



**Medi-Cal Children's Health
Advisory Panel**

November 15, 2016

Beacon Health Options Overview

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



We help people live their lives to the *fullest potential.*

Beacon's Medicaid Membership

We implemented new Medi-Cal autism benefits on behalf of



8 Medicaid plan partners

14.6 Million Medicaid members total

Beacon has managed the country's first statewide Medicaid carve-out since 1996 serving



450K children and adults



We partner with

19 healthplans;

10 of them operate as a Medicaid Mainstream MCO and specialty SMI program (HARP)



500K Medicaid enrollees in 75% of Colorado counties and an ACO program



Direct to State/County



Health Plan



Direct to State/County & Health Plan

Experience in California

5.5
million
lives

We provide mental health and autism services for **5.5 million lives across the state.**

AUTISM SERVICES:

For those in active ABA treatment, average episode length was **LESS THAN 18 months**, with effective transition to parents and schools

Over 26 weeks, individuals exhibited an average **60%** drop in target behaviors such as aggression and self-injury, and a dramatic increase in behaviors such as self-regulation and verbal communication



BEACON ALSO SERVES AS THE ASO FOR
LOS ANGELES & SAN BERNARDINO COUNTIES

Beacon manages the delivery of specialty mental health services in **26** California counties via direct county and health plan contracts.

In Orange County, Beacon is the ASO in which we:

- Administer a PCP Psychiatric Consultation Line
- Contract, credential/re-credential a network of outpatient mental health providers
- Evaluate medical necessity for specialty mental health providers
- Operate a 24/7 County Access Line that handled more than 53,000 calls in 2014, which led to 23% of callers linked to intensive outpatient treatment and case management services with the remainder diverted to lower levels of care



Beacon manages eligibility and access to mental health and medication management services for nearly **1,000** Medi-Cal children and adolescents in out-of-home treatment settings

- **LOS ANGELES COUNTY**
- **SAN BERNARDINO COUNTY**
- **SANTA CLARA COUNTY**

Health Care is Local: Beacon's Integrated Partner Model



- 10 plans in 26 Counties for Medi-Cal mild to moderate
- 4 plans in 3 counties for Cal MediConnect
- About 3.5 million covered lives
- County direct contracts: L.A. & Orange
- Beacon has staff in local offices in all of the communities where we work
- Local staff include: **Partnership Health Plan Offices:**
 - Program Director who works with county partners
 - Network liaisons who work with contracted providers
 - Clinical staff to support care coordination and referrals

California Medi-Cal Service Responsibilities

| Medi-Cal Managed Care Plan | | County Funded & Provided Mental Health Services | | County-funded Substance Use Disorder Services |
|---|--|--|---|--|
| <ul style="list-style-type: none"> ✓ Maternity and newborn care ✓ Pediatric services, including oral and vision care ✓ Ambulatory patient services ✓ Prescription drugs (carved in) ✓ Laboratory services ✓ Preventive and wellness services and chronic disease management | <p>Mental health services for <u>Mild to Moderate Impairments</u></p> <ul style="list-style-type: none"> ✓ Medication management ✓ Individual and group therapy ✓ Psychological testing ✓ Behavioral health treatment for ASD | <ul style="list-style-type: none"> ✓ Medication management ✓ Assessment and treatment planning ✓ Individual and group therapy ✓ Crisis intervention ✓ Crisis stabilization ✓ Adult crisis residential services | <ul style="list-style-type: none"> ✓ Targeted case management ✓ Adult residential treatment services ✓ Full service partnerships ✓ Acute Psychiatric Hospital Services ✓ Inpatient Professional Services ✓ IMD Psychiatric Services | <ul style="list-style-type: none"> ✓ Outpatient Drug Free ✓ Intensive Outpatient ✓ Residential Services for pregnant women ✓ Narcotic Treatment Program ✓ Naltrexone ✓ Inpatient Detoxification Services ✓ (Administrative linkage to County AOD still being discussed) |

Defining the “Bright Line” Between Mild to Moderate vs Significant Impairments

To be eligible for County-Funded Mental Health Services **ALL** of the following must be true:

1. **Diagnosis:** Must fall within one or more of the 18 specified diagnostic ranges
2. **Impairment.** The mental disorder must result in one of the following:
 - a) Significant impairment or probability of significant deterioration in an important area of life functioning
 - b) For those under 21, a probability that the patient will not progress developmentally as appropriate, or when specialty mental health services are necessary to ameliorate the patient’s mental illness or condition
3. **Intervention:** Services must address the impairment, be expected to significantly improve the condition, and the condition would **not be responsive to** physical health care–based treatment.

Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210

Medi-Cal Managed Care Mental Health Benefits

- California benefits began on 1/1/2014
- Target Population: Members with DSM diagnosis and “**mild to moderate**” impairment in mental, emotional or behavioral functioning
- State intent for mild-moderate level of care:
 - **Time-limited, solution-focused** therapeutic services
 - Goal: return patients to primary care when clinically appropriate

Beacon

- Individual and group mental health treatment (psychotherapy)
- Outpatient services to monitor drug therapy (med mgmt)
- Psychiatric consultation
- Psychological testing to evaluate a mental health condition (prior authorization required)

PHC

- Outpatient labs, supplies and supplements
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Prescription drugs ***included in*** Medi-Cal Managed Care Plan

Level of Care Screening Process


- Clinician screens member using County/Beacon screening tool
 - Beacon Service Center Clinician (phone)
 - Local Beacon Clinician (FQHC, RHC, IHC, Group, Solo)
- Based on information provided by member an initial level of care is determined
 - ***If mild-moderate:***
 - Beacon offers member provided 3 local provider referrals or can offer help making an appointment
 - ***If moderate to severe:***
 - screening tool faxed to county mental health program and member advised to either call county Access line or that county will contact them, depending on the county

Primary Care: Backbone of the Delivery System

Screening and referral often begins in primary care settings.

Beacon wants to support primary care in linking clients to care in the appropriate setting.

