



North Dakota Program

Behavioral Health Solutions

Who we are



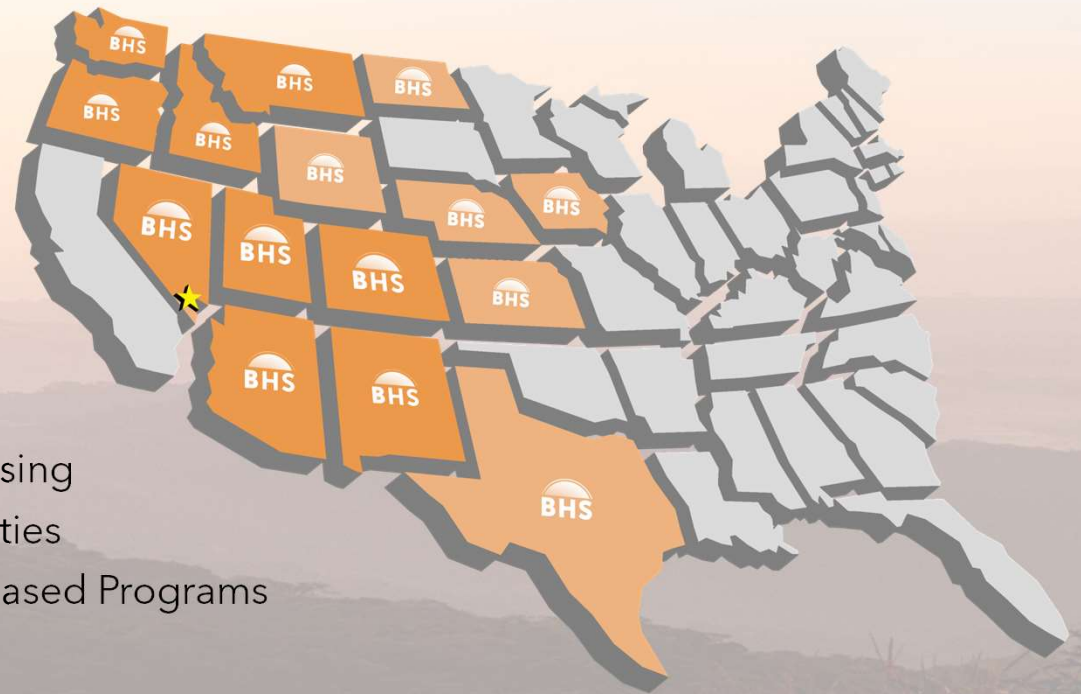
Established in 2017 through the development of a specialized program within Skilled Nursing Facilities (SNFs), Behavioral Health Solutions (BHS) has become a trusted provider in behavioral health. With its roots in Henderson, Nevada, BHS has steadily expanded its reach and now provides services to over 350 Skilled Nursing Facilities across 9 states. This growth reflects the commitment of BHS to delivering high-quality behavioral health solutions to the communities it serves.

- **Services**

- Administration of Behavioral Programs
- Psychiatry
- Medication Management
- Therapy

- **Areas of Expertise**

- Behavioral Health Programs in Skilled Nursing
- Skilled Nursing and Long-Term Care Facilities
- Stabilization of Residents through Value-Based Programs



Behavioral Health and Facility Trends

- **Younger demographic** is entering facilities due to SUD and conditions
- **Increased demand** for behavioral health services due to the psychological effects of COVID-19, such as social isolation, trauma, and stress
- **Complex patient populations** with co-occurring mental and physical health conditions, such as homelessness, substance abuse disorder, dementia, and chronic diseases
- **Staffing challenges** due to the nursing shortage, staff turnover, burnout, and lack of education and training on behavioral health issues
- **Regulatory changes** that require SNFs to provide behavioral health services as part of the comprehensive person-centered care plan, and to monitor and report the quality of those services

Patient Demographic

Facility trends

- **Rising Prevalence of Dementia:**

- With the increasing median age of nursing facility residents, there's a notable surge in the prevalence of dementia at later stages.
- Residents aged over 85 face a 50/50 chance of developing Alzheimer's disease, underlining the need for specialized care.

