



# Comprehensive Crisis Services: A Public Health Imperative

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September 13, 2019

# Objectives

- Illustrate how
  - Behavioral health crises are a **public health issue**
  - A comprehensive crisis system is more akin to a public health service than a distinct behavioral health level of care
- Describe the potential efficacy of a comprehensive crisis system and how community stakeholders can partner to provide **meaningful intervention** and avoid unnecessary cost
- Provide an example of a crisis system where **public and private funding** are combined to provide services

# Agenda

**01** Beacon Health Options Introduction

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**02** Crisis Services: A Public Health Solution for a Public Health Problem

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**03** Public and Private Partnership: Massachusetts Behavioral Health Partnership (MBHP)

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**04** Q&A

Chapter

# 01

# Beacon Health Options Introduction

# Beacon At A Glance

## Company Overview

- Beacon ensures access to high quality care and improves health outcomes for **~37M members nationwide**
- We serve health plans, employers, and federal, state and local governments
- Four major product offerings:
  - Beacon Behavioral
  - Beacon Total Health
  - Beacon Wellbeing
  - Beacon Care Services

## Beacon by the Numbers



**~250 clients**



Behavioral health specialty network of more than **115,000 providers across 50 states**

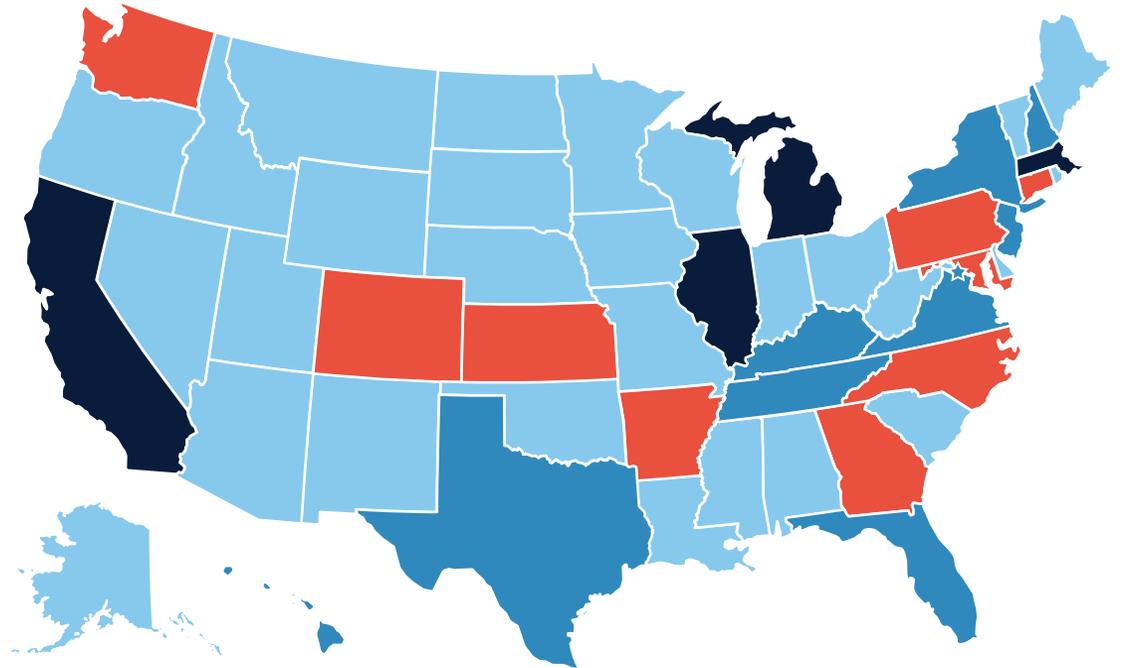


Nation's largest virtual care network with more than **500 state-licensed, board-certified therapists** nationwide



**More than 4,500 employees**, including ~1,000 licensed clinicians

# Strong Medicaid expertise across 23 markets



Direct to state/county programs      Health plan partnerships      Both direct to state/county & health plan



