

# Behavioral Health Delivery Workgroup

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July 8, 2022

# Plan/Provider Issues

| <u>Date</u>   | <u>Issue</u> | <u>Notes</u>   | <u>Resolution</u>   | <u>Resolution Date</u> |
|---------------|--------------|--|---|------------------------|
| 6/10/<br>2022 | IOP Bundle   | 6/10-Email from provider on IOP bundle issue                                     | Started tasks list and meetings for opening bundled codes | Ongoing                |
| 6/23/<br>2022 | Copays       | Healthy U charging copays for BH services delivered by Wasatch Behavioral Health | Email sent to Healthy U on 6/23/2022                      |                        |

## Utilization Data

- Outside of the PHE, about 5,000 individuals are enrolled in TAM
- ¼ of the population comes from the justice involved category
- 79% are male, and the majority are between ages 30-44
- 87% live in the urban 5 counties.
- About half of TAM members received primary care; about 39% had an emergency department visit
- 31% of TAM members have received antidepressants; 21% antipsychotics; 18% MAT
- About half of members have more than one chronic condition. About ⅓ have a co-occurring physical and behavioral health condition
- 20% of TAM members account for 74% of all TAM expenditures

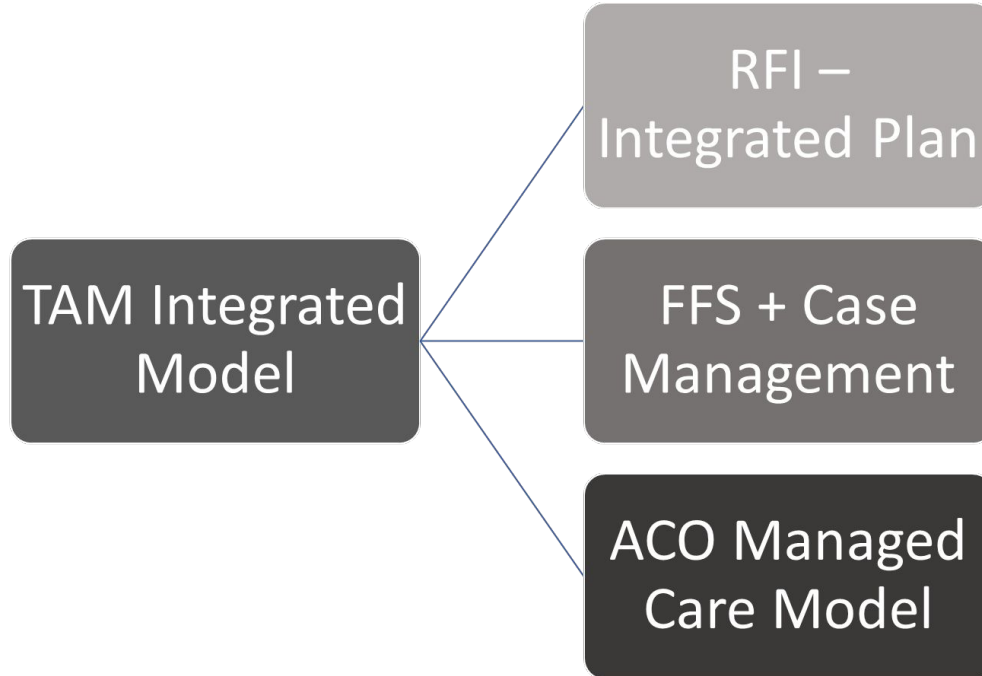
## Other needs / Coordination Strategies

- Intensive case management and care coordination
- One stop medical visits
- Other interventions addressing access barriers - targeted event days
- Patient incentives - gift cards, hotel stay for bowel prep procedures
- Community health workers / care coordination to address social needs and even working with jails on risk assessments
  - More discussion needed on the jail / release from jail strategies
- Medication interventions - adherence to injectable antipsychotic medicines
- Supported housing
- Social determinant interventions
- Enrollment support
- Respite services, recuperative care

## Defining Success

- HEDIS measures, standard outcome measures
  - f/u after hospitalization
- Medicaid Core Set
- Physical health outcomes
- Behavioral health outcomes
- Reduction in symptoms like abstinence/reduced use from drugs and alcohol
- No new incarceration, employment, health care engagement (scorecards?), housing status

## ❖ Discussion Summary



**Subgroups to evaluate Expansion/TAM Integrated Models**

# Objectives

- Geographic assessment - rural, urban, regional, statewide
- Population assessment - all of TAM, subgroup of TAM, all counties of expansion or a subgroup of counties for expansion
- Pros of this model
- Cons of this model
- Identify contractual requirements to ensure the greatest success
- Timeline for implementation

Other ideas?

- Are we addressing the needs of the high utilizers?
- Are we addressing the needs of the non-utilizers?
- Value based contracting opportunities?

**Integrated Model Subgroup Evaluation**

## **NEXT STEPS:**

1. Working group members will join a subgroup (or subgroups) to evaluate one of three proposed models
2. Subgroups will meet outside of the working group meeting and bring recommendations back to working group for discussion
3. We need one working group “leader” for each subgroup
4. Notes should be taken to track discussion and summarize recommendations

NEXT WORKING GROUP MEETING: August 5th, 2022

**Next steps**

# Contact Us

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