



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

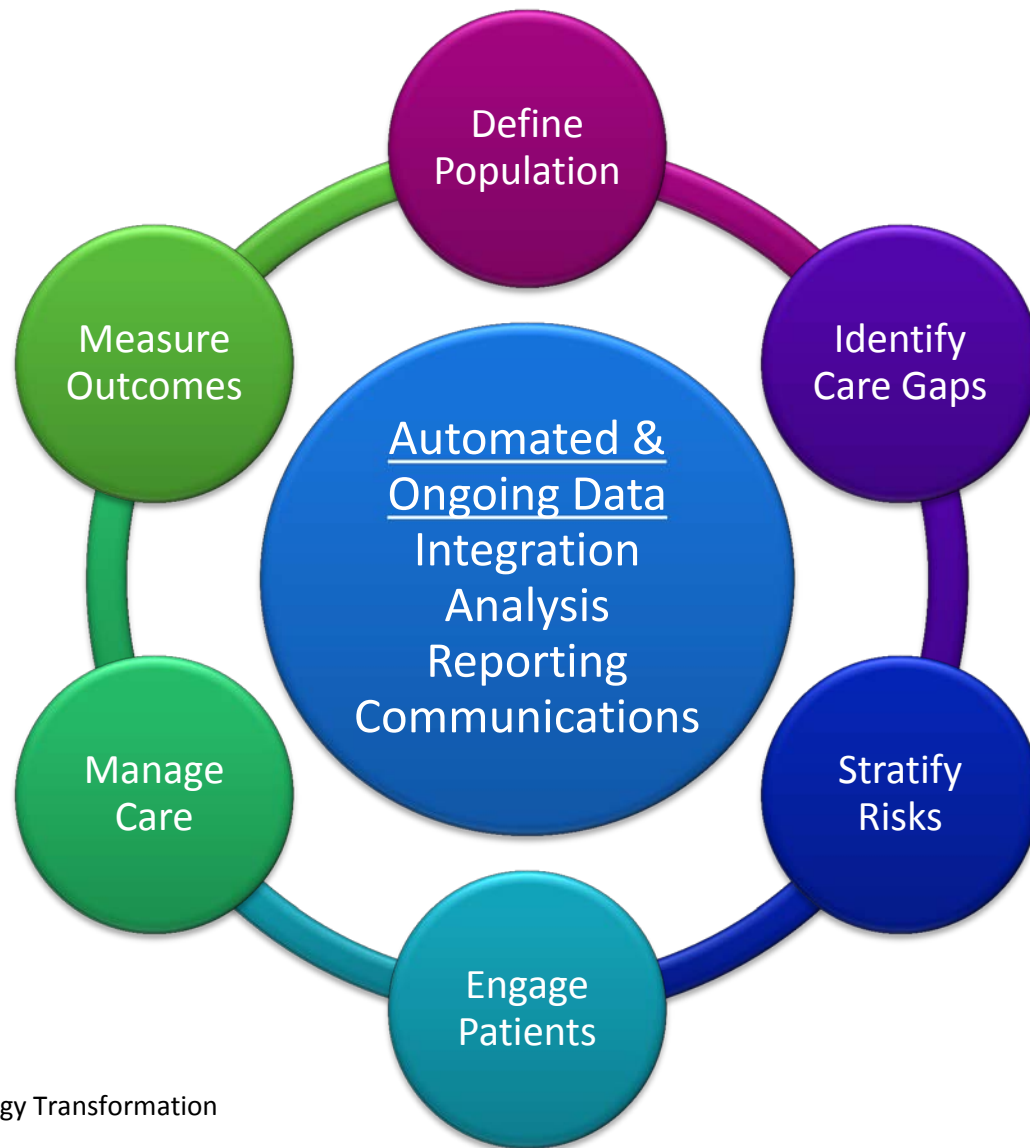
November 5, 2014



What do we mean by integration?



