person Care) implemented

Behavioral HealthChoices Performance Outcomes (Access)

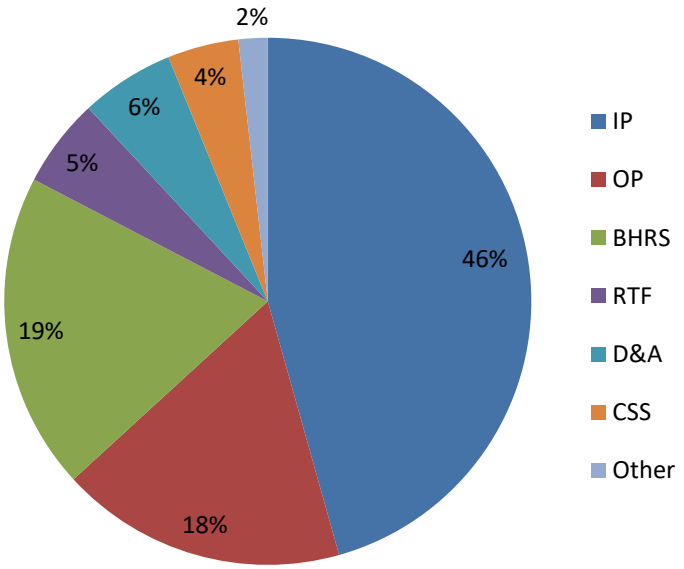
- Strong recruitment & retention of high-quality service provider networks
- Access exceeds national benchmarks for persons with serious mental illnesses
- Drug & alcohol network increased by 500 providers; increased access to non-hospital detoxification & halfway houses
- Developed more robust service array, including treatment for co-occurring MH/SU
- Expansion of evidence-based & promising practices

Behavioral HealthChoices Performance Outcomes (Quality)

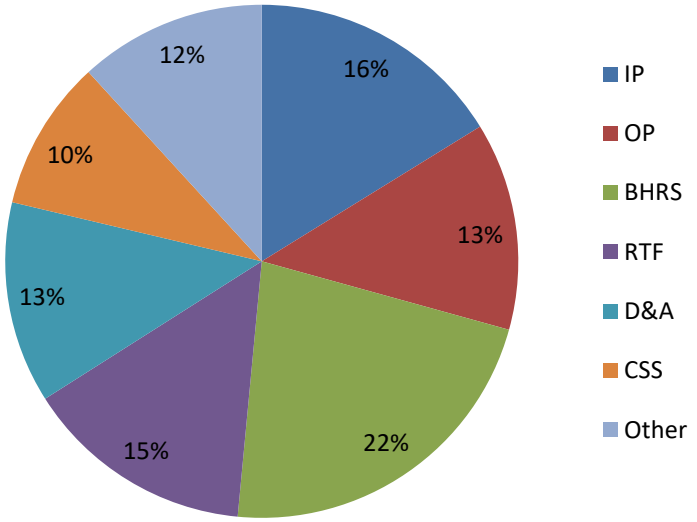
- "Local reinvestment plans are a way of achieving **continuous quality improvement** of a comprehensive treatment system"
  (CCAP Comcare Whitepaper)
  - Services include recovery supports for people w/SMI (Social Determinants of Health)
  - Drug & alcohol treatment
  - Family supports
- Additional quality assurance capacities through clinical oversight of BH-MCOs
- OMHSAS uses an external review organization to evaluate performance measures based on HEDIS standards
- Published reports present results of C/FST interviews & 29 quality indicators

Access to Broader Array of Services Less Restrictive Less Expensive

FFS (1998)



2008



Behavioral HealthChoices Integrated Care

- Program has demonstrated effective integrated behavioral/physical healthcare
- Studies show that integrated/coordinated BH/PH care results in improved health
- Behavioral health specialty leverages positive clinical and fiscal health outcomes
- Efforts include FQHCs, COEs, BH/PH screenings, shared care plans, multi-disciplinary teams, real-time information sharing, integrated medical teams, & nurse navigators

Behavioral Health & Healthcare Challenges Facing States Addressed in PA

Foundation Set for the Future

- Rising Medicaid costs ✓
- Antiquated financing/payment methods ✓
- Lack of clear metrics/outcomes ✓
- Need of data for decision making ✓
- Access to quality MH treatment ✓
- Fragmented health & human services ✓
- Drive to whole person health ✓

Behavioral HealthChoices
Looking Forward

- 25 years of well documented success in meeting BHC objectives. This continues today
- State is in a stronger position to address opioid crisis
- Opportunity as a tool to address needs across all local county human services
- Local Control = Access to Housing, C&Y, Aging, Education, CJ, & community resources
- Behavioral HealthChoices is well-positioned to accelerate whole person care efforts
- Value-Based and other purchasing models being implemented
- Positioned to address Social Determinants of Health through county human services integration

Behavioral HealthChoices = Whole Person Care

- Recent headline in Public Source: ***"Should PA 'carve out' behavioral health from physical health or shift to a 'whole person' model?"***
- It is NOT a choice between Behavioral HealthChoices (BHC) and "whole person" care
- Carving in BH capitation does not assure integrated care
- BHC is the current accelerated pathway to "whole person" care

Carve-out vs. Carve-in: The National Dialogue

- Over the past two decades, there has been an ever increasing debate regarding BH carve-outs in Medicaid managed care states.
- "Conventional Wisdom" seemed to coalesce around the notion that if funding is "integrated," care would be "integrated."
- What was lacking in the dialogue was that there were many types of "carve-outs" and many types of "carve-ins"

The National Dialogue

- The notion that BH carve-outs needed to be eliminated in order to achieve the goals of whole person care, addressing social determinants of care, and moving to value-based purchasing, had become the predominant view.
- Now seeing a shift from carve-out vs. carve-in debate to the essential element of focusing on contractual standards.

2021 Bipartisan Policy Center BH Integration Task Force Report

The task force's specific recommendations target four distinct areas of opportunity for advancing integration:

- Establishing core, minimum standards essential for integration.
- Driving integration in new and existing value-based payment structures in Medicare and Medicaid.
- Expanding, training, and diversifying the workforce for integrated care teams.
- Promoting the use of electronic health records, telehealth, and other technology to support integrated care.

BH Integration Task Force

- "The degree to which physical and behavioral health services are integrated for these managed care enrollees is based on several factors, such as the degree to which behavioral health integration is encouraged or required by state laws, state regulations, or MCO contract requirements."
- "Simply carving behavioral health services into a comprehensive managed care contract, however, is not enough to ensure integration."

BH Integration Task Force

- “Both carve-in and carve-out states must be thoughtful in designing their contract standards to advance integration through care coordination and data sharing requirements, quality metrics, contract monitoring, accountability, and other requirements.”
- “Each state Medicaid program is unique, and there is no one-size-fits-all approach to improving integration of behavioral and physical health services.”

