Complex Behavioral Health Transitions:

Integrated Partnerships for Post-Acute Care

Behavioral Health Business

VNS Health

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Since the COVID-19 pandemic, the number of individuals living with complex and co-morbid behavioral health conditions has skyrocketed. In fact, 9.2 million adults in the U.S. have co-occurring disorders, according to the Substance Abuse and Mental Health Services Administration (SAMHSA[1]).

As a result, acute care providers are looking for more innovative ways to treat patients holistically, and to minimize their reliance on urgent care by keeping them out of crisis.

The key to caring for these individuals is to connect them to post-acute support following an emergency or inpatient event. Such interventions are most effective when trained clinicians meet patients where they are, assess their individual needs and develop a long-term roadmap to sustain successful transitions back home and into the community.

The behavioral health providers featured in this white paper are doing just that.

In the scenarios outlined below, you will hear from providers who referred patients to a post-acute program because they wanted to:

1. **Treat the whole person,** with a focus on patients' overall physical and behavioral health
2. **Lower the cost of care** for patients with chronic and complex mental health and substance use diagnoses
3. **Address social determinants of health** that can negatively impact recovery

[1] https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders

The landscape: How an integrated post-acute care program can drive better outcomes in 2024

Patients who come to **Genesis Detox**, in Brooklyn, New York, are facing complex health conditions that sometimes have relatively straight-forward solutions. People arrive with complex and chronic health care needs, often intertwined with critical daily living needs such as a lack of access to food, a place to sleep at night and employment.

"They just say 'support' for their journey," says Genesis discharge coordinator Diane Williams. That support starts at Genesis and continues long after a patient is discharged following an emergency event. VNS Health's post-acute support programs aim to close critical gaps in care delivery and to address significant social determinants. Individualized care plans help ensure safer and more seamless transitions back home and into the community, especially for those diagnosed with co-morbid health conditions.

"Integrated, multidisciplinary care is an essential element of supporting individuals with chronic, complex mental health and substance use conditions in the long-term," says Jessica Fear, SVP of Behavioral Health at VNS Health. "Our goal is to break the cycle of emergency admissions and readmissions. Thanks to our strong relationships with referring providers, we can ensure that each person receives the appropriate level of care, based on their individual needs and unique situation. We focus on addressing obstacles standing in the way of recovery, and by giving people the appropriate support when and where they need it, to stay out of crisis."

In short, an integrated post-acute program for behavioral health addresses the most critical challenges and interruptions in care, ones that can often hinder progress for people with complex and co-morbid, chronic mental health and substance use conditions.

The team members on an integrated behavioral health team

For Genesis Detox in Brooklyn and other behavioral health providers, their key partner for post-acute care is VNS Health. VNS Health's highly skilled group of behavioral health specialists helps over 30,000 New Yorkers a year. Their multidisciplinary team has deep experience in managing individuals with complex and chronic mental health and substance use diagnoses, bringing a range of credentialed professionals.

"We provide direct treatment, combined with care management. It is this whole-person team model that helps us address an individual's immediate needs, even before they are discharged from an emergency event," says Jessica Fear of VNS Health.

As a payvider and a leader in value-based care management, VNS Health's interdisciplinary team of over 450 credentialed behavioral health specialists has been serving New Yorkers in need for over 35 years. VNS Health partners with other health plans to help keep their most vulnerable members out of crisis, by closing the revolving door of costly over-utilization of inpatient and emergency services. VNS Health works closely with referring facilities like Genesis, to help bridge communication and coordination of care between health providers.

Credentialed Professionals include:

- Care managers
- Licensed social workers
- Psychiatric nurse practitioners, who can initiate medication if needed
- Substance use counselors
- Registered Nurses
- Vocational and rehabilitation specialists

The 3 levels of post-acute care

How a *"meet them where they are"* strategy works for patients with complex behavioral health needs

VNS Health has built its integrated behavioral health care model as a roadmap for post-acute transitional care. Beginning with a pre-discharge assessment, each level of care assignment increases in intensity and duration, depending on where individuals are in their recovery journey.

LEVEL 1: BEHAVIORAL HEALTH COMMUNITY TRANSITIONS

Level 1 is designed to transition patients back to their community following discharge from either an emergency department (ED) or an inpatient unit for psychiatric or substance use. This includes services like scheduling and attending crucial 7-day and 30-day post-discharge visits, managing medications, and making connections to additional outpatient resources.

LEVEL 2: COMMUNITY TRANSITIONS WITH CARE MANAGEMENT

Some overlapping behavioral health and chronic medical conditions require more substantial, longer-term support. Individuals stay in this care management level for three to six months, with an emphasis on improving overall health outcomes and reducing their reliance on emergency services.

During this time, additional assistance is arranged to address immediate social determinants of health — such as access to food and housing — and connections to mental health and substance use treatment providers within the community.

LEVEL 3: INTENSIVE CARE MANAGEMENT AND TREATMENT

Level 3 is the most intensive post-acute care program, extending up to nine months to provide expanded multidisciplinary care for the most challenging mental health and substance use disorder diagnoses. VNS Health's team — credentialed care managers, licensed social workers, psychiatric nurse practitioners and substance use counselors — works in lockstep to implement more advanced, long-term care and risk avoidance strategies.

Additional high-touch support includes resources for food and housing, personal escorts to and from treatment appointments, medication reconciliation and connections to trusted peer and community-based recovery programs.

Hospital utilizations, readmissions, health outcomes, costs

The real impact of an integrated behavioral health program

The challenges in caring for patients with complex behavioral health issues are as great as the stakes are high. For operators that can effectively address a patient's holistic health needs, meaningful outcomes achieved for their patients can be accompanied by reduced hospital utilization and a lowered overall cost of care.

