

Behavioral health administrator critical link to integrated care

On April 1, 2016, Beacon Health Options, Inc. began providing services to residents of Clark and Skamania counties. As the Behavioral Health Administrative Services Organization (BH-ASO) for Southwest Washington, Beacon is responsible for administering behavioral health crisis services for all individuals in these two counties, regardless of their insurance status or income level. The BH-ASO structure is part of the state Health Care Authority's integrated managed care model, which seeks to bring whole-person, integrated care to Washington's Medicaid population.

As the BH-ASO, Beacon provides the following services to **anyone** in the region:

- A 24/7/365 regional crisis hotline to triage, refer and dispatch calls for mental health and substance use disorder crises;
- Mental health crisis services, including a peer-run crisis warm line and the dispatch of mobile crisis outreach teams, staffed by mental health professionals and certified peer counselors;
- Short-term substance use disorder crisis services for people intoxicated or incapacitated in public;
- Access to a designated mental health professional (DMHP) who can apply the Mental Health Involuntary Treatment Act, available 24/7 to conduct Involuntary Treatment Act assessments and file detention petitions;
- Access to a chemical dependency specialist who can apply the substance use disorder involuntary commitment statute, including services to identify and evaluate alcohol and drug involved individuals who may need protective custody, detention, etc.; and

This is Healthier Washington

The Healthier Washington initiative is transforming health care to ensure it focuses on the whole person and that care is coordinated and delivered where and when a person needs it. Southwest Washington was the first region to transition to a new integrated payment system for physical health, mental health, and substance use disorder services in the Apple Health program.

- Access to a behavioral health ombudsman, to assist individuals with grievances and appeals.

Additionally, Beacon provides certain mental health and substance use disorder services to people who are not enrolled in or otherwise eligible for Medicaid. In order to achieve success in this new financing model, Beacon and the two integrated MCOs, Community Health Plan of Washington (CHPW) and Molina, must closely coordinate the delivery of crisis services for Medicaid clients. The following best practices have been identified as contributing to a smooth system transition and continuity of care for individuals in Southwest Washington.

Best Practices: Making Crisis and Non-Medicaid Services Work in an Integrated Managed Care Model

- **Contractual relationship between payers:** CHPW and Molina each have a contract in place with Beacon Health Options, to reimburse Beacon for Medicaid crisis services that are delivered to their members. This contract allows the entities to freely share information and data for care coordination and other purposes, such as:
 - o CHPW and Molina transfer daily eligibility files to Beacon, allowing Beacon to identify which MCO an

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individual is associated with. This process ensures that close and immediate coordination occurs between payers for any individual who accesses a crisis service.

- o CHPW, Molina and Beacon share daily clinical notes. CHPW and Molina each have access to the DSHS Predictive Risk Intelligence System (PRISM)¹. This access is now delegated to Beacon, allowing Beacon and its network of providers to view client history.
- o CHPW and Molina reimburse Beacon for the Medicaid-reimbursable cost of delivering crisis services to the Medicaid population.
- **Significant collaboration between payers and key stakeholders:** CHPW, Molina and Beacon stay in regular contact and coordinate to ensure that individuals in the region are appropriately referred to services, regardless of their Medicaid eligibility status. For example:
 - o All three payers have regular crisis care coordination calls at least once per week, to facilitate and ensure appropriate delivery of health care services for Medicaid clients.

- o All three payers have bi-weekly meetings, with a standing item being Western State Hospital (WSH) discharges. There is a high level of communication between WSH liaisons around all discharges and new admissions.
- o A key function of the BH-ASO is to assess Medicaid eligibility and facilitate enrollment, which ensures that as individuals who are not currently enrolled in Medicaid access high-acuity services like crisis, they are immediately assessed for eligibility to maximize Medicaid coverage when appropriate.
- o The BH-ASO is in the process of being deemed a publically administered program, allowing them to use available funds to assist clients in meeting spend-downs and opening Medicaid eligibility.

- **BH-ASO acts as a regional convener:**

The BH-ASO plays the role of convener in the region to conduct coordination and resource-building activities, which are aimed at improving service delivery in the region. For example:

- o The BH-ASO has built a stronger partnership between the justice system and the behavioral health system and payers. A process has been established to provide a list to CHPW/Molina three times per week with the names of youth who have entered the juvenile justice system. The MCO care coordinators then follow up with the juvenile justice staff to connect youth with outpatient providers, assist them with accessing services and connecting them to community resources, after release from detention.
- o The BH-ASO created a Youth Crisis System Standing Steering Committee, which includes consumers, youth provider agencies, local hospitals, juvenile justice, crisis providers and allied partners to provide guidance and input into the youth crisis system.

