



Behavioral Health Navigation Services Offered by Health Insurers: Models, Characteristics, and Perceived Impact

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BEHAVIORAL HEALTH NAVIGATION SERVICES OFFERED BY HEALTH INSURERS: MODELS, CHARACTERISTICS, AND PERCEIVED IMPACT

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I. Introduction

A. Background on behavioral health navigation services

In the United States, accessing behavioral health care is a persistent and complex challenge, even among those with insurance coverage. In 2023, 23 percent of adults in the United States experienced some form of mental illness, with the rate rising to 34 percent among young adults ages 18 to 25. Meanwhile, 17 percent of people ages 12 or older had a substance use disorder (SUD) within the past year. Despite the prevalence of these conditions, treatment rates remain low. Only 24 percent of people who need SUD treatment receive it, and only 54 percent of adults with any mental illness receive care.¹ Behavioral health care access challenges stem from a combination of provider shortages, systemic barriers, and logistical hurdles.

People frequently encounter difficulties determining the type of provider or level of care that best suits their needs. Many are uncertain how to initiate the process, whom to contact, or how to interpret and use their insurance benefits. Even when people attempt to engage with the system, they often face outdated or inaccurate provider directories, which can result in repeated failed attempts to connect with care. A federal review found that nearly half of behavioral health listings in Medicare Advantage directories contained incorrect information, and similar issues have been documented in commercial plans.^{2,3,4} These inaccuracies, coupled with long wait times and limited provider availability, contribute to delays and frustration, and potentially lead to adverse health outcomes. For those already experiencing psychological distress, these barriers can be particularly discouraging.

In response to these persistent access issues, some health insurers have begun offering behavioral health navigation services.^{5,6} These services are intended to support insurance plan members in identifying their needs, selecting appropriate treatment options, and establishing connections with available providers. Navigation may be delivered directly by insurers or contracted vendors, and often includes brief clinical assessments and help scheduling appointments. In some cases, navigators can schedule appointments directly on behalf of members, often through interoperable systems that interface with provider calendars in real time. Delivered by trained personnel, these services are designed to streamline the care-seeking process and enhance access to timely and clinically appropriate care. In addition to supporting individual members, navigators may also play a role in identifying gaps in network adequacy by flagging providers who are no longer practicing or who are not accepting new patients.

B. Purpose of study and research questions

To better understand the extent to which insurers are delivering behavioral health navigation services, the Office of the Assistant Secretary for Planning and Evaluation commissioned this study, which included an environmental scan and key informant interviews with staff from insurers, vendors providing behavioral health navigation services on insurers' behalf, and insurer trade associations. The study addressed the following research questions:

1. What models of behavioral health care navigation are insurers using?

- a. What are the characteristics and features of these models? For example, what types of services do these models include and how are services provided? Are there standards that guide these services?
 - b. What are the potential effects of these models on network adequacy, access to services, and quality of care?
2. How widespread is the use of behavioral health care navigation services by insurers?
 - a. Are these services limited to certain populations? For example, are services available for children and youth or older adults?

Key study findings

- To help members overcome barriers to accessing behavioral health care, some health insurers have introduced behavioral health navigation services. These services help members identify their needs, select appropriate treatment options, and connect with available providers. This report presents findings from an environmental scan and key informant interviews with insurers, behavioral health vendors, and trade associations to explore the design, implementation, and perceived impact of these navigation services.
- Insurers offer behavioral health navigation services across a range of markets, including commercial, Medicare Advantage, Medicaid, and Affordable Care Act exchange plans, though availability appears most common in the commercial sector. Services are generally available to all members regardless of age, diagnosis, or acuity of condition, with some models tailored to specific populations such as adolescents or people with SUD.
- Insurer navigation models vary in delivery and staffing, with some insurers using in-house teams, others contracting with vendors, and many adopting hybrid approaches. Services are typically delivered via phone, with growing use of digital tools, and are staffed by a mix of non-clinical personnel and licensed behavioral health professionals. Scheduling support is a core function of navigation services, with some models offering real-time interoperability with provider calendars to book appointments directly. Others use manual outreach to providers or hybrid approaches to verify availability and assist members with scheduling, helping them overcome common barriers such as long wait times and unresponsive providers.
- There are currently no widely adopted, formal standards specifically governing the delivery of behavioral health navigation services by insurers. However, insurers do follow broader quality standards and requirements related to care management and network adequacy, and some have developed internal protocols and performance benchmarks to guide navigation service delivery.
- Respondents identified a range of benefits associated with behavioral health navigation services, both for members and for insurers. Although formal evaluations remain limited, respondents perceive these services contribute to more timely and appropriate access to care, increased engagement and follow-through, improved member and provider experiences, and more efficient use of behavioral health networks. Navigation services are also seen as a valuable tool for optimizing existing provider capacity and informing broader efforts to improve access and member outcomes. ▶

II. Methods

To address the study's research questions, we conducted an environmental scan and eight interviews with key informants between February and July 2025.

