National Dialogues
Behavioral Health Crisis Services in an Integrated Healthcare Environment: The Louisiana Case Study

November 5, 2014
What do we mean by integration?
Whole Population Management: A new approach to an old problem

Source: Institute for Health Technology Transformation
The Louisiana Behavioral Health Partnership: A Case Study
LBHP: A Coordinated and Unique Approach

Office of Behavioral Health (Local Governing Entities)  
Department of Children and Family Services  
Medicaid/DHH  
Department of Education (Local Education Agencies)  
Office of Juvenile Justice

Not the Average Managed Care Account

- 400+ funding/eligibility buckets
- Blended funding
- Differing rules
- Multiple Medicaid waivers and State Plan Amendments
- Judicial involvement
- Non-Medicaid populations
- Multiple benefit packages to manage based on population
- Highly specialized populations
## Before the Louisiana Behavioral Health Partnership

<table>
<thead>
<tr>
<th>IP</th>
<th>CRISIS</th>
<th>SERVICES ADULT</th>
<th>SERVICES CHILDREN</th>
<th>SUBSTANCE ABUSE</th>
<th>OUTPATIENT</th>
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<tbody>
<tr>
<td>General Hospital</td>
<td>ER</td>
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<td>OBH/LGE CMHC services</td>
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### After the Louisiana Behavioral Health Partnership

<table>
<thead>
<tr>
<th>IP</th>
<th>CRISIS</th>
<th>NEW &amp; EXPANDED SERVICES ADULT</th>
<th>NEW &amp; EXPANDED SERVICES CHILDREN</th>
<th>CSOC CHILDREN</th>
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<td>Detox IP Detox RTC Detox OP</td>
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The evolution in Louisiana

**Care Management Principles**
- Single Point of Entry
- Network Access for members
- Support for Providers
- Coordination of Care
- Utilization management to change behaviors
- Improving quality of care, build quality infrastructure

**Magellan’s Personalized Care**
- Peer supports
- Recovery Case Management
- Support for special populations
- Care coordination with medical plans/PCPs
- Cell phone program and text messaging service
- Follow-up team
- Youth and family support programs

**System and Cultural Change**
- Enhancing role and skills building for peer specialists (adults, youth and family) statewide
- Cultural competency focus
- Agency, judicial partnerships
- Community partnerships/system developers
- Advocacy partnerships and support
- Housing support
Identifying populations

11,000+
Adults with Severe and Persistent Mental Illness served through the 1915i at any one time

~1,200
Children at risk for out-of-home placement served through the Coordinated System of Care at any one time

More than 206,000
Total adults and children served since March 1, 2012

~2,000
Members with special health needs served through intensive case management
Monitoring the populations: Ambulatory Follow-Up

**Adults**

- Non 1915i 7-day
- 1915i 7-day
- Non1915i 30-day
- 1915i 30-day

**Children**

- Non CSoC 7-day
- CSoC 7-day
- Non CSoC 30-day
- CSoC 30-day

Percentage trends from 2013-Q1 to 2014-Q2.

November 5, 2014
Monitoring the population: Children Outpatient–ER/IP Comparison

Outpatient / K

ER

IP Admissions / K

November 5, 2014
Emergency Room Visits: Adult Members Served

<table>
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<tr>
<th>Month</th>
<th>Members Served</th>
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<tbody>
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<td>Jul-13</td>
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<td>Aug-13</td>
<td>1,671</td>
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<tr>
<td>Sep-13</td>
<td>1,656</td>
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<tr>
<td>Oct-13</td>
<td>1,374</td>
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<td>Nov-13</td>
<td>1,289</td>
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<td>Dec-13</td>
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<td>Feb-14</td>
<td>1,231</td>
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<tr>
<td>Mar-14</td>
<td>1,275</td>
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<td>Apr-14</td>
<td>1,329</td>
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<td>May-14</td>
<td>1,333</td>
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<tr>
<td>Jun-14</td>
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<td>Jul-14</td>
<td>1,254</td>
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<tr>
<td>Aug-14</td>
<td>1,048</td>
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<tr>
<td>Sep-14</td>
<td>463</td>
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</table>

ER: 1,567, 1,671, 1,656, 1,374, 1,289, 1,274, 1,217, 1,231, 1,275, 1,329, 1,333, 1,315, 1,254, 1,048, 463

+3σ: 1,831
+2σ: 1,668
-2σ: 1,012
-3σ:  848
Emergency Room Visits: Child Members Served

<table>
<thead>
<tr>
<th>Month</th>
<th>ER</th>
<th>+3σ</th>
<th>+2σ</th>
<th>x̄</th>
<th>-2σ</th>
<th>-3σ</th>
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<tr>
<td>Jul-13</td>
<td>574.0</td>
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<td>Sep-14</td>
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Stratifying by risk and targeted interventions: Top 50 High Utilizers (Working to prevent crisis)
Major change in short time period: Louisiana case study

- More people accessing more services
- Quality oversight of care focused on improving the member experience
- Cost effective solutions based on outcomes not processes
- More community-based service options for Medicaid members
- Single point of entry to help members navigate services
- More providers offering more services
- Recovery-focused culture beginning to take hold
- More people served in their communities; fewer in institutions

Expenses by Level of Care
May 2012

- Inpatient: 37%
- Outpatient: 61%
- Residential: 2%

Expenses by Level of Care
May 2014

- Inpatient: 18%
- Outpatient: 73%
- Residential: 9%
Interventions: An overview

New and Expanding Services
- Crisis Stabilization
- Peers
- 23-Hour Observation

Pay for Performance
- ACT model
- Bridge Appointments

Targeted Interventions
- Rounds
- High utilizer projects
  - Follow-up programs
  - PCP Performance Improvement Project

Member engagement
- Cell Phones
- Peer WarmLine
- MyLIFE

Integration
- Pregnancy Specialist/Birth Outcomes Initiative

MCO Rounds/Referrals
- Data Exchange
- Rx Predictive Modeling
- Housing
Predictive Modeling: Pharmacy as the GPS of the patient and the importance of working together

For those children and adolescents who received psychotropics: 1,624 (1.8% of the total on psychotropic medications) received 5 or more psychotropics in the last year.

➢ The majority of the children receiving 5 or more psychotropics were between the age of 6-11.
A Road Map for Building a Crisis Continuum from Scratch

Use predictive modeling, data analytics to predict and prevent crisis

Build out the continuum with now-available services through telehealth, mobile, first responder, physical health partners

Build Reimbursable Service Array:
- Crisis Intervention
- Crisis Residential
- Short-Term Respite
- 23-Hour, Peers

Introduce Single Point of Entry, telephonic crisis management and crisis plan development at the individual level
The continued evolution of integration

- **Providers**: CMHCs with PCPs, Behavioral Health FQHCs, PCMH, BH providers providing basic physical health
- **Payers**: Population-based Management, Specialized SMI health plans such as Magellan Complete Care/Alpha Care, Carve-ins
- **Hybrid**: Accountable Care Organizations, Vertical Integration, PCMH
- **Technology**: Health Information Exchanges, Electronic Health Records, Predictive Modeling, Data Sharing
Real life challenges/words of caution

- Health care-related stigma continues
- Lack of evidence-based and pharmacological treatment available for Substance Users
- Policy still lags behind innovation
  - HIPAA
  - Substance Use/HIV privacy laws
  - IMD rules
  - Dual eligible payment rules, benefit packages, accountability misaligned
- Cultural challenges for families, communities and patients
- Shortage of BH physicians makes it difficult to increase responsibilities
- Limited view of integration still remains (not considering the whole person such as housing, education and employment)
Discussion/Questions