- **Impact of State Inpatient Facility Closures:**

- The closure of state inpatient facilities has led to a shift in the landscape, with nursing facilities now catering to a diverse range of patients, including the Chronically Mentally Ill (CMI).

- **Rehabilitation Trends:**

- Conditions like traumatic brain injury, stroke, and other rehabilitative needs are increasingly being addressed in long-term care (LTC) facilities rather than hospital-based settings, reflecting a shift in the delivery of specialized care.

- **Psychiatric Disorders on the Rise:**

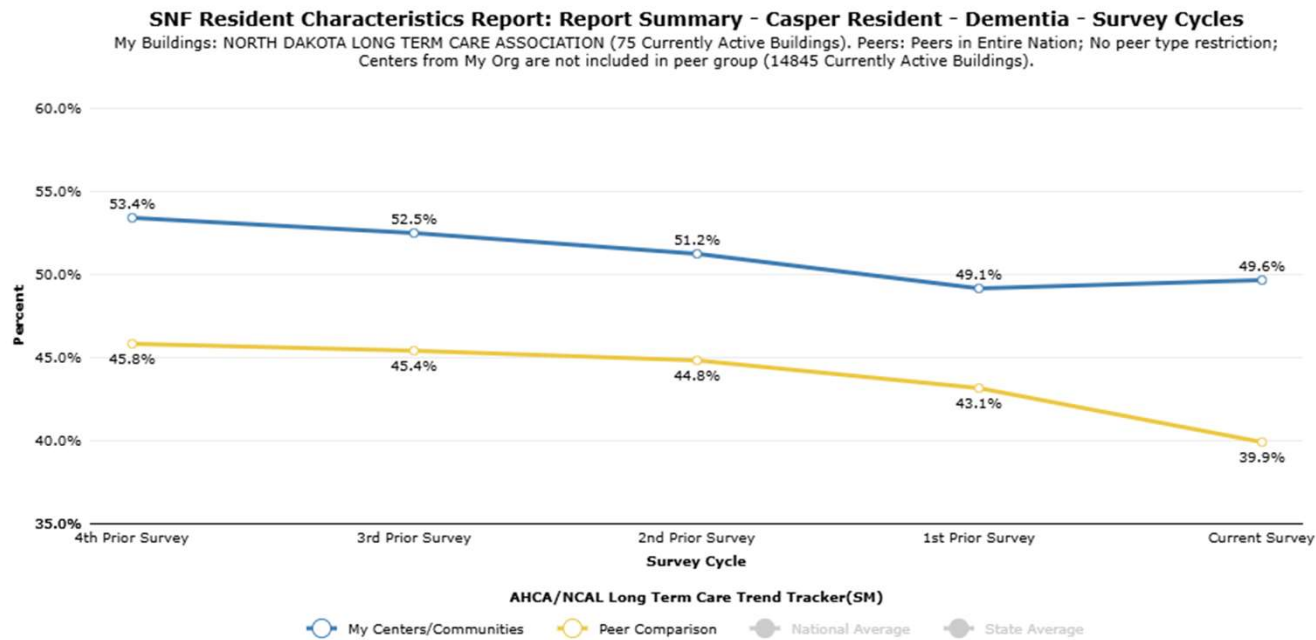
- Recent studies illuminate a concerning trend, indicating that over 70% of residents in LTC facilities grapple with various psychiatric disorders or disturbances that demand specialized treatment.
- A comprehensive study published in the Journal of Long-Term Care revealed that more than 51% of LTC facility residents are prescribed psychoactive medications, emphasizing the critical role of mental health care in these settings.