## Examples of Crisis System Work

### Washington State

- Services offered across eight counties for all individuals regardless of insurance coverage
- Beacon contracts with and oversee mobile crisis teams/designated crisis responders and a 24/7 hotline service

### Georgia Crisis and Access Line

- Crisis line available to entire GA population (~10M residents); ~200K calls into the crisis line annually
- Beacon and partner manage hotline calls, dispatch mobile crisis teams, capture and track critical information, and refer to needed care (via Beacon Referral Connect)

### Massachusetts Emergency Services Program

- Unrestricted access for covered Medicaid individuals & uninsured, Commercial, and Medicare members (~2.65M residents)
- Beacon manages the Emergency Services Program (ESP), including crisis assessment, intervention, and stabilization services

Chapter

# 02

## **Crisis Services: A Public Health Solution for a Public Health Problem**

# The public health imperative to treat BH crises as urgent and emergent healthcare incidents has been largely overlooked

**First Responder Fatigue:** Law enforcement and first responders need stronger support from crisis response systems

**Suicide:** The rate of death by suicide increased 25% between 1999 and 2017

**Emergency Departments:** The ED is a poor, expensive option for people in a behavioral health crisis; jail is worse

**Stigma:** Shame and embarrassment prevent early treatment

**Lack of Access to needed care:** Acuity and hopelessness increase when individuals can't access care or receive ineffective care

**System Navigation:** Few community members know about the full array of available resources and services or how to access them

**Experience:** Individuals who have utilized highly coercive systems often hesitate to ask for help again



States have the opportunity to develop a comprehensive crisis system for their constituents and the community— driving better health outcomes and quality of life

# A problem impacting public and private spheres should have a solution built by public and private stakeholders

When an individual has a physical emergency...



Urgent care can provide treatment for non-life threatening situations

OR



A qualified professional resolves the emergency and stabilizes the person

The emergency is resolved  
AND  
a payer must provide reimbursement

When an individual has a behavioral health crisis...



Law enforcement may be called

OR



First responders may be deployed to triage and transport to EDs

OR



The person has long waits for assessment and stabilization in the ED or may just be hospitalized

The individual does not necessarily receive optimal care  
AND  
the public sector bears the majority of costs

Expanding the scope of effective urgent and emergent behavioral health care services ensures any payer is contributing to effective crisis intervention: a solution for all

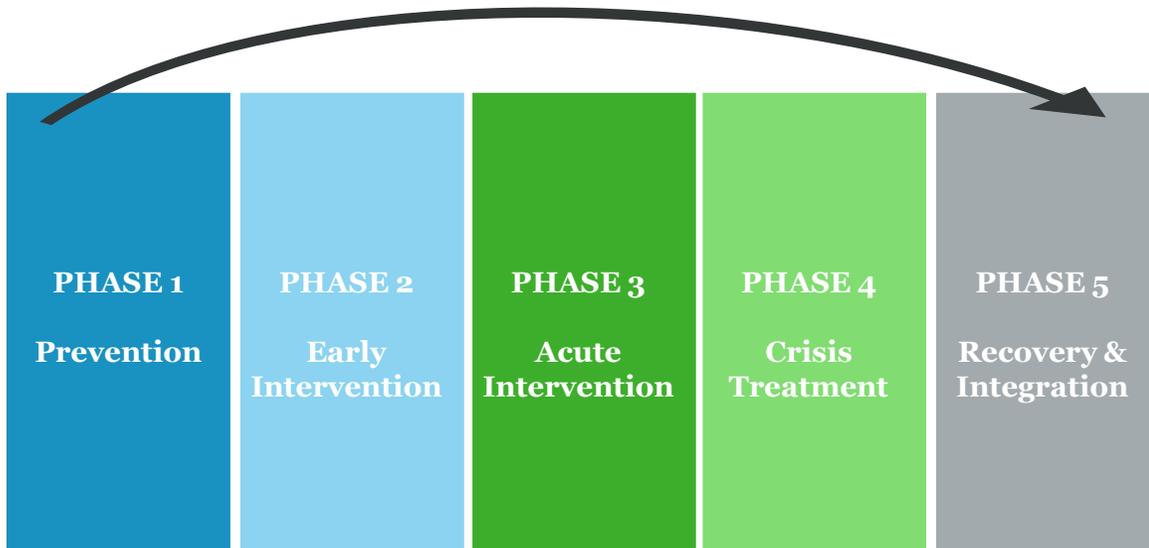
# Foundational questions policy makers should ask themselves when thinking about crisis system design

