

Improving Behavioral Health Outcomes and Member Experience for all HUSKY Members

Introductions



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Agenda

1 Overview

2 Health Equity: COVID & Race

3 CTBHP's Response
to the Pandemic and
Disparity

4 Operational Updates

5 Utilization, Clinical, and
Quality Outcomes

6 Challenges and Opportunities

7 Questions



Connecticut BHP

Supporting Health and Recovery



Chapter

01

Overview

Connecticut Behavioral Health Partnership (CTBHP)

CTBHP was established by Connecticut General Statute to provide a multi-agency approach to problem solving and to address seemingly intractable behavioral health system challenges, resulting in significant positive outcomes including improved outcomes and access for all.

- 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 created in statute as an advisory body
- True provider partnerships developed over the years
- The goal of the partnership is to increase access and improve member outcomes

Beacon Health Options CT

Beacon Health Options CT has served as the Partnership's ASO since the program's inception. Leveraging this contract and 11 additional contracts direct with individual partner agencies (DCF, DMHAS, DSS), we have worked with our State Partners and providers to develop local solutions to support the individuals we serve in the state. This includes a variety of management programs focused on special populations, reporting, and advanced data analytics designed to improve system outcomes.

Beacon has demonstrated high standards of performance regarding both its contractual Performance Targets (over 95% since 2006) and Performance Standards (98.5% since 2011).

Beacon CT was named one of the state's 58 Top Workplaces for the sixth time in 2021 by the Hartford Courant.



Nationally, Beacon Health Options serves over 37 million people. Beacon delivers holistic services to help people live their lives to their fullest potential.

CT BHP AT A Glance

Covered Lives: **900,000+**



Contract Type:

Administrative Services Only

- Cost Plus
- 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 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

Chapter

02

Health Equity: COVID and Race

COVID and Racial Disparity Pushed Health Equity to the Forefront

Pandemic

COVID had a disproportionately negative impact on People of Color, including higher death rates, initial challenges accessing vaccines, and greater economic impact of mitigation protocols, etc.

Racial Unrest

The country witnessed a series of high-profile deaths of Black individuals at the hands of police that prompted social protest and calls for racial justice

The combined effect has been significantly higher stress and despair experienced by communities of color. These can interact with existing health disparities to further disadvantage People of Color.



Conversely, there have been positives among society from the social protest:

- Heightened sensitivity to/recognition of racism
- More meaningful dialogue and understanding regarding race
- Increased call to action to address disparity in all arenas, including health

COVID & Racial/Ethnic Impact on Behavioral Health

Rates of Mental Health Disorder

- Global study showed high rates of Anxiety, Depression, PTSD, and stress in 8 countries including the US².
- CDC – During the pandemic rates of anxiety and depression were higher for Hispanics vs. non-Hispanics and Blacks showed higher rates of depression vs. other racial groups.

Opioid Epidemic

- CDC – 29 percent rise in overdose deaths from October 2019 through September 2020¹
- NIDA – “Highest increase in mortality from Opioids, driven predominantly by fentanyl, is now among Black Americans”

COVID & Racial/Ethnic Impact on Behavioral Health (Con)

Access to Care and Severity

- Higher acuity and severity of illness noted by CT providers of behavioral health service across all levels of care
- Seeing longer stays in hospital, more children and adults stuck in emergency rooms, staffing challenges, etc.
- Efforts to increase capacity not meeting demand
- Use of any BH service in CT Medicaid is lower for Black individuals

Suicide

- Suicide rates are up nationally although more stable in CT
- Reduction in rates reported for Whites has been offset by increased rates for Persons of Color

Chapter

03

CTBHP's Response to the Pandemic and Health Disparity

CTBHP COVID Response: Members

- All staff continued their work uninterrupted virtually
- Child Intensive Care Managers continued to work closely with providers of all Levels of Care (LOCs), addressing **System Throughput** issues
- The **Autism Spectrum Disorder (ASD) team** worked to support families struggling with schools and providers shifting from in-home to remote/telehealth, decreased structure
- Over the course of 2020, the Clinical Liaison team outreached to **5,629 members** recently discharged from higher levels of care, reviewed **21,265 discharge summaries**, and processed **12,617 aftercare follow-up inquiries**
- Staff provided support to address members' **Social Determinants of Health**, such as assistance with accessing food, housing, and technology for telehealth

CTBHP COVID Response: Members (Con.)

- Implemented and continued the **Beacon Warm Line** to assist members with wellness education, community resource referrals, and emotional, mental health, and substance use recovery support
- **Vaccine Outreach:** In 2021, Peers and ICMs made 2,694 calls, connecting with 1,133 members (42% success) to increase awareness of vaccine availability and provide education on its benefits. Focus was reaching members ages 16+ with serious and persistent mental illness living in the community (two calls). Members 65+ received a third call. The breakdown for reach rate was:
 - Non-Hispanic/White: 46.2%;
 - Hispanic: 17.4%;
 - Black: 14.6%;
 - Asian/Multicultural: 4.2%
- Customer Service provided **Vaccine Education** to inbound non-crisis calls



CTBHP COVID Response: Providers

- **Lifted Prior Authorization (PA)** for multiple LOCs to reduce administrative burden and facilitate rapid access to care
- Delivered **provider assessment and training** to ensure a cohesive pandemic response:
 - Outreached to gather provider needs and capacity
 - Assessed any changes in access and service availability
 - Compiled feedback to inform internal departments' responses
 - Trained providers in Telehealth to support expansion of these services
 - Provided technical assistance and support to providers re: changes in UM process, telehealth, and other issues
 - Beacon CT's Medical Director offered COVID-19, with focus on BH issues and Wellbeing trainings to provider groups and other ASOs

CT BHP Activities to Address Health Disparity

- CTBHP's commitment to Health Disparity began long before the recent unrest
 - Multiple studies 2014 - 2021, including
 - “Broader perspective on disparity”
 - “Pervasive disparity in access to more BH services by Persons of Color”
 - “10 Concrete Strategies to address disparity in access to outpatient care”
- System and Program recommendations include:
 - Collaborating with natural community supports for outreach/education
 - Improving translation & interpretation capacity
 - Providing community outreach
 - Providing services closer to where people live
 - Publishing provider staff demographic and cultural profiles
 - Co-locating MH services in doctors' offices or medical clinics
 - Facilitating access to social services like food or housing supports as a component of clinical services
 - Using Value-Based Payment (VBP) or incentives to improve health equity
 - Providing MH or SUD “apps”

Data as an Asset, not an Enabler

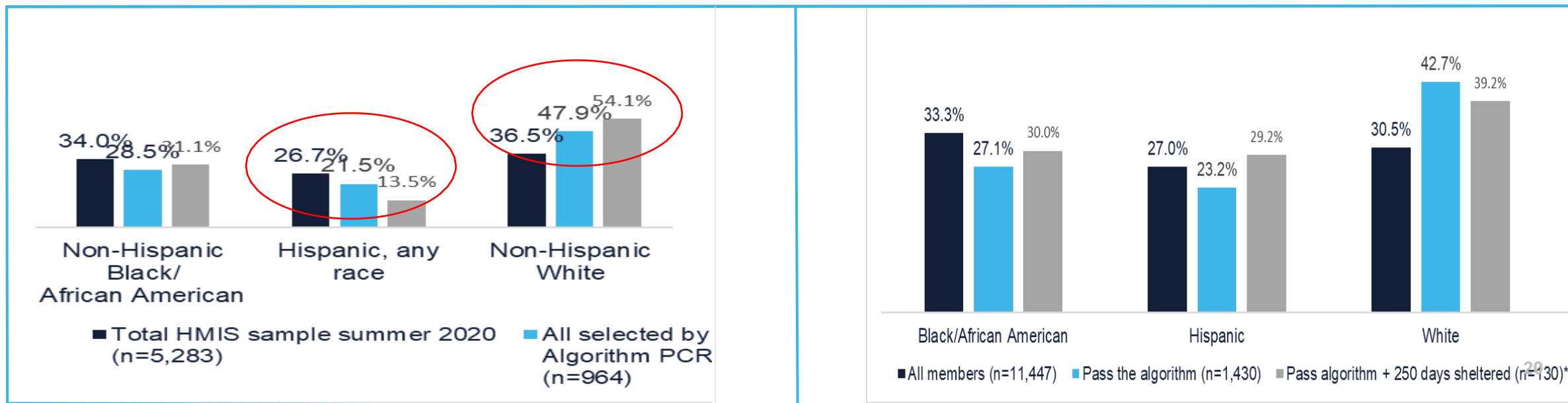
- Health care data, and specifically algorithms, often identify populations that can benefit from specialty care management
- Such data driven programs can:
 - improve disease management, health outcomes
 - reduce the cost of care
 - remove bias from human decision making in eligibility or access determinations
- However, recent research indicates *algorithms in healthcare¹ and other fields² can show bias against certain populations due to systemic racism* reflected in the data used to construct these algorithms
- Initiating in 2020, Beacon, under the direction of the CT BHP, accelerated a journey to ensure any methodology created would not inadvertently drive disparity, and further, accelerated efforts to program information related to race and ethnicity into all of its reporting

EXAMPLE: CHESS Algorithm Solution Reduces Disparity

- CHESS provides housing and supports to homeless Medicaid members, to improve their health & wellbeing.
- Eligibility algorithm identifies individuals who will benefit most considering: equity; volume of eligible clients; and savings projected.
- Algorithms can be subject to racial bias and DSS and CTBHP took great care to avoid it.

