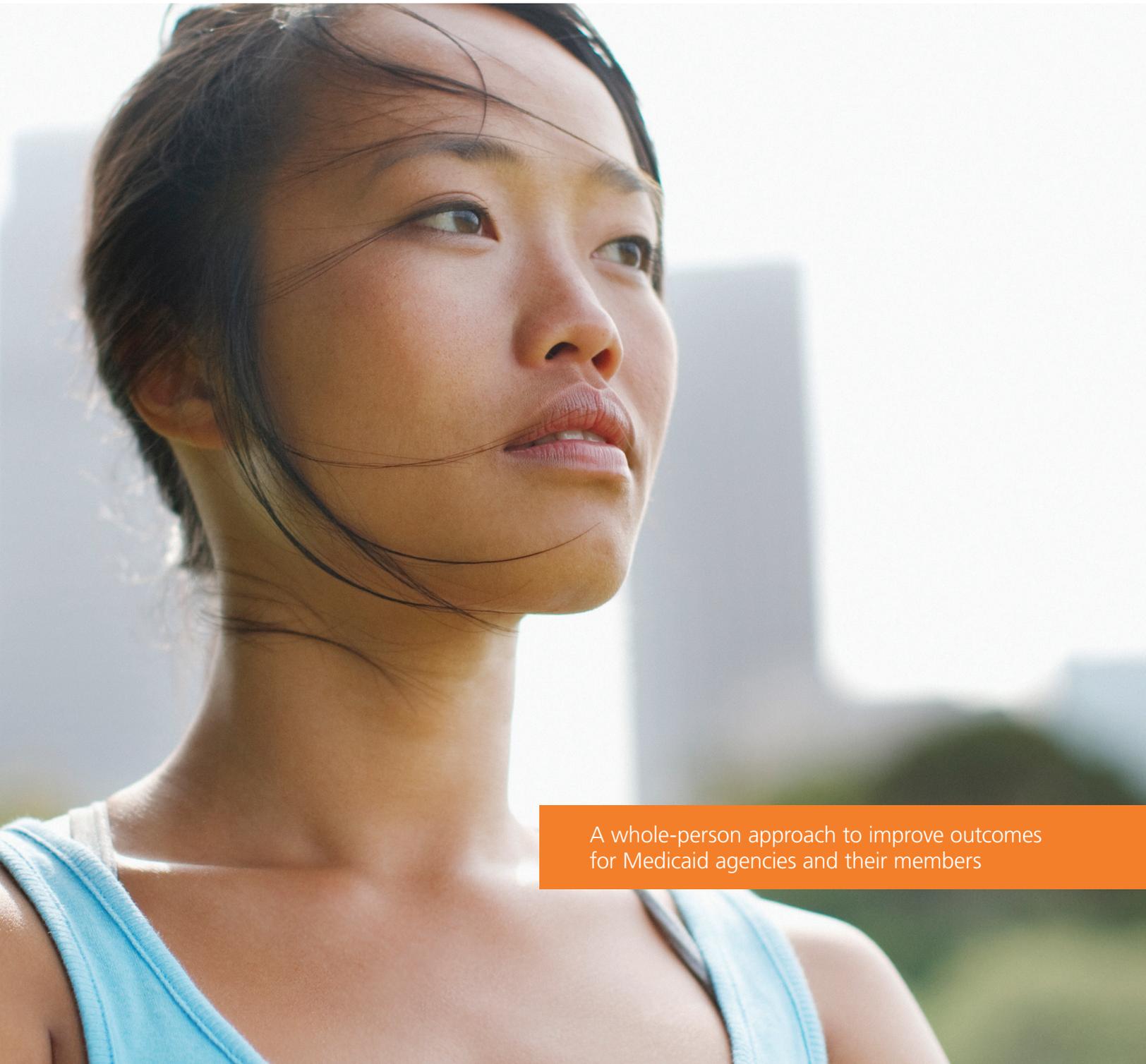




Optum Behavioral Health Services



A whole-person approach to improve outcomes
for Medicaid agencies and their members