- ? Statewide or regional?
- ? Single administrator or multiple payers?
- ? How do we bring commercial funding, and all payers, into the system to build out the continuum?
- ? What are the essential components of the intended crisis system?
- ? How will data and communication support resolution and warm hand-offs?
- ? How will we measure progress, define success, and ensure accountability?

# Comprehensive crisis systems are public health services that work with individuals to promote recovery, resolution, and prevention

## Who is served in a comprehensive system?

A comprehensive system design anticipates needs and provides recovery - focused interventions in all phases of the crisis continuum



Graphic credit: Madenwald Consulting, LLC

## What services are provided?

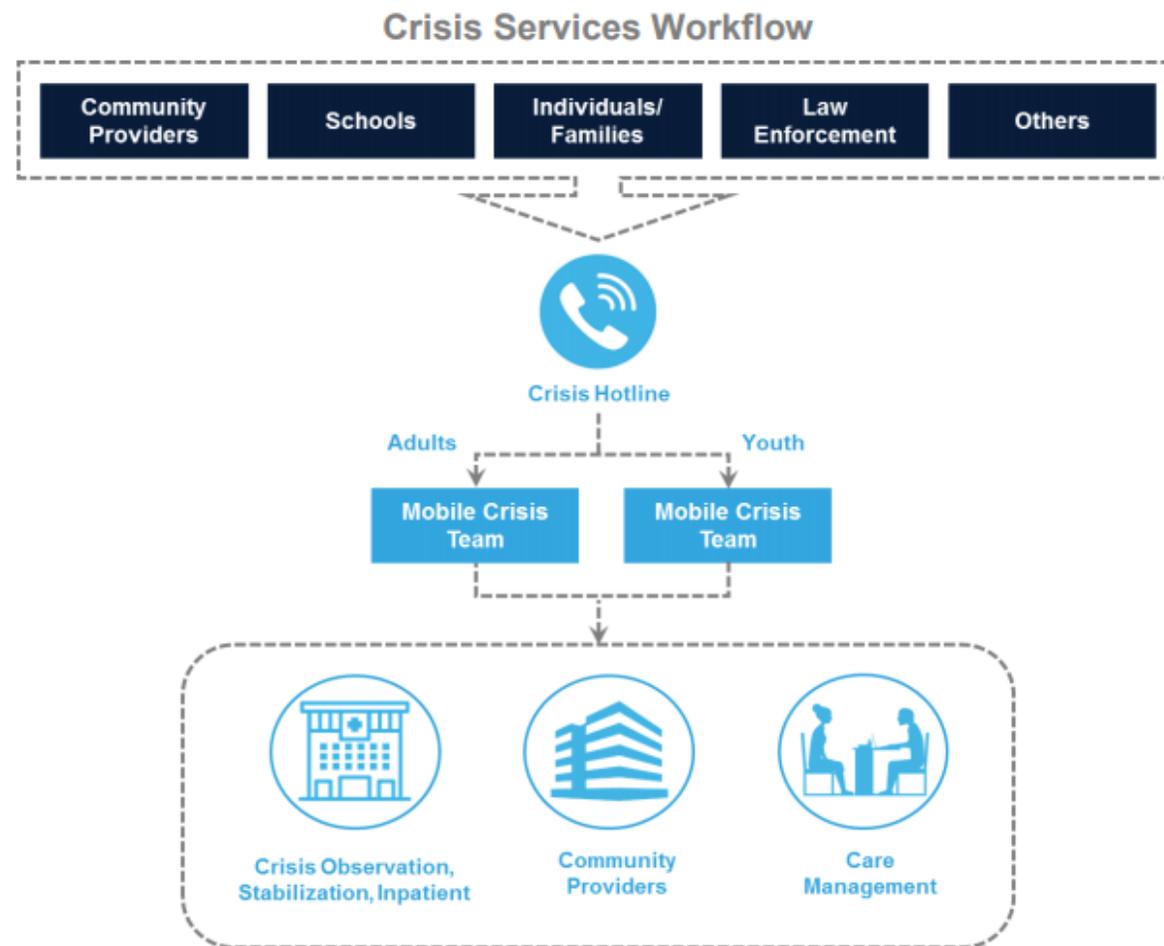
An optimal system of care is created when these eight core components are present and coordinated