North Dakota Long Term Care Association

NDLTCA Facts and Figures



- North Dakota nursing facilities care for a higher number of people living with dementia, almost half vs. 40% nationally.

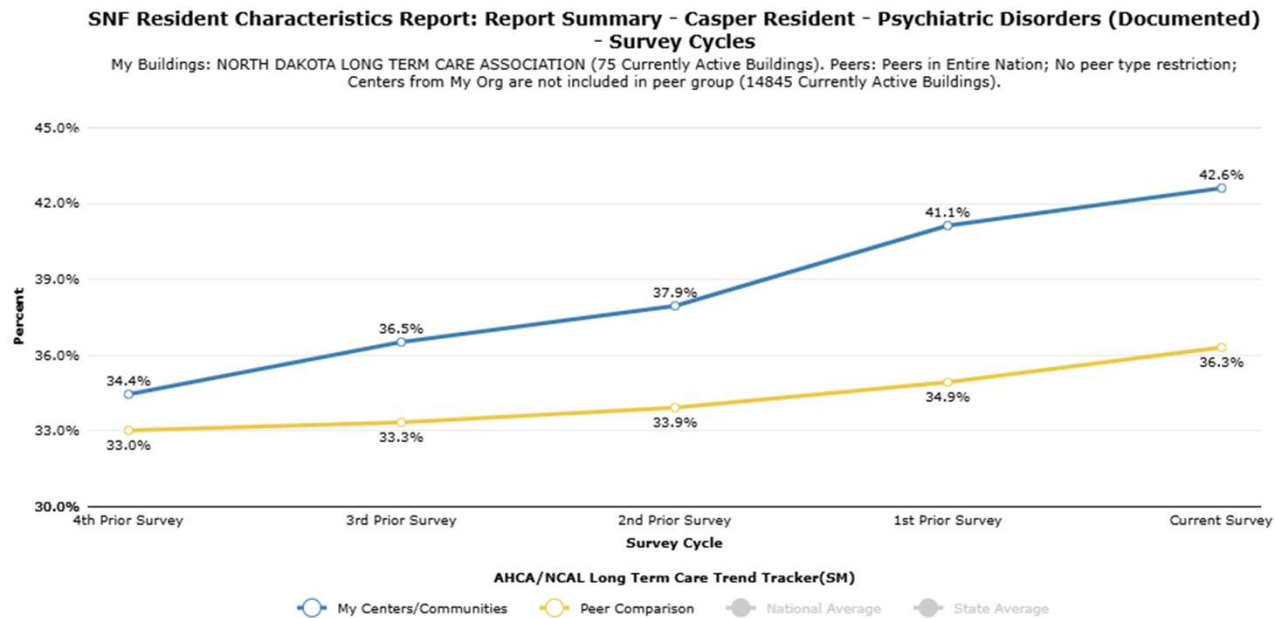


North Dakota Long Term Care Association

NDLTCA Facts and Figures



- North Dakota nursing facilities also care for a higher percentage of people with psychiatric disorders than their peers nationally. 42.6% in ND vs. 36.3% nationally, this likely explains why ND has a higher rate of antipsychotic use than other states.