As one of the nation's largest nonprofit, home- and community-based health care organizations, VNS Health provides multidisciplinary transitional support designed to address overall health needs, not just behavioral health conditions. Founded more than 130 years ago, VNS Health believes that a fully integrated approach to care is the key to addressing important social determinants of health.

"We know that individuals with unmanaged behavioral health conditions place an enormous burden on the health care service sector, due to the disproportionate cost of managing their physical health," Fear says. "Our care management programs are designed to get people into care quickly, keeping them engaged in care in their home and in their community, instead of getting stuck in a loop of crisis-based events."

The top 4 goals of an integrated behavioral health program

Patients who are frequently in and out of the hospital lack continuity of care and aren't having their needs met by the medical system. Not only does this create increasing dependency and health disparity for patients, but it is also extremely inefficient and expensive. Often, it reflects poorly on a health system's quality metrics as well.

For individuals with multiple behavioral health diagnoses, enhancing opportunities for engagement is a key component for improving overall health outcomes and preserving a high quality of care.

"It's crucial to understand and address what else is going on in someone's life. If you can't get a meal and you don't have a place to stay, then how are you going to remember what appointments to keep?" says Manisha Vijayaraghavan, Vice President of VNS Health Behavioral Health Programs. "We help navigate the system together with the patient, by partnering closely with their health plan and their provider teams. We help identify clinical milestones, acknowledge personal achievements, and develop individualized strategies to keep them out of crisis."

As such, the top four goals of an integrated behavioral health program are:

1. **Reducing utilization of emergency services**
2. **Closing critical gaps in care**
3. **Improving overall health outcomes**
4. **Lowering Medicare program cost of caring for individuals with chronic and co-morbid diagnoses**

"We help navigate the system together with the patient, by partnering closely with their health plan and their provider teams. We help identify clinical milestones, acknowledge personal achievements, and develop individualized strategies to keep them out of crisis."

That's important, because individuals who tend to use emergency service for routine care, are often among the most challenging to help.

"People in crisis don't always know where to go for help, or have access to the right resources, when serious issues arise," Vijayaraghavan says. "We aim to close those critical gaps in care that can result in over-utilization of inpatient and emergency services. The way in which we uniquely bring all those elements together, with proven strategies tailored to each person's individual needs, has really been the key to our success."

Meeting people on a human level and recognizing the social determinants that may be impacting their health is how VNS Health helps reduce over-reliance on unnecessary medical visits, keeping people out of crisis situations.

"One of the main things we focus on as a team when we meet clients in need, is being willing to listen and to be present in their lives. We don't come into someone's life with any preconceived notion of where we think they should be along their recovery journey," says Risikat Amolegbe, director of case management programs, Behavioral Health at VNS Health. "We allow them to just be themselves. We're there to play a supporting role. At the center of everything we do, is a person that needs help."

Working with VNS Health

When VNS Health behavioral health team members make their weekly visits to inpatient facilities like Genesis Detox in Brooklyn, they ensure that each person in their care receives a thorough assessment, along with a post-acute care plan tailored to support their individual situations and sets of needs.

"They [VNS Health] follow up with the help that our patients need along each part of their journey," says Genesis discharge coordinator Diane Williams, "and they follow through with managing those needs once patients leave our program."

The patients at Genesis are there for rehab services, and VNS Health supports their daily activities and their recovery experience after discharge. According to Williams, the outcomes that patients ask about most frequently are:

- **A safe place to stay**
- **Employment opportunities**
- **Someone dedicated to supporting them along their journey**

"[VNS Health] are consistent, respectful, and clearly helping people," Williams says. "I believe that if a patient is ready to make changes in their life, then VNS Health can assist them."

Substance abuse disorder and 2024

How integrated health helps to address one of today's — and tomorrow's — biggest challenges

The U.S. is amid an opioid crisis. Amid a soaring increase in substance use disorder (SUD) diagnoses, more and more patients leaving acute care SUD facilities need longer-term support and access to resources. Post-acute care management and treatment programs help providers to better meet the needs of this growing population.

Lending to the strength of VNS Health's post-acute care programs are the valuable relationships the organization maintains with the many behavioral health provider networks throughout New York. They work in close collaboration with them, to match patients to the level of post-acute care appropriate for their individual needs. Collectively, VNS Health team members speak over fifty languages, which means that location and care coordination are also more easily accessed, and simple to understand, for New York's culturally diverse populations.

Victoria Glasscock is the recreation coordinator at Elev8 Centers of New York, an addiction treatment and recovery center located in the heart of Harlem. When referring clients to VNS Health, she arranges introductions and pre-discharge assessments that help ensure safer, healthier transitions back home and into the community. "VNS Health brings [that] warmth and consistency to care," says Glasscock.

"It's a combined effort between the VNS Health Behavioral Health team, the health plans we partner with, and the incredible providers and facilities that administer that emergency and inpatient care to their members," says Fear. "We're all at the table, working together to close the revolving door of admissions and readmissions. That's a huge burden we're alleviating for our referring providers, as well as helping to reduce their overall expense of care. Most importantly, people are getting the continued support they need after they are discharged, to stay out of crisis."

In integrated care, "meeting patients where they are" means joining them wherever they happen to be in their health care journey.

"VNS Health brings warmth and consistency to care."

— Victoria Glasscock
RECREATION COORDINATOR
ELEV8 CENTERS

FOR MORE INFORMATION

about VNS Health's care partnerships for managing complex behavioral health conditions contact VNS Health at:

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