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¹PRISM is a secure web-based clinical support tool that has client medical risk factors, demographics, eligibility, managed care status, housing, utilization of Medicaid health services (including mental health) provider contact information, and long term care case manager assessments

- o The BH-ASO sponsors quarterly focus groups comprised of individuals or families who have had a direct experience with the crisis system as a means to ensure that consumer voices have a direct platform to provide the BH-ASO with their experiences.
- o The BH-ASO acts as the convener of the local Children’s Long-Term Inpatient Program (CLIP) committee, a function that historically was centralized at the regional support network (RSN). The CLIP Committee evaluates referrals from the region to CLIP services, and offers consultation to families that are struggling to navigate multiple systems while parenting youth with behavioral health challenges.
- o The BH-ASO holds the Family, Youth, and System Partner Round Table (FYSPRT) Contract, which provides a forum for families, youth, systems and communities to address challenges and barriers by promoting cohesive behavioral health services for children, youth, and families.

• **New focus on non-Medicaid clients who need services:**

- o The BH-ASO has brought renewed focus to non-Medicaid individuals due to the nature of the contract that includes non-Medicaid services. Through this focus, the BH-ASO has developed strategies to support individuals without Medicaid through designated non-Medicaid allocations while also focusing on supporting individuals, when appropriate, with enrolling in Medicaid plans.
- o Individuals without Medicaid have access to a broad network of providers, through the BH-ASO, who have in depth experience and expertise in behavioral health. The BH-ASO structure allows specific focus on the needs of the non-Medicaid population that are unique from the Medicaid population.

• **Crisis system alerts for PACT/WISe clients:**

If an individual participating in WISe or PACT services is referred to the regional crisis hotline, an alert is in place in the Protocall crisis hotline system to immediately refer that individual to the PACT/

WISe team for crisis response. This ensures high-risk clients are appropriately and immediately referred to their care provider for follow up.

- **Managing to the lowest level:** If a provider sees an individual who is experiencing a crisis and can be stabilized in their clinic, the provider can still be reimbursed for this service by CHPW, Molina or Beacon, ensuring that providers are able to continue managing their own patients and not referring for mobile crisis outreach or DMHP’s unless necessary.
- **Hiring RSN staff:** Beacon Health Options brought on former RSN staff to work in the Vancouver office, which helped preserve knowledge and expertise, and facilitate a smoother transition from the RSN system to the new structure.

Client Success Story

CHPW has a member who was referred from the crisis hotline for case management. This member has a prolonged history of alcohol and drug use, schizophrenia, and homelessness. The person was living in a vehicle at this time, had multiple admissions to substance use disorder residential and detoxification treatment, and multiple emergency department visits for suicidal ideation. Through this referral, the member was connected with CHPW’s community health worker for help in finding housing. When it became apparent that his alcohol use was at a level that threatened his health and safety, CHPW, with help from a transitional case management (TCM) team at an evaluation and treatment facility, were able to support the member in choosing to go to detoxification treatment, and connecting the member with a provider. The member completed detoxification treatment and went on to complete residential inpatient substance use disorder treatment. This was the first time the member completed treatment without leaving against medical advice. The member is now living in a healthy housing arrangement, with continued support from a TCM team to assist the member during this transition period (i.e. helping with transportation, applying for financial supports, attending medical appointments with the member

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and getting the member fully engaged with outpatient mental health and substance use disorder treatment). The TCM team are also helping to get insurance for the member's vehicle.

*For the member, this story shows great success in that the member successfully completed two levels of treatment, has obtained housing, is participating in outpatient treatment, and is also getting medical needs met. This story also shows great success in **partnering** between multiple entities, with CHPW assisting with coordination between: the initial referral from crisis services, an evaluation and treatment facility, a substance use disorder treatment provider, a federally qualified health center, and social services, to help get the member's needs met.*

Looking Ahead

The BH-ASO is continually looking for ways to improve services and influence the delivery system. Current and upcoming activities that the BH-ASO is working on to assist in continuous quality improvement efforts include:

- Outreaching to physical health free clinics to discuss co-location or stronger coordination pathways.
- Increasing a recovery oriented focus and the skills of peers.
- Working to strengthen/develop a continuum of services (prevention, intervention, diversion), before a person needs the highest level of crisis services.
- Increasing mobile crisis services, including children's mobile crisis.
- Implementing pilot programs at Daybreak Youth Service, based on feedback received through the Family, Youth, and System Partner Round Table (FYSPRT) to address a gap in service for youth.
- Community-based trainings and workforce development.

- The integration of substance use Involuntary Treatment Act with crisis providers and court processes.
- Collaborating and participating in the Accountable Community of Health development.
- Increasing community awareness of the crisis system through outreach efforts.
- Working on crisis system data transparency to providers, partners, and the community.
- Engaging consumers of the crisis system to provide continuous quality improvement in crisis system development efforts.

Learn more by visiting Beacon's website dedicated to Southwest Washington:

<http://wa.beaconhealthoptions.com/>

For more information, visit

www.beaconhealthoptions.com and connect with us on www.facebook.com/beaconhealthoptions and <https://twitter.com/BeaconHealthOpt>