Whole Population Management: A new approach to an old problem

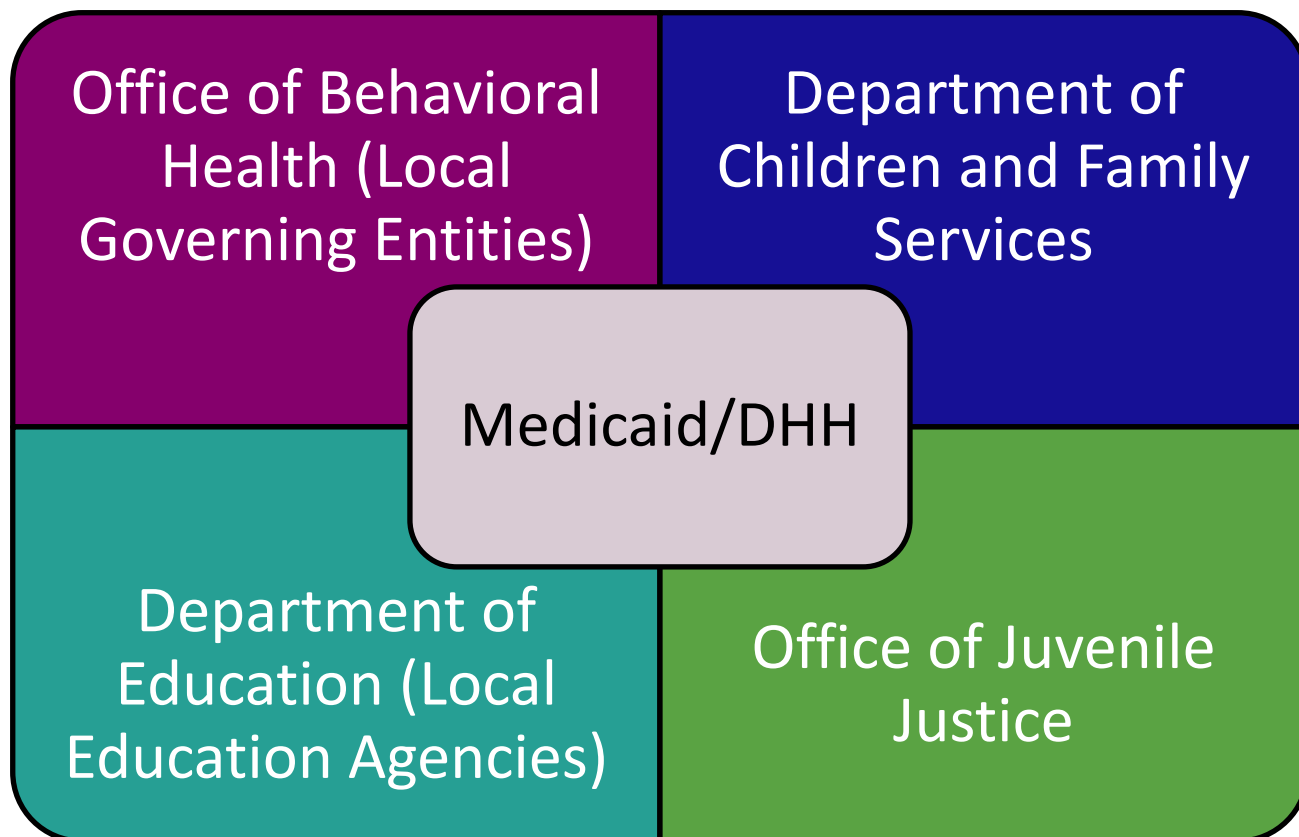


Source: Institute for Health Technology Transformation

*The Louisiana Behavioral Health
Partnership: A Case Study*



LBHP: A Coordinated and Unique Approach



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

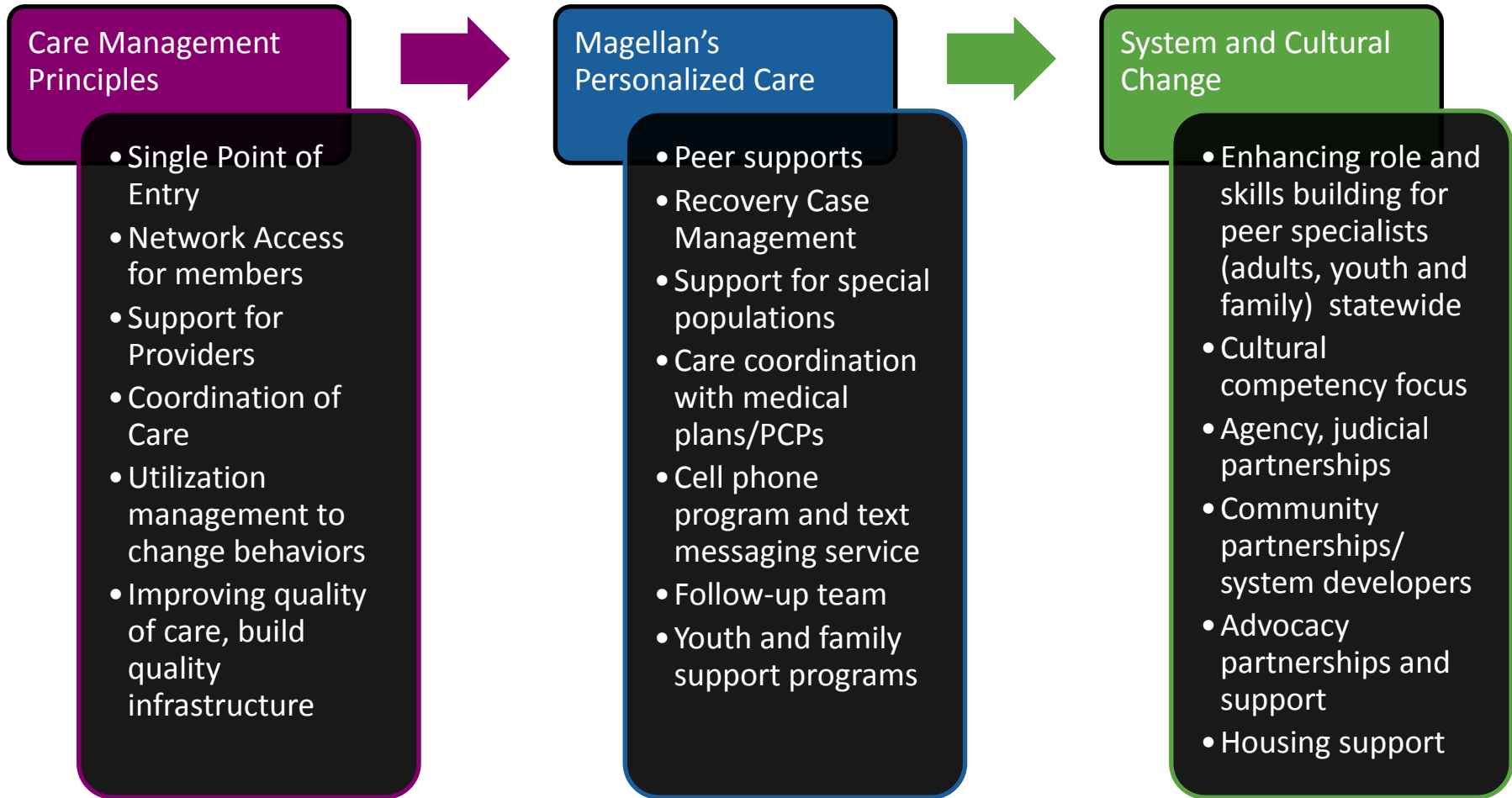
Before the Louisiana Behavioral Health Partnership

