COE: Pediatrics & Young Adults

Q: What is Lyra's Pediatric & Young Adult Mental Health Center of Excellence?

- Lyra's Pediatric & YA CoE is the first comprehensive global solution designed to resolve even the most complex mental health needs for youth ages 1-25. It integrates an elite network of specialists with in-house high-acuity interventions (like Behavioral Health Urgent Care, vIOP, and High-Acuity Behavioral Skills Therapy) to treat the full clinical spectrum under one roof.

Q: What is included in the Pediatric & Young Adult Mental Health CoE?

- **Available today:** outpatient therapy, parent coaching, family/couples therapy, medication management, 24/7 crisis line, inpatient facility coordination, care navigation support.
- **Launching 1/1/27:** Behavioral Health Urgent Care, High-Acuity Behavioral Skills Therapy, Virtual IOP, and Behavioral Care Managers for families in intensive care programs.

Q: What problems does the CoE solve?

Buyers

- Unmanaged pediatric mental health has become a primary cost driver
    - 47% of all pediatric medical spending is related to behavioral health
    - Lack of specialized triage often leads families to default to more expensive care (e.g. inpatient facilities or ER visits when IOP is more clinically appropriate). This mismatch, combined with the "wait-and-see" approach of traditional systems, leads to clinical relapse and high costs.
        - Out of network utilization is 10.6x for family mental health, driving up total claim costs
        - ER stays for suicidal youth are ~$2,260/day without proper treatment, compounding total episode costs
- Caregivers facing a broken, failing system are left to carry the burden of care themselves, resulting in impacts to productivity and absenteeism
    - 1 in 3 change jobs or quit to manage their child's mental health
    - 74% miss work at least once to manage care

    - 29% (of Sandwich Generation) have had thoughts of self harm themselves

Benefit Consultants

- Out-of-network residential facilities and repeat ER visits are creating massive, unpredictable spikes in employers' claims
    - By guaranteeing fast consults and providing intensive care all in-network, Lyra provides a defensible strategy for cost containment
- Point solution fatigue is overwhelming employers who are managing fragmented vendors for different tiers of care.
    - By offering a single, closed-loop ecosystem that handles basic triage to various tiers of intensive care, Lyra replace fragmented point solutions
- Ghost network liability is damaging, as standard networks cannot guarantee speed or access for youth (80% of in-network providers are unavailable)
    - Lyra helps to guarantee speed and access

Members

- Caregivers simply do not know where to turn for answers or solutions. They are left guessing at what the right next step is, multi-month waitlists actively force their children into worse crises.
- Desperation drives high-cost decisions, such as accepting expensive, out-of-network inpatient beds or settling for traumatizing ER visits just to get a foot in the door of the system.
- The immense operational burden of managing a child's care acts as a grueling second job, directly impacting caregivers' careers. Logistical hurdles force caregivers to work late nights or miss entire days of work just to keep up with appointments and school coordination.
- In extreme cases, the burden is unsustainable, forcing caregivers to switch careers, relocate, or leave the workforce completely to become full-time caregivers.
- A child's mental health affects the whole household. The crisis frequently impacts siblings, who often require their own immediate clinical care as a result of the ripple effect.
- Caregivers feel overwhelmed and isolated, reporting they have zero time to care for their own well-being or manage severely strained partner dynamics as they focus entirely on their child's survival.

Q: How does the CoE identify a member who needs Intensive Care support?

- 24/7 Crisis Support
    - Families can call our specialized crisis line at any time. Clinicians are available around the clock to provide immediate telephonic de-escalation and determine if a member needs to be routed directly into our intensive pathways or emergency services.
- Triage & Screening
    - Our clinical intake specifically screens for risk factors (suicidality, self-harm history) and automatically routes high-risk members to specialized triage, not general therapy.
- Behavioral Health Urgent Care
    - Families in more immediate distress can be connected with an Urgent Care clinician who is a specialist in high acuity pediatric needs to undergo a formal assessment as part of a complete care session
- Provider Escalation
    - If a standard outpatient therapist identifies that a higher level of care is required, they can provide a warm transfer directly into one of our Intensive Care Services.

Q: How do these Intensive Care programs (Urgent Care, vIOP, HABST) work together?

These programs function as a connected continuum of care:

- Step Up: If a child requires more support or stabilization, the member can move, for example, from High-Acuity Behavioral Skills Therapy (HABST) into vIOP for intensive daily treatment or from vIOP into one of our vetted facilities
- Step Down: Once stable, a member can step down into HABST or outpatient therapy for relapse prevention and to sustain recovery.

Because this is all Lyra-owned, the step up/step down process happens seamlessly in the background (as facilitated by Behavioral Care Managers) without the families having to find new providers, fill out new intake forms, or worry that their care treatment will be paused or delayed.

Q: What is a Behavioral Care Manager?

- A Behavioral Care Manager works closely with the member's treating therapists to

track administrative tasks and requests for additional care consultation and coordination with the client's pediatricians and school administrators.

- BCM's will take the lead in receiving completed Release of Information Forms from families, drafting treatment summary letters, and completing any required school forms under the oversight of a licensed clinician
    - Note: the minor's primary therapist will still be the one to engage directly in conversations with school administrators and pediatricians as needed
- When phone consultations are required, BCM's will help coordinate scheduling with the clinician's calendar.
- **Additional duties include:**
    - Facilitate connection to step-down to outpatient care or step-up care if patients need to be escalated to a higher level of care
    - Provide overview of what to expect in care
    - Support coordination across providers
    - Act as a point of contact for the patient if the therapist/doctor are busy
    - Ensure patients complete administrative paperwork (e.g., consent, ROI) and share schedule with patients
    - Ensure patient admits after paper work is completed, answers any questions about the program or clinical recommendation
    - Supports FMLA requests (e.g., complete paperwork, get approval from clinicians, share with patient)
    - Supports discharge and step down care

How does the CoE support parents and caregivers?

- **We offer a dedicated track for caregivers that includes:**
    - **Clinical Support**
        - Parent Coaching: Practical, skills-based sessions to help parents manage behavioral challenges and their own stress.
        - Clinical Therapy: Individual therapy for caregivers dealing with their own anxiety or depression.
        - Couples Therapy: To strengthen the partnership, which is often strained by the stress of raising a high-needs child.
        - Family Therapy: To improve communication dynamics within the entire household.
        - For families who have a dependent in HABST or vIOP, we also offer 1:1 sessions for caregivers as well as family sessions with the clinician, dependent, and caregivers.
    - **Advocacy:** For families in our intensive services, the BCM provides support via:

- **Educational Advocacy:** Navigating the complex world of school accommodations, including direct support for IEP and 504 plan meetings.
- **Administrative Relief:** Coordinating clinical handoffs, verifying specialist availability, and managing the logistics of the care journey.
- **Clinical Roadmap Guidance:** Serving as a single point of contact to translate the multidisciplinary team's findings into a clear, actionable plan for the home environment.