 **25%** OF PRIMARY CARE PATIENTS HAVE DIAGNOSABLE MENTAL DISORDERS

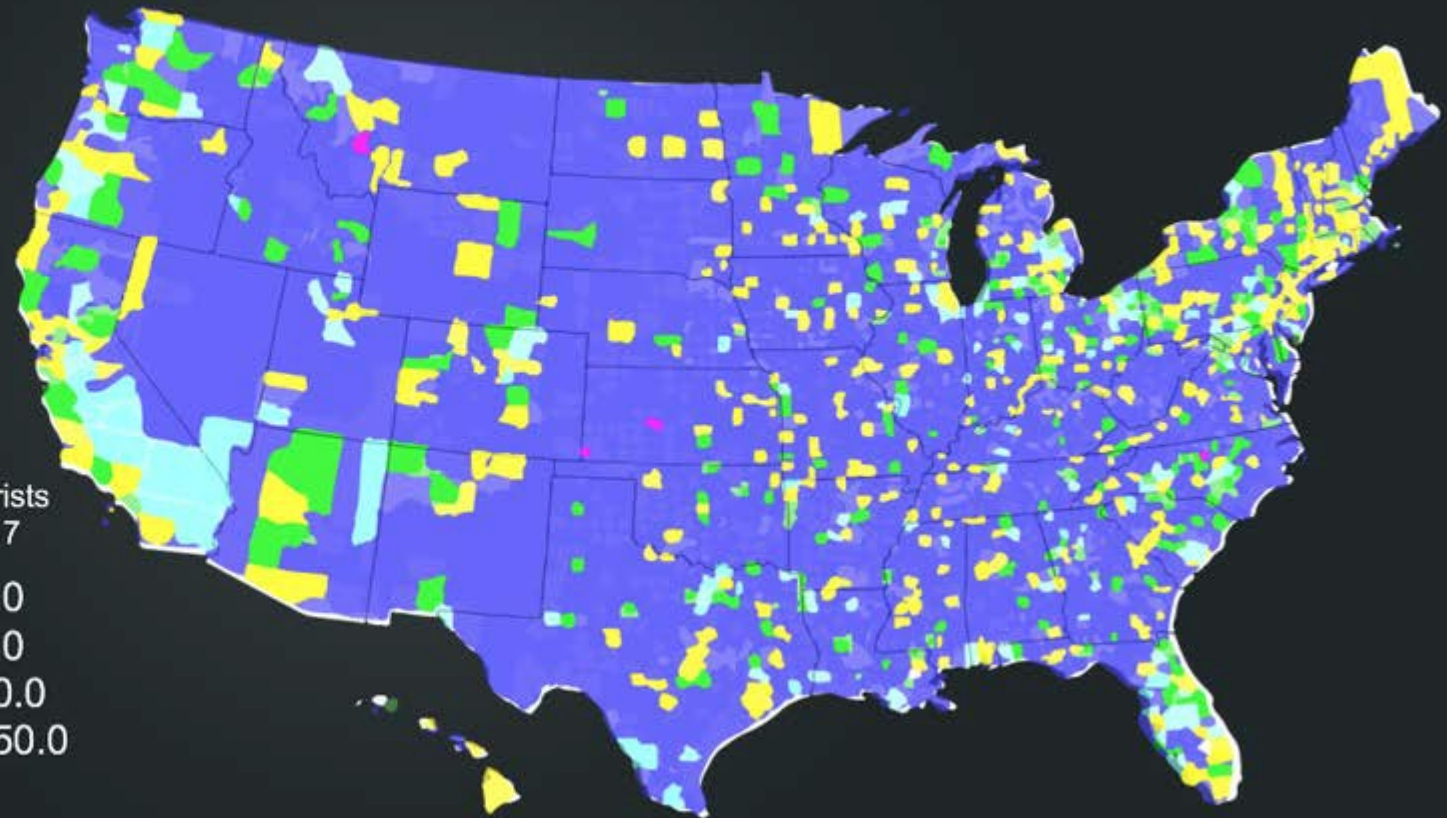
 **50 to 70%** OF A PCP'S NORMAL CASELOAD CONSISTS OF PATIENTS WHOSE MEDICAL AILMENTS ARE PSYCHOLOGICALLY RELATED

Beacon offers referral pathways that allow PCPs to:

1. Get care coordination support for patients
2. Get a consultation with a psychiatrist to keep a patient in primary care
3. Make a referral for behavioral health treatment with Beacon's network
4. Beacon can help decide if a member has mild to moderate needs to be served by our network; or more significant needs to be best served by the county

National Shortage of Child/Adolescent Psychiatrists

“The **most common inquiry** we receive at the Balanced Mind Foundation is **where to find a child psychiatrist.**” - Susan Resko, Executive Director The Balanced Mind Foundation