BH Integration Task Force

- "Some states maintain that managed behavioral health organizations have more experience working with community behavioral health providers and are more likely to contract with and credential providers serving beneficiaries with complex behavioral health needs."
- "Some states and advocates also believe delivering behavioral health services separately through managed behavioral health organizations highlights these benefits and supports continued investment in these services."
- "States that choose not to carve behavioral health services into a comprehensive managed care contract should effectively strengthen behavioral and physical health integration through carefully developed managed care contract standards." pp. 32–33

Resources

- Comcare White Paper: HealthChoices Behavioral Health Managed Care 20th Anniversary: The Model of Successful Behavioral Healthcare in Pennsylvania
- Bipartisan Policy Center Report: Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration
- Compass Health Analytics: Long-Term Performance of the Pennsylvania Medicaid Behavioral Health Program

beacon
health options

Why Specialty Behavioral Health Matters

January 2022

About Beacon

COMPANY OVERVIEW

Our multimodal approach helps us to better integrate social, behavioral, and physical solutions to drive improved outcomes for **~44 million members nationwide.**

Our products:

Beacon Behavioral

Beacon Total Health

Beacon Wellbeing

Beacon Care Services

We serve:

Health plans

Employers

Federal

State & local governments

BEACON BY THE NUMBERS

230 clients

100,000+ providers

in a nationwide behavioral health specialty network

500 state-licensed

board-certified therapists in the nation's largest virtual care network

4,500 employees

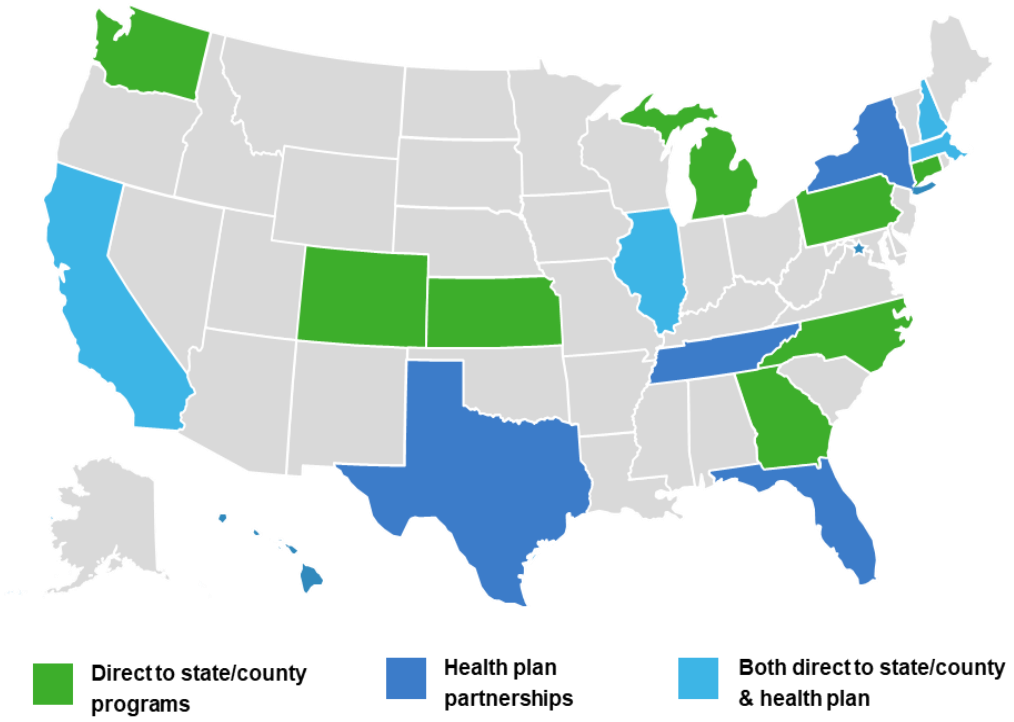
including approximately 1,200 licensed clinicians

Long-Tenured Specialty Behavioral Health Organization With Deep Roots in Medicaid

35+ years
of Medicaid experience and expertise

13 million
covered Medicaid lives nationwide

18 markets
across the country



Debunking Myths of Managed Care

- While Beacon supports effective integration of behavioral health and primary care, there has been a persistent narrative that integration can only be achieved through payment reform
  - Integrated financing does not equal integrated care, particularly when consumers have complex behavioral health care needs
  - Evidence-based programs that are most successful at true integration occur at the provider level
- MCOs that insource behavioral health are frequently perceived as experts in the management of Medicaid programs
  - However, they traditionally have greater success managing healthy populations with limited behavioral health needs
- Only by giving all services and populations to an MCO can you truly have integrated care
  - Experience shows that all-inclusive MCO models without appropriate contractual protections have decimated specialty systems of care

The Value of Specialty Behavioral Health MCOs

- **Specialized provider networks and access standards** to ensure that members can receive timely care from health care providers and specialists. Behavioral health organizations are skilled at developing specialty networks, building alternative levels of care.
- **Focused services and supports to effectively manage special needs,** such as individuals experiencing a serious and persistent mental illness, kids and families dealing with serious emotional disturbances and autism, and those with dual diagnoses.
- **Proven targeted care management and care coordination strategies** that provide holistic, integrated care for individuals with comorbidities/complex care needs and ensure that treatment is both specialized and integrated into the medical primary care physician environment.
- **Demonstrated experience across diverse funding streams**, including braiding both Medicaid and non-Medicaid funding (state general funds, county funds, MHBG, and SAPT block grant, Title IV, and juvenile justice, etc.) to wrap both traditional and non-traditional services and supports around the hardest impacted members.
- **Reduction in expenditures and a demonstrated capacity to assist with reinvestment of cost savings** into the behavioral health delivery system, which aids in expanding alternative services.

Key Elements of a Successful Specialty System

- The consistent use of evidence-based clinical and operational protocols that are focused primarily on behavioral health
- Experienced behavioral health clinicians, care coordinators, and peers with expertise serving the behavioral health needs of Medicaid individuals
- A whole person approach to surrounding members with systems of care and support, focusing on total well-being, recovery strategies, and resiliency
- Provider and stakeholder engagement
- Implementation of a unified crisis system that connects to a larger system of care
- Measured, reported, and understandable outcomes — Are people better? Are their lives improving?
- Creative value-based reimbursement models across diverse levels of care
- Leveraging technology — telehealth and mobile solutions

How Do Other States Oversee Medicaid Behavioral Health?

Connecticut Behavioral Health Partnership (CTBHP)

CTBHP was established by the Connecticut General Statute to provide a multi-agency approach to problem solving and to address the seemingly intractable behavioral health system, resulting in significant positive outcomes that reflected both equity and increased access.