# Statewide crisis systems are best in class

## The benefits of a coordinated statewide approach:

1. Awareness of available system can be maximized
2. Public-private partnerships to bring services to scale
3. Assurance that individuals anywhere in the state are receiving high-quality services and care
4. Better tracking and care coordination for individuals who may move around across multiple communities
5. Collaborative problem-solving for complex populations & highest risk utilizers

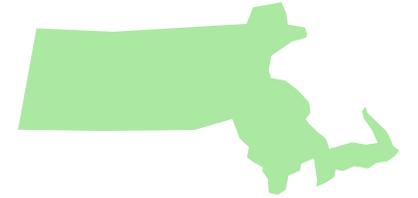


Chapter

# 03

## **Public and Private Partnership: Massachusetts Behavioral Health Partnership (MBHP)**

# Public-Private Crisis System Funding example: Massachusetts Emergency Services Program



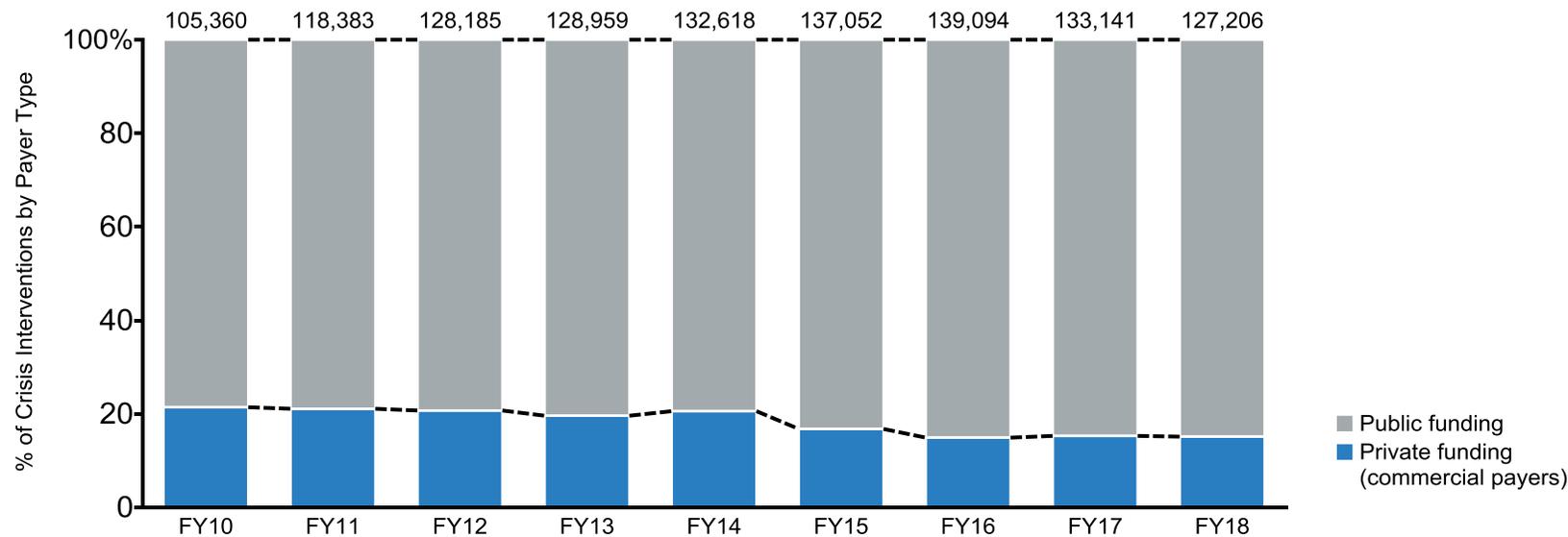
- Beacon's MBHP collaborated with the state to redesign the state's Emergency Services Program (ESP) system in 2009
- There are key service ESP components:
  - 1-800 statewide phone number, by zip code
  - ESP Community-Based Locations
  - Mobile Crisis Intervention for Youth
  - Mobile Crisis Intervention for Adults
  - Adult Community Crisis Stabilization
- Beacon offers a web-based search tool that enables behavioral health providers, EDs, and other community members to identify available providers, by level of care

