

#### Who We Are



A health improvement company that specializes in mental and emotional wellbeing and recovery

- A mission-driven company singularly focused on behavioral health
- Largest privately-held behavioral health company in the nation
- Managing over \$3 billion in annual health care spend

#### Who We Are

 We are a company passionate about helping people with mental illness and addiction live their lives to the fullest potential

 We focus on the recovery and resilience of our members and their families

 We are people with shared experiences who work to help our members every day



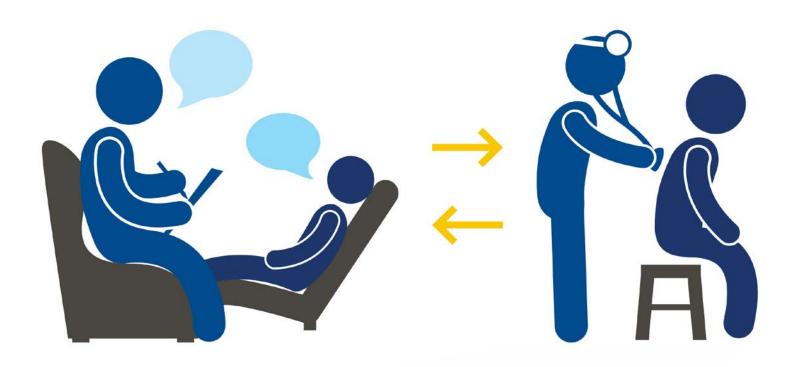
#### **Corporate Facts**

- Founded in 1983
- 30 years of market leadership
- Largest independent behavioral health company
- Serving 32 million members
- Annual revenue in excess of \$1 billion
- 57 Fortune 500 clients

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- 130,000 provider locations
- More than 30 contracts with 18 health plans
- More than 50 Medicaid contracts in 14 states
- Administers the largest EAP contract in the world (6 million members)

## Integration



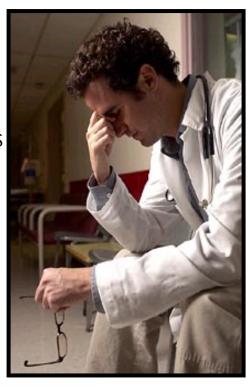
http://www.valueoptions.com/company/Integrated.htm

#### **Our Vision**

- A population based, total health management strategy designed to:
  - Promote healthy behavior
  - Effectively manage chronic illness
  - Eliminate barriers to treatment
  - Increase service coordination and provider collaboration
  - Contain health care costs
- Focus on the physical, behavioral, and psychosocial environment needs of the population, instead of a fragmented "silo" approach
- Proactive identification, outreach, and assessment to intervene as early as possible along the wellness/ disease continuum

## **Behavioral Health in Primary Care**

- PCPs furnish over half of all mental health treatment.
- 25% of all primary care patients have diagnosable mental disorders.
- 50-70% of a PCP's caseload consists of patients whose medical ailments are psychologically related.
- Most patients receiving referrals to specialty mental health do not follow through with the referrals.
- 40% to 60% of people who complete suicide have seen a PCP in the preceding month.



### Integration is the Foundation



- Care integration
- Provider integration
- Data, analytic and outcomes integration
- Financial integration
- Systems integration
- "Plans" integration (Medicaid/Exchange)

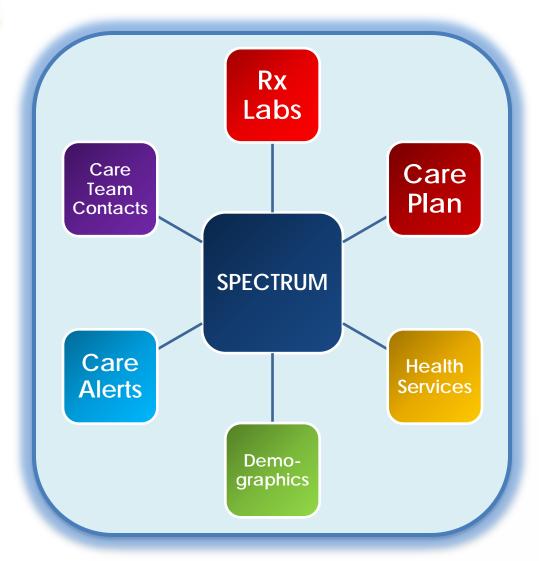
#### **Evolution of Need**

- CT / MA / CO /NY Public Sector contracts calling for higher degree of integration between BH & PH care teams, including integrated or shared care plans
- TriCare and the VA are requesting integration mechanism from potential BHO vendors
- Health Plan RFPs calling for integration mechanisms
- CMS care coordination model requirement includes central information
- MA Technical Assistance RFR and Connecticut Health Home Support
   RFP are changing VO's role
- Public Sector ACOs (Colorado)
- Commercial ACOs (Boeing)

## The Model of Care, Increased Integration, and Program Solutions:

- Population Identification and Stratification:
  - Risk Stratification, Universal Screening and Assessment, Care Gap Identification
- Care Management and Coordination Services:
  - IT Solutions Spectrum and the CONNECTS ICM Module
  - Integrated Care Management
- Care Delivery Support Services:
  - Integrated Practice Assessment (IPAT)
  - Integration Tool Kit
  - Integrated Network Development and Administration
  - Practice Level Technical Assistance
  - Micro and Macro Quality Improvement and Reporting