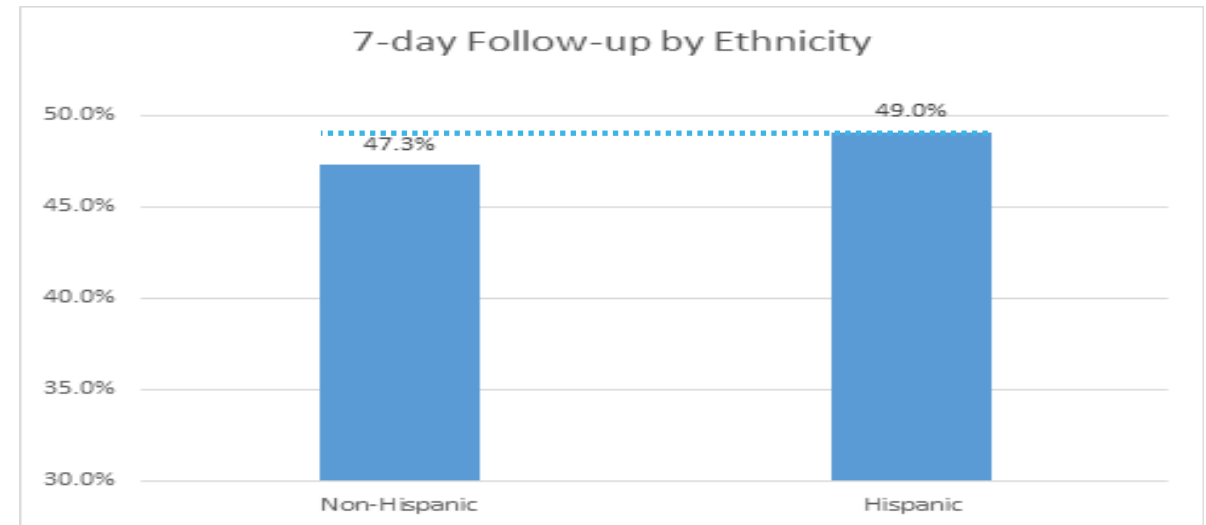
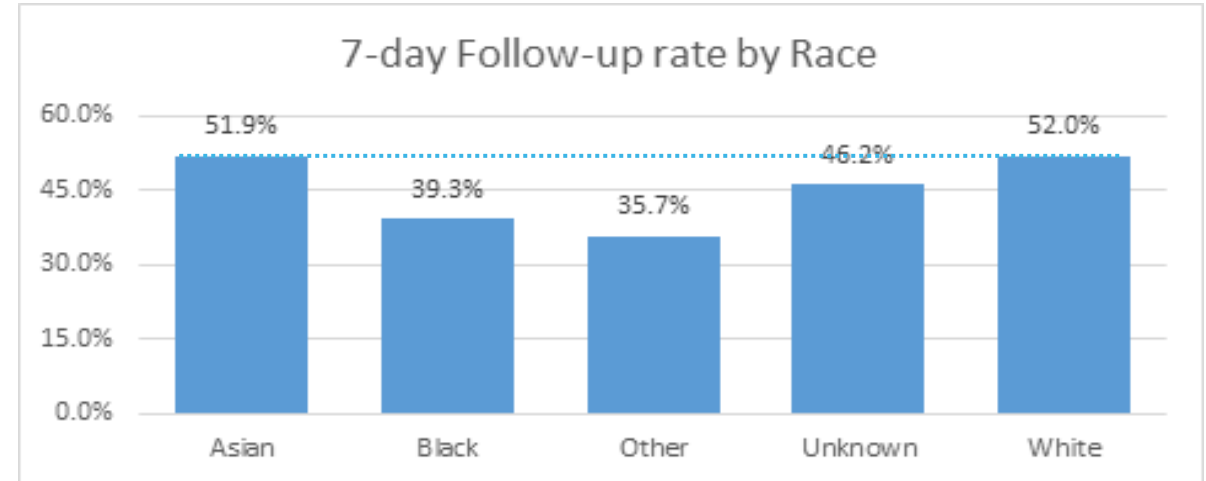
Initial CHESS Algorithm

Final CHESS Algorithm + Outreach Prioritization



EXAMPLE: Follow-up After Hospitalization (FUH) 7-Day

- FUH computes the rate of qualified follow-up care that occurs within 7 and 30 days.
- CT's FUH rates improved in 2019 relative to national and regional performance and the CT rate was above average on both comparisons.
- For 2020, when FUH is examined through a health equity lens, a clear disparity for those who identify as black is revealed (Black = 39.3% vs. White 51.9%).
- The 7-day follow-up rates are relatively comparable for Hispanics vs. Non-Hispanics, with a slight 1.7 percentage point advantage for Hispanics.
- Mitigation program proposed under the All ASO Health Equity Project.



FUH Proposed Programmatic Initiative – All ASO HE Project

Service/outcome disparity	Follow-up after Hospitalization rates for Black vs. White Individuals
Target Population	Black individuals who are hospitalized/recently discharged from inpatient psychiatric care at hospitals with the highest rates of disparity
Greatest geographic area for impact	6 Hospitals with the largest rates of disparity in follow-up
Intervention	<ul style="list-style-type: none">• Toolkit for providers to enhance discharge planning for Black individuals focusing on connection to care• Data tracking and review via the Inpatient PAR program• Local system work to improve hospital-community coordination

Diversity, Equity, and Inclusion Activities

Beacon engaged in multiple activities in 2020/2021 to promote diversity, equity and inclusion (DEI) within the organization.

- Expanded the DEI committee from 8 to over 40 active members
- Trained 9 staff as Diversity Dialogue facilitators who co-lead three Dialogues concerning the harms of stereotyping, “Intersectionality”, and gender identity (over 100 staff participated)
- Trained 98 staff regarding the operation of “Implicit Bias” in racism and discrimination
- Conducted an 8 week Inclusion and Diversity Learning Series (43 staff participated)
- Convened a virtual diversity panel discussion with our corporate colleagues to raise awareness of health disparities among people of color and underserved populations (323 Beacon staff participated, including many who work on the CT contract)



Chapter

04

Operational Updates

Clinical Operations – Authorizations and Oversight of Utilization

Current:

- Provider self service for clinical authorization requests
- Automated authorization parameters, updated in 2018/2019
- Customized inpatient authorizations based on facility performance and case mix
- Outlier and Bypass programs supported by Medical Affairs, the Quality Department, Regional Network Management, and Data and Analytics

Future State:

- Continued redeployment of clinicians to co-location/clinical consultation model
- Continued development of Specialty Population Management and UM via predictive analytic capabilities
- Additional integrated care strategies/programs

Clinical Operations (Con.)

