

A photograph of a Black woman with short dark hair, wearing a white top, laughing joyfully with her mouth wide open. A young child with curly hair, wearing a white shirt with red floral patterns, is kissing her on the cheek. The woman's hand is visible, wearing a ring. The background is a blurred outdoor setting.

Four Steps to Success

Transforming Behavioral Healthcare

What it takes to treat unaddressed behavioral health needs and reduce unnecessary member claims.

There's a growing behavioral health crisis.

Are you prepared?

Behavioral health condition prevalence is up **over 300%** since the start of the pandemic. Although ED claims slowed in response to the pandemic—what about in the next year or two?

Health plans could be facing a future surge.

There's still time to be proactive. But with delay comes mounting risk.

35%

of US adults report symptoms of Anxiety Disorder

28%

of US adults report symptoms of Depressive Disorder

41%

of US adults report symptoms of Anxiety and/or Depressive Disorder

What is your strategy to stem the tide and improve health outcomes?

If you're like most of our clients, you've tried everything. We understand. The good news—your biggest challenge is also your biggest opportunity.

This guide explains what it takes to proactively address untreated behavioral health needs. We'll show you how data, engagement, and proactive integrated care can make a difference for members—and your bottom line.

Let's dive in.

Health plans are under pressure to control rising costs from members who incur high-cost claims.

Recent data shows that 5 percent of health plan members account for **44 percent** of total claims costs. In real dollars, that's more than **\$1 trillion annually** across the insurance industry.

The high costs associated with conditions like hypertension, high cholesterol, and obesity can frequently be traced to unaddressed behavioral health conditions. So, we know that **treating behavioral health conditions** like depression, anxiety, and substance use disorder can go a long way toward **reducing overall claims costs**.

That's why it's critical to treat both the physical and behavioral conditions among these high-cost members.

Behavioral health conditions that drive overall costs:



Anxiety



Depression



Substance Use Disorder

The traditional case management approach can be limiting.

Many health plans use case managers to help members get the right care for their needs. **Case management can help reduce ED visits and promote better healthcare utilization.**