- The Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Social Services (DSS) are member partners of the CTBHP, and jointly contract with and manage Beacon Health Options as the Administrative Services Organization (ASO)
- Behavioral Health Oversight Council and Subcommittees were created in statute as an advisory body
- True provider partnerships are developed
- The goal of the partnership is to increase access and improve member outcomes

CTBHP AT A Glance

Covered Lives:

900,000+

Contract Type:
Administrative Services Only

- Withholds and Performance Standards

Unique Features:

- Innovative analytic capacity with deep quality and reporting resources
- Innovative clinical programs
- No claims payment
- Foreign Network that we “co-manage”

Covered Services:

Management of full continuum of services covered under Medicaid as well as grant-funded community services via DCF, including management of:

- **For Youth:** DCF residential care; intensive home-based services; PRTF; child state inpatient care; autism services; Solnit QM
- **For Adults:** Outpatient; inpatient; IOP/PHP; Full ASAM continuum with advent of 1115 waiver (Q4 2021)

Geography:
Statewide

Innovation Driven by Performance Targets

Annually the State Partners and Beacon identify cross-departmental system goals designed to focus Beacon resources in order to maximize system reform in priority areas.

2021 Targets

- Increase Access to Medications for Opioid Use Disorder (OUD) – Changing Pathways, MAT Map, reporting and technology advancement
- Managing System Throughput — Children's access to acute BH services
- CT Housing Engagement and Support Services (CHESS) Initiative
- Emerging Adults — Advanced analytics, identification, workflows, pilot program

Specialty Population Management

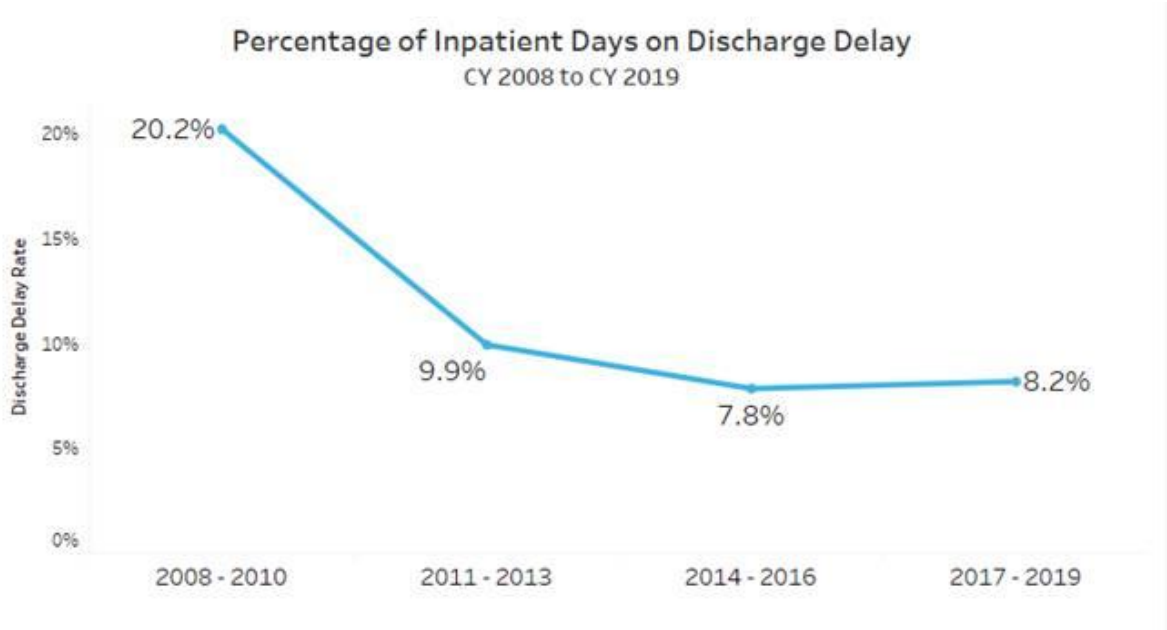
Populations Served:

- Children and families participating in DCF Intensive Care Coordination program
- Families engaged with ASD (Autism Spectrum Disorder) programs
- Young adults whose BH histories indicate potential for First Episode Psychosis
- Youth in need of ED and inpatient disposition
- Members participating in Medical Co-Management with CHN
- Members engaged in *Changing Pathways* Pilot
- Individuals who are homeless and participating in CHESS
- In addition to our ICMs, Beacon CT has the largest staff of Peers employed within Beacon nationally (24 in all)
- Peers have been an integral part of the program since its inception in 2006

Reduction in Discharge Delay Days

When a child is ready to leave a psychiatric hospital but a needed service is not immediately available, the child's discharge is delayed.

Beacon, DCF and DSS staff, and providers work together to identify available services while removing barriers to accessing treatment. As a result, the time children wait unnecessarily in hospitals has been greatly reduced.



From 2008 (9,959 days) to 2019 (2,719 days), there was a:

72.7% Reduction

% D/D days out of total inpatient days

Utilizing Peer Specialists: Extending the Workforce Produces Meaningful Results

Connecticut

Beacon worked with The National Governors' Association to design a program to improve outcomes for high-cost/high need Medicaid members, resulting in:

Reduced Discharge Delay

19.4% to 8.9%
reduction of inpatient days

Reduced Youth Inpatient Length of Stay

15.6% decrease from 14.7 to 12.4 days

Members with a mental health diagnosis and more than seven emergency visits who received peer and intensive case management services improved an average **7.3 points** on the Mental Composite Scale.