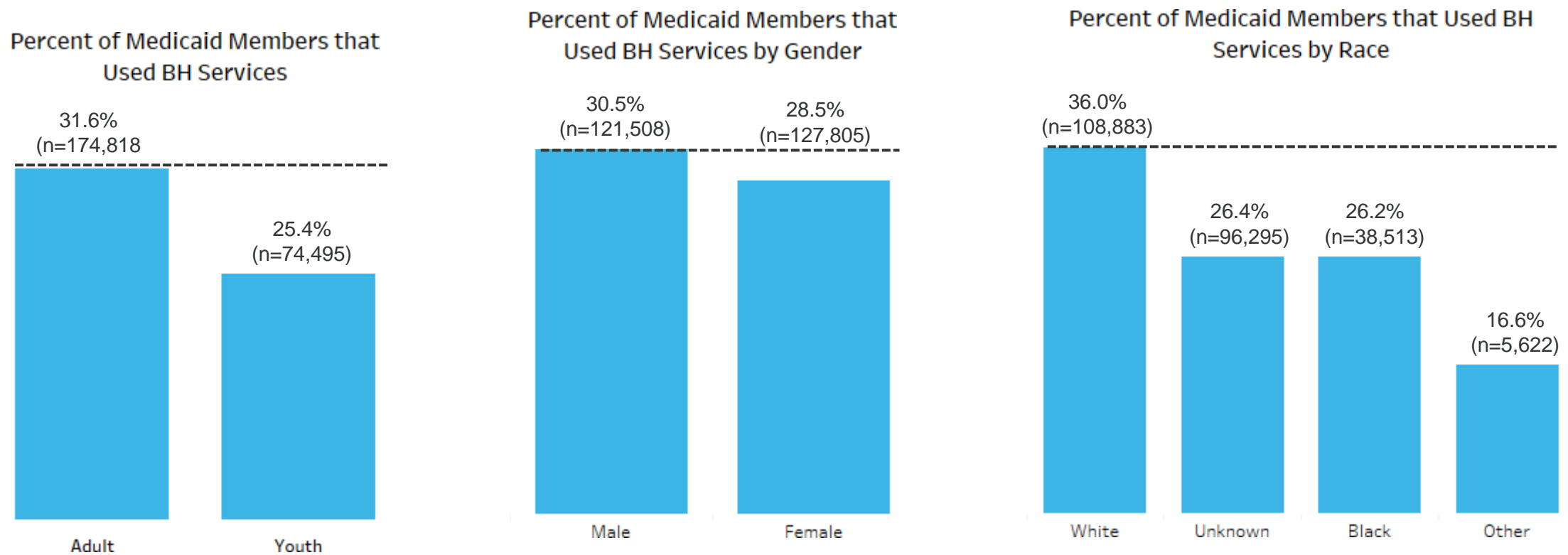
Utilization Management:

- In 2020, **318,583** authorizations were completed. This was a 26% decrease in authorizations from 2019, most notably due to the lifting of prior authorization for many levels of care.
- Our clinicians answered **443 crisis calls**, supporting individuals in accessing behavioral health supports in a timely manner.
- **5,479 after care follow up calls** were made to individuals following hospitalization to ensure connection to after care appointments.

Care Management:

- In 2020, Intensive Care Management (ICM) provided support to **727 adults** – locating clinical services as well as addressing social determinants of health.
- ICMs provided services to **1,678 youth** in 2020, an increase from the previous year.
- The Peer Department engaged **1,303 individuals** to help navigate the BH system and services related to COVID-19.
- Beacon received 246 referrals to co-manage with Veyo. Of those, **54 were successfully transferred** to closer providers, while the remaining were assisted in making adjustments to their mode of transportation (bus passes, mileage reimbursement, increase bottle take homes)

Use of Any Behavioral Health Service: CY 2019

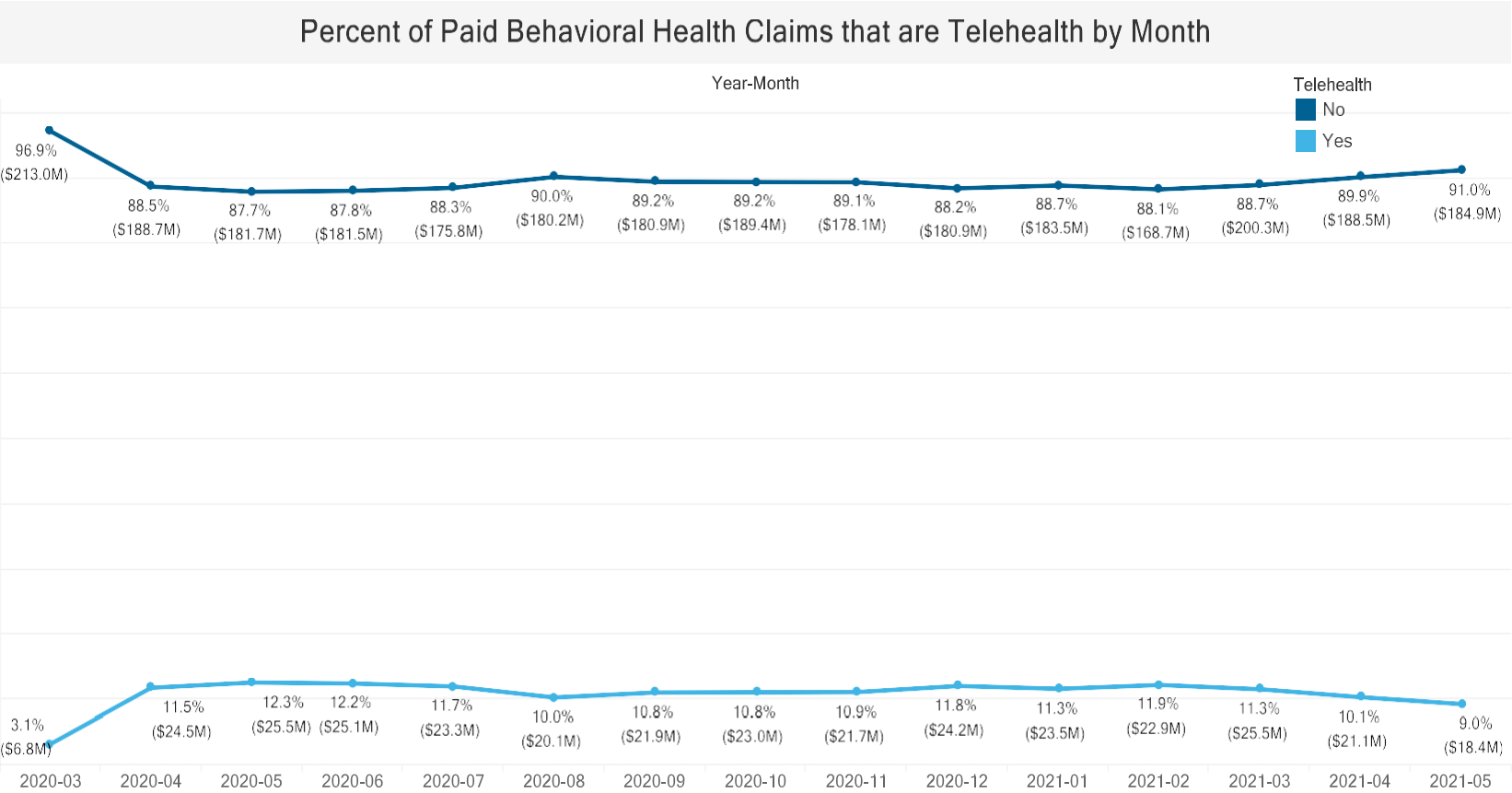


Specialty Population Management

Populations Served:

- Children and families participating in DCF Intensive Care Coordination program
- Families engaged with ASD (Autism Spectrum Disorder) program
- 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 CHES
- In addition to our ICMs, Beacon CT has the largest staff of Peer employed within Beacon nationally (24 in all)
- Peers have been an integral part of the program since its inception in 2006