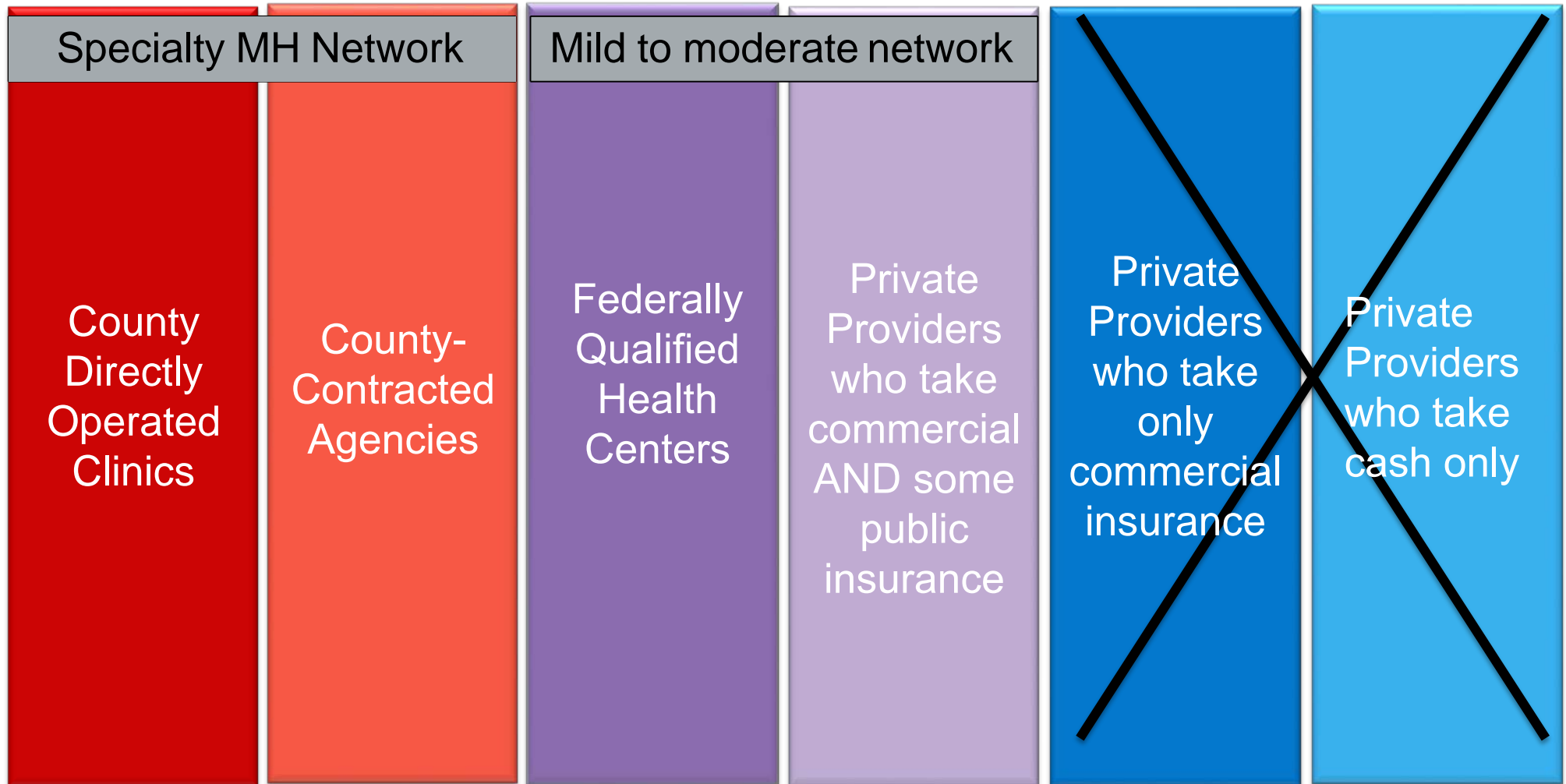
Practicing Child & Adolescent Psychiatrists
2012, rate per 100,000 children age 0-17



@VAHABZADEHMD

Organization of Mental Health Providers in CA

Providers are organized in response to different funding models.