## CQI in the works:

- Introduction of Comprehensive Community Behavioral Health Clinics into the system to offer additional urgent, comprehensive and coordinated care
- Application for Medicare's Emergency Triage, Treat, Transport (ET3) model and funding, utilizing community paramedics
- Community stakeholder listening sessions – action TBD

# Medicaid, Medicare and Commercial Insurers pay for about 20% of crisis services in MA

Since the Emergency Service Program (ESP) system was redesigned, commercial payers have funded up to 1/5 of crisis interventions each year



- Commercial payers have relieved some pressure on public funds
- However, contribution from private funding remains low and not all commercial payers have opted to reimburse for ESP services
- Work remains to ensure urgent and emergency crisis care is available for all MA residents

# Key takeaways for crisis systems that work for all



Crisis is not just the behavioral health system



Consumer-centric, plan/payer agnostic



Parity with physical health emergency services



Services are localized, coordination centralized



Crisis collaboratives give all players a voice



Emphasize treatment access and health outcomes

Chapter

# 04

## Q&A

# Thank You

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## Contact Us



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# Appendix

# Without investment in comprehensive crisis systems, existing community services are overburdened

## Law enforcement and jails often become the de facto crisis system

The time and resources communities lose by forcing law enforcement onto the front lines of mental health care are significant and costly

Average **distance** to medical facility is ~**5x further** than closest jail  
**5.4 million miles driven transporting individuals in crisis to medical facilities**

**10%** of law enforcement agency **budgets** go towards **transporting** people with Behavioral Health needs  
**Projected nationwide spending at \$918 million**

Each year **2 million** people with serious mental illness are **admitted** to US jails.



Housing an inmate with mental illness in jail costs **\$31,000** annually.

**Community mental health services cost about \$10,000**

**\$63,000,000,000** spent on **housing** individuals with behavioral health needs **each year.**

## Emergency departments are overused and under-resourced

There was a **52% increase** in ED utilization from 2006 to 2013 by people **experiencing a serious mental illness**

**Increases have been largest in lowest income communities**

**Severity** of the mental health diagnosis (mild, moderate, or severe) is associated with an **increase in ED visits.**

**4% - 8% of frequent ED users account for 18% - 30% of total ED visits**

ED visits involving SMI are considered **potentially avoidable**—Eliminating unnecessary ED use for mental illness could **reduce** costs dramatically.  
**Potential cost savings of \$22 billion annually**

145,600,000 ED visits per year in the U.S.



1 out of every 8 visits involves a BH issue



The average BH ED visit costs \$1,198-\$2,264



**\$21,803,600,000** per year spent on BH ED visits