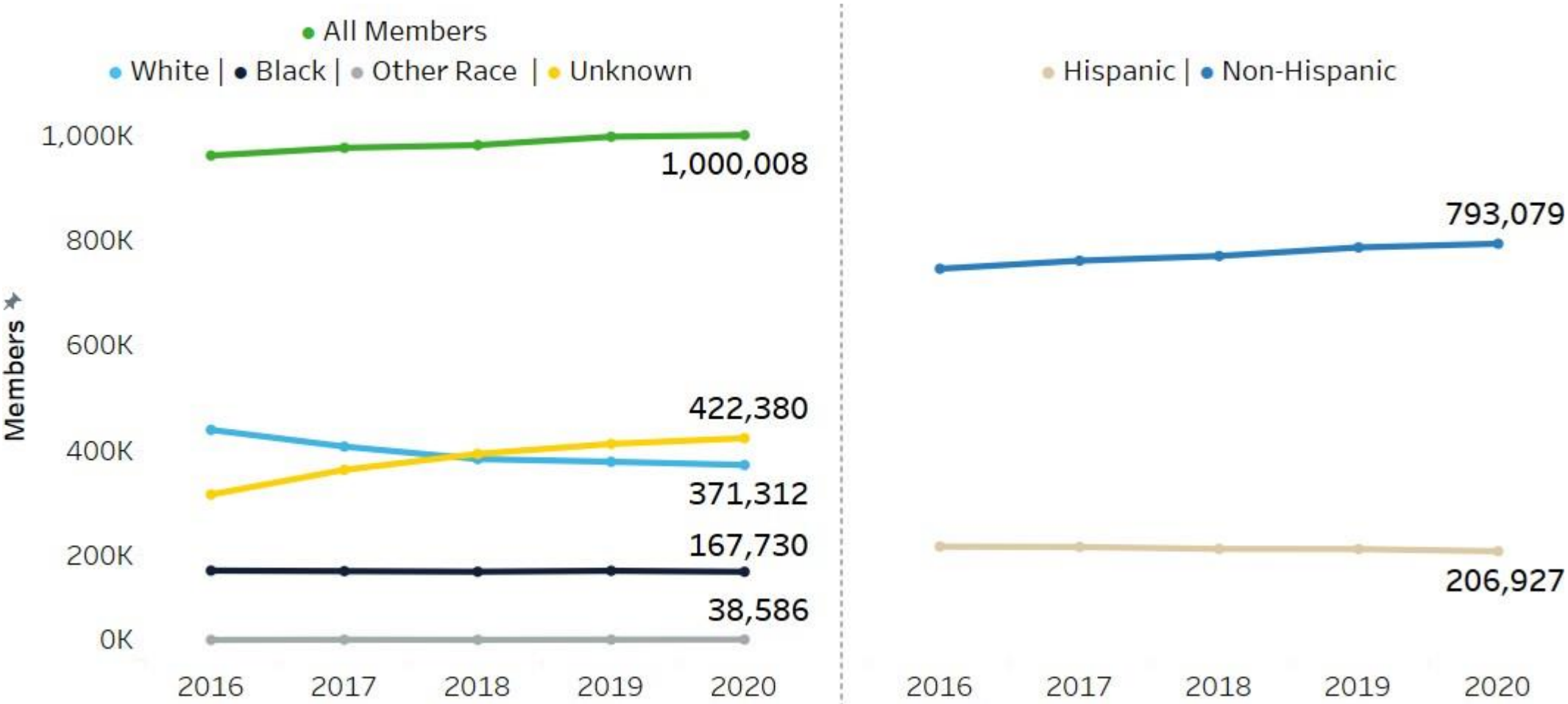
Telehealth Claims for Behavioral Health Services



- In March of 2020 utilization of telehealth in BH accounted for 3.1% of the PMPM.
- This rose to approximately 11% - 12% until August of 2020 when it began to level off at 10% - 11%
- The apparent decline in telehealth PMPM in April and particularly May of 2021 is likely a result of claims lag.

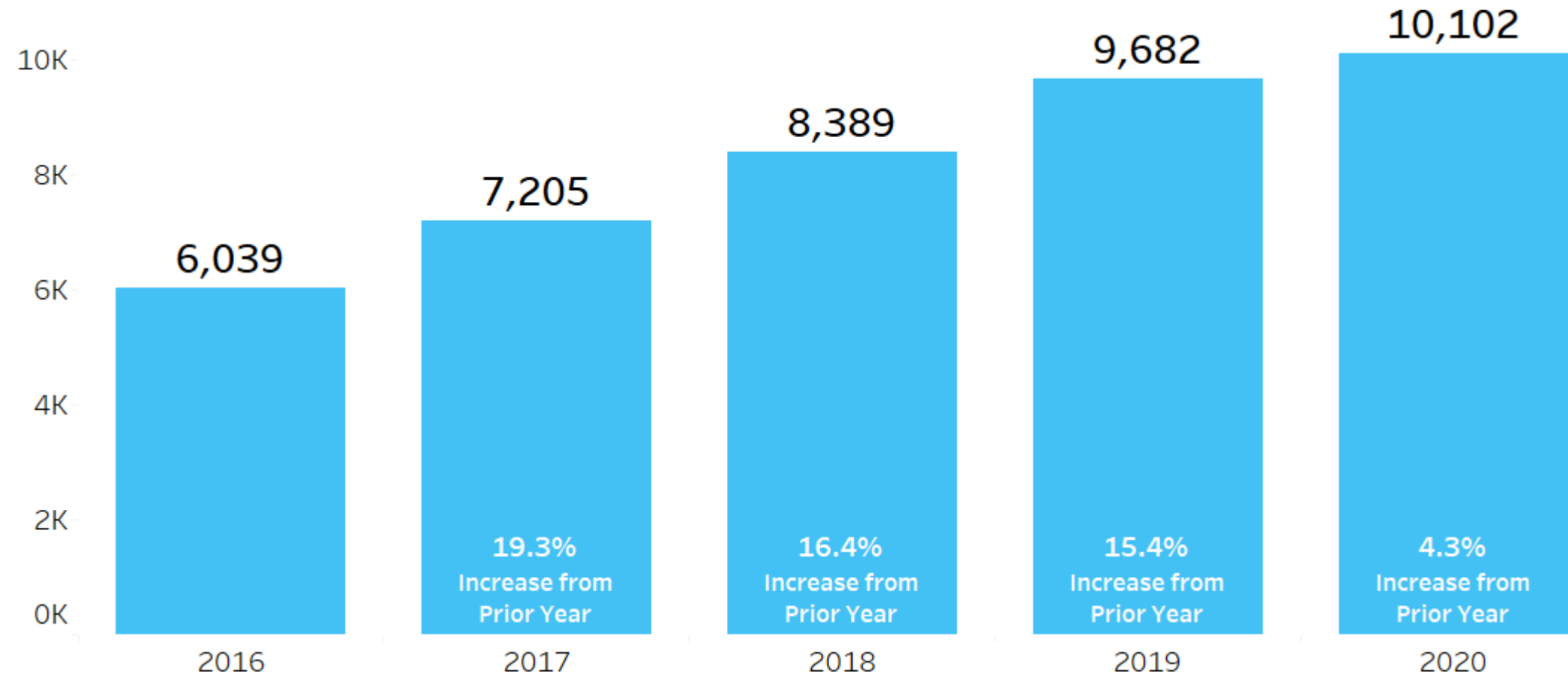
Connecticut HUSKY Health Membership Volume