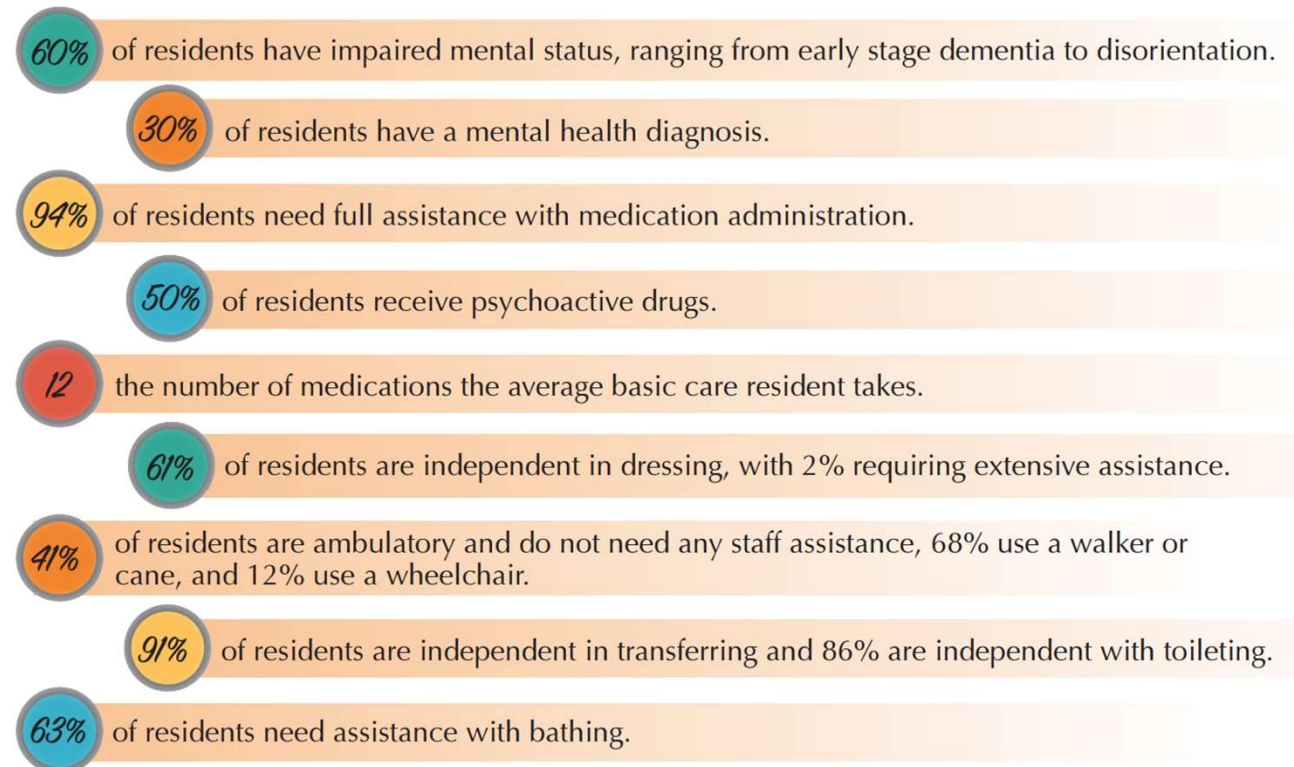


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NDLTCA Facts and Figures

- Basic care providers report 60% of the residents have impaired mental status and 30% have a mental health diagnosis.