IP	CRISIS	SERVICES ADULT	SERVICES CHILDREN	SUBSTANCE ABUSE	OUTPATIENT
General Hospital	ER	OBH/LGE CMHC services	OBH/LGE CMHC services	Medical Detoxification	Psychiatrist
LSU teaching Hospital		Medication Management/ Nursing medication administration	Medication Management Nursing medication administration		APRN
Psychiatric Hospitals		Psychological Testing	MHR services- PSR/Community Support /Family child interaction		Some nursing and SW services
State Hospitals			Psychological Testing		Medical and nonmedical psychologists
			MST		

After the Louisiana Behavioral Health Partnership

IP	CRISIS	NEW & EXPANDED SERVICES ADULT	NEW & EXPANDED SERVICES CHILDREN	CSOC CHILDREN	SUBSTANCE ABUSE	OUTPATIENT
General Hospital	Telephonic Crisis Triage	ACT /FACT	TGH	TGH	Detox IP Detox RTC Detox OP	Outpatient CMHC/ FQHC
Free Standing Psychiatric Hospital	Mobile Services (Face to Face)	PSR	PSR	PSR	SA RTC	MHR
LSU Teaching Hospital	Crisis Residential	CPST	CPST	CPST	IOP	Individual
State Hospital	CI services	CI	CI	CI	OP	Psychiatrist
	Emergency Rm	Telepsychiatry	Case Conference	Case Conference	Suboxone	Licensed and medical psychologist
		FQHC	NMGH	NMGH		LCSW
		ECT	TFC	TFC		LPC
		ICM	MST	MST		LMFT
		Psychotherapy	FFT	FFT		LAC
		Psychological Testing	PRTF	PRTF		
			Psychotherapy	Independent Living/Skills Building		
			Psychological Testing	Parent /Youth Support and Training (FSO)		
				Wrap around Facilitation (WAA)		
				Crisis Respite		