Adult and Youth Members by Race and Ethnicity



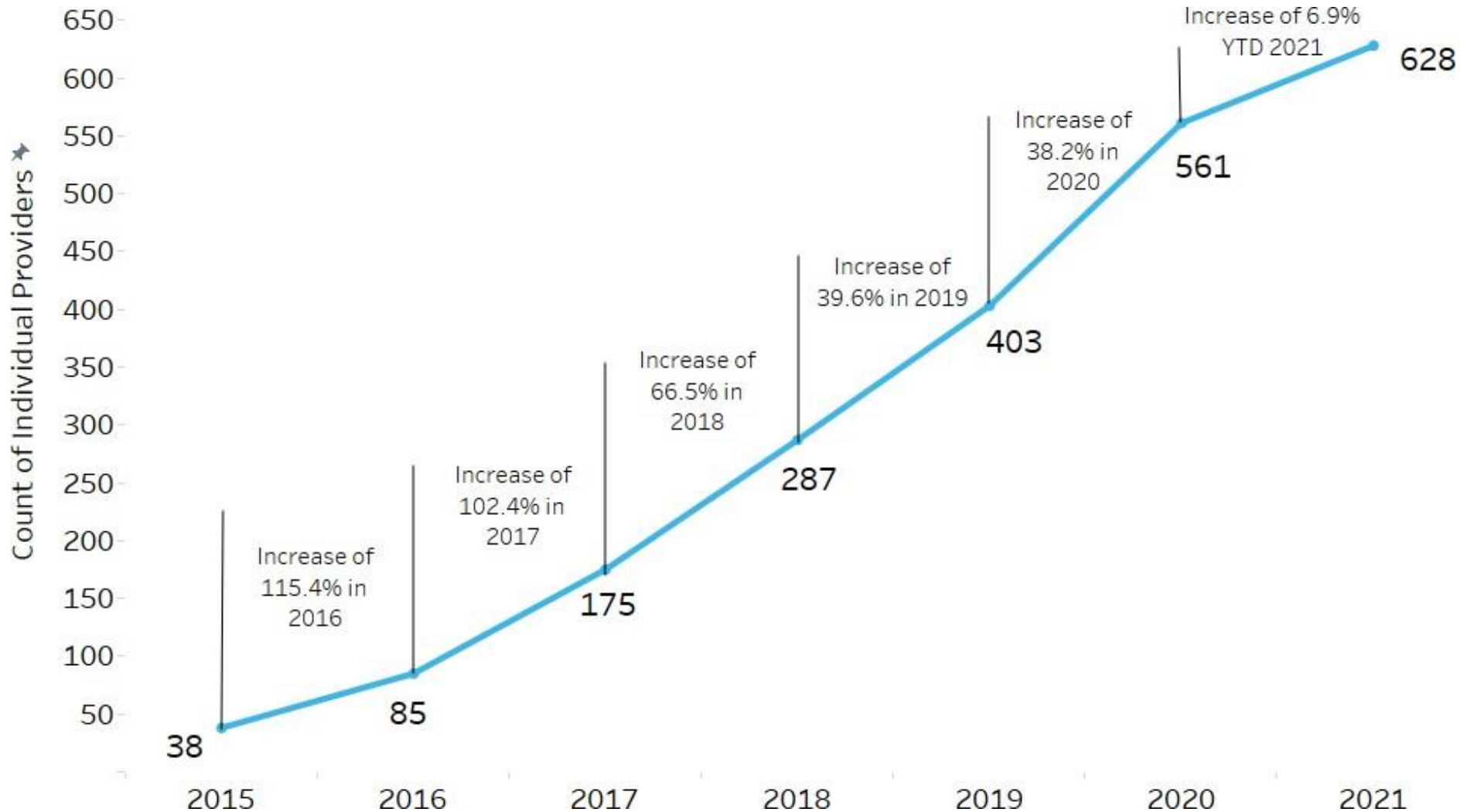
Provider Access: CT BHP Network Growth

Growth primarily attributed to addition of ASD Network, Hospital Outpatient Reform - Professional Service/Group Practice enrollment and increase in Individual Practitioners enrolling as LLC Group Practices.



* Approximately 89% of Providers choose not to identify their racial/ethnic background in a 2020 provider survey

Provider Access: Growth in ASD (Autism Spectrum Disorder) Individual Provider Enrollment

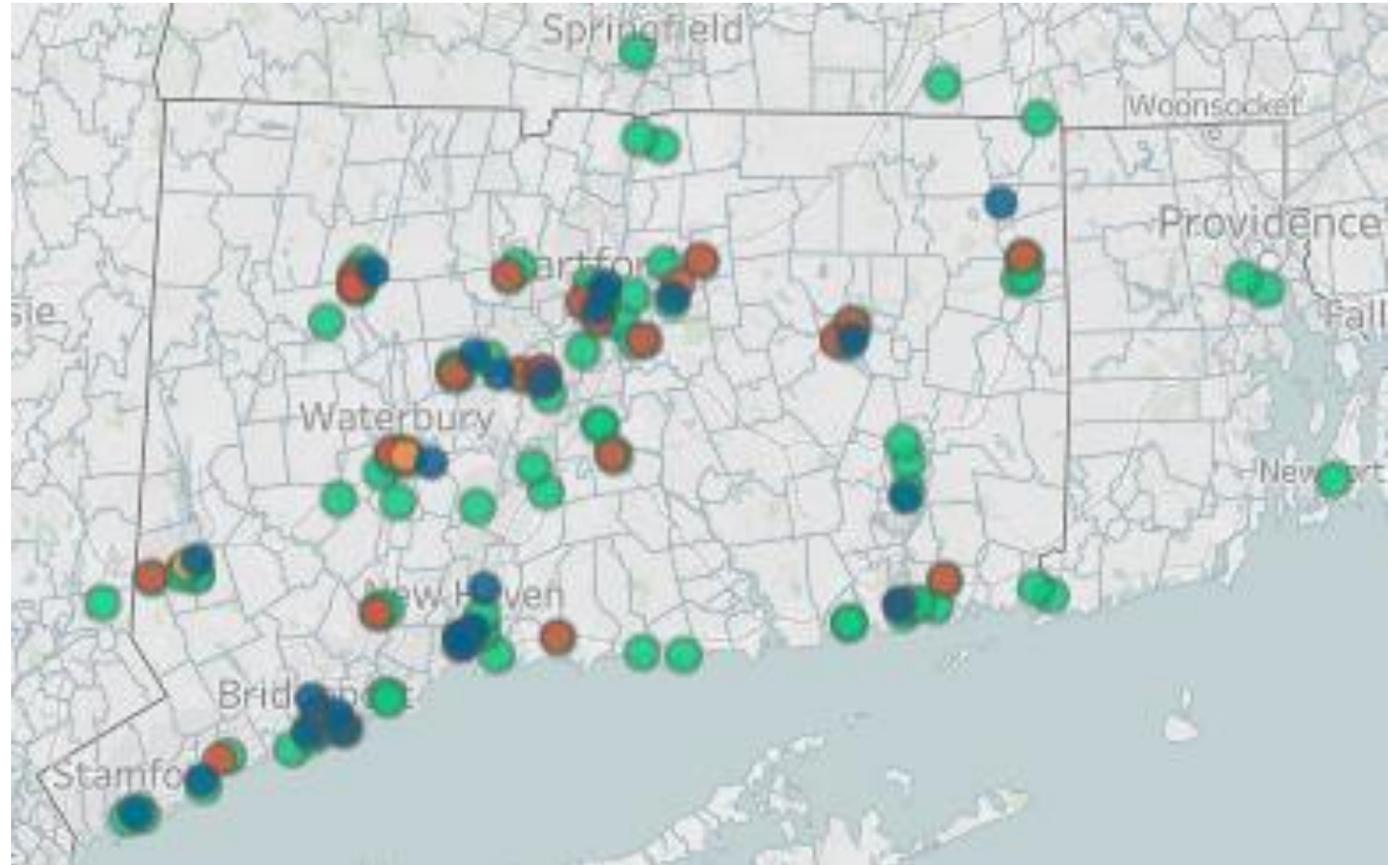


- The ASD provider network has grown each year, but growth has slowed in 2021.
- Despite this growth, insufficient capacity remains an issue.

Through a concerted effort, Beacon has seen an increase in Spanish speaking ASD providers but capacity remains short of demand.

Growth in Medications for Addictions Treatment Provider Network

Since 2017, the number of provider locations on our MAT map has increased by over 66%, resulting in over 17,428 page visits as of August, 2021.



Challenges in Access to Care

- **Autism Spectrum Disorder (ASD)** – Despite significant increases in the ASD provider network, there remains a shortage of qualified providers of treatment services, contributing to delays in accessing care
- **Medication for Opioid Use Disorder (MOUD)**– MOUD is the most effective treatment for opioid use disorders; and while we have seen a growth in access, it remains underutilized due to: shortages of willing/qualified providers, entrenched practice patterns, and myth/stigma associated with its use
- **Access to hospitals and other youth inpatient facilities** has decreased due to decreases in capacity, increase in acuity of youth and milieu and workforce shortage. CT BHP has initiated incentives to expand capacity, but it is too soon to see impact
- **Workforce shortage**, specifically around access to psychiatry and culturally and linguistically diverse employees
- **There are opportunities for increased beds** for those requiring withdrawal management who are physically frail and those with complex medical/psychiatric co-morbidities

Provider Support and Practice Improvement

Regional Network Managers

- Facilitate system improvement and provider performance via the Provider Analysis and Reporting (PAR) program, informed by and in conjunction with, Beacon’s Medical Affairs and Clinical Department, state partners and providers
- Use data to inform performance improvement and work with providers and stakeholders to identify and address needs within regional networks and the statewide system of care
- Thorough provider data analysis and reporting, identify best practices and promote their dissemination
- Compile, analyze, and deliver data through the PAR on various levels of care to drive practice improvement ~ practice improvement initiatives include:

Inpatient (Child and Adult)	Psychiatric Residential Treatment Facility (PRTF)
Home Health	Freestanding Withdrawal Management
Intensive Outpatient Treatment (IOP)	Enhanced Care Coordination

Member Engagement

- The Consumer and Family Advisory Council (CFAC) is a consumer- and family-driven group of over 60 members, the majority of whom are people of color, the largest such group in Beacon nationally. They are tasked with improving communication among statewide providers, individuals, families, and agencies to develop more positive service delivery outcomes. CFAC also develops advocacy and educational programs in the community, and many individuals serve on legislative councils and sub-committees.