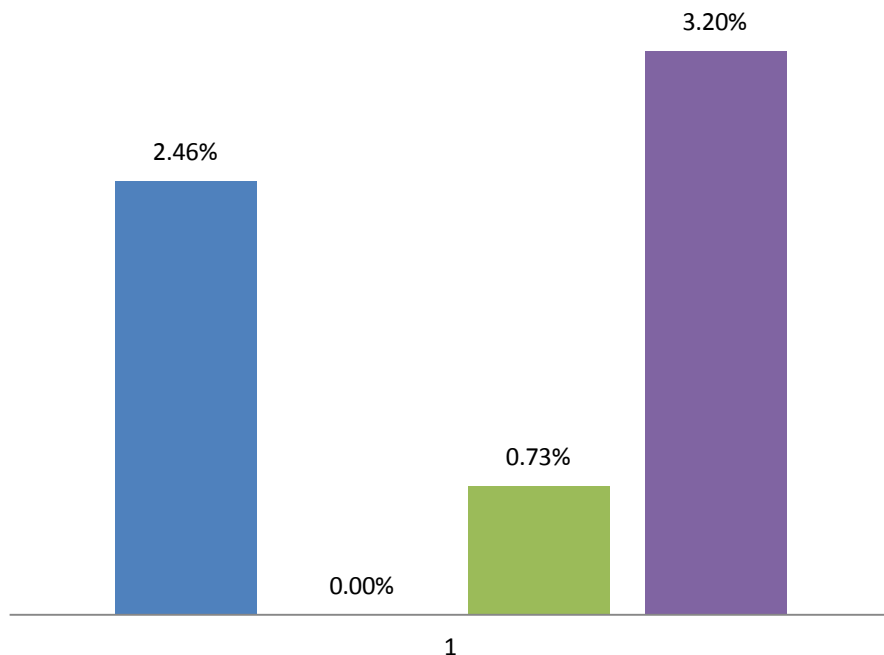


How often are children accessing these services?

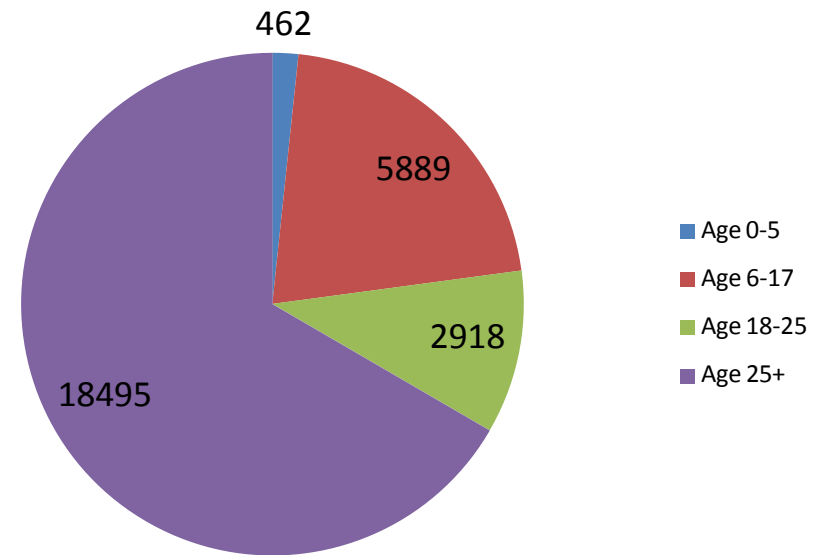
- Average penetration rate: 3.2%
- Total unique utilizers: 27,764 members

Penetration per type

■ Therapy ■ Psych Testing ■ Med Management ■ ALL



Unique utilizers by age group



Source: Claims paid for Dates of Service 1/1 – 3/31 2016; lower than other reports because only capturing 3 months of data.

ACES: Early Trauma Impacts Future Health

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

| BEHAVIOR | | | | |
|---------------------------|----------|------------|------------------|--------------|
| Lack of physical activity | Smoking | Alcoholism | Drug use | Missed work |
| PHYSICAL & MENTAL HEALTH | | | | |
| Severe obesity | Diabetes | Depression | Suicide attempts | STDs |
| Heart disease | Cancer | Stroke | COPD | Broken bones |

Trauma-informed care considers the role that trauma plays in patients' lives, shifting the question from "What is wrong with you?" to "What happened to you?"

SAMHSA Definition of Trauma:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well being.

Behavioral Conditions Drive Total Medical Spending

Of the 5% costliest enrollees, 45% have a serious mental illness.