Georgia

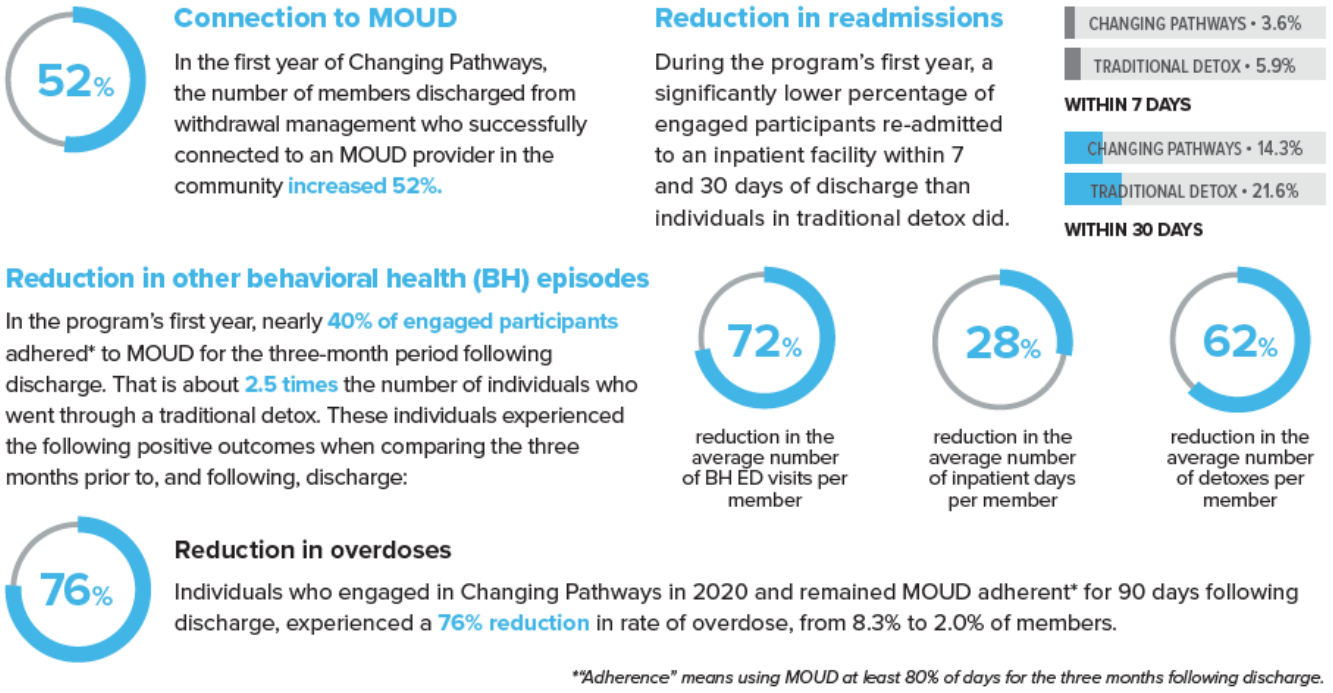
Beacon's Specialized Care Coordination (SCC) Program features Peer Specialists and Community Transition Specialists (CTS) who help members transition to community-based services. In 2019, aftercare appointment rates improved with CTS involvement:

53% engagement with CTS involvement vs **32%** without it

Additionally, the SCC Program improved readmission rates. The more SCC Program involvement, the better:

Changing Pathways: Utilizing Peers to Reduce Opioid Overdose

In the program's first year, the number of fully engaged participants increased **10 times**. In addition, this group experienced a number of positive outcomes.



Massachusetts Medicaid: As a Specialty BH Organization, Beacon Partners With the Commonwealth, Health Plans, and ACOs

MassHealth 2018 Managed Care Health Plans

Accountable Care Partnership Plans (Model A)
Be Healthy Partnership - Baystate Health Care Alliance in partnership with Health New England
Berkshire Fallon Health Collaborative - Health Collaborative of the Berkshires in partnership with Fallon Health
BMC HealthNet Plan Signature Alliance - Signature Healthcare in partnership with BMC HealthNet Plan
BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization in partnership with BMC HealthNet Plan
BMC HealthNet Plan Mercy Alliance - Mercy Medical Center in partnership with BMC HealthNet Plan
BMC HealthNet Plan Southcoast Alliance - Southcoast Health in partnership with BMC HealthNet Plan
Fallon 365 Care - Reliant Medical Group in partnership with Fallon Health
My Care Family - Merrimack Valley ACO in partnership with Neighborhood Health Plan (NHP)
Tufts Health Together with Atrius Health - Atrius Health in partnership with Tufts Health Plan (THP)
Tufts Health Together with BIDCO - Beth Israel Deaconess Care Organization (BIDCO) in partnership with Tufts Health Plan (THP)
Tufts Health Together with Boston Children's ACO – Boston Children's ACO in partnership with Tufts Health Plan (THP)
Tufts Health Together with CHA - Cambridge Health Alliance (CHA) in partnership with Tufts Health Plan (THP)
Wellforce Care Plan - Wellforce Care Plan in partnership with Fallon Health

MCOs	MCO-Administered ACO (Model C)
Boston Medical Center (BMC) HealthNet Plan	**Lahey Clinical Performance Network** (Participating with Boston Medical Center HealthNet Plan and Tufts Health Together)
Tufts Health Together	

PCC Plan	Primary Care ACO Plans (Model B)
Primary care clinicians in the MassHealth Network	**Com munity Care Cooperative (C3)**
	Par tners HealthCare Choice
	St eward Health Choice

6

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Massachusetts Behavioral Health Partnership (MBHP) is Beacon's Partnership With the Commonwealth and Focuses on >640K MassHealth Members

1 Provider Network

- Credentialed network of >1,200 BH clinics, facilities, and providers for inpatient, diversionary, outpatient, emergency, and other behavioral health services
- Visits to more than 210 primary care practices to enhance the quality of services and increase integration of physical and behavioral health care

2 Member/ Individual Support

- Massachusetts Behavioral Health Access (MABHA) tool allows members/individuals to view availability of treatment providers

3 Other

- Contracts and oversees the statewide Emergency Services Program on behalf of MassHealth
- Massachusetts Child Psychiatry Access Program (MCPAP) and Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) support primary care providers
- Partnered with homeless service providers to create the Community Support Program for People Experiencing Chronic Homelessness (CSPECH) and Hospital to Housing (H2H) programs to support homeless individuals with behavioral health conditions

In Massachusetts, Several Health Plans Partner With Specialty BH Organizations

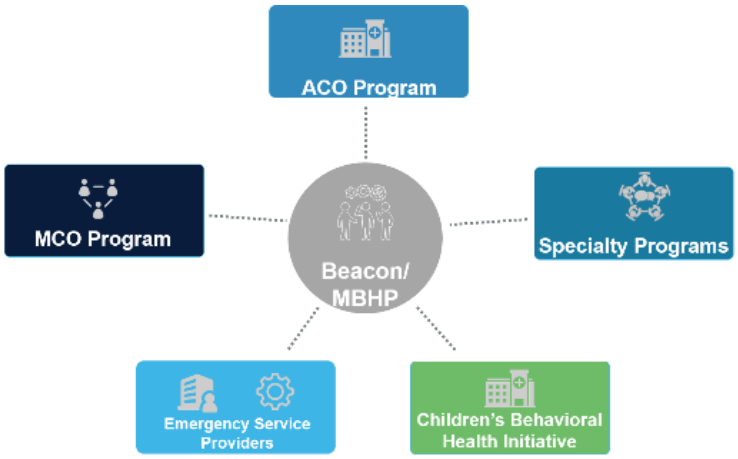
	BMCHP	Fallon	Health New England	Senior Whole Heath	UniCare	BCBSMA	Tufts	Allways Health Partners	Harvard Pilgrim	CCA
Commercial		X	X		X	X	X	X	X	
Medicare	X (SCO)	X	X	X		X	X		X	X
Medicaid	X	X	X	X			X	X		X
Partners with a specialty BH organization?	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No

Organizations Partner With Beacon to Ensure Specialized Attention on BH Issues, Which Are Often Unique From Medical

	Medical	BH
1 Provider Network	• MA dominated with large health care systems	• MA BH network is 95% comprised of solo and group providers
2 Member/ Individual Support	• Call center employees equipped to help members/individuals navigate coverage	• 24/7 access line (including clinical employees) equipped to detect severity of MH or SUD needs and respond accordingly, including individuals in crisis
3 Clinical Support	• Clinical focus on complex medical conditions and areas of high medical spend	• Provider quality managers partner with contracted providers to provide a consistent BH focus, share data, drive quality improvement, and promote integration across the full spectrum of BH services delivered by the provider

"Carve-out" does not accurately describe a partnership with Beacon. Beacon complements the medical focus of a health plan and/or state partner.