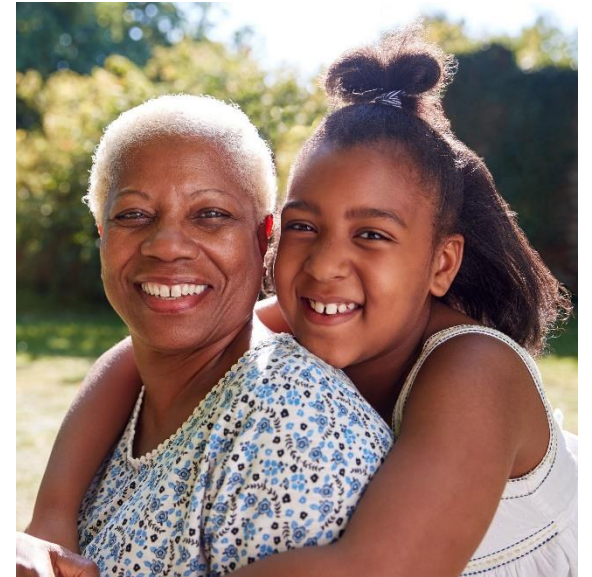


- CFAC and the CT BHP co-sponsor the annual consumer-driven *iCAN* Conference to help ensure Connecticut communities are aware of behavioral health programs, services, and resources, and to encourage partnership in system change. The Sixth Annual *iCAN* Conference was held virtually on September 23, 2021, including ten workshops and 249 participants.

Member Engagement (Con.)



- Since 2006, the CT BHP has held **Community Meetings** for consumers and other stakeholders. Most recently, these have focused on challenges associated with substance use disorder/medication-assisted treatment, COVID-19 vaccine hesitancy, caring for family members with autism spectrum disorder, and understanding the Child Abuse Prevention and Treatment Act (CAPTA).
- When engaging with members, our Care Coordinators utilize **Aunt Bertha**, a search and referral platform designed to make human service programming (food, shelter, health care, work and financial assistance) accessible to those in need.
- Our on line education and support library, **Achieve Solutions**, offers members access to numerous articles, tutorials, and other resources.



Chapter

05

Utilization, Clinical, and Quality Outcomes

Service, Quality & System Monitoring

Beacon conducts a variety of quality and service monitoring of the BH System – Major categories and examples are provided in the table below.

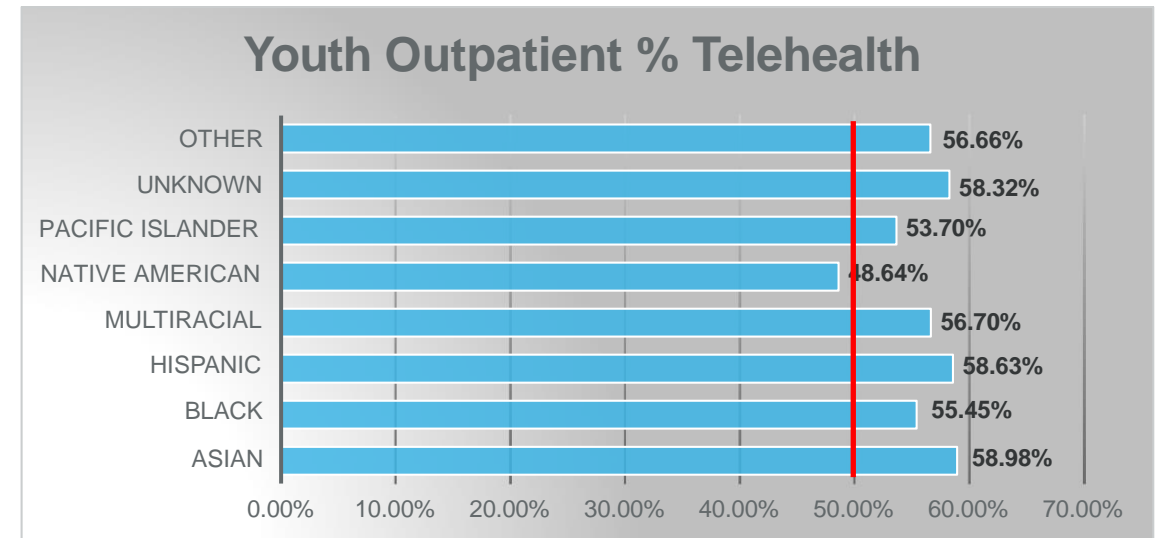
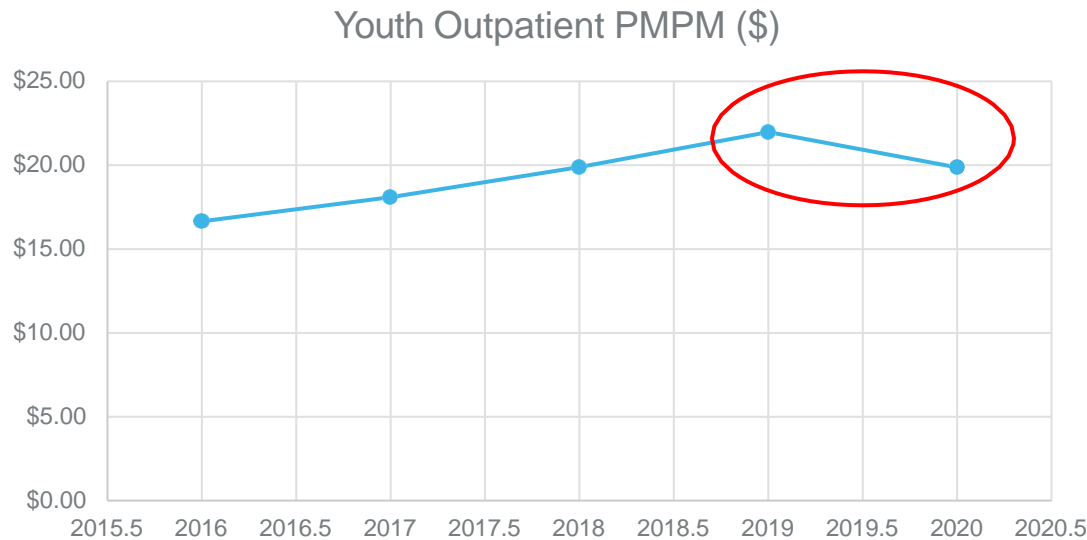
Category	Example (s)
Quality Metrics	HEDIS, CMS & Custom Indicators such as Follow-up After Hospitalization or adherence or use rates for various medications
Utilization Indicators & Trends	Indicators of rates of admission, discharges, ALOS, BH utilization over time with analysis of clinical context
Population Profile and PMPM Dashboards	Interactive Dashboards that provide a population level analysis across demographics, diagnosis, utilization, cost, SDoH, etc. and trending of costs by various indicators
Provider Performance Dashboards	Dashboards tracking key indicators by provider by level of care for use in the PAR performance improvement dashboard
Beacon Performance Standards & Targets	Tracking of performance against contract standards regarding internal operations (call answering, appeals, quality of care, etc.) and targets embedded in negotiated major performance targets.