The evolution in Louisiana





LBHP: Serving highly specialized populations

Identifying populations

11,000+

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

More than 206,000

Total adults and children served since March 1, 2012

~1,200

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

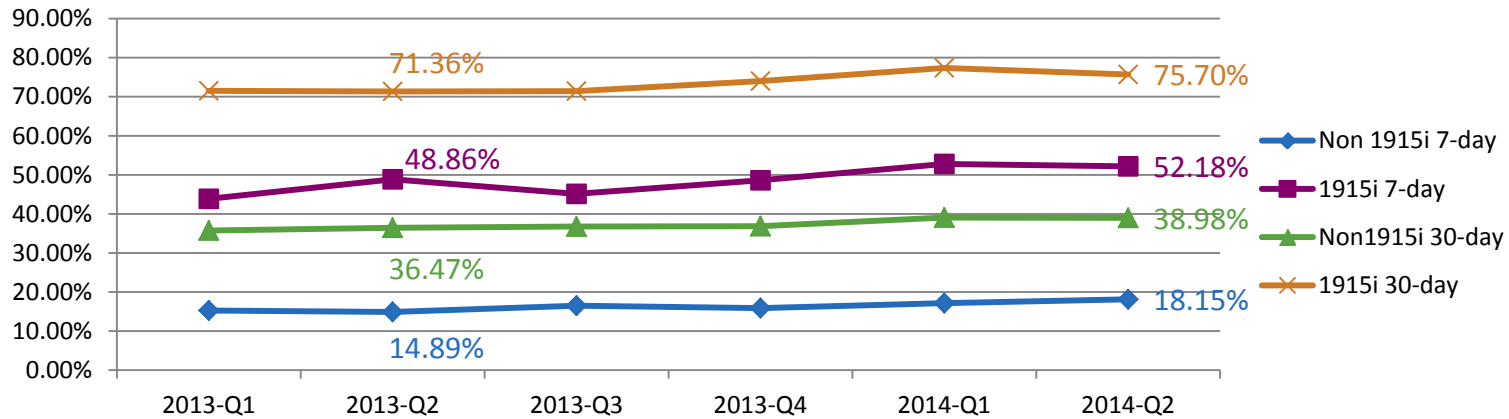