In Practice, MBHP's Work With the State is Integrated Within the Larger Work of MassHealth



MassHealth data shows that cost of Model B ACOs, including cost of MBHP, is 6%, or ~$29 PMPM, **lower** than Model A ACOs

- MBHP has been a strategic partner of MassHealth's since 1996
- MBHP has served as an incubator for member programs to achieve Medicaid goals, including MCPAP, MCPAP for Moms, MCSTAP, SUD/MAT programs, and the Children's Behavioral Health Initiative (CBHI)
- MBHP administers the Emergency Services Provider system on behalf of MassHealth across the entire Medicaid program (including MCOs and ACOs)
- MBHP partners with EHS to roll out key programs and initiatives as part of the SUD waiver, such as Residential Rehabilitation Services (RRS) and co-occurring RRS
- MBHP created the Recovery Support Navigator (RSN) model through a SAMHSA innovations grant, which resulted in a covered service for all Medicaid payers (RSN and Recovery Coaches)
- MBHP created the CSPECH service for chronically homeless members, which shows improved outcomes and reductions in ED use and hospitalizations. Service is now covered by all Medicaid plans.
- In collaboration with the Massachusetts Housing & Shelter Alliance, MBHP developed a Hospital to Housing (H2H) program, which shows significant outcomes and reductions in ED and inpatient use

For Those Facing Serious Mental Health Issues, Beacon Has Implemented Programs to Support Their Unique Needs

	What Beacon Does	Impact
Inpatient providers struggle to connect patients to outpatient care post-hospital discharge	Beacon provider quality managers (PQMs) facilitate connections between inpatient and outpatient providers to build referral pathways to support members.	83% of outpatient providers who work with a PQM to improve referral pathways increase their referrals, driving improved access for patients
Chronically homeless individuals struggle with readmission and accessing behavioral health treatment	Through the Hospital to Housing (H2H) program, community health workers act as liaisons between individuals and permanent supportive housing programs.	A reduction in inpatient behavioral health and emergency services use per person after enrollment in H2H and an increase in outpatient behavioral health use after enrollment in H2H
4%–8% of frequent ED users account for 18%–30% of total ED visits	Beacon's readmission program collaborates with patients and providers to implement at-risk crisis plans for patients with high rates of readmission.	Increased outpatient utilization by 35% with a corresponding reduction in inpatient utilization of 70%

For Those With a Substance Use Disorder, Beacon Has Implemented Initiatives to Support Members and Their Providers Directly

	What Beacon Does	Impact
Members on medication-assisted treatment (MAT) have a 40% lower rate of overdose than those with no MAT	Increased access to medication-assisted therapy through value-based contracting relationships (VBP)	Provider contracted through VBP outperforms peers, holding 90-day admission rates under 5% for enrolled individuals
Over 30% of individuals accessing Acute Treatment Services (ATS) level of care readmit within 30 days	On-site “transitions of care management” program at high-volume facilities	Decrease in readmissions by 10%
Primary care physicians treat the majority of chronic pain cases	Offers real-time phone consultation to PCPs on safely prescribing and managing care for adults with chronic pain and/or SUD	Over 230 consults provided in first year of program operation

For Those With Mild/Moderate Mental Health Issues, Beacon Has Developed Programs to Support Primary Care

	What Beacon Does	Impact
A large number of psychotropic prescriptions are written by a primary care physician	Beacon analyzes prescribing practices to identify opportunities to improve medication management	16% increase in medication possession ratio and 62% of prescribers discontinue at least one medication among polypharmacy issues
Children treated for ADHD often stop taking medicine or periodically stop and restart; this discontinuity of treatment is a major public health concern	Primary care interventions targeted at increasing medication adherence for children prescribed ADHD meds	Increased % of individuals prescribed an ADHD medication who are also receiving concurrent BH OP treatment
2/3 of primary care physicians report difficulty referring patients for mental health, twice the number reported for any other specialty	Massachusetts Child Psychiatry Access Program (MCPAP) addresses the child psychiatry shortage by providing prompt telephonic consultation and coordination to PCPs	Supports 90% of MA pediatricians Over 9,000 consultations provided, assisting over 2,000 families

For Those Who Are in Crisis, Beacon Works to Ensure They Are Immediately Supported and Have Access to Community-Based Supports

	What Beacon Does	Impact
Inadequate or inaccessible crisis response systems can lead to overwhelmed emergency departments (EDs), psychiatric boarding, and over-reliance on law enforcement	We develop and administer crisis systems across the country, engaging individuals in timely, evidence-based treatment and follow-up, and connect them to community-based care	In Massachusetts, where we oversee the Emergency Services Program (ESP), 83% of youth and 61% of adults receiving mobile interventions were referred to outpatient and diversionary services in lieu of inpatient care
Crisis services should be available and capable of serving anyone, anytime, anywhere	We facilitate immediate access and faster linkages to crisis services and support via multiple modalities, including telephone, text/chat, and mobile crisis dispatch	In Georgia, Beacon and our partner manage the Georgia Crisis and Access Line (GCAL), in which we receive 18,000–25,000 calls and respond to ~430 texts and chats monthly
There is a lack of coordination and data sharing between crisis services and other levels of care and community stakeholders	We build community collaboratives supported by peers and fueled by expert guidance on core principles to strengthen the safety net and foster recovery every step of the way	In Washington, Beacon convenes crisis collaboratives to share data, address transparency challenges, and resolve issues/barriers to create effective crisis care