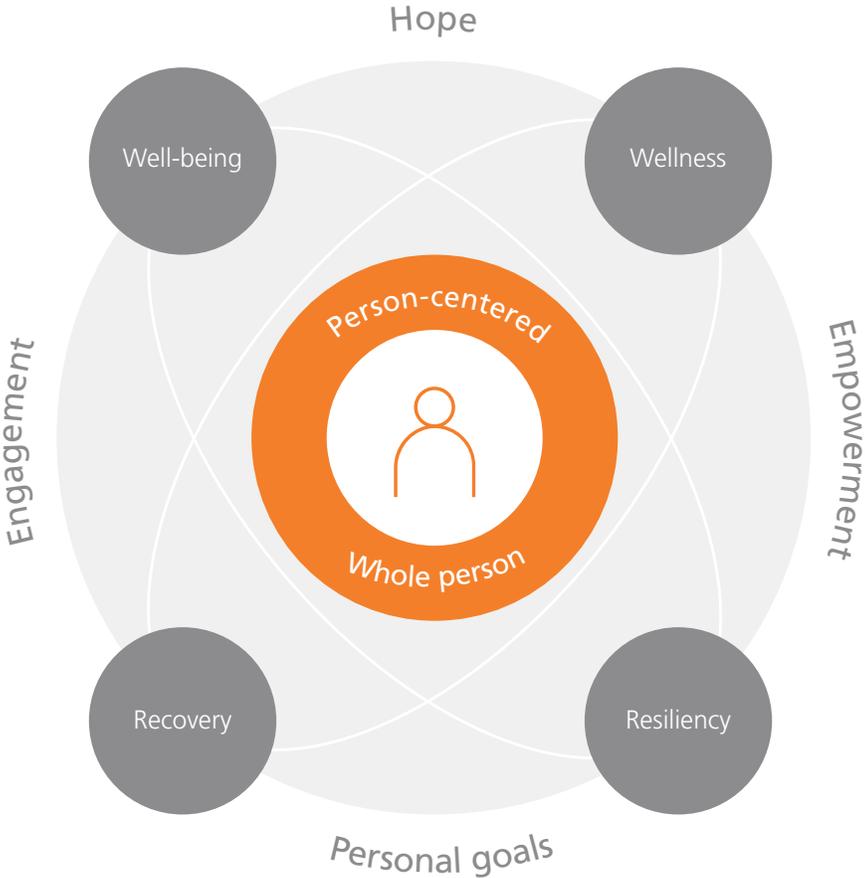


Serving the needs of the whole person

At Optum®, we're keenly aware of the challenges confronting Medicaid today: The need to improve both quality and cost of care, improve the care experience and meet new demands such as the Affordable Care Act. Our full range of behavioral health solutions are designed to help you meet these CMS Triple Aim goals and address issues unique to your population.

As the country's largest managed behavioral health organization, our foundational approach focuses on individual needs. We do this by creating person-centered systems of care that honor and respect the voice of each individual, taking a whole-person approach to improve both physical and mental/psychological health. And because a stable living environment is an essential facet of personal well-being, we include housing and work status in our empowerment strategies.

The key to whole-person-centered health care is to meet individuals where they are and create opportunities to help them access the knowledge, tools and services they need to achieve and maintain their well-being. We emphasize engagement, bringing individuals together with their families, health care providers and community support. It's this approach that enables us to help Medicaid agencies ensure the best care possible while lowering costs, expanding access, reducing administrative burdens, empowering individuals and improving care quality across the system.