~2,000

Members with special health needs served through intensive case management

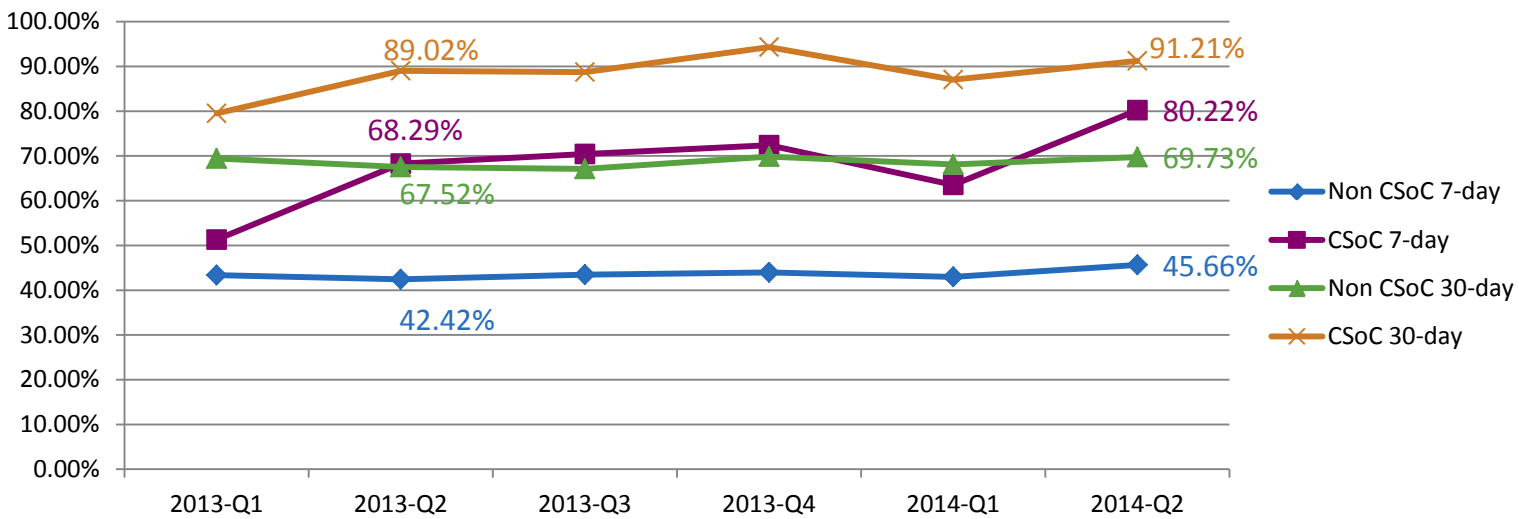


Monitoring the populations: Ambulatory Follow-Up

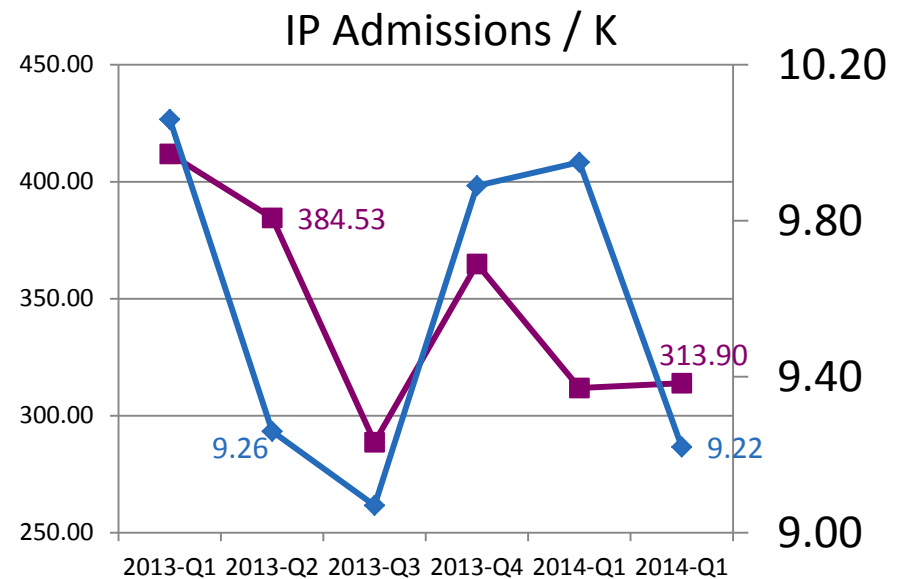
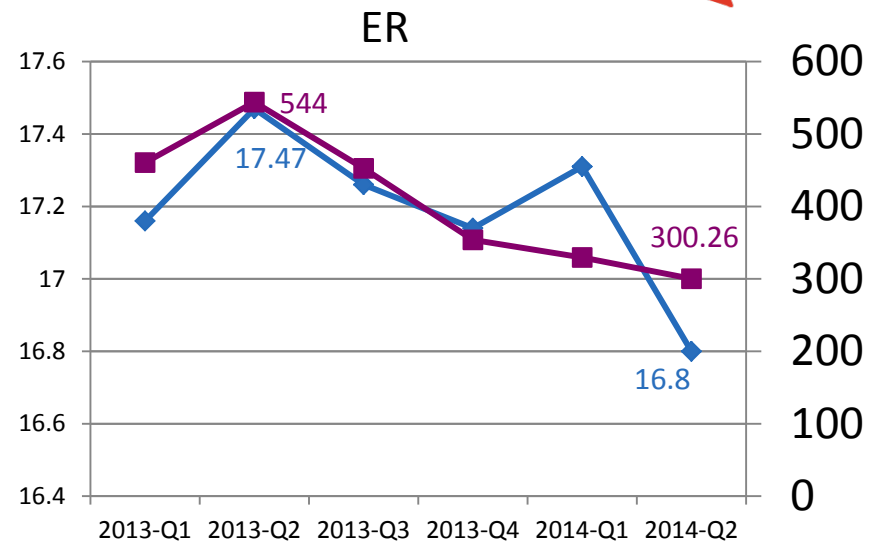
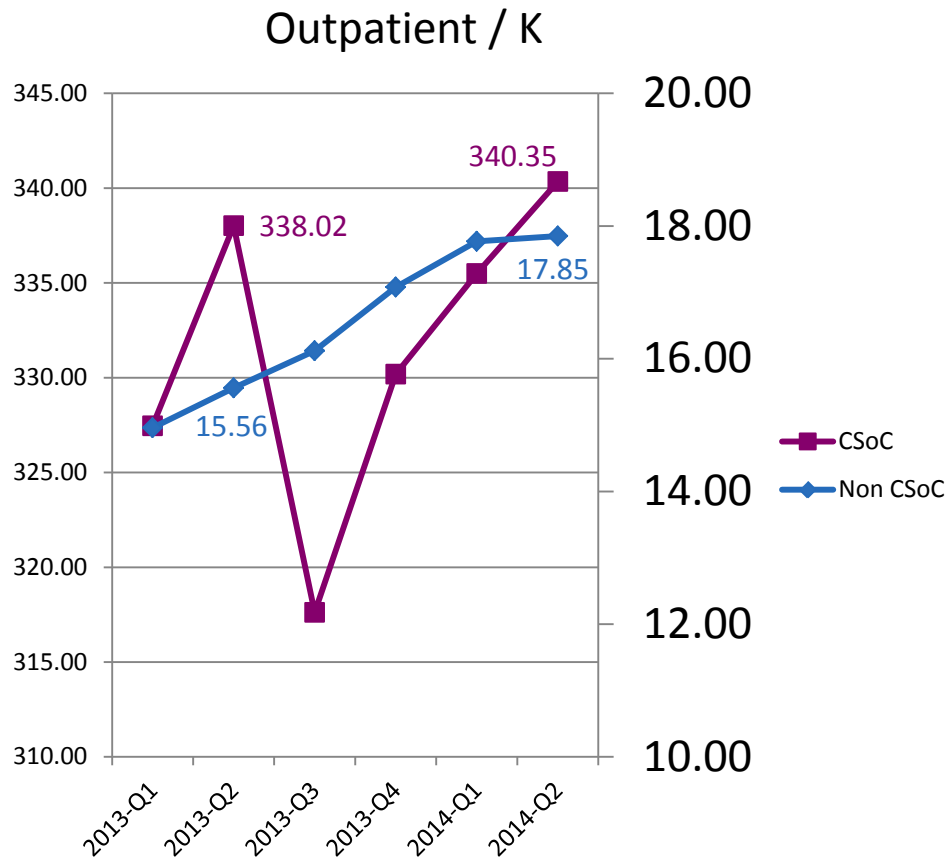
Adults