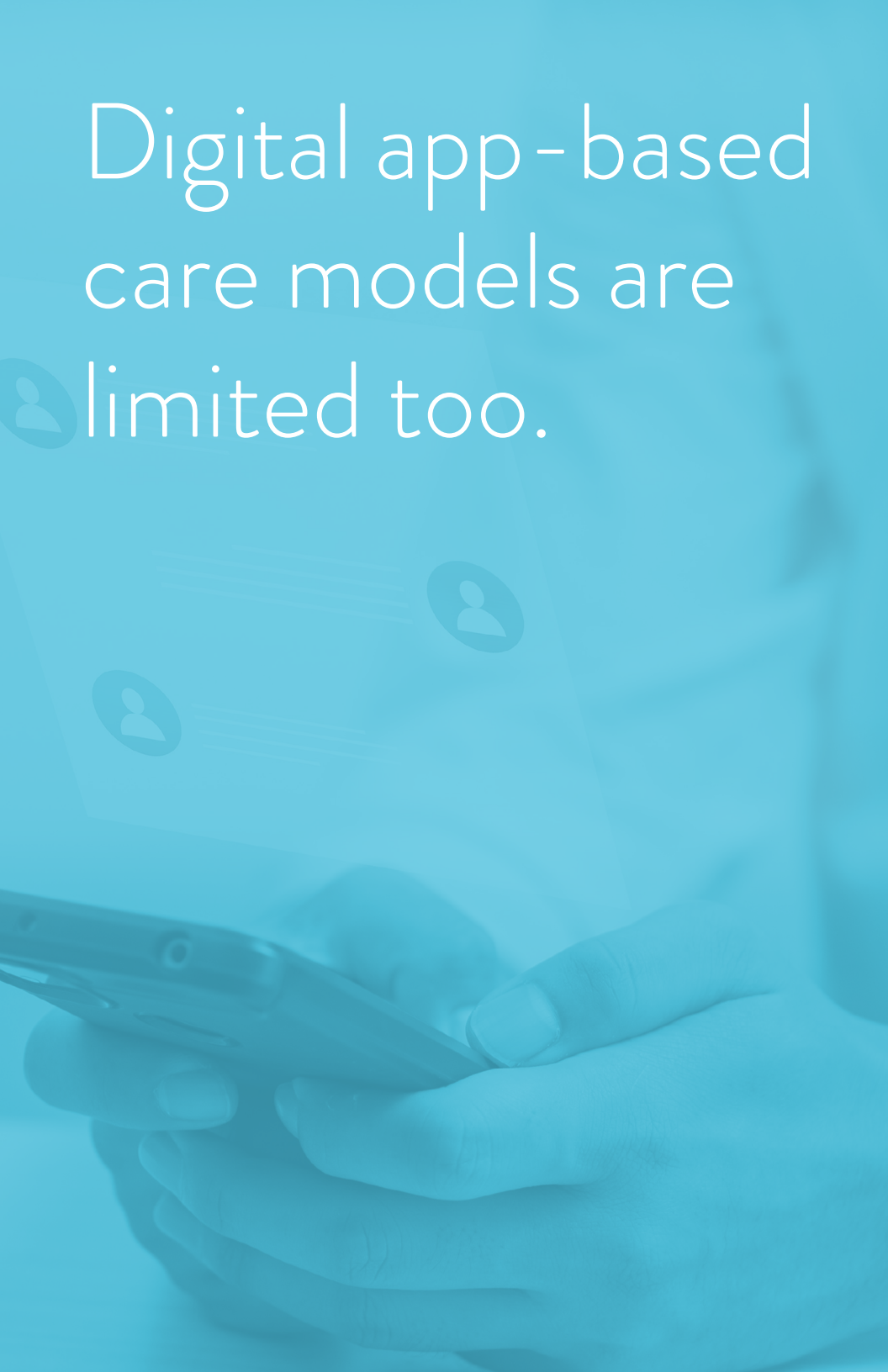
The challenge, however, is that this approach works mostly for members actively seeking care.

But what about members who aren't seeking care?

Evidence shows that upwards of **50 percent of behavioral health conditions may go formally undiagnosed**. These members may be hidden to health plans—and therefore out of reach.

How do you identify your most vulnerable members?





Digital app-based care models are limited too.

Because it's hard to identify those with unaddressed behavioral health needs, some health plans have turned to app-based care.

App-based experiences make it easier for health plans to engage at scale. These apps might nudge members to visit PCPs and even gamify healthy living habits.

The challenge, however, is that those who most need targeted engagement are the least likely to engage with a mobile app experience.

As with a case management approach, many healthcare apps are primarily effective among members already taking initial proactive steps.

How can you engage your most vulnerable members?

Bridging the gap:

Ontrak Health's innovative four-step approach

We understand most health plans simply don't have the tools and technologies to find and engage members living with unaddressed behavioral health needs. It's a significant lift—and requires unique expertise.

That's why Ontrak Health created an innovative four-step approach. Building on nearly 20 years of experience, we combine AI-infused analytics with hands-on care coaching to **identify**, **engage**, **treat**, and **activate** members living with behavioral health needs.

The result?

Significant cost savings and durable health outcomes.

Ontrak Health's 4 steps to success:

1. Identify



2. Engage



3. Treat



4. Activate



Step 1: Identify

Uncovering high-cost members with behavioral health needs.

Although it's easy to identify members who already incur high-cost claims, the hard part is finding members before they initiate high-cost claims. This is where augmented intelligence and deep analytics can make all the difference.

Through analyzing massive data sets, Ontrak Health's proprietary AI algorithms identify hidden patterns and impute behavioral health diagnoses with a high degree of accuracy.

Beyond Diagnosis Codes



Among the 2-4 percent of members eligible to participate, we identify nearly 30 percent of them via imputed diagnosis. In other words, we uncover behavioral health conditions usually hidden to health plans prior to working with Ontrak Health.