A. Environmental scan

We conducted a targeted environmental scan to identify examples of behavioral health navigation services offered by health insurers and vendors, focusing on publicly available insurer plan materials,

websites, and press releases. We used predefined search terms to search online for resources describing navigation services that provide human support for people with behavioral health needs. This included a search of the websites of major health insurers. We excluded care management services, digital-only behavioral health navigation, general navigation initiatives without a behavioral health focus, and navigation services delivered by direct care providers rather than insurers.

B. Key informant interviews

We conducted eight semi-structured interviews with key informants from three groups: (1) leadership staff from insurers offering behavioral health navigation services, (2) vendors offering behavioral health navigation services on behalf of health insurers, and (3) health insurer trade associations. The number of interviews for each respondent type is shown in Exhibit II1. The study team developed three interview protocols and asked each group different questions about the implementation of behavioral health navigation services.

Exhibit II1. Number and types of key informant interviews

Key informant type	Number of interviews
Insurer leaders	4
Direct providers of navigation services	2
Trade associations	2 ^a

^a Two respondents participated in each of the interviews with the trade associations.

C. Analysis

For the environmental scan, we abstracted the most relevant sources into a standardized Excel template to capture key characteristics of navigation services and support consistent comparison across programs. To analyze the key informant interviews, we used NVivo, a qualitative data analysis software, to code interview transcripts and identify themes. The study team summarized coded segments and compared them across respondents to identify common themes and variation in perspectives. We then synthesized findings from both the environmental scan and the interviews, integrating results where themes aligned to strengthen and contextualize our conclusions.

D. Study limitations

This study has several limitations that should be considered when interpreting its findings. The findings are based on a small, purposively selected sample of insurers, vendors, and trade associations, and do not reflect a comprehensive or representative view of behavioral health navigation services across insurer markets. Consequently, the findings may not capture the full range of behavioral health navigation practices or implementation experiences. The environmental scan drew exclusively from publicly available materials, which may offer limited detail on program design, staffing, or operational context. In addition, the study reflects only the perspectives of those delivering or overseeing navigation services and does not include the views or experiences of members using these services. Finally, because the behavioral health navigation landscape continues to evolve, the findings represent a snapshot in time and may not reflect long-term models or trends.

III. Findings

A. Motivation for providing behavioral health navigation services, and service reach

Health insurers and partner organizations view behavioral health navigation services as a critical tool for improving access to care, enhancing the plan members' experience, and strengthening the overall efficiency of engaging with the behavioral health care system. Given the perceived value of these services, insurers offering navigation typically offer them across all service lines and to their entire member population.

Insurers recognize that members face several types of barriers in accessing behavioral health care, which navigation services can help address. These include:

- **Identifying a point of entry into care.** Insurers consistently reported that many members do not know how or where to begin when seeking behavioral health care. Compared with physical health care, the behavioral health system is often perceived as more opaque, with less obvious entry points and greater variation in provider roles, treatment types, and coverage rules. This uncertainty can discourage people from pursuing care altogether, or lead them to initiate care in settings that are not well matched to their needs. Insurers described this confusion as a core barrier to access, particularly for people navigating behavioral health care for the first time. Navigation services were widely seen as a response to this challenge, offering members a defined point of entry and step-by-step support to help them make informed decisions and take action to more efficiently reach care.^{7,8}



"Sometimes it's just difficult to navigate the healthcare system. And especially if you're dealing with mental health needs [or are in] crisis, it's a lot to deal with. So having a care navigator to say, 'Hey, I'm here with you, I can gather your information and do the work ... and all you have to do is either show up or contact this provider to get the care that you need' [is helpful]."