Care Needs of Basic Care Residents

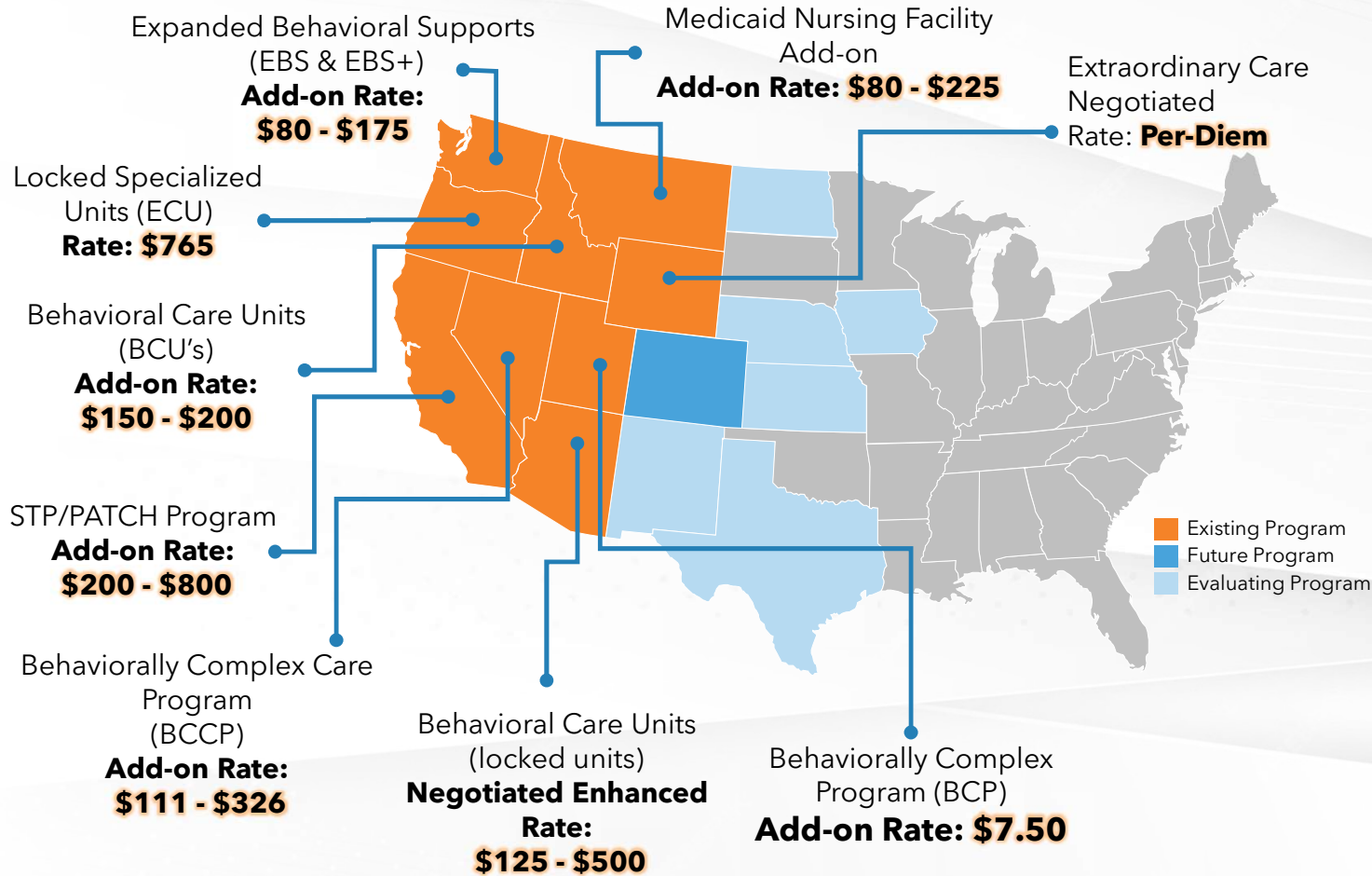


Benefits of State Behavioral Programs

- Allows SNFs to better partner with acute hospitals to address difficult to discharge patients
- Provides funding to increase resources to behaviorally complex patients
- Increases staff retention through additional funding, training, and staff resources
- Reduces acute transfers and decreases acute length of stay
- Reduces out of state placements
- Helps to stabilize patients in the lowest care setting
- Overall savings to the healthcare system

Behavioral Health Programs

Current programs and rates



- States are creating behavioral health programs to assist with consistent challenges:
 - Difficult to discharge patients
 - Lack of available behavioral care
 - High utilizers bouncing from acute to homelessness to jails to psych hospital
 - Significant inpatient lengths of stay

Establishing a Significant Emergency Room Impact

Impact Study: November 2022 - October 2023

ER Visits:



Reviewed ER visits for 3,899 patients in 9 Nevada facilities.

Finding:

- BCCP + BHS effectively manages behavioral health issues in the facility rather than the emergency department.



