Beacon’s FEP Specialty Program

Community Health Summit 2019

September 13, 2019

Acknowledgements

- Beacon Quality & Clinical Departments
- Department of Social Services
- Department of Children and Families
- Department of Mental Health and Addiction Services

Overview

- Connecticut Medicaid Context
- FEP Program Data
    - Methodology
    - Results
- FEP ICM & Peer Specialty Program

Chapter

01

Connecticut Medicaid Context

Connecticut Medicaid Context

- **Connecticut Medicaid**
  - 2006 CT transitioned from managed care to a fee-for-service ASO model
  - 2012 CT Medicaid was all fee-for-service
- **Behavioral Health Partnership**
  - Since 2006, Beacon Health Options has served as the **behavioral health ASO**
  - Collaborate with State agencies to improve outcomes for Medicaid members
  - Continue to enhance programs focused on needs of transition-age youth
- **Systems Integration**
  - Programs and systems need to work together to achieve maximal success
- **CT Medicaid Period Treatment Prevalence Rate of Psychosis CY 2017**
  - Emerging Adults (16-26, n = 176,308): 2.3% (n = 4,038) any diagnosis type of psychosis, any claim, any position, any eligibility type (excludes duals, limited benefit)
  - Likely a significant underestimate

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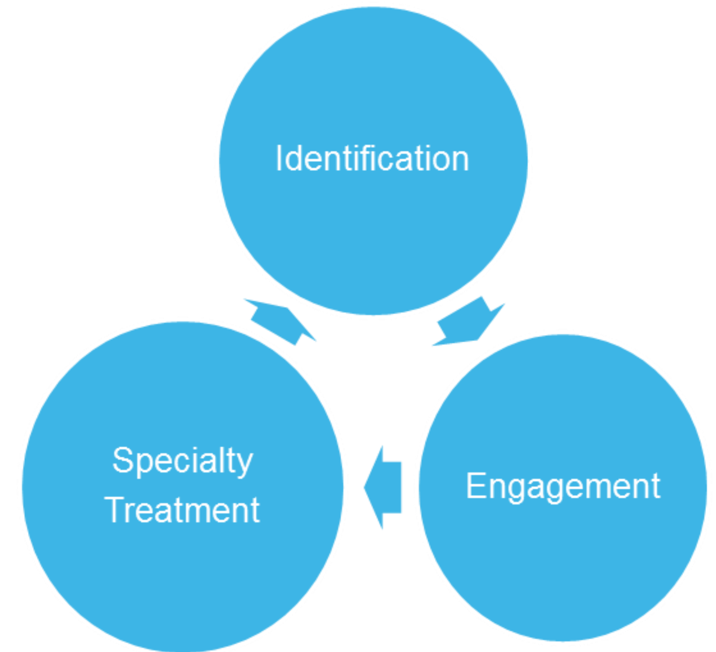
Beacon's FEP Specialty Program

- **Service Description**
  - Beacon will identify, refer, and follow-up on emerging adult Medicaid members from 16-26 who have experienced FEP
  - Program implemented September 1, 2017
- **Scope**
  - Identify providers
  - Develop a referral process
  - Refer emerging adult to FEP services
  - Eligible for care coordination, outreach, and referral to appropriate treatment and services



Chapter

02

Identify & Refer:

Methods

Methods

- **Purpose**
  - Identify Medicaid members that may be experiencing FEP
  - Provides a starting point for FEP ICM & Peer Specialist to contact provider and/or member
  - Data is descriptive; looking to better understand emerging adults that may be experiencing FEP
- **Process**
  - Multiple iterations in identification methodology
  - Input from colleagues and professionals in the field
  - Referenced research literature on criteria