Thank You

Contact Us

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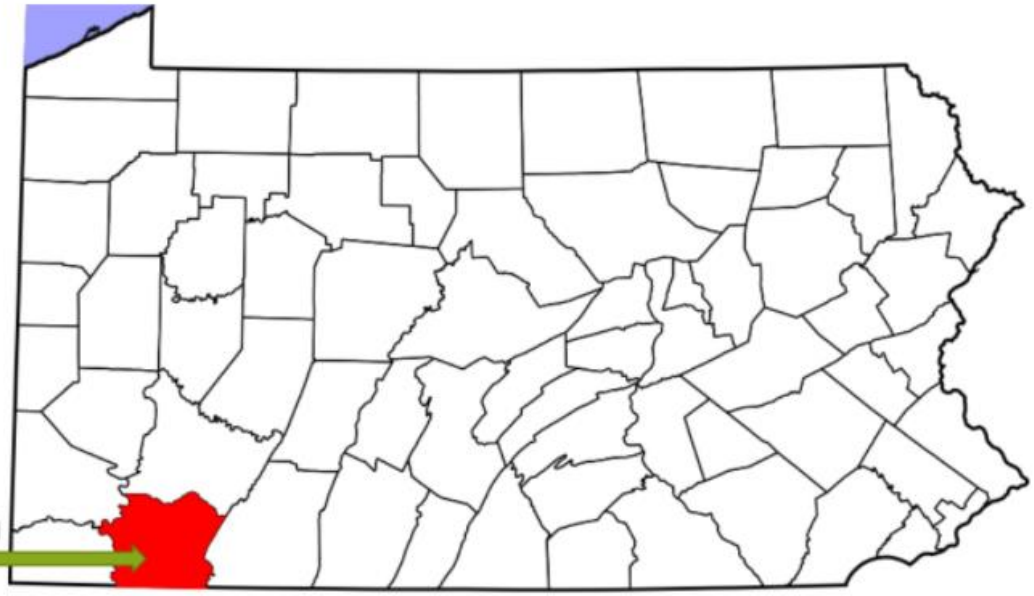
FAYETTE COUNTY, PA

WORKING TO BUILD A HEALTHIER COMMUNITY

CHESTNUT RIDGE
COUNSELING SERVICES, INC

Commonwealth Of
Pennsylvania



Fayette
County, Pennsylvania

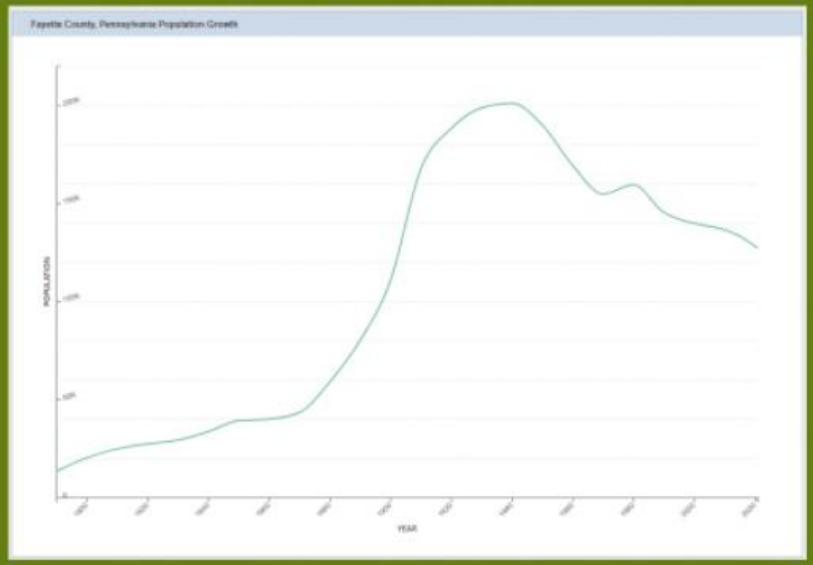
Fayette County, Pennsylvania Population 2021

Fayette County, Pennsylvania's estimated population is 127,176 with a growth rate of -0.82% in the past year according to the most recent United States census data.

Fayette County, Pennsylvania is the 28th largest county in Pennsylvania.

The 2010 Population was 136,441 and has seen a growth of -6.79% since this time.

Year	Population	Growth	Growth Rate
2021	127,176	-1,049	-0.82%
2020	128,225	-1,049	-0.81%
2019	129,274	-1,049	-0.80%
2018	130,323	-986	-0.75%
2017	131,309	-1,041	-0.79%
2016	132,350	-902	-0.68%
2015	133,252	-747	-0.56%
2014	133,999	-602	-0.45%
2013	134,601	-687	-0.51%
2012	135,288	-727	-0.53%
2011	136,015	-426	-0.31%
2010	136,441	-8,910	-6.13%
1990	145,351	-14,066	-8.82%



16.2% of our youth
(that is approximately
1 out of every 5)
have seriously considered suicide.

14.4% of our
youth
have self-harmed
(cutting, scraping,
burning)

Mental Health Crisis Intervention Services with Children Up to Age 18			
1130	1078	814	1512

38% of our youth
have felt depressed or sad
MOST days in the
past 12 months.

9.7% of our youth
have attempted
suicide

*2021 Pennsylvania Annual Youth Survey

Prior to HealthChoices

- Lack of comprehensive treatment and support continuum
  - Inpatient
  - Outpatient
- Insufficient “cross system” coordination
- County-controlled “compensation plan”
  - Eligible expense
- Limited ability for creative program design
- Flat “Program Funding”

Fayette County HealthChoices Model 1999 Goals

- The County must retain ultimate responsibility for its own citizens
- The County must enhance the availability and quality of its behavioral health services
- The County will reinvest savings into the County Behavioral Health Service Delivery System, consistent with the needs of the consumers
- The County must avoid cost shifting to other health or human service systems available through a BH-MCO for system management, while retaining governance control
- Local care management of the population with most (high utilizers). Assist in accessing services that are funded through medical assistance, base funding, as well as accessing ancillary supports (i.e. food banks, St. Vincent's) to meet the needs of the individuals we serve

Fayette County HealthChoices Model

- County Government maintains financial risk for HealthChoices dollars
  - ☑ County Right of First Opportunity
  - ☑ Counties Have Flexibility for Managing
    - ☑ Contract with ASO

• 2021	• 1999
HealthChoices Funds: $56,800,000	• $10,500,000
Base Funds: $6,800,000	• $5,900,000
MA Covered Lives: 49,200	• 22,000

- Beacon Health Options performs administrative and management support services
  - Billing/Claims Processing
  - Compliance
  - Quality Management
  - Network Development/Management
  - Base Funding Claims Processing
  - Value-Based Purchasing

23 Years Later: Did It Work?

$18,000,000 reinvested in 112 new supports, services, and programs.