—Health insurer representative

- **Identifying the appropriate provider type or level of behavioral health care.** Insurers observed that members frequently struggle to determine the right type of behavioral health provider or level of care they need. When members pursue care that does not align with their needs (for example, by first seeking therapy when psychiatric medication is needed or pursuing residential SUD treatment when outpatient care would be more appropriate) it can lead to treatment delays and worsening symptoms, disengagement from treatment, and escalation into high-cost settings such as emergency departments or inpatient care. These situations may also result in delays and inefficiencies for both members and providers as members are referred from one provider to another and must undergo repeated intake evaluations or clinical assessments before treatment can begin. Insurers noted that the increasing availability of virtual and digital providers, while expanding access options, has made it even more complex to determine where and how to seek care. To address these challenges, navigation services are designed to help members identify the most suitable provider and level of care from the outset through structured screening and guided conversations that improve treatment alignment and support better engagement.⁹

- **Understanding insurance benefits.** Many people face challenges in understanding which behavioral health services are covered by their insurance plans and whether specific providers and services are in network. This confusion can lead to delays in care or decisions to seek services that result in unexpected or higher costs, potentially compromising members' ability to complete treatment. Navigation services help address these issues by clearly explaining coverage details and assisting members in selecting providers and services that are both clinically appropriate and aligned with their financial resources.
- **Identifying providers with availability and scheduling appointments.** Even after members identify an appropriate provider, scheduling an appointment is often a major challenge. Provider directories rarely reflect real-time availability, and members are frequently left to contact multiple providers, many of whom do not return calls, are not accepting new clients, or have long wait lists. One insurer described how, before implementing navigation services, members would be given a list of 50 in-network therapists, only to find that most calls went unanswered or reached full voicemail boxes. The surge in demand for behavioral health services during the COVID-19 pandemic has made this issue even more acute. Navigators help ease this burden in several ways: some can access provider schedules and book directly, whereas others call providers on the member's behalf or guide the member through the scheduling process. These supports improve the likelihood of connecting with care in a timely and coordinated way.

Behavioral health navigation services are available across a range of insurance markets, including commercial, Medicare Advantage, Medicaid, and Affordable Care Act exchange plans, although their availability appears most common in the commercial market. In interviews, insurers generally reported offering navigation services across all lines of business they serve, emphasizing that behavioral health needs and access challenges are universal and no one market requires navigation more than another. Insurers also noted that once infrastructure is established for one segment, it is often extended to others due to shared systems and similar operational needs. However, findings from the environmental scan suggest that behavioral health navigation may be more common in commercial markets. Among the 14 insurers offering behavioral health navigation services that were included in the scan, most offered navigation services to commercial members, and a smaller number extended services to Medicare Advantage, Medicaid, or state and federal employee plans. Medicaid was also mentioned less frequently in interviews, and several respondents noted that navigation availability in Medicaid often depends on state-specific contracting arrangements or behavioral health carve-outs.

Across markets, insurers generally aim to make behavioral health navigation services available to all plan members regardless of age, diagnosis, or level of acuity. Respondents emphasized that behavioral health conditions affect people across the lifespan and navigation services are designed to support a wide range of member needs. Although the nature of the support they need may vary from person to person, insurers believe all members can benefit from assistance in navigating the behavioral health system. Respondents generally said it is rare for someone to be found ineligible for navigation services after requesting them, because members who know how to contact these services are usually part of an eligible insurer population already. However, one navigation vendor noted that although they verify eligibility during the call, their team's priority is to assist anyone who reaches out, including people whose eligibility cannot immediately be confirmed.

Navigation services often can also be accessed on a member's behalf by parents, caregivers, or other concerned parties who are seeking care on behalf of a child or another relative. This flexibility is particularly important in supporting children and adolescents, as well as adults who may be reluctant or unable to seek care on their own. However, respondents clarified that navigators cannot act for adult members without member consent.

Although navigation services are broadly available, some insurers and vendors have developed more intensive or specialized models to support specific populations such as adolescents, people with SUD, or those with high-acuity behavioral health needs.¹⁰ Several respondents reported using claims data or risk models to identify members with unmet behavioral health needs and initiate navigation outreach before a formal diagnosis is established. For example, one insurer described using predictive analytics based on recent medical and pharmacy claims to flag members who may have autism or emerging anxiety disorders. Some insurers and vendors also tailor navigation support based on age; for example, one vendor offers specialized protocols for adolescents, noting that although the volume of teen callers is relatively low, the acuity of need is often high by the time families reach out. In such cases, navigators engage both the parent and the young person to support access to appropriate care.