DIABETES



DIABETES + ALCOHOL/ DRUGS + MENTAL ILLNESS



Annual per member

ANNUAL SPENDING PER MEMBER



Diabetes



Diabetes + alcohol/drugs



Diabetes + mental illness



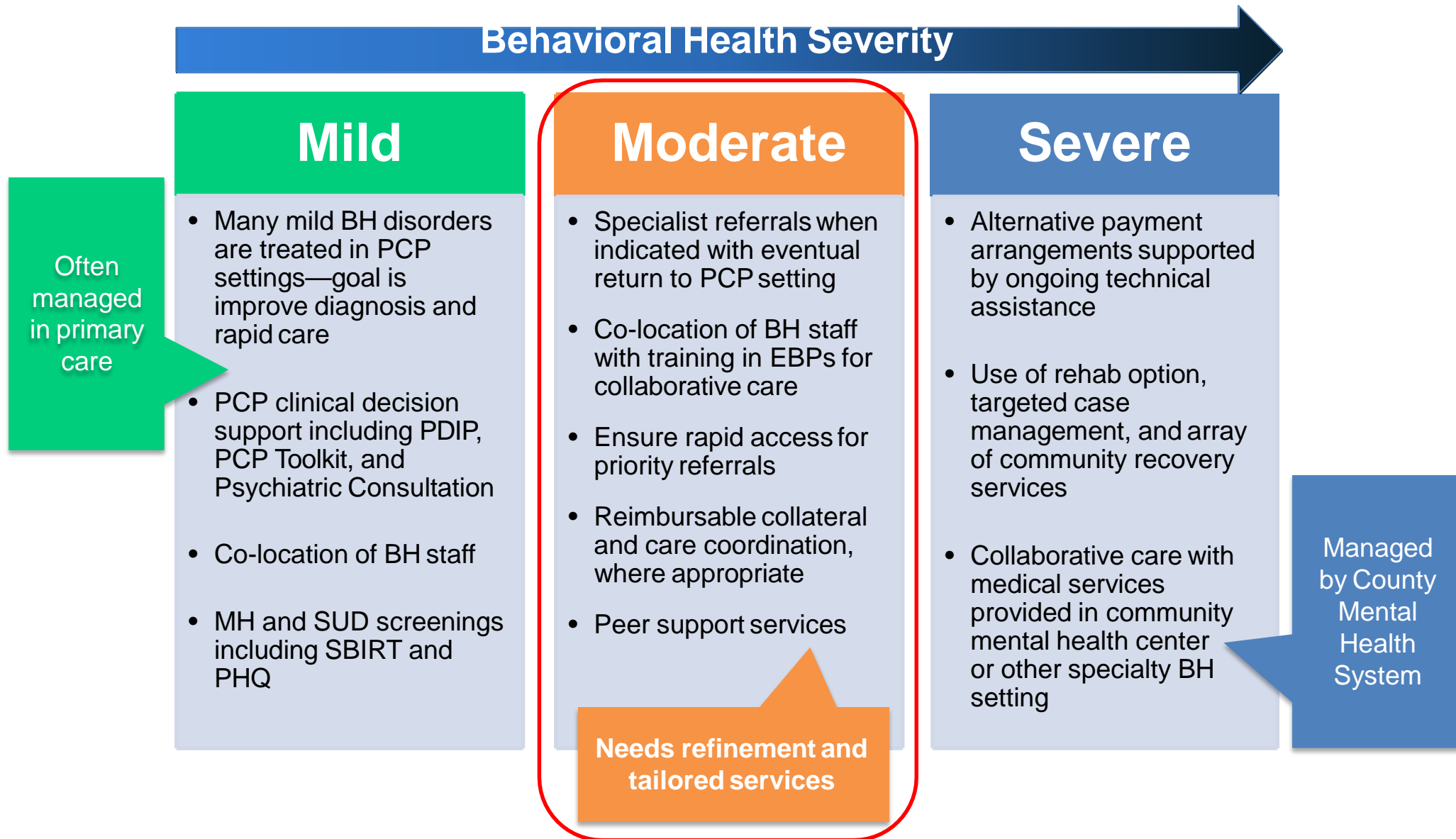
Diabetes + alcohol/drugs + mental illness

Source: California Department of Health Care Services
www.chcf.org/medi-cal-matters

© 2015 California HealthCare Foundation

Mild-to-Moderate—Varied Definitions across the State

There is an opportunity to improve care and strengthen the continuum



Beacon's Pediatric Psychotropic Drug Intervention Program (P-PDIP)