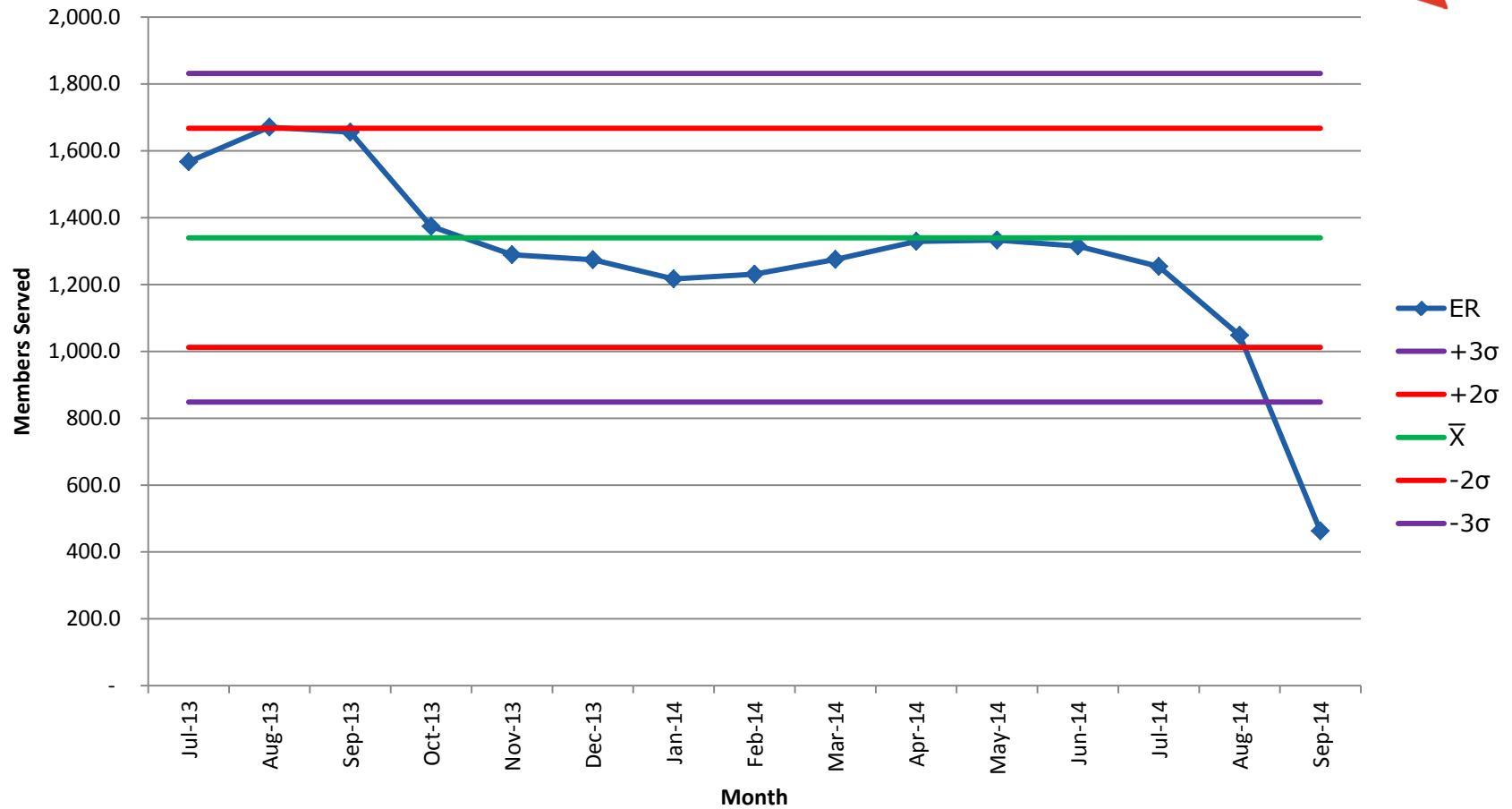
Children



Monitoring the population: Children Outpatient-ER/IP Comparison

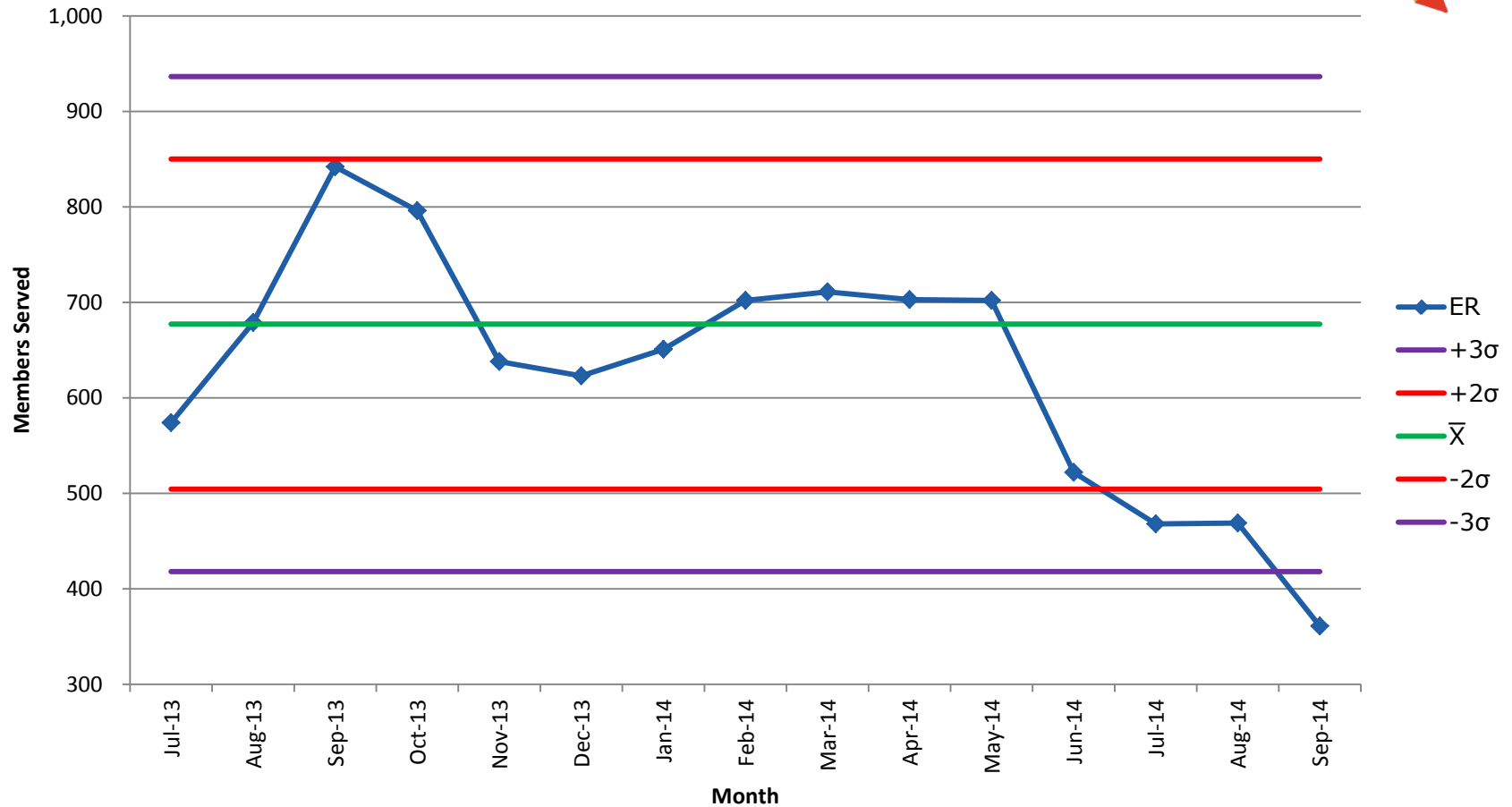


Emergency Room Visits: Adult Members Served



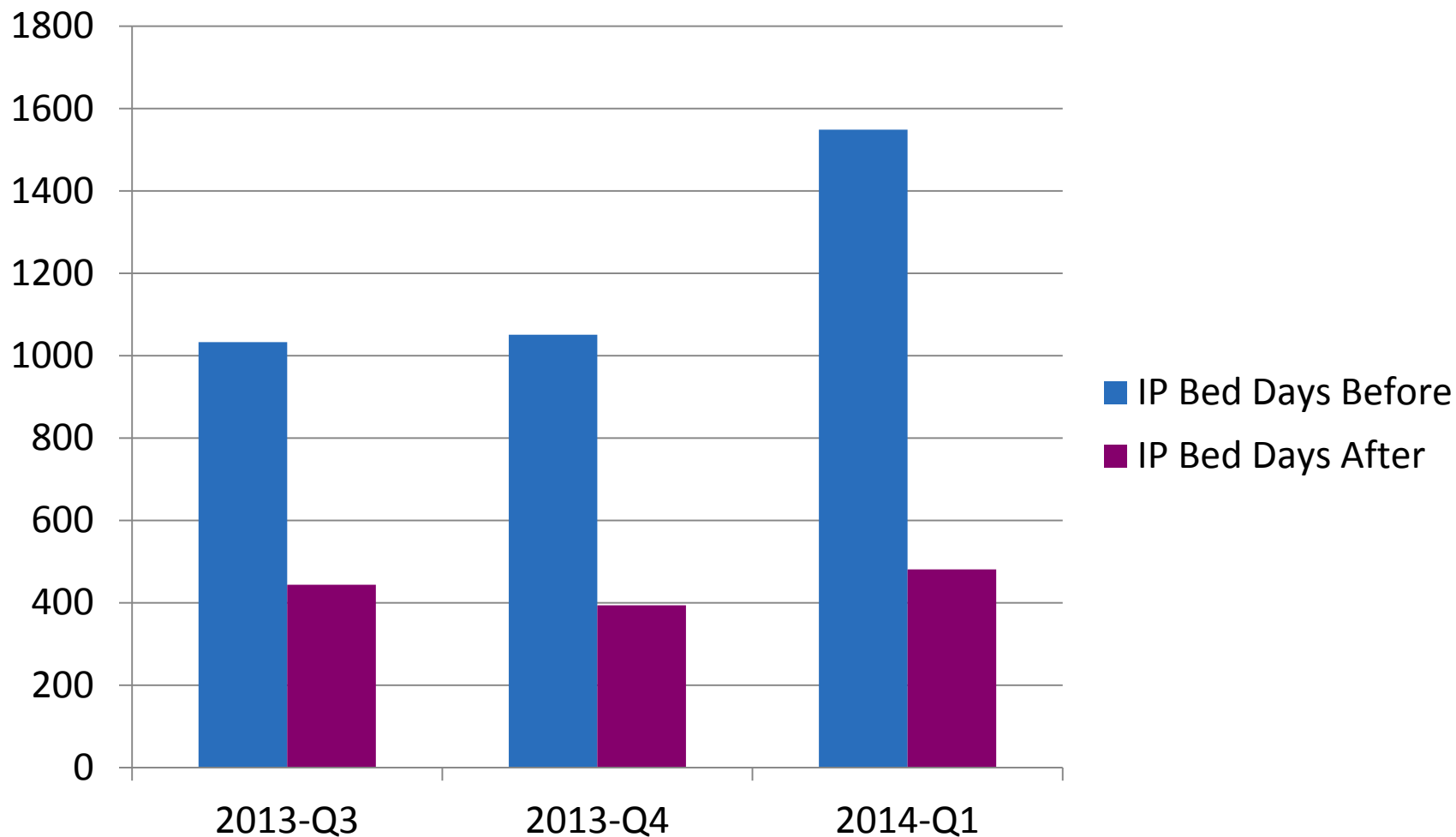
ER	1,567	1,671	1,656	1,374	1,289	1,274	1,217	