



Behavioral Health Crisis Services in an Integrated Healthcare Environment: The Future

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Drivers of Change in Crisis Redesign Efforts

1. CMS penalties for avoidable hospital readmissions ----->
2. New payment methodologies
3. Permanent supportive housing initiatives that include daily or monthly rates under FFS, payment by episode, payment through FQHCs and MCOs
4. New payments for care coordination and integration as an overlay on direct services through health homes and ACOs
5. Programs for high utilizers that include housing transition or crisis intervention services as part of health home benefits for highest cost beneficiaries with the most severe conditions or the greatest number of chronic or mental health conditions
(see CMCS Informational Bulletin CIB-07-24-2013)
6. Integrated mobile health teams: housing, medical and behavioral health services

Kaiser Health News, October 2, 2014

Medicare Fines 2,610 Hospitals in Third Round of Readmission Penalties

“Medicare is fining a record number of hospitals-2,610-for having too many patients return within a month for additional treatments, federal records released Wednesday show. Even though the nation’s readmission rate is dropping, Medicare’s average fines will be higher, with 39 hospitals receiving the largest penalty allowed, including the nation’s oldest hospital, Pennsylvania Hospital in Philadelphia...”

“The penalties...are intended to jolt hospitals to pay attention to what happens to their patients after they leave.”

What Optum Is Doing: Pierce County, Washington

- Payment reform
- Mobile integrated health clinic
 - Optum Pierce Regional Support Network in Tacoma, Washington developed a collaborative model with MultiCare Good Samaritan Hospital (largest hospital system in Pierce County) for delivering mobile integrated primary care and mental health services
 - Model uses the resource of a mobile van to provide these services and includes deploying Peer Support Counselors to teach/coach wellness programs for consumers served by three CMHCs
- Crisis system redesign
 - Recovery response center staffed 50% by peers and 50% by clinical staff
 - Evaluation and treatment centers
 - Specialized mobile crisis teams
 - Community reentry program for repeat offenders with mental health issues that also uses peer counselors



Pierce County Regional Support Network impact

Serving 32% more people and reducing hospitalization rates even in an environment of reduced funding

- ✓ Use of peer and community recovery supports
- ✓ Redesigned crisis system
- ✓ Partnerships with law enforcement, emergency services and consumers/family members

	Benchmark (prior to Optum)	Optum Year 1	Optum Year 2	Optum Year 3
32.0% increase in individuals served annually	12,121	15,262	15,410	16,005
32.3% reduction in hospitalizations, \$7.3 million estimated cumulative 3-year savings	123 monthly	99.0 monthly	79.3 monthly	71.6 monthly
32.1% reduction in Involuntary Treatment Act admissions, \$5.0 million estimated cumulative 3-year savings	83.6 monthly	56.8 monthly	55.8 monthly	57.58 monthly
26.5% reduction in 30-day readmission rate \$0.5 million estimated cumulative 3-year savings	12.6%	8.6%	10.75%	8.45%
35.0% below state average for inpatient bed days/1,000, \$12.0 million estimated cumulative 3-year savings	19.60	12.13	12.37	13.73

Source: Optum analysis of redesigned regional support network, G. Dolezal and F. Motz, 8/1/13. Reduction in hospitalizations, ITS reductions, and reduction in 30-day readmission rate percentages are calculated as the average reduction over the 3-year period compared to the prior year benchmark. Bed days per 1,000 is calculated as bed days divided by total covered county population (Year 1: 1,399,846; Year 2: 1,492,221; Year 3: 1,535,745). Average length of stay and daily unit cost based upon the base period experience.