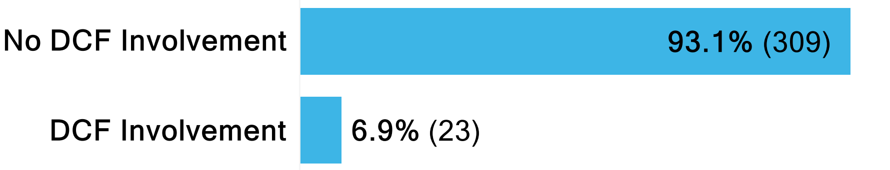
Methods

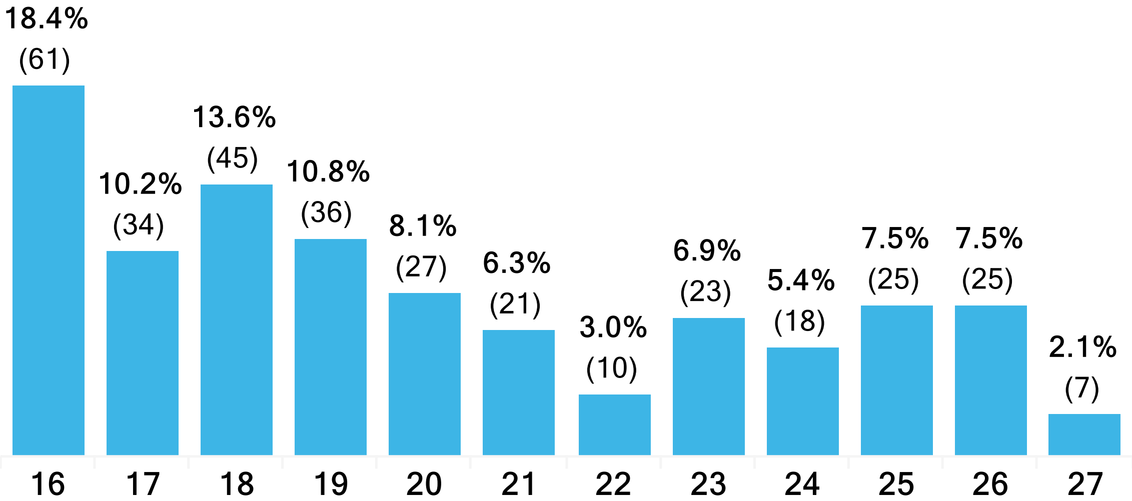
- **Measurement Period**
  - PRE: 2-years
  - POST: 6-months
- **Inclusion Criteria**
  - Age: member ages 16 – 26 during POST period
  - Diagnosis: psychotic disorder diagnosis during POST on any claim, no psychotic disorder diagnosis during PRE
  - Pharmacy: antipsychotic script filled in POST, no antipsychotic script filled in PRE
  - Enrollment: ‘Continuously’ Medicaid enrolled

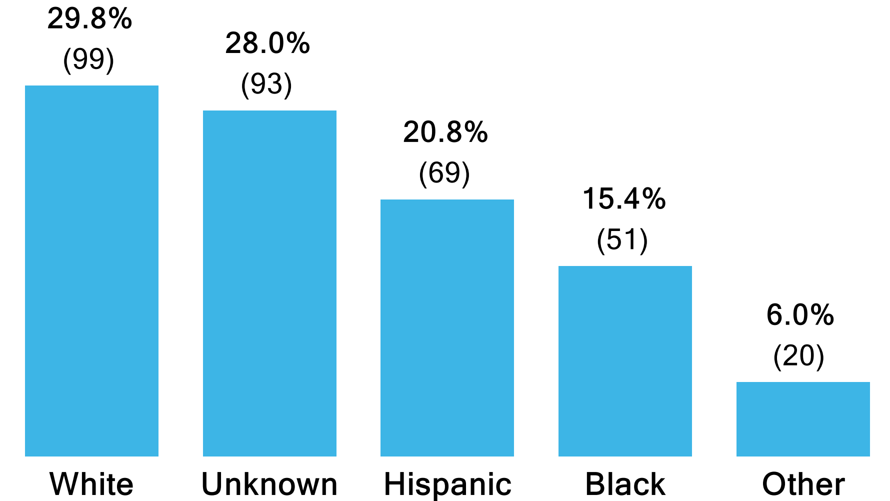
Methods

- **Ongoing**
  - Monthly starting point for ICM
  - Receive real-time referrals
  - Rolling measurement period (6-month & 2-year look back)
- **Analysis**
  - First full year of implementation
  - Current presentation, select data points
    - Demographic, diagnostic, service utilization, and pharmacy utilization
  - 332 identified emerging adults between 9/1/2017-8/31/2018

