

## **Behavioral Health Solutions**

## 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



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## **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 III (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.

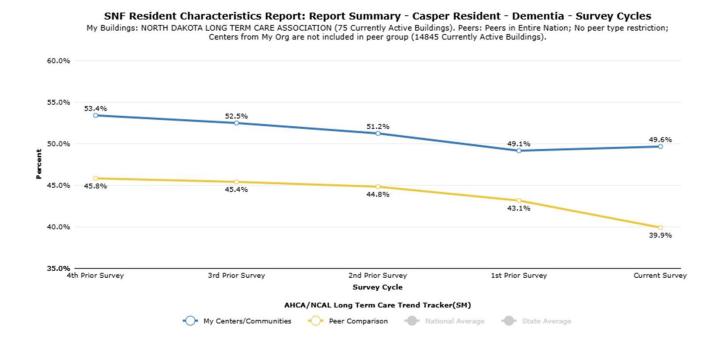
### Psychiatric Disorders on the Rise:

- 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



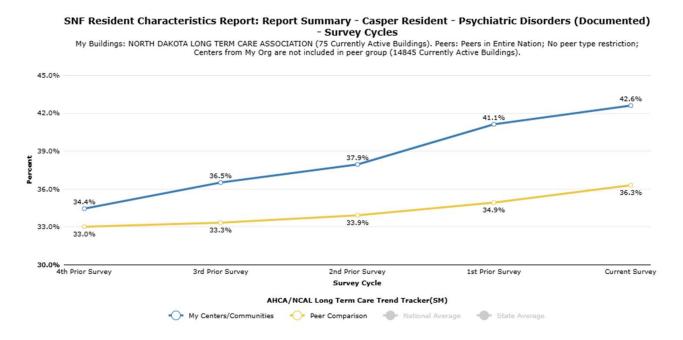
• North Dakota nursing facilities care for a higher number of people living with dementia, almost half vs. 40% nationally.



# 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.



# North Dakota Long Term Care Association 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

- 60% of residents have impaired mental status, ranging from early stage dementia to disorientation.
  - 30%) of residents have a mental health diagnosis.
- 94%) of residents need full assistance with medication administration.
  - 50% of residents receive psychoactive drugs.
- the number of medications the average basic care resident takes.
  - 6/% of residents are independent in dressing, with 2% requiring extensive assistance.
- of residents are ambulatory and do not need any staff assistance, 68% use a walker or cane, and 12% use a wheelchair.
  - 9% of residents are independent in transferring and 86% are independent with toileting.
- 63%) of residents need assistance with bathing.

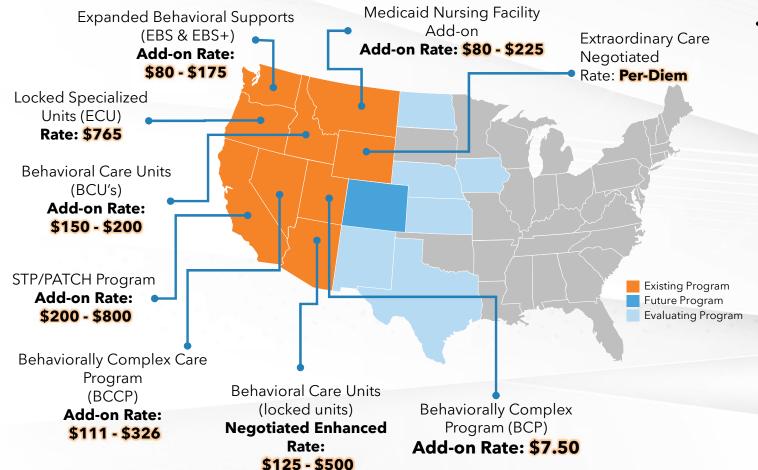
## **Benefits of State Behavioral Programs**



- 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**

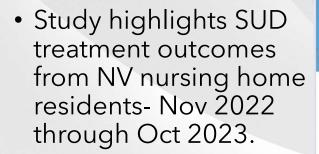




- States are creating behavioral health programs to assist with consistent challenges:
  - Difficult to discharge patients
  - Lack of available behavioral care
  - High utilizers bouncing from acute to homelessness to jails to psych hospital
  - Significant inpatient lengths of stay

## **NV Impact Study**

**SUD Patients** 



 Data includes patient demographics, reduction in antipsychotic use, and an overall savings to healthcare system.