Five indicators are especially integral to our analysis:

- ① Risk factors (cost, disease, utilization, mortality, etc.)
- ② Demographics (age, race, gender)
- ③ Costs threshold (>\$7,500 annual claims)
- ④ Chronic disease (hypertension, anxiety, diabetes, etc.)
- ⑤ Social factors (zip codes, geography)

Step 2: Engage

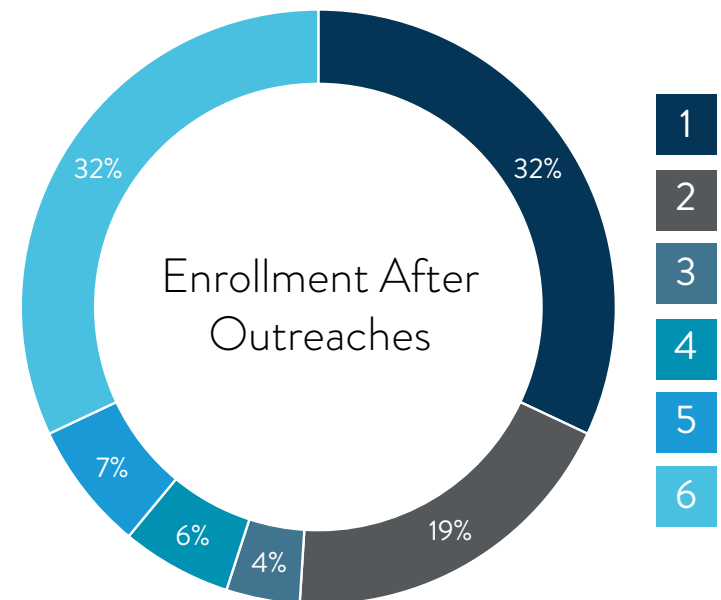
Conducting persistent, empathy-based outreach.

After we identify candidates who may benefit from behavioral health treatment, we get to work on outreach and engagement. Ontrak Health Member Enrollment Specialists undergo intensive onboarding that teaches motivational interview techniques, harnessing insights from the behavioral sciences. We ask questions to build trust and confidence. And encourage members to view us as an ally who can help them achieve their goals.

Ultimately, what distinguishes Ontrak Health is our targeted, persistent outreach.

The numbers tell the story. As you can see, nearly 1/3 of our program participants required six touches before enrollment.

3,000	MES calls per day
150	Calls per MES agent per day
15	Conversations per MES per day
<0.5%	Opt-out rate
27-43%	Total enrollment rate



"Dedication and persistence make all the difference. Health plans may not have the resources or scale to do it alone. We built this model—so our clients don't have to. Our team works tirelessly to engage, empower, and inspire members to realize better health."

--Esteban Nell, Vice-President, Member Engagement

Step 3: Treat

Creating personalized coaching plans with clear success criteria.

Every member is unique. That's why Ontrak Health Care Coaches create personalized, targeted plans of care based on evaluation insights and recommendations from our AI toolset.