- ☑ Reinvestment in Behavioral Health Services realized through efficiencies instead of going to profit.
- ☑ Reinvestment decisions made locally to ensure relevant services development
- ☑ Key was demonstrating a capacity for meeting standards and assumption of risk

New Services

Clubhouse, Site-Based, Mobile
Multi-Systemic Therapy
High Fidelity Wrap Around
Family Engagement Specialist Services
Warmline
Outpatient Clinics +6
Autism Respite
Inpatient Child Psychiatric Unit
Drop-In Center
Outpatient Forensic Survey
Parent Monitor
Contingency Fund

Chestnut Ridge Counseling Services

Telepsychiatry
Eating Disorders: Outpatient
Assertive Community Treatment Team
Mobile Medications
Crisis Stabilization: Residential
Nurse Family Partnership
Peer Specialist (Youth: 2016)
Long-Term Structured Residence

23 Years Later: Did It Work?

Substance Abuse Disorders

- Co-occurring Halfway House
  - Non-hospital treatment
  - Co-occurring OP

☑ Drug and Alcohol Network increased by 500 providers; increased access to non-hospital detoxification and half-way houses

☑ Development of a more robust services array, including treatment for co-occurring MH/SU

- Housing
  - Fairweather Lodge
  - Fayette Apartments
  - Supported Housing

- Employment
  - Supported employment

☑ Social Determinants of Health being addressed

Why Does It Work?

County Behavioral Health Administration and Beacon Health Options have:

- Intimate knowledge of population being served
  - Provider Input
  - County Leadership Team
  - Family Advocates/Specialists
  - ☑ Foster Consumer and Family Driven Care

- Contractual Relationships with all key Mental Health, Substance Use Disorder, and Critical Community Organizations
- Comprehensive network of treatment, supports, and services
  - Performance Standards
  - Emphasis on Evidenced-Based Practices
  - Value-Based Purchasing
  - ☑ Implement quality and access standards
  - ☑ Value-Based purchasing being implemented

Why Does It Work?

- Understanding the of importance of Social Determinants of Health
  - Awareness of, and access to, a diverse array of community-based supports
    - ☑ Strengthen Local Services Integration

- Local Care Management Team
  - Specific Caseload
    - ADAPT Team
      - ✓ Targeted to coordinate care for the most vulnerable SMI individuals
        - ☑ Prioritize the most vulnerable at-risk population

- Relationships and Communication
  - Beacon Health Options Provider Representative
  - County HealthChoices Leadership Team

How Does It Work?

- Monthly Meetings with Fayette County HealthChoices Leadership team, Provider Representatives, and each provider

- Provider coordination of care with identified Care Manager
  - ☑ Prioritize the most vulnerable at-risk population

- Orchestrated transitions across higher level of care programs via the ADAPT Team

- Address specific Social Determinate of Health issues in conjunction with County-based Community Case Manager
  - ☑ Leverage Community-Based Services

- Integrated Care Coordinator embedded in OP Clinic
  - ☑ Integrated PH/BH (Whole Person Care) implemented

- Discussion of cost and operational factors related to the rate adjustment requests
  - Knowledge of local/regional economic factors
    - Recruitment, etc.

How Does It Work?

- Quality and Compliance support from Beacon Health Options
  - ☑ Additional Quality Assurance capacities through Clinical Oversight of BHMCOs

- Provider representation at network level:
  - Level of care: Medical Necessity Criteria
  - Compliance program work groups
  - Level of care: telehealth best practices

- Provider Advisory Council

- Access to key Beacon Health Options departmental leadership
  - Billing
  - Compliance
  - Quality

- Fayette County HealthChoices Quality Committee
  - Local provider representation

Does It Continue to Work?

- Reduction on State Hospital beds from 45 to 13
- Lowest rates in PA for inpatient psychiatric days per 1,000 covered lives
- Focus of Social Determinants of Health
  - Two Studies:
    - Participants in Supported Employment Services experienced a 48% decrease in inpatient days and 700% increase in outpatient services
    - Stabilized housing situations netted a 17% decrease in inpatient days and a 13% increase in outpatient care

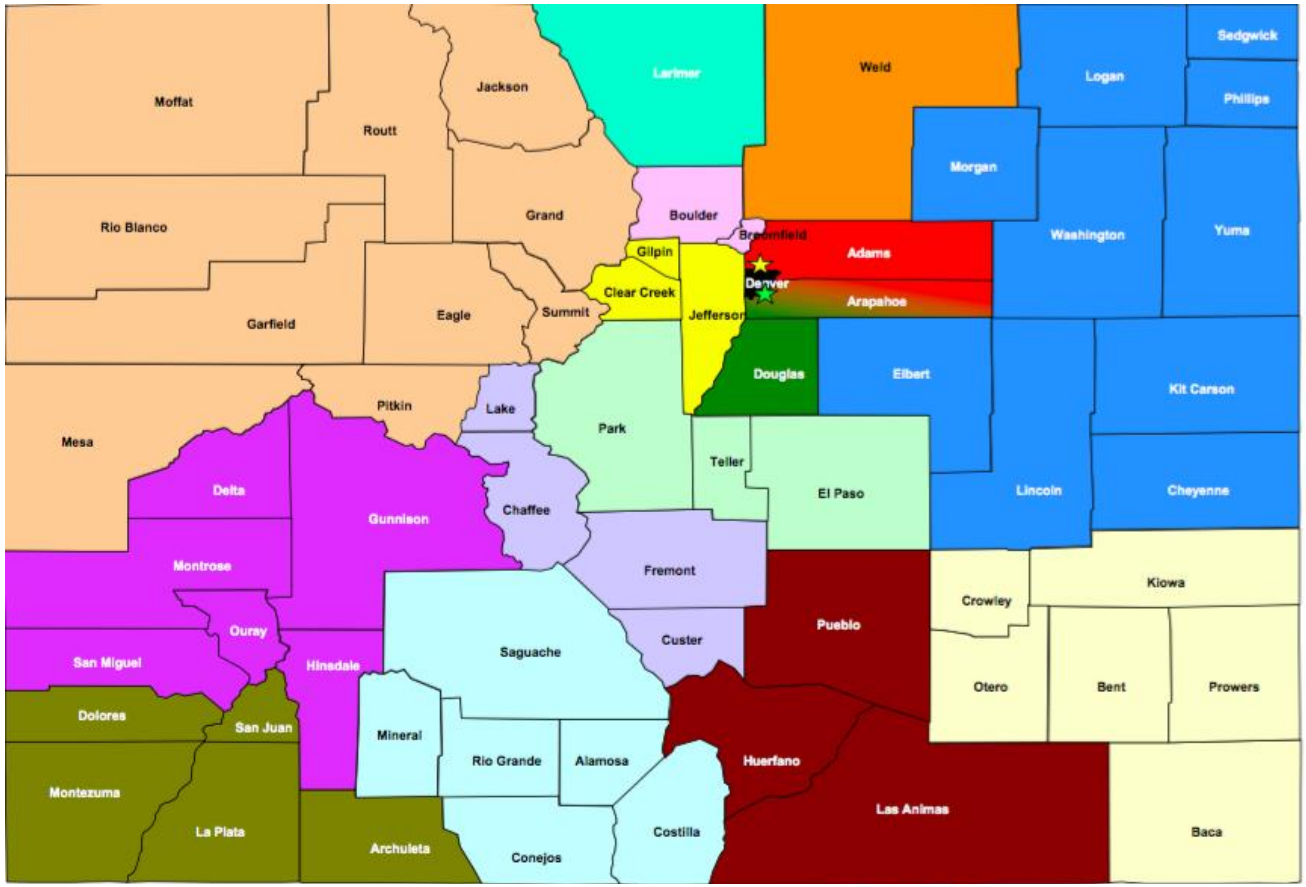
When Did We Really Need It To Work?