Care integration improves behavioral health at lower cost

At Optum, we're committed to partnering with state and local communities to coordinate treatment and resources for people with multiple physical and behavioral health conditions. An integrated care model serves both dimensions of individual health to reduce inefficiencies and improve outcomes. An example of this success can be found in Tennessee, where Optum and UnitedHealthcare® Community Plan have partnered since 2007 to develop a member-centric, interdisciplinary approach to care.

Serving approximately 600,000 TennCare members, our program uses evidence-based practices and data-driven analyses to identify and coordinate services based on individual need. It also works with peer- and family-run organizations in the community to support recovery, resiliency and whole-person wellness.

Our program supports a full range of integrated care management and services delivery, including:

- Member-focused, integrated care management to coordinate services
- A single data system to manage all physical and behavioral health data
- Whole-health assessments to initiate early treatment for depression, substance use and physical health
- 24/7 integrated call center for routine, urgent and emergent issues, including crisis intervention
- Interdisciplinary clinical rounds to address complex cases, coordinate care and share best practices

The successful initiatives implemented by TennCare are now being replicated in other markets, bringing more effective and efficient integrated care to other medically complex Medicaid populations across the country.



Reduction in behavioral inpatient care

16% decrease in inpatient utilization statewide¹

3.6M in savings¹

8.3% decrease in psychiatric readmissions²

\$1.0M in savings²



Improvement in HEDIS rates³

42% Improvement in follow-up after hospitalization within 7 days

32% Improvement in follow-up after hospitalization within 30 days

1. Results from Optum analysis of inpatient admission reports from TennCare for FY2011 to FY2012. Cost savings is based on a daily average TennCare unit cost of \$525. Results include reductions in psychiatric readmission rates in West Tennessee during the same period.

2. Results from Optum analysis of state quarterly psychiatric readmission reports for the West Tennessee region, from FY2011 to FY2012 (psychiatric readmissions statewide decreased overall). Cost savings is based on a daily average TennCare unit cost of \$525.

3. Based on Optum comparison of HEDIS rates for the West Tennessee region from FY2009 to FY2012 (three-year period).

Enhancing jail diversion initiatives with effective crisis programs

The U.S. criminal justice system involves a disproportionate number of people with behavioral health conditions, significantly straining state budgets. But, as we've found in Salt Lake County, Utah, treating people with mental health and substance use disorders — instead of sending them to jail — can result in improved health and preserved tax dollars. Optum has worked with Salt Lake County to develop and implement the following services for individuals in a mental health crisis facing incarceration:

- Mobile Crisis Outreach Team (MCOT) — On-site, rapid-response crisis intervention
- Receiving Center — A safe, supportive space where nonviolent offenders can manage their crisis
- Assertive Community Treatment (ACT) — An innovative, comprehensive approach for those who need it most, resulting in a 66% drop in inpatient care costs and 43% decline in overall health care spend since implementation

In combination with Salt Lake County's Alternatives to Incarceration programs — also managed by Optum — these services have led to improved care coordination and more efficient use of limited resources.

Law-enforcement referred cases from July 1, 2014, to June 30, 2015



“If even half of these referrals resulted in the prevention of booking and jailing, these two crisis services alone [MCOT and the Receiving Center] would save the county over \$1.3 million.⁴”

— **Sandy Forquer**, Optum senior vice president of state government behavioral programs

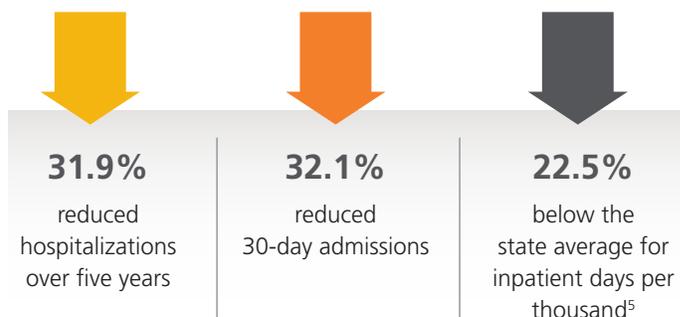


Crisis Services

Since assuming the management of Washington's Pierce County Regional Support Network (RSN) in 2009, Optum has worked with individuals, providers, hospital systems and other local constituents and stakeholders to transform the region's crisis system into a community-based, recovery-oriented response system integrating peer supports and a no-force approach to care.