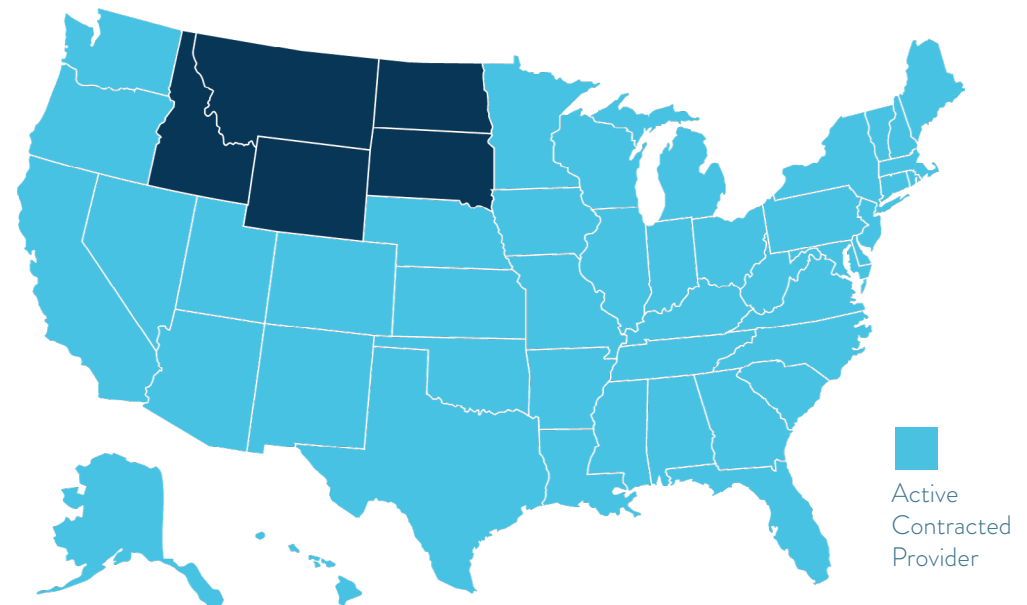
Using SMART methodology, they map a sequence of activities, help coordinate care, and then follow up after each visit. Each phase of care is linked to a measurable and trackable set of goals. We then coordinate closely with providers using AI-enhanced care notes and treatment plans.

Along with care coaching, Ontrak Health brings a wide network of behavioral health providers that expands our clients' existing networks.

The Ontrak Health network effect: 7,400 contracted providers in 45 states

The result? Faster access. Better care.

- Member contact within 2 days of referral
- Members seen within 10 days of appointment request
- Members seen within 14 days for medication management



Step 4: Activate

Setting members on the path toward long-term health and wellbeing.

Ontrak Health can ensure durable outcomes for members and health plan clients because we set high standards. Program graduation requires meeting a specific set of criteria.

Along with adhering to their treatment plan, members must achieve the following:



Complete
2 SMART goals
to promote
quality of life



Display
measurable
improvement in
self-management
skills



Fully engage
with their
primary care
provider



Actively
access
preventative
care



Consistently
attend physical
health specialist
visits



Fully engage with
a behavioral health
specialist when
needed or
as needed



Commit
to ongoing
post-graduation
comprehensive
health plan

To be sure, it's sometimes a steep climb for members. But we're with them all the way. And we'll do whatever it takes.

To date, Ontrak Health is proud to achieve a graduation rate of around 55 percent, including 62 percent for Medicaid members.

The State of Mental Health in America

Key Findings



21%

of adults are experiencing a mental illness. Equivalent to over 50 million Americans.



55%

of adults with a mental illness receive no treatment – over 28 million individuals.



28%

of all adults with a mental illness reported that they were not able to receive the treatment they needed.¹



Housing Insecurity

5x

higher risk of severe mental illness²



Financial Insecurity

1.5-3x

higher risk of anxiety or depression³



Food Insecurity

2.5x

higher risk of anxiety and depression⁴



Employment Insecurity

3x

higher risk of depression⁵

¹ Mental Health America. *The State of Mental Health in America* 2023. Oct. 2022, p. 9.

² <https://www.bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society>

³ <https://www.science.org/doi/10.1126/science.aay0214z>

⁴ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10631-0>

⁵ https://www.cdc.gov/pcd/issues/2015/14_0451.htm

We Change Lives

Mental and behavioral health conditions are up over 300% since the start of the pandemic. Members are struggling with [addiction](#), [alcohol abuse](#), [anxiety](#), [depression](#), and more.

We all know someone who is struggling. And we know how hard it is to get them the care they need.

The good news? **You can make a difference—and change thousands of lives.**

With Ontrak Health, help is here.

Ontrak Health combines [AI-driven analytics](#) with [hands-on health coaching](#). Because of our unique focus and scale, we can mobilize targeted resources to [drive durable health outcomes](#).

Schedule a demo today.

hello@OntrakHealth.com | OntrakHealth.com | 866-517-1414



42%

Reduction in ED utilization



63%

Reduction in inpatient admissions



2.7X

Average ROI



\$6,500

Total gross savings per enrolled member