- P-PDIP is a medication management/quality management program that identifies claims-based, medication-related problems through analytics, clinical review, and health informatics.
- Beacon developed P-PDIP to improve medication adherence among children and youth and to support best practices prescribing among providers
- The program helps both prescribers and members understand and resolve medication-related issues.
- P-PDIP specifically targets PCPs who do a large percentage of psychotropic medication prescribing and have limited access to Psychiatric specialists
- Designed to be complementary to traditional pharmacy-benefit management services.
 - Behavioral health focus
 - Clinical review
 - Incorporates both Behavioral and Medical claims information

PDIP Core Clinical Interventions

Polypharmacy

- 2/3 of all psych medications are prescribed in primary care settings. When individuals receive additive BH treatment from non-mental health specialists, the potential for poly-pharmacy is high.
- A series of algorithms informs providers, pharmacies, and members when a member is prescribed psychiatric medications from the same therapeutic class and/or within multiple classes.

Sub-optimal & Excessive Dosing

- Sub-optimal dosing represents significant Medicaid expenditures without achieving clinical efficacy while excessive dosing presents the potential of physical harm to the member. PCPs are the major prescribers of mental health drugs but seldom trained in appropriate dosing.

Non-Adherence

- Members who discontinue antidepressant, mood stabilizer and antipsychotic medication treatment accumulate higher medical costs with potential for inpatient and other non-community based care.
- PDIP uses a combination of member and prescriber interventions, informed by a set of algorithms, to notify providers and members or caregivers of non-adherence to prescribed BH drugs. Providers can access to electronic and telephonic response systems that they can use for adherence advice and referrals.

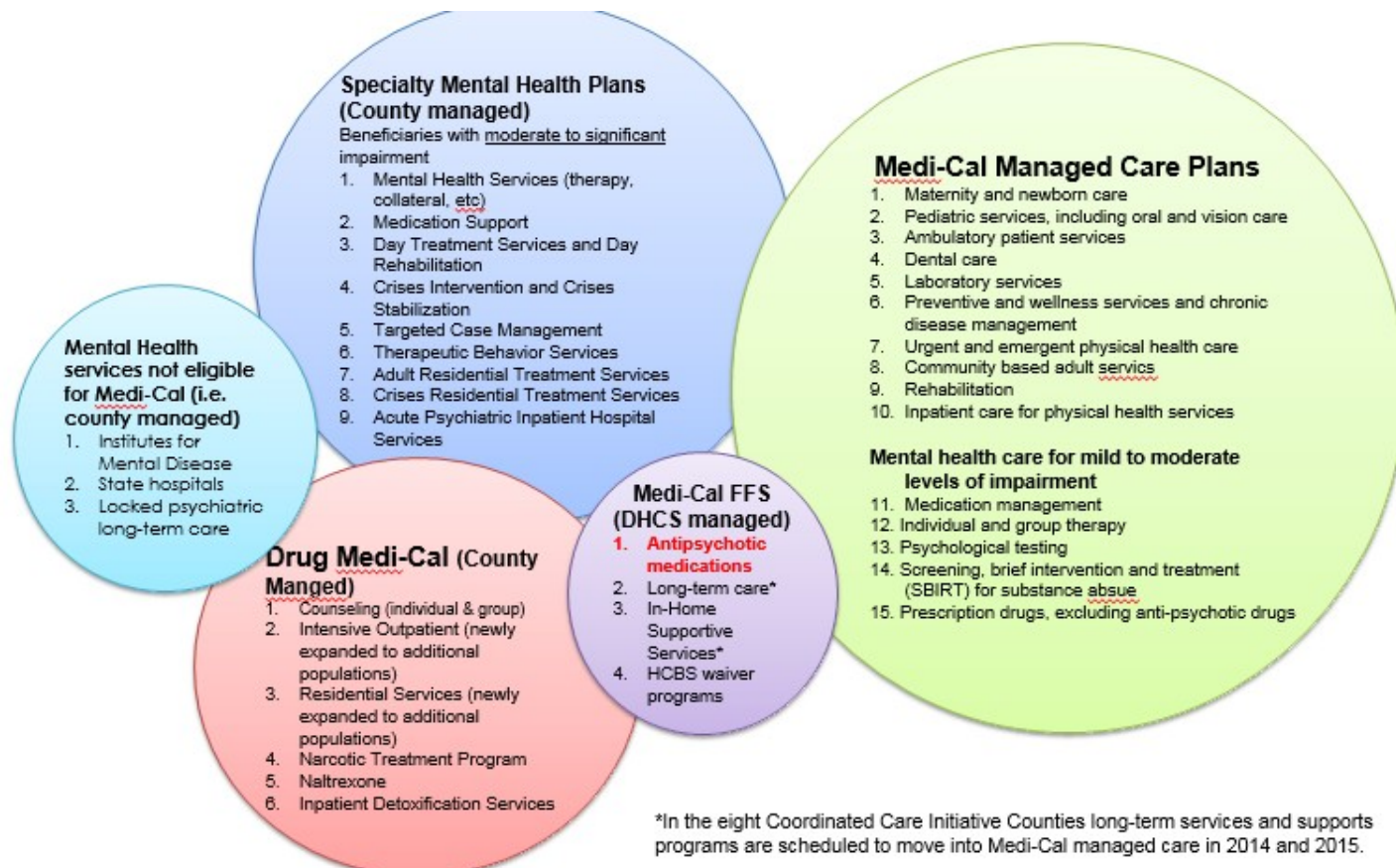
How it works: Massachusetts Case Example