1,231	1,275	1,329	1,333	1,315	1,254	1,048	463
+3σ	1,831														
+2σ	1,668														
X̄	1,340														
-2σ	1,012														
-3σ	848														

Emergency Room Visits: Child Members Served

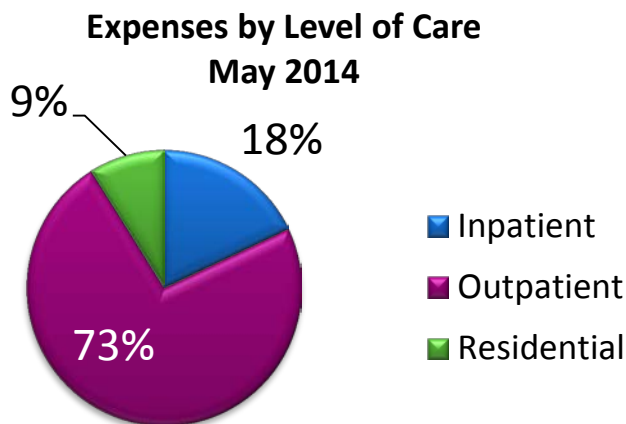
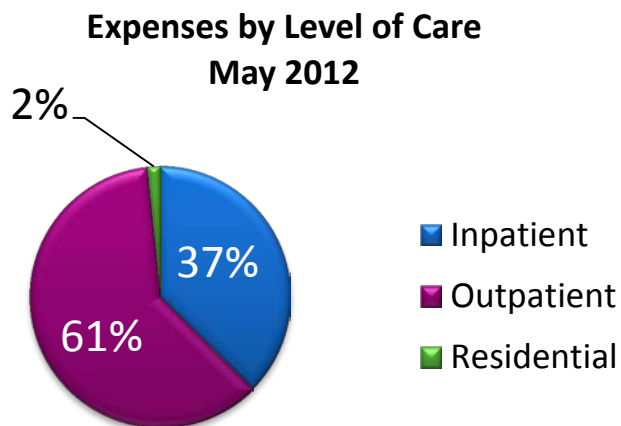