Respondents consistently described three core groups who are most likely to use and benefit from behavioral health navigation services. These include:

- 1. Members with untreated behavioral health needs that are identified through insurer screening.** Several vendors and insurers noted that some members are connected with navigation services after reaching out to their insurers for reasons unrelated to behavioral health, such as questions about coverage or general benefits. In these encounters, universal behavioral health screening protocols help identify people with unmet behavioral health needs. These members may not have been actively seeking care and may not recognize the relevance of their symptoms. Respondents described this group as "untreated" and emphasized that navigation plays a critical role in connecting them to care they may not have otherwise pursued.
- 2. Members actively seeking behavioral health care.** Respondents also said there is a large group of "self-referring" members who reach out to navigation services because they are actively seeking behavioral health support. These people may be experiencing symptoms such as depression, anxiety, or substance use concerns and are looking for help identifying the right provider or service. Several respondents emphasized that this group often includes first-time users of behavioral health care, who may be unsure where to start or how to navigate their insurance coverage.
- 3. Members already engaged in care but not receiving the most appropriate level or type of service.** Another group frequently discussed in interviews includes members who are already using behavioral health services but are not receiving care that aligns with their clinical needs. These "undertreated" members may be in therapy but require medication management, or may be cycling in and out of emergency departments without access to consistent outpatient follow-up. Navigation services can help reassess members' needs and facilitate transitions to more appropriate providers or levels of care. One respondent noted that this group often benefits from having someone guide them to the right level, especially when care has become fragmented or ineffective.

Behavioral health navigation services appear to be reaching people across a range of implementation models and organizational scales. Vendors that contract with multiple insurers and employer groups reported broad availability. One vendor noted that its navigation services are available to a population of approximately 10 million covered members across commercial and Medicare Advantage markets. Although this figure reflects the number of eligible members rather than confirmed users, it highlights the potential reach of navigation services. Smaller insurers also reported meaningful engagement. One insurer received about 200 referrals for behavioral health navigation over a four-month period, with roughly half resulting in a navigation interaction. Most cases that are not completed occur because members cannot be reached after several follow-up attempts or say they no longer need the services.

B. Characteristics of behavioral health navigation models: methods of delivery and operational design

Behavioral health navigation services offered by insurers help bridge persistent gaps in accessing timely and appropriate mental health and SUD care. These services provide personalized, guided support that helps plan members understand their needs and resources, identify suitable providers with availability, and successfully engage in care. This section outlines the core characteristics and components of these services, highlighting common structures and points of variation.

1. Core elements of behavioral health navigation models

At their foundation, behavioral health navigation services are designed to help members make informed decisions about their care and overcome informational, logistical, and other barriers to access. Although a variety of specific models are in use, nearly all navigation services described in the interviews and the environmental scan shared several core functions:

- Assessing behavioral health needs through brief screening or motivational interviewing
- Matching members with appropriate providers and levels of care
- Scheduling initial appointments, often in real time
- Following up to confirm that care was accessed and to support ongoing engagement

Many navigation services also offer support beyond clinical access, helping address other factors that may impede access to care. For example, one insurer described helping a member in crisis by coordinating transportation to an urgent appointment.

2. Approaches to delivering navigation services: in house, vendor delivered, and hybrid

Some insurers rely on internal teams to deliver navigation services, whereas others partner with external vendors or adopt hybrid models that combine internal delivery with vendor-supported functions. The choice of delivery model is influenced by factors such as internal infrastructure, desired functionality, and performance expectations. Staff from organizations opting to manage navigation services in house emphasized that internal delivery enables greater control and better alignment with their internal clinical workflows. This approach also enables insurers to leverage and incentivize their existing provider networks more effectively. One insurer said integrating navigation into its existing behavioral health care management team is relatively seamless and effective. Another insurer transitioned

away from a vendor model after determining that the vendor was not consistently meeting key performance goals the insurer was striving for, such as ensuring appointment scheduling within a defined time frame.

In contrast, other insurers reported that working with vendors offers access to advanced technical capabilities and operational efficiencies that are difficult to replicate internally. A commonly cited advantage of vendor-delivered navigation is the ability to schedule appointments more efficiently. Vendors often maintain real-time interoperability with provider scheduling systems, allowing navigators to access provider availability and book appointments directly. One insurer explained that this scheduling functionality was a key benefit of engaging with a vendor, noting it was less efficient or effective to invest in building that infrastructure in-house. Vendors also bring specialized experience from working across multiple insurers and can often tailor their offerings to meet the operational needs of individual insurers, plans, and lines of business.

Several insurers have adopted hybrid models that combine in-house and vendor-based navigation. In these models, health insurers may retain responsibility for certain populations, types of support, or hours of operation while outsourcing more specialized functions to vendors. Vendors often customize their navigation offerings to meet the specific needs of insurers, providing a flexible menu of services and referral workflows that can be selectively integrated based on the insurer's preferences and infrastructure. Insurers vary in how they engage with these offerings; some retain control over certain aspects of the navigation process while outsourcing others, whereas some delegate the entire function to external vendors. For example, one insurer reported using its internal care management team to provide general behavioral health navigation while contracting with a vendor to deliver 24/7 support specifically for members with SUD. Another segments its member population by acuity level, with the in-house navigation team providing navigation to members with higher-acuity needs, and a vendor making navigation options available to people with lower-acuity needs.