- To promote proper prescribing of psychotropic drugs for children, Beacon and our MA Partners review high-risk prescribing practices when the PDIP algorithm identifies:
 - Any child, six or under, prescribed an antipsychotic
 - Any child, 15 or under, prescribed four or more medications, including antipsychotics
 - Any child, 15 or under, prescribed one or more BH medications by a PCP or non-behavioral health prescriber (e.g., the child has multiple prescribers for multiple BH medications)
- When concerning prescribing practices are identified, Beacon's Child Psychiatrist outreaches to consult directly with the member's prescriber. Reasons to consult with a prescriber may include, but are not limited to, any of the following:
 - No preventative health visit in the last year
 - Co-occurring medical and behavioral health conditions requiring coordination
 - No evidence of any outpatient behavioral health visits in the past six months
 - No evidence of a BH professional prescribing the antipsychotic or mood stabilizer
 - More than one provider prescribing behavioral health medications
 - Any use of Singulair in a child diagnosed with a mood disorder

Challenges to PDIP in California Market

- To identify concerning prescribing patterns and measure change in practice moving forward, the P-PDIP program relies on analyses of an integrated data file (i.e., combined prescription, medical, and psychiatric claims).

Difficult to gather in California due to division between system payers and perceived barriers to data sharing.



Massachusetts Child Psychiatry Access Project

- Based on a University of Massachusetts Medical School pilot program; 12 years of proven success and now replicated in more than 30 states
- Provides telephonic psychiatry consultation and coordination support to 98% of Massachusetts' pediatric PCPs
- Meets psychiatric consultation needs of PCPs responsible for all 1.5 million children in MA
- **Six regional hubs** — each one has one FTE child psychiatrist, licensed therapist, and care coordinator
- Helps pediatric PCPs build capacity to meet their patient's behavioral health needs through:
 - Real-time telephonic consultation with child psychiatrists
 - Face-to-face appointments with a child psychiatrists, when indicated
 - Help accessing community-based behavioral health services



**PEDIATRICIAN
UTILIZATION** of
MCPAP is **57%**



**OVER
60%**
of children return to their PCPs
to manage their BH/medication
needs after a consult

CA Solution: Telephonic Psychiatry Consultation



- Effective and safe way for PCPs to treat adults and children/adolescents with certain behavioral health conditions in primary care when supported by a psychiatrist
- Cost-effective way to promote the rational utilization of scarce psychiatric resources for individuals with moderate to serious mental illnesses
- Provides a virtual collaborative care model to support integrated care delivery
- Quick access (30 minutes or less) for PCPs to connect with a psychiatrist

Questions?