Results







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Results

Member Count and Percent by Period and Primary Diagnosis; Relative Percent Change (Decrease / Increase)

Primary Diagnosis	PRE	POST	Relative Percent Change
Mood Disorders	129 (38.9%)	237 (71.4%)	83.7%
Anxiety Disorders	116 (34.9%)	148 (44.6%)	27.6%
Substance-related Disorders	70 (21.1%)	116 (34.9%)	65.7%
Suicide and Intentional Self-inflicted Injury	17 (5.1%)	90 (27.1%)	429.4%
ADHD, Conduct, and Disruptive Behavior	55 (16.6%)	65 (19.6%)	18.2%
Adjustment Disorders	69 (20.8%)	50 (15.1%)	-27.5%
Miscellaneous Mental Health Disorders	12 (3.6%)	28 (8.4%)	133.3%
Alcohol-related Disorders	19 (5.7%)	25 (7.5%)	31.6%
Delirium, Dementia, Amnestic Disorders	7 (2.1%)	17 (5.1%)	142.9%
Disorders Diagnosed in Infancy or Childhood	9 (2.7%)	14 (4.2%)	55.6%
Personality Disorders	6 (1.8%)	10 (3.0%)	66.7%
Impulse Control Disorders	4 (1.2%)	5 (1.5%)	25.0%
Screening and History Codes	6 (1.8%)	3 (0.9%)	-50.0%

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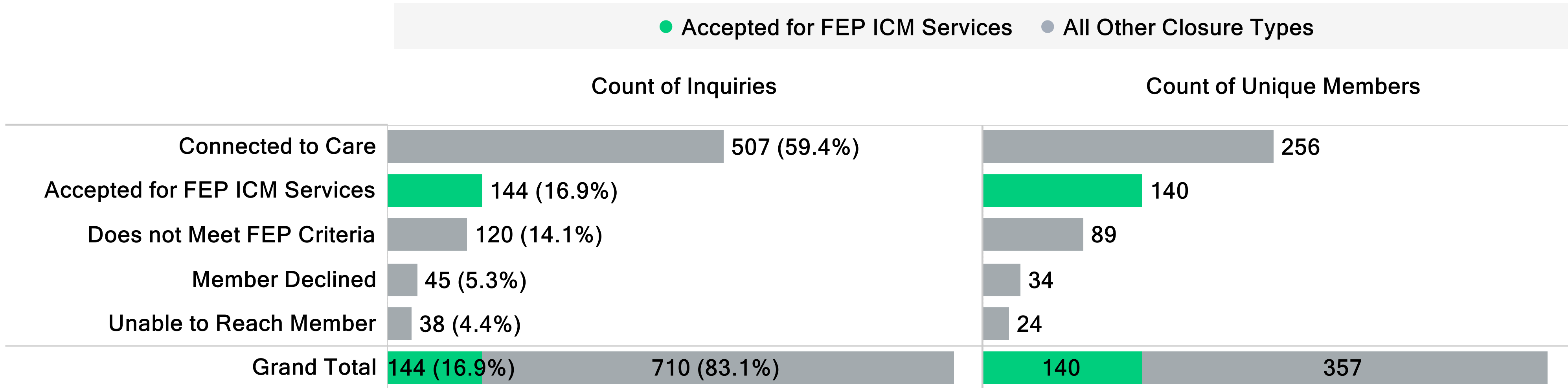
Results



<u>Referral Closure Definitions</u>

- *Connected to Care:* Case review within Beacon's care management software showed evidence of active authorization and use of a treatment service within the community (not including inpatient settings).
- *Accepted for FEP ICM Services:* Case review demonstrated that member is not currently connected to services, and FEP ICM verified member's eligibility through program criteria: age, diagnosis history, and Medicaid enrollment.
- *Does not Meet FEP Program Criteria:* Case review evidenced that member does not meet criteria based on diagnosis, age, or lack of active Medicaid eligibility.
- *Member Decline:* FEP ICM was able to reach member, however, member declined services.
- *Unable to Reach Member:* FEP ICM exhausted all methods to contact member and was unsuccessful.