## **Impact Study**

## **SUD Treatment Demographics**

**Nevada Nursing Facility Program Participants** 

Study Dates: November 2022 - October 2023

Behavioral Health Solutions commenced an impact study in collaboration with 3x Advisors, an independent consulting firm, focusing on Nevada nursing facilities. The objective is to showcase the efficacy of state funding programs when combined with behavioral health supportive services. Preliminary findings highlight a positive influence on individual patient well-being, along with a significant and favorable economic impact on the financial landscape of the healthcare system.

#### **Substance Abuse Landscape**

As per the Centers for Disease Control and Prevention Nevada stands in the top 10 states for drug use, experiencing a concerning 55% surge in drug overdose deaths from 2019 to 2020. The Nevada Department of Health and Human Services further revealed that among the individuals who succumbed in 2020, half had associated mental health concerns.



In top 10



1 in 2 suffered with their mental health

#### **Geographical Focus**

Seventeen Nevada facilities actively engaged in the state-funded behavioral program, which included mental health services provided by Behavioral Health Solutions, contributed data spanning from November 2022 to October 2023 for the purposes of this study.

#### Statistical Data (NV Program Patients)



## **Healthcare System Result**



\$125,752 est. savings to the healthcare system (per 8 patients)

Estimated hospital stay is \$15,719



The partnership between BHS and BCCP facilities resulted in the prevention of 8 hospital admissions per 100 SUD patients over the 1-year period. For every 8 patient admissions avoided this resulted in a savings of \$125,752 to the healthcare system. If modeled across the 68 SNF's it would result in a cost savings of \$3,073,379.









\$3,073,379 estimated total 12month savings to healthcare system

Description	Data
Nevada Study Data	
NV facilities in study	17
SUD population over 12 months	611
Average # SUD patients per SNF	35.94
Facility Estimates	
# of facilities	68
Total # of SUD patients (Est. SUD per facility ratio)	2,444
Avoided Admissions (8 admits per 100 SUD patients)	196
Cost of hospital stay	\$15,719
Savings over 12 months	\$3,073,379

## **Impact Study**

**Nevada Nursing Facility Program Participants** 

Impact Study: November 2022 - October 2023

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#### Substance Abuse Patients

Over the 12-month duration, the length of stay (LOS) for patients in facilities witnessed a notable increase of 123%, offering extended options for long-term placement. Simultaneously, the intake of SUD patients surged by 133%, accompanied by an average demographic age decrease of 4 years. The age range varied from 19 to 97 years. The discharge rate of SUD patients experienced a decline of 24% during this specified time period.



250%

200%

150%

100%

50%





Avg age fell by 4 years

#### Antipsychotic Use

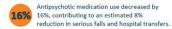
The data focuses on medication information from facilities managed by Behavioral Health Solutions (BHS). The study covers a one-year period from Nov. 2022 through Oct. 2023, emphasizing site characteristics and specifically investigating the use of antipsychotic medications in these facilities.



Of patients were categorized into 1 or more of 4 Dx groups: psychosis, anxiety/ depression, SUD, or dementia.







	BH Cases (% All)	BH Meds (% BH)	Antipsychotic (% BH)	High Risk (% All)
All	1164 (77%)	794 (68%)	202 (17%)	1198 (97%)
Facilities	¥4%	¥3%	¥16%	J-2%

#### Substance Use Disorder

Facility 1 Facility 2 Facility 3 Facility 4 Facility 5

Persons with untreated alcohol use disorders use twice as much health care and cost twice as much as those with treated alcohol use disorders.

Total health care costs were 30% less for individuals receiving MAT than for others. (Medicaid.gov)



Untreated persons cost 2x those with treated alcohol use disorder

#### Population-Based Cohort Study

In a population-based study of older adults, prescribed an antipsychotic medication was associated with a 52% increased risk of a serious fall.



52% Increase of serious fall risk associated with antipsychotic meds

Sources: 3x Advisors confidential and proprietary Impact Study, November 2022 to October 2023; Falls and Fractures With Atypical Antipsychotic Medication Use: A Population-Based Cohort Study Fraser L. Liu K. Naylor K, et a JAMA In Med. 2015;175(3):450; Typical Hospital Stays https://www.valuepenguin.com/hospital-bill-costs-study; NV Substance Abuse, https://www.kff.org

## **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

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# 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	Ad	dd-On Rate	Patient Days	Red	duced Costs	ual State (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	A	dd-On Rate	Patient Days	R	educed Costs	ctual State sts (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



# 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: <b>23.1%</b> 4-7 days: <b>44.3%</b> 8-14 (largest segment)	days: <b>23.4%</b> >14 days: <b>9.2%</b>
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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**

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## **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