ER	574.0	679.0	842.0	796.0	638.0	623.0	651.0	702.0	711.0	703.0	702.0	522.0	468.0	469.0	361.0
+3σ	936.5														
+2σ	850.1														
\bar{x}	677.3														
-2σ	504.5														
-3σ	418.0														

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

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

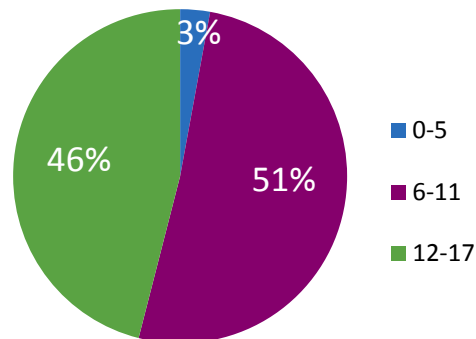
Housing



Predictive Modeling: Pharmacy as the GPS of the patient and the importance of working together

Prescriber type	Medicaid Payment for Psychotropics
General Practice	\$2,164,805.50
Family Practice	\$20,563,216.91
Psychiatry	\$37,772,813.98
Pediatrics	\$32,665,133.49
Internal Medicine	\$7,983,632.63
Nurse Practitioner	\$3,140,024.04
Psychologist (PBS Program Only)	\$999,114.76

Age Breakdown of Children on 5 or more Psychotropics



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

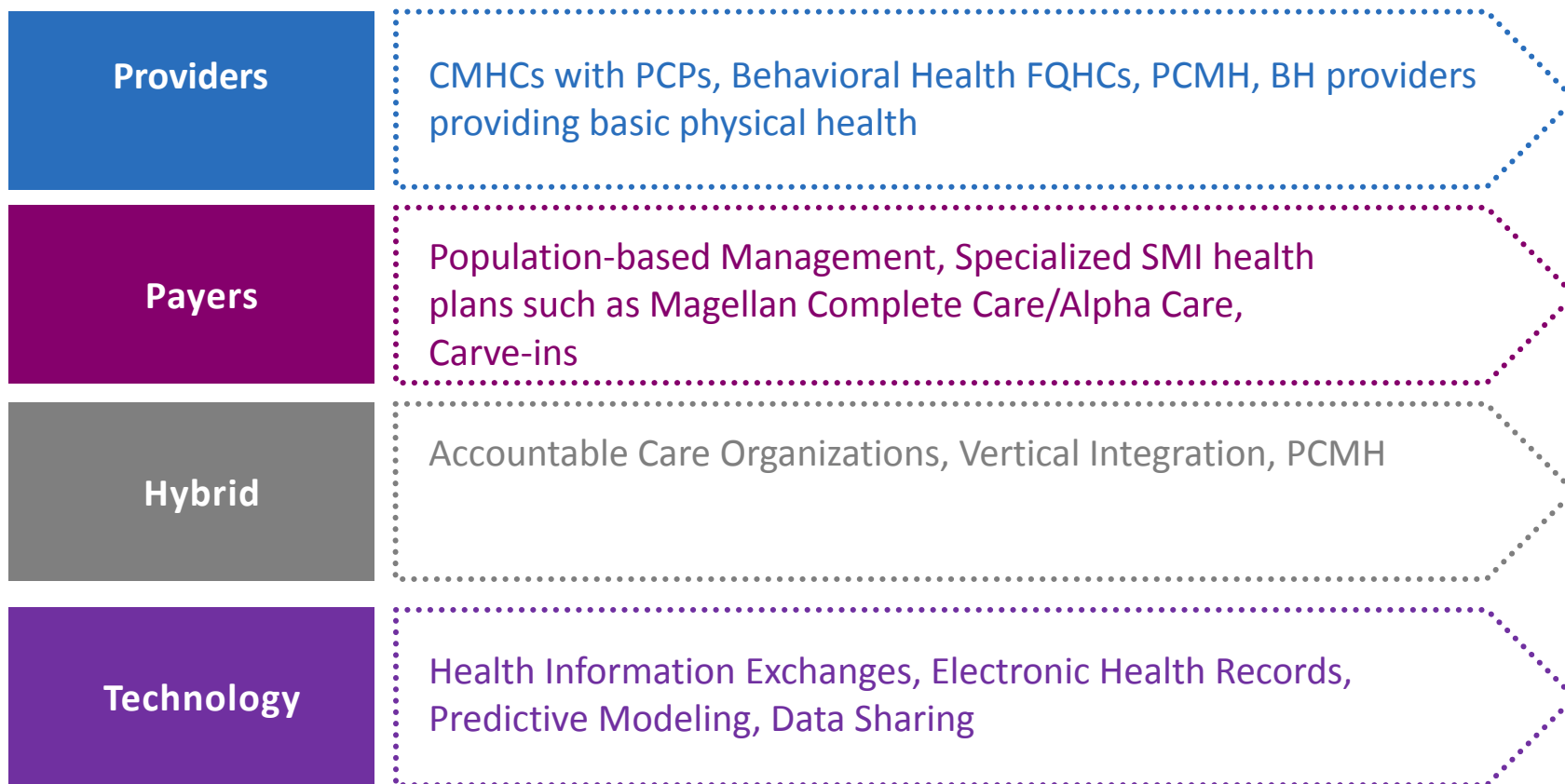
Build out the continuum with now-available services through telehealth, mobile, first responder, physical health partners

**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



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