3. Modes of delivery

All insurers included in the study offer behavioral health navigation services through live phone support, and many have expanded their delivery models to include chat, email, text messaging, and self-service digital tools. These additional modalities are often layered onto traditional phone-based services to enhance accessibility and accommodate members' varying preferences and capabilities. Most phone lines are available 24/7, particularly for initial contact and urgent support, though some functions, such as appointment scheduling, may be limited to standard or extended business hours depending on staffing models and provider system integration. Several insurers and vendors use hybrid models that allow members to move between digital and human support depending on their needs. For example, a member might complete an initial screening with a navigator, then receive a personalized link to review provider options and schedule an appointment online. As one vendor explained, "maybe the member ... want[s] to click through preferences on providers and do some research on providers before they select who they want. We can issue that self-service link ... and they can complete it on their own" after speaking with a navigator. Conversely, a member using a digital tool may be escalated to a navigator

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"We can ensure our members are getting the appointments and follow-up that they needed because we also own the network; we have some leverage there, in the sense that those are our providers. And really, with the vendor, they didn't have the same type of relationship with some of those providers."

-Health insurer representative

if their responses indicate elevated risk. Respondents emphasized that the mode of delivery is often tailored to match the member's communication preferences, level of comfort with technology, and cognitive or physical needs. One insurer noted, for example, that older adults may be more responsive to phone outreach than digital engagement and may prefer to speak directly with a person instead of using self-service tools.

#### **4. Staffing models**

**Behavioral health navigation services are staffed by a mix of non-clinical personnel and licensed behavioral health professionals, with models varying across insurers and vendors.** These staffing structures reflect a range of factors, including whether services are delivered in-house or contracted out, the acuity of the populations served, and the scope of navigation responsibilities. The credentialing of these staff reflects the extent and intensity of services offered in the navigation call, as some navigation interactions require clinical expertise while others do not. Across health insurers and vendors, staffing models are often designed to align navigator expertise with the intensity and complexity of the support members require.

Some organizations implement structured staffing tiers to manage varying levels of member need, with non-clinical navigator staff handling routine provider matching and scheduling while licensed clinicians handle more complex assessments and clinical decision making, and senior clinical supervisory staff available to provide coaching and intervene in complex scenarios. In these models, navigation services are typically structured so lower-acuity needs, such as help finding a therapist, can be addressed entirely by non-clinical navigators. The first point of contact is often a non-clinical navigator, often someone with an associate's or bachelor's degree and a background in customer service, behavioral health, or health navigation. These staff are trained to conduct initial assessments, explain benefit coverage, identify appropriate provider types or care levels, and assist with scheduling. They are also equipped to manage sensitive or emotionally charged conversations. Some insurers and vendors use recovery advocates or peer support staff who bring lived experience to the navigation interaction, whereas others rely on call center personnel who have received extensive training in behavioral health concepts and systems of care. However, members expressing uncertainty about their care needs, those with co-occurring conditions, or those in distress are usually connected to clinical staff.

In contrast, other models solely employ clinically trained navigators who are capable of directly assessing and managing higher-acuity needs. For example, one vendor staffs all navigation calls with registered nurses or social workers with master's degrees because the vendor specializes in working with a population likely to have greater and more complex needs.<sup>11</sup>

**When asked about the use of digital or AI tools in navigation, respondents emphasized the importance of staffing models that prioritize human connection in guiding people to behavioral health services.** Several respondents noted that members often prefer speaking with a person, particularly when they are in distress or uncertain about what type of care they need. One vendor described digital navigation as helpful for convenience or privacy but reported that most members still opt to speak with a live navigator. Another emphasized that digital tools must be designed with caution, especially when supporting people in crisis, saying they had delayed releasing a behavioral health chatbot until it could reliably identify safety concerns. In general, although digital tools are valued for expanding

access and streamlining the care process, respondents stressed that person-centered interaction remains essential for building trust and sustaining engagement. One insurer explained that current technology cannot replicate the diagnostic expertise of clinicians. A navigation vendor highlighted motivational interviewing as an “invaluable” component of effective navigation. Despite these concerns, one insurer acknowledged digital tools can help manage high volumes and enable members to directly schedule appointments.