Adult and Youth Utilization Management – Pandemic Impact

- Due to lifting of PA traditional utilization reporting was not available for many levels of care for calendar year 2020
- The development of a Claims PMPM dashboard and analysis by level of care provided an alternative for insight into trends in utilization
- For those levels of care for which PA was not lifted, the full suite of utilization reporting was available for 2020
- In addition to the impact of lifting PA on the availability of utilization data, the pandemic also directly impacted utilization due to reductions in capacity to manage COVID, time needed to ramp up telehealth provision, reductions in care seeking due to member concerns of being infected etc.
- Highlights of utilization based on PMPM and for those levels of care where PA were not lifted are provided on the following slides

Youth Utilization Highlights

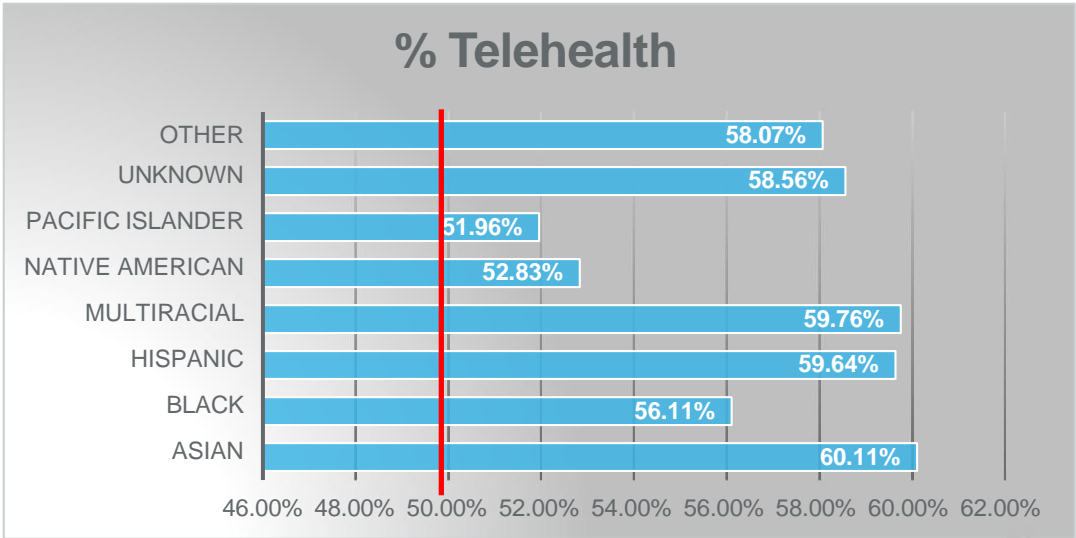
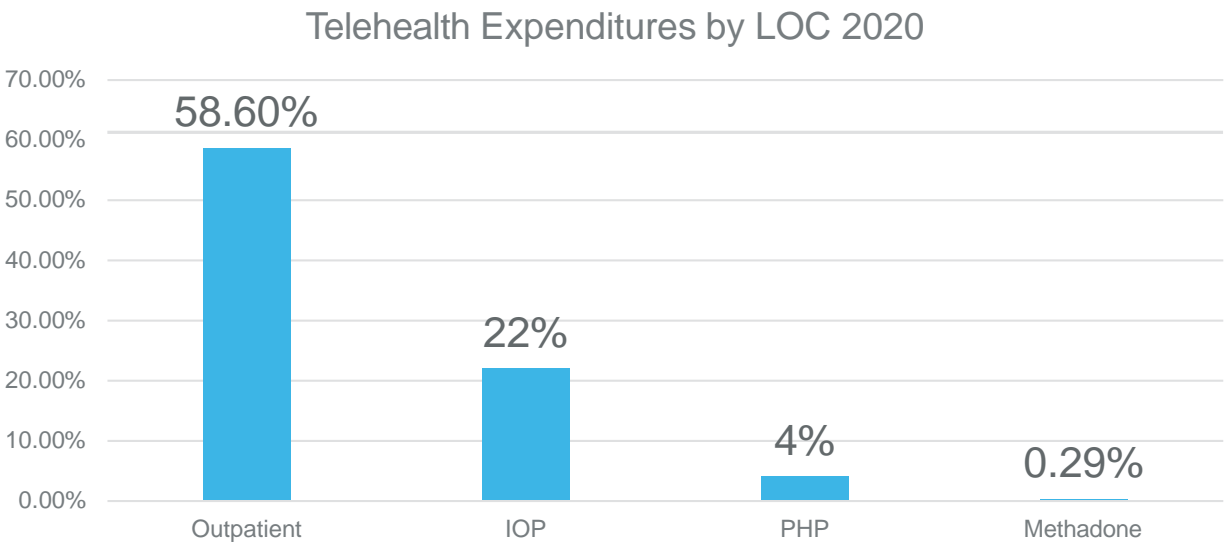
- For Youth, the overall PMPM and most behavioral health services under the purview of the CT BHP went down in 2020 compared to 2019 including Acute Inpatient, IOP, and Outpatient.
- One exception to the 2020 decline in youth PMPM was other home-based services that increased by 8.93% in 2020 compared to 2019.
- There was an -9.60% decrease in the PMPM for Outpatient Behavioral Health Services from CY 2019 to CY 2020.
- All race categories had nearly 50% or more of their relative total expenditures for Outpatient Behavioral Health Services as telehealth in 2020.



Adult Utilization Highlights

- For Adults, the overall PMPM and most behavioral health services under the purview of the CT BHP went down in 2020 compared to 2019 including Acute Inpatient, IOP, and Outpatient.
- One exception to the 2020 decline in expenditures was methadone maintenance services. The total expenditure for methadone maintenance increased to a five-year high at \$65.60 million in CY 2020, an increase of +7.61% from CY 2016 and a +2.71% increase from CY 2019.
- IOP, PHP, and Methadone Maintenance have relatively low rates of telehealth utilization.

- All race/ethnicity categories had 50% or more of their total expenditures for Outpatient Behavioral Health Services as telehealth in 2020.