#### Spectrum



- Member Centered 360°
   View of Health
- Information Aggregator of Multiple Data Sources
- Customizable Look and Feel
- Secure Role Based Access
- Diverse Users Providers,
   Members, Care
   Managers

#### **ACO Pilot Progams**

- Regional Care Collaborative Organization (RCCO)
  - Partnership
    - FQHCs, CMHCs, ValueOptions
    - Responsible for quality and cost
  - Key Performance Indicators
    - Hospital Readmissions: ~15%
    - High Cost Imaging: ~25%
    - Emergency Room Utilization: ~2%\*

<sup>\* -</sup> compared to a ~3% increase for those not enrolled

#### **Crisis Services**



#### A Real World Crisis Access Model

- Georgia Collaborative ASO built on experience
  - Crisis and access to the system
  - A public line
    - 24 hours per day
    - Live answer at all times
    - Available to all regardless of individual resources
  - A provider line
    - Direct connection with crisis providers
    - Coordinate referrals
    - ACD used to route calls as needed

### Real Time View of Crisis Episodes

- Software can track location of mobile crisis dispatches statewide
- Information includes status (In transit, arrived, assessment, linkage) and how long the team has been in that status
- Policy makers can see activity and performance in real time (number of active dispatches, location of crises, average response time by region for the day and month to date.

## **Live Dispatch Monitor**

#	Transit Time	Assessment Time	Status	Status Detail	Dispatch Detail Time	Fin L	La: Age	Location Type	Dispatch Level	MC Team	Referral Source	Crisis Region	Crisis County	Crisis Location	Crisis City
	₹	•	₹	7	₹	8	6	7	9	₹	₹	7	9	₹	•
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<u>Edit</u>	00:20		Transit	Not Applicable	00:00	Cle E	Elc 31	Residence	Level 4	BHL Region 3 MCRS East Metro	N/A	3	Gwinnett	Residence Heathertor	Dacula
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<u>Edit</u>	00:57	01:00	Linkage	Not Applicable	00:00	Cle 1	Mc 19	Hospital ED	Level 4	Benchmark Region 6 MCRS Zone C	Medical Center Hospital	6	Muscogee	Hospital ED 1900 10th Avenue	Columbus
<u>Edit</u>	00:26	01:22	Linkage	Not Applicable	00:00	Ca F	Ph 54	Hospital ED	Level 4	Benchmark Region 2 MCRS Zone A	University Healthcare	2	Richmond	Hospital ED 1350 Walton Way	Augusta
<u>Edit</u>	00:09	01:20	Linkage	Not Applicable	00:00	Bri \	W 32	Hospital ED	Level 4	Benchmark Region 2 MCRS Zone D	St. Mary's	2	Clarke	Hospital ED 1230 Baxter St.	Athens
<u>Edit</u>	01:03	01:10	Linkage	Not Applicable	00:00	W	W: 47	Residence	Level 3	Benchmark Region 4 MCRS Zone C	N/A	4	Tift	Residence	Tifton

# Real Time View of Active Referrals and Crisis Bed Availability

- Software tracks bed availability in real time to include a live census that shows exactly which consumer is in which bed
- Crisis units can report pending discharges so the next available bed is visible when full
- Policy makers can see who is waiting for a bed, where they are waiting, how long they have waited and how many beds are open statewide and where

## **Live Crisis Beds Inventory Status**

		B items) < [1]									
Drag a column header here to group by that column											
Class		Facility Type	Agency Name	Facility Name	Bed Description	Bed Status	Bed Status Detail				
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dit Del	5	Adult CSU	CSB of Middle Georgia	CSB Of Middle GA.	D1 A	Available	Not Applicable				
dit <u>Del</u>	5	Adult CSU	CSB of Middle Georgia	CSB Of Middle GA.	C3 A	Available	Not Applicable				
dit Del	5	Adult CSU	Gateway Behavioral Health Services	Gateway BHS Glynn CSU	101-OBS (observation)	Available	Not Applicable				
dit <u>Del</u>	5	Adult CSU	Gateway Behavioral Health Services	Gateway BHS Glynn CSU	121-A	Available	Not Applicable				
dit Del	5	Adult CSU	Gateway Behavioral Health Services	Gateway BHS Glynn CSU	122-B	Available	Not Applicable				
dit Del	5	Adult CSU	Satilla Community Services	St Illa CSU	М ба	Available	Not Applicable				
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dit Del	5	Adult Temp Obs	Coastal Behavioral Health	CSU of Savannah	103C	Available	Not Applicable				
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dit Del	5	Adult CSU	Coastal Behavioral Health	CSU of Savannah	111A	Available	Not Applicable				
dit Del	5	Adult CSU	Coastal Behavioral Health	CSU of Savannah	112A	Available	Not Applicable				
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#### **Informed Crisis Care**

- Integration of the ValueOptions Care Connect
   System and Georgia's Crisis System operated by
   BHL will add vital information to inform crisis care
- The collaboration adds a whole new dimensionenrollment and other clinical data
- The information provides allows connect to the person's provider
- Which allows for a safer and more robust system/safety net.

## Then Crisis Episodes Become Part of the Record

 With crisis episodes either crisis calls or mobile crisis visits integrated into the system and real time information shared, everyone caring for that individual is more informed



#### **Summary**



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