Results

Primary Purpose	Contact Method Telephonic	Other	Email/Letter	Face to Face	Rounds	Grand Total
Care Planning	669 (29.2%)	11 (0.5%)	54 (2.4%)	6 (0.3%)		740 (32.3%)
Care Coordination	486 (21.2%)	4 (0.2%)	130 (5.7%)	8 (0.3%)	10 (0.4%)	638 (27.9%)
Engagement	403 (17.6%)	2 (0.1%)	2 (0.1%)	3 (0.1%)		410 (17.9%)
Monitoring	220 (9.6%)	2 (0.1%)	4 (0.2%)		2 (0.1%)	228 (10.0%)
Assessment	1 (0.0%)	107 (4.7%)				108 (4.7%)
Other	20 (0.9%)	70 (3.1%)	6 (0.3%)			96 (4.2%)
Referral Access	20 (0.9%)	11 (0.5%)	1 (0.0%)			32 (1.4%)
Discharge	3 (0.1%)	24 (1.0%)				27 (1.2%)
Education	4 (0.2%)		1 (0.0%)			5 (0.2%)
Support Treatment Adhere..	2 (0.1%)		1 (0.0%)			3 (0.1%)
Crisis Stabilization	1 (0.0%)					1 (0.0%)
Grand Total	1,829 (79.9%)	231 (10.1%)	199 (8.7%)	17 (0.7%)	12 (0.5%)	2,288 (100.0%)

Summary & Next Steps

- Claims-based methodology
  - Good starting point
  - Need to have real-time referrals
- Age:
  - Include younger emerging adults
- Diagnoses
  - Substance-use related disorders
  - Suicide and self-inflicted injury
- Contact activity
  - Telephonic
  - Care coordination, care planning, engagement
- Next Steps
  - Predictive modeling, capacity assessment, outcomes of FEP program

Chapter

03

Beacon’s FEP Specialty Program

Erika Sharillo, LCSW

SVP of Clinical Operations

FEP Wallet Card

National Alliance on Mental Illness (NAMI): Young Adult Community Connection. www.meetup.com/NAMIYACC

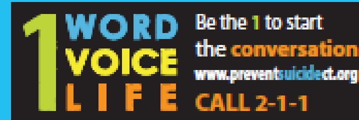
Opioid Addiction Crisis Line: 800-563-4086 open 24/7 listing of local substance abuse walk-in assessment centers. www.ctbhp.com

STEP Program: 203-589-0388 Specialized Treatment Early in Psychosis (STEP). Provides comprehensive team based care for young patients and their families. www.mindmapct.org

TurningPointCT: Developed by young people, offers support for individuals seeking treatment. www.turningpointct.org

Young Adult Warmline: 855-6-HopeNow to speak with a young adult peer in recovery. Available 7/365 12 noon – 9 p.m.

It's Okay to Ask for Help.



IT'S OKAY TO ASK FOR HELP

Do you feel nothing seems to make the pain go away? Do you see or hear things that aren't there? Are you worried for yourself or someone else?

For free, 24/7, confidential support contact:

PHONE: In Connecticut, dial 2-1-1 and press 1. Outside of CT, dial 800-273-TALK [8255]

TEXT: 741741

In the case of life-threatening emergency, always call 911 anywhere in the United States.

The Connecticut Suicide Advisory Board (CTSAB): Suicide prevention, interventions, health and wellness. www.preventsuicidect.com

Achieve Solutions: Information on more than 200 topics, including depression, substance use, and psychotic disorders. www.achievesolutions.net

CT Hearing Voices Network (CTHVN): Provides peer support for individuals who have experienced voices, visions and alternative realities. www.cthvn.org

Help Yourself Help Others: Mental health screening site in your area. www.helpyourselfhelpothers.org

Thank You