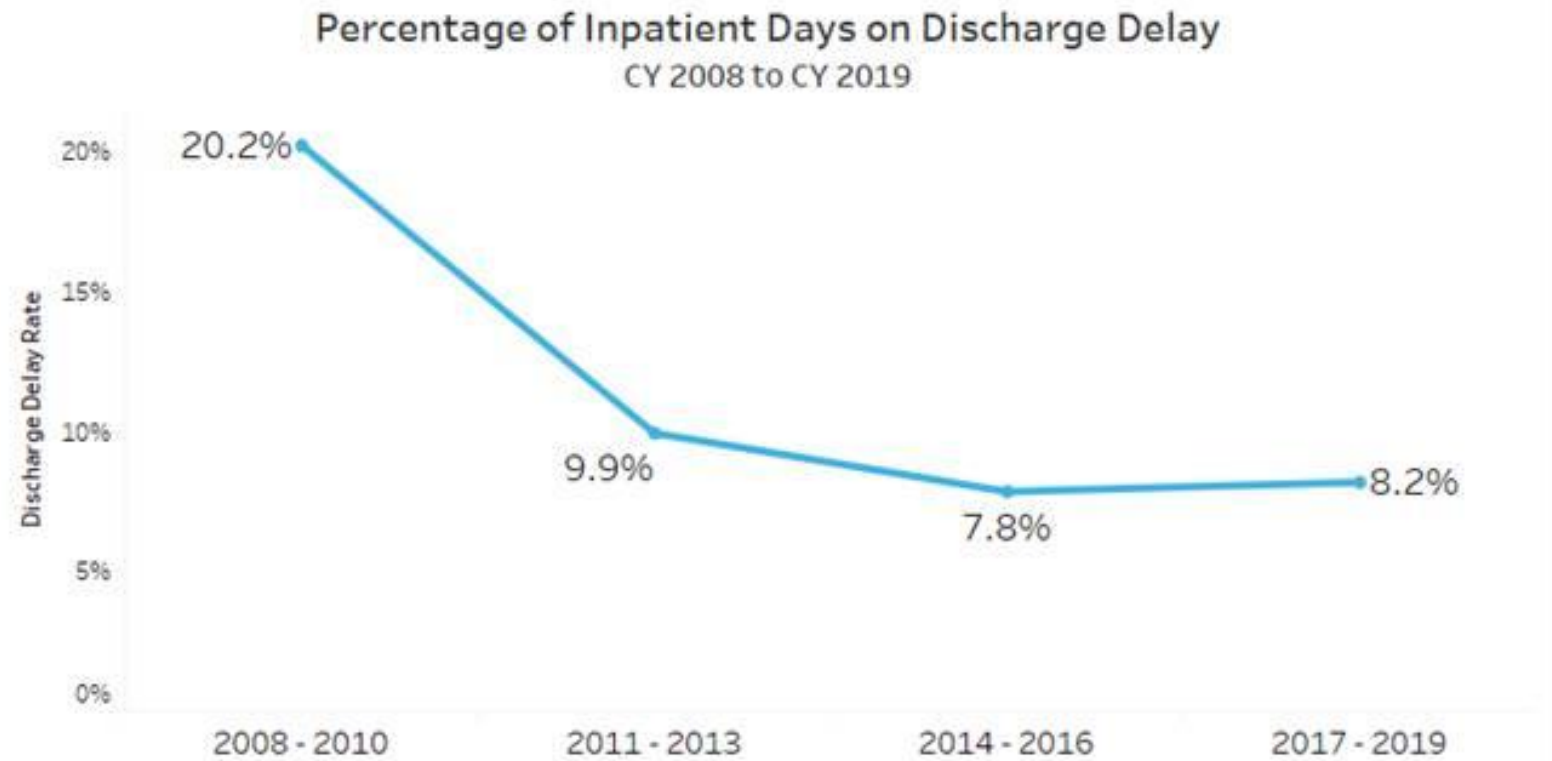
Select CT BHP Clinical Outcomes

- Adult 7-Day Readmission Rate **reduced 13% between 2015 and 2019** (2020 subject to PA lift), while Youth 7-Day Readmission Rate **reduced 21% over same time period**
- Connection to MOUD from freestanding withdrawal management **increased from 21.4% to 37.4%**
- *Changing Pathways* Pilot resulted in **72%, 28%, and 62% reductions** in the number of BH ED visits, inpt days, and detoxes, respectively following withdrawal management. **76% reduction in the rate of overdose**, from 8.3% to 2.0% of members

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

Medications for Addiction Treatment by Race & Ethnicity

Adult Members Ages 18+ in CY 2019

RACE

	White	Black
Methadone	4.4%	1.2%
Suboxone/ Buprenorphine	3.2%	0.6%
Vivitrol/ Naltrexone	1.3%	0.6%
Alcohol Deterrent	0.6%	0.2%

ETHNICITY

Hispanic	Non-Hispanic
2.6%	3.0%
1.5%	2.1%
0.5%	1.0%
0.1%	0.4%

Physical and Behavioral Health Integration & Homelessness



Not actual member

Meet George: 66 year old male with medical and SUD diagnoses, facing homelessness

Experiencing homelessness with comorbidities of Substance Use Disorder (SUD), Crohn's Disease, post-traumatic stress disorder (PTSD), Bipolar, and a right leg amputation above the knee secondary to being hit by a motor vehicle. Was in pre-contemplation stage re: SUD following loss of prosthetic leg and dentures during recent hospitalization.

1 Barriers and Challenges

George's challenges:

- Faced homelessness.
- Needed dentures, preventing proper diet to manage Crohn's Disease, resulting in past hospitalizations.
- Frustration re: unsuccessful self-advocacy and physical stressors fueling pre-contemplation re: SUD, threatening recovery gains.

2 Integrating Medical and Behavioral Care

Beacon ICM Coordinates with Dental and Medical ASOs. Beacon Peer supports Recovery.

- Gathering documentation from the member's medical and dental providers, the Beacon Intensive Care Manager (ICM) assisted the member through a series of appeals re: replacement dentures and prosthesis.
- Working in collaboration with the dental and medical ASOs, the ICM obtained replacement dentures and prosthesis on expedited basis to support the member's overall behavioral and physical wellbeing.
- Beacon Peer maintained frequent contact with the individual, supporting him around his SUD and evaluating motivation for change.

3 Intervention & Support

- Peer was able to share their lived experience on their journey to recovery, inspiring hope that recovery was possible.
- Peer connected the individual to recovery resources in his community, as well as a men's trauma group.
- The ICM and Peer also worked with the individual on housing security.

Cost & Quality

- ICM coordination with medical and dental ASOs supports member's dimensions of wellness and helps avoid hospitalizations.
- ICM and peer support increases motivation to maintain recovery, thus avoiding treatment.
- Medical and behavioral stabilization increases likelihood of obtaining stable housing.

Value to Members

- ICM and Peer Support Services support Beacon Value Proposition:
- Advances Whole Person Care
 - Helps Individuals to Access Care When and How They Need It
 - Empowers Individuals to Meet Their Goals

Impact on George

- With support of Peer and ICM advocacy around medical, dental interventions, George was able to support wellness, maintain sobriety.
- He is living with a friend in a stable housing arrangement, and is in the maintenance phase of his recovery.

Coordinating Care to Support Youth with Co-Occurring Diagnoses



Not actual member

Meet Karen: 17 year old female with co-occurring conditions, high need

Diagnosed with schizophrenia and an intellectual disability, Karen was admitted to inpatient after making suicidal statements. History of inpatient and intensive in-home and outpatient treatment. The COVID-19 pandemic and member's perceived cognitive limitations have complicated her ability to connect w/ providers at intensity needed to sustain treatment gains. Family dynamics contributing to escalation.

1 Barriers and Challenges

Karen's challenges:

- COVID protocols (telehealth, technology challenges etc.) have limited her ability to connect with providers at the intensity required to sustain treatment gains.
- Perceived cognitive limitations have also limited treatment efficacy.
- Family dynamics contributed to increased escalation of acute symptoms.

2 Coordinating Care, Navigating System

Beacon CT Care Coordination:

- Throughout Karen's hospitalization, the Beacon Intensive Care Manager (ICM) coordinated family treatment team meetings, developed d/c plan to PRTF LOC.
- To further stabilize symptoms, ICM coordinated with the PRTF, who increased family work.
- Care Manager and PRTF felt **intellectual disability diagnosis may be result of psychosis**. PRTF was able to adjust medication from oral to injectable, reducing psychotic symptoms.
- ICM made referral to Beacon's First Episode Psychosis (FEP) program to support PRTF in connecting member with specialized treatment program.

3 Intervention & Support

- ICM connected family to a Home Health agency that could provide visiting nurse services to support medication adherence.
- School district identified additional resources/ accommodations needed in the educational environment..
- FEP Peer identified program for transitional age youth, teaches techniques to address cognitive impairment such as memory and attention deficit that can often accompany schizophrenia, enhancing life-skills.
- ICM referred family to ICC program for continued care coordination upon PRTF discharge. Transition plan was implemented to break previous cycle of multiple ED presentations and rapid readmissions.

Cost & Quality

- Care Coordination (CC) helps ensure the appropriate level of care for the optimal LOS.
- CC maximizes success by involving family and BH systems of care, enhancing dimensions of wellness.
- CC reduces costs associated with HLOC, multiple ED and other presentations that don't improve recovery outcomes.

Value to Members

Care Coordination (CC) supports Anthem & Beacon Value Proposition:

- CC Advances Whole Person Care
- CC Helps Individuals to Access Care When and How They Need It
- CC Empowers Individuals to Meet Their Goals

Impact on Karen

- With psychotic symptoms stabilized, she is able to focus on recovery and gaining skills.
- Karen is able to continue her education with no impact from her transitions of care.
- Karen was successfully discharged from PRTF to her guardian's home, in her current school, and in the community safely and successfully.

Chapter

6

Challenges and Opportunities

Challenges and Opportunities

Public Health

- **Opioid Crisis** – Opioid prescribing is declining but rates of fatal overdose remains significantly high and MOUD are still underutilized.
- **Disparities in Behavioral Health Care** – Improved metrics to identify and track disparities, and interventions planned for 2022
- **Suicide** - Suicide rate in CT lower than national average, but nationally rates are increasing in persons of color

Behavioral Health System

- **Integrated Care** – Opportunity to continue to explore program models and VBP strategies to drive increased integration throughout the delivery system
- **Inpatient** – Pandemic has resulted in increased demand for inpatient psychiatric care but neither additional capacity nor alternatives are sufficient
- **ED Volume and Youth Awaiting Services** – Volume of BH ED visits is trending up particularly for youth, as is the acuity of the individuals presenting for services
- **Minority BH Access/Use Disparities** – Individuals who identify as Black, Hispanic, or Unknown have lower rates of any BH service use and score lower on multiple metrics of quality of care

Chapter

7

Questions

Thank You

Contact Us



877-552-8247 Hearing Impaired members dial 711 for
Relay Services



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