COVID-19 Pandemic

- Immediate and frequent network informational and support Zoom meetings
  - General
  - Level of Care
- Support of expedited use of telehealth
- Critical financial support with very timely Advance Payment Arrangements
  - Continuation
- One-time support funding
- Program level support
  - Partial hospitalization: reimbursement of less than 3 hours daily treatment and 15-minute increments
- Weekly COVID-related Provider Advisory Council meetings

THE COLORADO MODEL

Geographic Area of 17 Mental Health Centers



History of CO Behavioral Health Managed Care

- Statutory authority in created in **1995**
- CO Medicaid Department administers a statewide, prepaid, capitated system to provide behavioral health services to Medicaid members
- The Department runs this program under SPA and a waiver approved by CMS under **Section 1915(b**)

1915 (b)(3) waiver is Important . . .

- Allows program to offer extra services or (b)(3) services if they are cost effective

- Allows automatic enrollment in a Behavioral Health Managed Care

(b)(3) Services Available

- Vocational services
- Clubhouse/drop-in centers
- Residential services
- Assertive community treatment
- Peer advocate services
- Respite services
- Prevention/early intervention activities
- School-based and day treatment services for children/youth
- Targeted case management

* These services are analogous to a cross-section of supplemental and reinvestment services in PA

Emphasis on Integrated Care

→ As program evolved – more emphasis on integrating behavioral health care with physical health

→ The carve-out subcapitated arrangement allowed mental health centers to participate in over 200 integrated care locations across the state

Now Enter PHASE II

- Colorado redesigned the Medicaid program (Accountable Care Collaborative (ACC) Phase II)
- Shifting away from historical carve-out for behavioral health to a combined entity that manages behavioral health and elements of physical health
- 7 geographic regions instead of 5

State Behavioral Health Goals

- Increase access to behavioral health services
- Reduce barriers to care
- Create flexibility to pay for integrated behavioral health services within primary care settings
- Retain 1915 (b)(3) services

Phase II Design

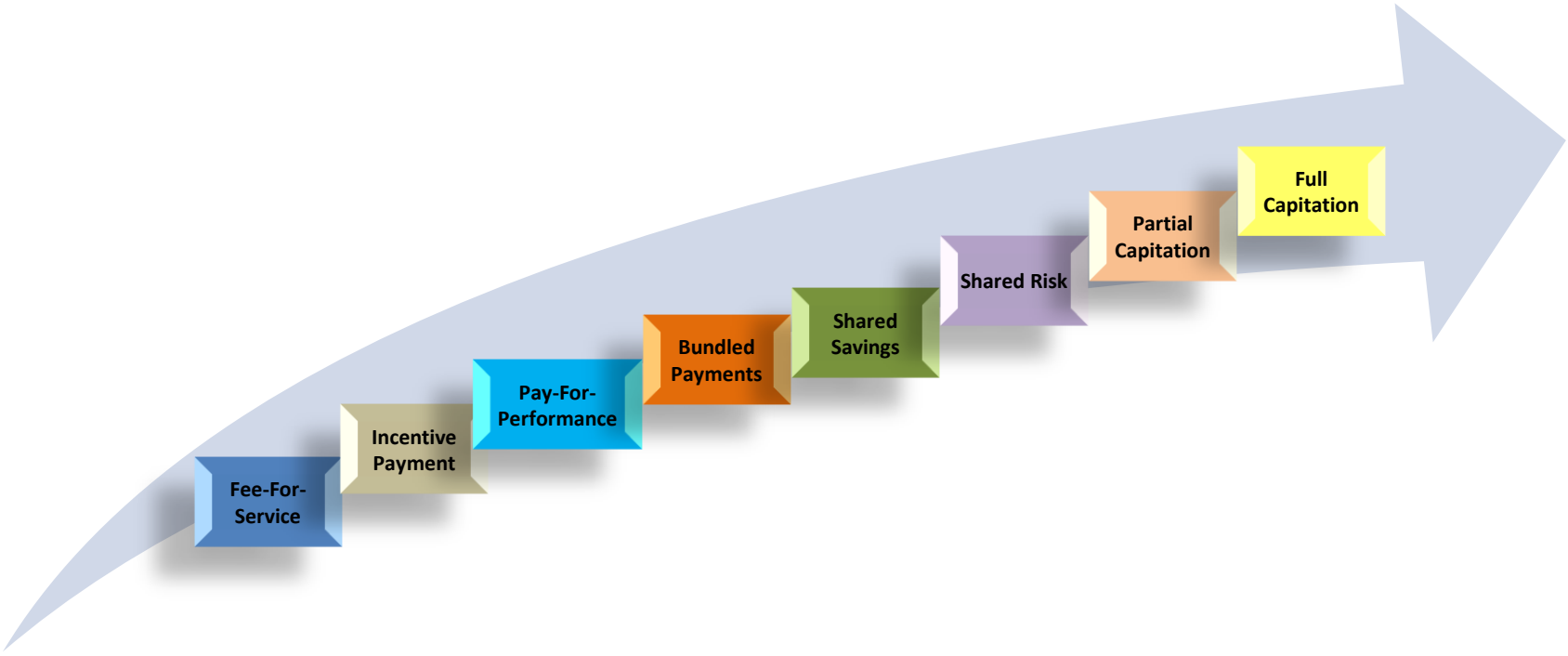
- Integrated Care
  - Defining a new set of services
  - Designed for behavioral health providers working as members of primary care teams

- Primary Care-based Behavioral Health Treatment
  - Traditional billable behavioral health treatment
  - Reimbursement 6 sessions outside of managed care program

Caution!

- Be careful how much you disrupt a system
- Contract changes can create different incentives
- Though we have a behavioral health carve-out
  - The increased emphasis on BH services in PC eliminated the 200 integrated locations
  - New managed care companies did not support B3 services because payment and incentives were not aligned
  - Result — more costly care delivered

Health Reform Goals: Value-Based Payment



Milliman Report

Milliman

Colorado BHOs – A Projection of the Value of Managed Behavioral Healthcare

Financial impact analysis for ACC Phase II

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