What Optum Is Doing: Tennessee (in partnership with UnitedHealthcare Community and State)

- Provide integrated management of medical and behavioral health services for over 550,000 Medicaid, Medicare and dual-eligible members
- Personalized care approach and support focus on member's global needs, rather than focusing only on conditions needing immediate treatment
- Provide integrated assessment and management of care — every member receives a health risk assessment
- Claims tracking used to compare treatment services with recommended best practices for medical and behavioral health care
- Supported housing and supported community living integration — Optum works to co-locate medical and substance abuse treatment at supported housing sites
- Single IT platform and integrated care management in which one platform is used to manage both medical and behavioral health conditions

Tennessee Program Impact

Reduced avoidable inpatient hospitalizations and readmissions

16% decrease in inpatient utilization statewide¹

8.3% decrease in psychiatric readmissions in West Tennessee² (with overall reduction statewide)

Increased performance on HEDIS measures for West Tennessee by closing gaps in member care³

42% increase in follow-up after hospitalization within seven days

32% increase in follow-up after hospitalization within 30 days

62%
reduction in care costs⁴
for members in Supported Community Living services, established in partnership with Tennessee providers

1. Results based on Optum's analysis of Tennessee Medicaid population inpatient admissions from 2012-2013. 2. Results based on Optum's analysis of quarterly psychiatric readmission reports from 2010 to 2012. 3. Results based on Optum's comparison of HEDIS rates for West Tennessee from 2009 to 2012. 4. Results based on Optum's analysis of 52 members in Supported Community Living from 2011-2013.

What Optum Is Doing: Salt Lake County

- Optum Salt Lake County system of care includes:

- Mobile crisis outreach team (MCOT)
- Crisis line
- Peer warm line
- Peer support program
- Receiving center ----->
- Wellness recovery center

- **Alternatives to Incarceration:** (programs established by the county with funds and services managed by Optum)

- Jail diversion outreach team (JDOT)
- Community response team
- Co-occurring reentry and empowerment center (CORE)
- ATI transportation: developed in partnership by the county and Optum, community providers pick up inmates released from jail at a specific time and transport them to a community provider for assessment and services

Receiving center diverts people from inpatient services and the jail

- Law enforcement encouraged to bring non-violent persons with mental health issues to the center vs. directly to jail
- Provides consumer-centered crisis services through this “living room” model

Salt Lake County Program Impact

The **Mobile Crisis Outreach Team (MCOT)** program has created significant savings by successfully reducing unnecessary inpatient and emergency room admissions

	FY 2014
MCOT Outreaches conducted	2,354
Remain in the Community	76%
Hospitalized	8%
Receiving/Wellness Recovery Center	7%
Jail	0%
Inpatient: estimated savings through diversion¹	
FY 2014 estimated savings	\$6,601,000
ER: estimated savings through diversion²	
FY 2014 estimated savings	\$3,711,800
FY 2014 Annual Program Cost	\$2,209,560
Total estimated diversion savings	\$8,103,240

Alternatives to Incarceration:
Outcomes of JDOT and CORE among participants in services from July 1, 2011 to June 30, 2012, comparing data from two years prior to starting the program to two years after starting the program

	JDOT	CORE
Number of participating consumers	112	51
Reduction in bookings for new crimes	5%	52%
Reduction in total length of stay in jail for new charge bookings	22%	60%
Reduction in total length of stay in jail for all bookings	9%	44%

1. Savings based on an assessment that approximately 50% of outreached consumers were diverted from inpatient care (derived from consumer self-reports and MCOT therapist evaluations regarding alternative courses of treatment had MCOT not been available). Inpatient costs are calculated using the average length of stay in Salt Lake County, 5.5 days, multiplied by the actual inpatient rate of \$950 per day. 2. Savings based on MCOT therapist assessments that approximately 30% of outreached consumers were diverted from the ER. The actual average cost per ER visit is \$500.

How Optum Is Preparing

- Talking with states pre-RFP about integrating behavioral health crisis interventions into physical health Managed care RFPs
- New York's HARP RFP requires the use of behavioral health crisis services, housing and supported employment as components of the overall plan for persons with SMI enrolled in these programs
- IT development of integrated platforms
- Developing “narrow” networks that provide skills and expertise to serve integrated models
- Payment reform initiatives





Thank You

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