## C. Member engagement with navigation services

### 1. Member awareness and entry points

#### **Members typically become aware of behavioral health navigation services through insurer marketing and promotion.**

Most organizations rely on a multi-channel approach to ensure members know navigation is available, although many acknowledged awareness remains a challenge, especially for first-time users or those unfamiliar with behavioral health care. A primary mechanism for awareness is health plan materials, such as the phone number printed on the back of members’ insurance cards or navigation information included in onboarding packets and plan websites. Several insurers also use digital portals and email campaigns to inform members about the availability of navigation support. For example, one insurer described how members logging into the member portal are greeted with a personalized message that highlights behavioral health navigation service availability: “When I sign into my insurance portal, the top banner says, ‘Hey, [name], good to see you. Don’t forget that you have [behavioral health navigation services] available … Can I help connect you to somebody to talk to?’” Another insurer developed messaging about navigation services during Mental Health Awareness Month and uses it in wellness campaigns shared with members throughout the year. A few insurers have materials about behavioral health navigation services that are designed for employers to circulate among their employees.

Despite these efforts, several respondents noted that member awareness remains limited, particularly among those not actively seeking behavioral health care. Some organizations were exploring new ways to raise visibility, including engagement with employers, provider-facing materials, and embedding navigation within broader member-facing digital systems. As one respondent summed it up, “Getting the word out is just as important as having a good system in place.”

**Members reach navigation services through several common pathways, including self-referral by phone, referrals from providers or care managers, and, less frequently, through proactive outreach.** Insurers and vendors noted in interviews that members most commonly initiate contact with navigation themselves, usually by calling a phone number provided by their insurer. All insurers in the study offer phone-based behavioral health navigation services, and in most cases, the relevant phone number is printed on the back of members’ insurance ID cards or available on plan websites. Respondents explained that some plans provide a dedicated number for behavioral health navigation, whereas others use a single main number that routes members to the appropriate navigation team through automated prompts or live transfer. This routing approach varies across insurers depending on different factors, such as an insurer’s arrangement with its behavioral health navigation vendor. For example, one vendor noted, “[are] embedded into the [plan’s interactive voice response] system … when the person picks up their insurance card and calls the number on the back … and they say, ‘I need help with substance use,’ it’s going to ring to us.”

In addition to self-referral, members might be referred to navigation services by primary care providers, insurer case managers, or crisis hotline staff; after the referral, insurers may reach out to the member directly, or the member may initiate contact themselves. For example, one insurer's navigation team receives referrals directly from primary care offices, and navigators follow up with members by phone after receiving member consent. Some respondents also mentioned outbound campaigns or other proactive outreach to reach members who might need navigation support; they use claims data, risk models, recent hospital discharges, or other predictive analytics to identify members with potential behavioral health needs and offer navigation support via phone or text.<sup>12</sup> These practices, however, do not appear to be as common. Insurers noted that response rates to proactive outreach vary, with one respondent explaining it is often more successful among Medicare Advantage members than in commercial populations because older adults are more likely to answer the phone.

## **2. Member experience of operational workflows**

**Assessments.** Members' navigation encounters typically begin with an assessment designed to understand their clinical needs, care preferences, and potential barriers to accessing services.<sup>13,14</sup> These assessments often include questions about the members' current behavioral health symptoms, preferred provider characteristics (such as gender, language, or cultural background), desired care modalities (in person or virtual), and any logistical challenges they may face, such as transportation or scheduling constraints.

Some insurers and vendors employ motivational interviewing techniques as a more conversational and person-centered approach to uncovering member needs, rather than relying on more structured clinical assessments. Motivational interviewing is used to identify both primary and secondary concerns along with any co-occurring conditions or social needs that may affect members' ability to engage with care. One vendor noted that motivational interviewing can be especially helpful when members request a specific treatment or provider that may not align with clinical indicators. During a motivational interview, navigators may review practical options with members, such as selecting an earlier appointment time or considering alternative care modalities. These conversations can help increase the member's engagement and reduce the likelihood of missed appointments, particularly when long wait times might otherwise discourage the member from following through with care.

**Matching members with available providers.** Once a member's needs have been assessed, navigators use the information gathered to identify the appropriate provider type and level of care—for example, whether a member would benefit from therapy versus psychiatry, or outpatient care versus a higher-intensity setting—and locate providers who have availability and can meet the member's preferences, risk profile, and practical needs. Navigators typically present members with a few provider options to support member choice and fit. Navigators determine provider availability through integrated scheduling tools, prearranged scheduling blocks, and manual outreach, often drawing on relationships with providers and knowledge of



"Sometimes we navigate them to community resources, as well, in that maybe they went out on disability, and they're having financial problems and can't afford food for their kids. We will connect them to community resources to get access to food shelves, too, as well as the therapist, to help them manage their depression or anxiety. And so we'll follow up on all of those things."