ER Admissions

On Program
2.7%

Not On Program
9.5%



Reduced ER visits by 72%

BCCP v non-BCCP participants

Program Ramp

North Dakota

Rate: \$100 per patient per day

Cost Savings and Impact:

Effective patient management within the SNF/Basic Care setting reduces expenses related to readmissions and acute care interventions contributing to overall lower healthcare costs.



Month	Patients	Add-On Rate	Patient Days	Reduced Costs	Actual State Costs (Savings)
July	5	\$ 15,500	155	\$ (11,161)	\$ 4,339
August	10	31,000	310	(22,323)	8,677
September	15	45,000	450	(33,484)	11,516
October	20	62,000	620	(44,645)	17,355
November	25	75,000	750	(55,806)	19,194
December	30	93,000	930	(66,968)	26,032
January	35	108,500	1085	(78,129)	30,371
February	40	112,000	1120	(89,290)	22,710
March	45	139,500	1395	(100,451)	39,049
April	50	150,000	1500	(111,613)	38,387
May	50	155,000	1550	(111,613)	43,387
June	50	150,000	1500	(111,613)	38,387
Total		\$ 1,136,500	11365	\$ (837,095)	\$ 299,405

Month	Patients	Add-On Rate	Patient Days	Reduced Costs	Actual State Costs (Savings)
July	50	\$ 155,000	1550	\$ (111,613)	\$ 43,387
August	50	155,000	1550	(111,613)	43,387
September	50	150,000	1500	(111,613)	38,387
October	50	155,000	1550	(111,613)	43,387
November	50	150,000	1500	(111,613)	38,387
December	50	155,000	1550	(111,613)	43,387
January	50	155,000	1550	(111,613)	43,387
February	50	140,000	1400	(111,613)	28,387
March	50	155,000	1550	(111,613)	43,387
April	50	150,000	1500	(111,613)	38,387
May	50	155,000	1550	(111,613)	43,387
June	50	150,000	1500	(111,613)	38,387
Total		\$ 1,825,000	18250	\$ (1,339,351)	\$ 485,649

Total		\$ 2,961,500.00	29615	\$ (2,176,445.97)	\$ 785,054.03
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Program Ramp

North Dakota

Length of Stay in Acute Care Settings

- The CMS 2024 Measure Updates and Specifications Report for the SNF Value-Based Purchasing Program highlights prior hospital lengths of stay (LOS) distribution for SNF patients:

1-3 days: 23.1%	4-7 days: 44.3% (largest segment)	8-14 days: 23.4%	>14 days: 9.2%
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- A focus on proactive care seeks to minimize acute care transfers, enabling patients to remain in lower-cost, high-quality SNF settings for the entirety of their care needs.

Reduction in ER Transfers and Visits

The NV Impact Study (2023) demonstrated a significant reduction in ER transfers, driven by:

- Enhanced care coordination and proactive oversight, particularly for behavioral health needs.
- Advanced patient monitoring and early interventions to address potential acute episodes before escalation.

BHS Services to Support Program

Under Capitated Model



- Staffing training on topics related to managing difficult behaviors (de-escalation, management of psychiatric disorders, trauma informed care, substance use disorder, etc.)
- Creation of person-centered behavioral support and modification plans
- Creation of crisis plans
- Training individual care givers on behavioral modification plans and interventions for behaviorally complex patients
- 1:1 psychosocial activities and application of behavioral interventions by paraprofessionals
- Group psychosocial activities
- CMS regulatory compliance guidance related to behavioral services (i.e.. schizophrenia audits)
- Assistance with resolving urgent facility, resident, or family concerns related to behavioral complexities

Clinical Services Offered to Facility

- Consistent and available Psychotherapy
- Routine Psychiatric Care & Medication Management
- Neuropsychological Assessment
- Cognitive Care Planning
- Peer Support Services
- Collaborative Care Needs
- Crisis or Urgent Care Planning
- Monthly Gradual Dose Reduction Meetings





BEHAVIORAL
HEALTH SOLUTIONS

THANK YOU