- The Recovery Response Center provides a welcoming environment where individuals can find solutions in times of crisis, avoiding automatic hospitalization or involuntary detention.
- The Recovery Response Line is a non-crisis phone service run by and for individuals who have been diagnosed with a mental illness, offering support before a crisis arises.

As a result, outcomes have been improved, resources are used efficiently, and those with mental health conditions have been supported in their recovery efforts.



4. Savings estimate based on Salt Lake County's conservative estimated criminal justice costs of \$2,000 per arrested individual, which was informed by: Cowell AJ, Aldridge A, Broner N, Hinde JM. A Cost Analysis of the Bexar County, Jail Diversion Program, May 2008.

5. Optum analysis of redesigned Pierce County regional support network, Dolesal G and Motz F. 5/1/2015. Reduction in hospitalizations and reduction in 30-day readmission rate percentages are calculated as the average reduction over the five-year period compared to the prior benchmark year. Bed days per 1,000 is calculated as bed days divided by total covered county population.



Peer support services: Fostering recovery

Peer support is an integral part of our recovery-oriented approach to behavioral health. A peer is an individual who has had several years in recovery. Peers are trained to help people currently dealing with a mental health or substance use disorder by providing support, encouragement and links to community resources. Receiving help from people who've "been there" can reduce isolation and foster hope.

Optum has facilitated the incorporation of peer support services into public mental health systems in more than 20 states, resulting in better adherence to follow-up treatment, fewer unnecessary re-hospitalizations and significant cost savings for local governments.

Supporting successful transitions

Optum peer coach and support services can help individuals coping with serious mental illness and/or substance use disorders transition from hospitalization to community life, build resiliency and reduce their need for readmission.

We have developed and tested a peer support program in New York and Wisconsin to assist covered members as they make this transition from the hospital to the community. The results indicate that these services help improve engagement and activation of covered members.

Six months pre- and post-treatment, enrolled program members show:	New York	Wisconsin
Significant decreases in the use of inpatient services	47.9% decrease (from 92.6% to 48.2%)	38.6% decrease (from 71.5% to 43.9%)
Significant decreases in the number of inpatient days	62.5% decrease (from 11.2 days to 4.2)	29.7% decrease (from 6.4 days to 4.5)
Significant decreases in overall behavioral health costs per person	47.1% decrease (from \$9,999 to \$5,292)	24.3% decrease (from \$7,555 to \$5,716) ⁶

6. Results within six months after enrollment in peer support programs in Wisconsin and New York, compared to six months prior to enrollment; among a subsample of participants (Wisconsin: 130; New York: 54) with continuous eligibility for six months pre- and post-referral and at least one behavioral health claim during that period; referred to the program between 09/01/2009 and 07/31/2012 (New York) and between 12/01/2009 and 12/31/2011 (Wisconsin).



Time-tested solutions for behavioral health

Optum is committed to helping Medicaid agencies meet the objectives set forth in the CMS Triple Aim: reducing avoidable health costs, improving the customer experience and achieving improved health outcomes. With a focus on whole-person health, we integrate care to help minimize barriers between medical, behavioral and social services. And, through the use of innovative services, such as peer support and crisis intervention, we empower individuals to pursue and achieve long-term recovery in the ways that work best for them.

Optum has been putting these practices into action for 10+ years, serving a diverse set of communities in 40 states. To discover how Optum Behavioral Health Solutions can help your agency reduce costs, improve the care experience and improve health outcomes, visit optum.com/BH4Medicaid or contact us at **1-866-223-4603**, email **outcomes@optum.com**.



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