Health insurer respondent

their scheduling patterns. Many also have access to scheduling platforms that display appointment openings, allowing them to verify options before presenting them to the member. By actively verifying availability instead of relying on static provider directories and lists, navigators can avoid sending members to dead ends or long wait times.

In addition to being matched with providers, members may receive help connecting with transportation services, other covered benefits, or immediate clinical support in urgent or crisis situations. One vendor provides members with ad hoc assistance, such as pre- or post-event check-ins when a member anticipates attending events where they may be exposed to substances. These supports are intended to reduce barriers and promote successful follow-through with care.

**Scheduling approaches and capabilities.** The type of support members receive with appointment scheduling varies by insurer and vendor, often depending on the extent to which digital navigation platforms and provider scheduling systems are integrated. In some cases, navigators have direct scheduling capabilities, meaning they can view real-time appointment availability and book appointments themselves in a provider's calendar, either through the provider's electronic health record (EHR) system or a connected scheduling platform.<sup>15</sup> This approach appears more common among vendors that specialize in navigation services and have developed partnerships with providers to support this functionality. One vendor built flexible integrations that accommodate a wide range of provider systems, from solo practitioners using Google Calendar to large health systems operating complex EHRs like Epic or Athena. In these models, navigators can offer the member specific appointment times, confirm availability in real time, and complete the scheduling process during the same interaction.

However, many navigation services use a hybrid approach, combining direct scheduling for some providers with more traditional methods for others, depending on the level of system integration. Some services do not have direct scheduling capabilities at all. When direct access to provider calendars is not available, navigators use more traditional methods to assist members, such as calling providers to check for availability or guiding members through the process of scheduling their own appointment. For example, one insurer respondent reported that although they can view schedules and book appointments for a small group of integrated providers, most scheduling still requires calling or coordination outside of the navigation platform. This insurer noted that expanding direct scheduling capabilities across its broader provider network would require long-term investments in interoperability, but it is a goal.

One insurer provided an example of how its internal navigation team uses vendor-developed infrastructure to enhance appointment scheduling. Many of the insurer's in-network therapists were solo practitioners lacking websites, online scheduling, or administrative support, making it difficult for members to reach them. The vendor created an infrastructure to unify scheduling across thousands of these providers. Although members can use the platform to schedule appointments directly, many first interact with navigators or care managers who assess their needs and use the system to identify providers and book appointments on their behalf.

**Follow-up.** Some members may receive follow-up support after the initial navigation interaction. Several insurers and vendors reported using claims data or provider reports to verify whether appointments took place and contacting members to confirm satisfaction and provider match, assess ongoing needs, or offer additional support. The scope of follow-up services varies widely, from one-time check-ins to more

structured outreach. For example, one vendor contacts members every 30 days for six months and again at the one-year mark after the initial navigation interaction, explaining, "We want to know, are you still in treatment, and are you engaged with peer supports? And have you talked with your primary care about your treatment for alcohol or other substances?" This same vendor emphasized the importance of follow-up at key milestones, noting that at 90 or 120 days, "we either hear ... I can't believe I didn't start this sooner ... or they've had a relapse or something along those lines, and we're able to get them reconnected."

## D. Standards for behavioral health navigation services

Findings from both the environmental scan and interviews revealed that there are currently no widely adopted, formal standards specifically governing the delivery of behavioral health navigation services by insurers. However, organizations do follow broader quality standards and requirements related to care management and network adequacy, and some have developed internal protocols and performance benchmarks to guide their delivery of navigation services.

- **External standards.** Most respondents said they were not aware of specific standards or frameworks established by external regulatory or accreditation bodies for behavioral health navigation. Some noted that navigation activities may be indirectly shaped by broader requirements for insurers tied to case management or care coordination, particularly when delivered by health plans accredited by organizations such as the National Committee for Quality Assurance or the Joint Commission. These bodies set expectations related to staff qualifications, member outreach, engagement processes, and quality improvement, but do not define standards specific to behavioral health navigation models. One respondent explained that the standards they follow from accreditors "include things like: Do you have staff trained? Do you have a way to reach out to members? What is your quality improvement process?" These expectations typically fall under general care management or utilization review criteria, and may apply to navigation services when they are integrated into the insurer's clinical operations.
- **Internal standards.** Vendors and insurers have internal goals and standards they aim to achieve within their navigation services, but these vary. Some insurers have internal standards or benchmarks focused on the timeliness of scheduling or completing appointments. For example, one insurer guarantees a virtual appointment within 48 hours for individuals experiencing serious mental health concerns, facilitated through its vendor's virtual health clinic.<sup>16</sup> Other internal standards include minimizing wait times when members call, maintaining a broad provider mix within networks, and offering ongoing training to uphold the quality of navigation services. Vendors may have their own internal standards, which one vendor reported are aligned with the expectations of the insurers they work with. Another vendor reported tracking Healthcare Effectiveness Data and Information Set (HEDIS) measures to monitor the impact of navigation services, including those that track timely follow-up after hospitalization. Providers participating in insurers' or vendors' networks are sometimes held to specific standards. For instance, one plan established standards requiring behavioral health providers to respond to referrals, either by accepting or declining them, within 36 hours. If a provider failed to respond within that timeframe, the plan's vendor reassigned the member to another provider. The vendor also recommended that behavioral health providers contact referred members within 48 hours of accepting a referral. In addition, the vendor monitored scheduling rates and proactively engaged with providers to improve appointment availability when necessary.<sup>17</sup>

## IV. Perceived outcomes and value of behavioral health navigation services

Respondents named a range of benefits associated with behavioral health navigation services, both for members and insurers. Although formal evaluations remain limited, respondents reported that these services contribute to more timely and appropriate access to care, increased engagement and follow-through, improved member and provider experiences, and more efficient use of behavioral health networks. Navigation services were also seen as a valuable tool for optimizing existing provider capacity and informing broader efforts to improve access and member outcomes.

**Access to more timely and appropriate care.** Navigation services can play a role in connecting members to behavioral health care more quickly. By offering real-time scheduling support and leveraging provider partnerships, navigation services help reduce the time between a member's request for help and their first appointment. One vendor reported that 84 percent of members were scheduled into care within 24 hours of initial contact, even if the appointment itself took place later. Another vendor reported that 83 percent of appointments were scheduled to take place within seven days.<sup>18</sup> An insurer estimated an average time to appointment of 5.2 days, with many scheduled even sooner depending on member preferences.

Respondents suggested navigation services may also help prevent escalation to high-acuity settings such as emergency departments or inpatient care by facilitating earlier intervention. Several respondents emphasized that connecting members to appropriate services sooner can reduce the likelihood of symptom deterioration and the need for more intensive and costly care. As one respondent explained, "If people are actually getting the care they need, then they're not going to go without for longer, which oftentimes creates more problems and maybe could be more expensive care if they have a lot of unmet need." One vendor reported associated reductions in emergency room visits, inpatient admissions, and readmission rates for SUD, although these outcomes likely reflect the combined effect of multiple behavioral health strategies.<sup>19</sup> In addition, several respondents noted that better aligning members with providers based on clinical need or member preferences may help members connect to the right provider more quickly, avoiding repeated assessments or mismatches, and enabling them to begin active treatment sooner. This, in turn, may contribute to more efficient and appropriate care.

**Increased engagement and follow-through.** Respondents shared the perception that behavioral health navigation services enhance member engagement and improve follow-through with treatment by facilitating better alignment between members and providers, offering individualized support, and tracking sustained involvement in care. Respondents across insurers and vendors consistently reported that navigation services help ensure members are matched with providers who fit their clinical needs and personal preferences, reducing the likelihood of provider switching and increasing the chances that members remain engaged. One insurer, for example, reported that 71 percent of members reached a third appointment after being connected through navigation, suggesting a strong initial match between providers and members and sustained engagement beyond the initial visit. Another insurer noted that improved matching with in-network providers reduced financial burden on members, which in turn increased treatment completion rates. Several respondents emphasized that avoiding out-of-network costs was especially important for encouraging members to remain in care.

Several insurers and vendors reported that navigation services help reduce drop-off between referral and treatment by increasing the likelihood that members will follow through with scheduled appointments. For example, one insurer shared that internal analyses of claims showed 58 percent of members referred to navigation both scheduled and attended a behavioral health appointment within 60 days, which they said was a substantial rate given the typical challenges in connecting members to care. Another vendor reported an 87 percent appointment completion rate over the past year, with current rates approaching 90 percent.

**Enhanced member experience and satisfaction.** Insurers and vendors consistently reported that members who use behavioral health navigation services tend to have highly positive experiences. According to respondents, members often feel overwhelmed when trying to access mental health or SUD care on their own, and describe the support from navigators as a welcome relief. One insurer shared that members frequently said things like "I didn't know what to do" before receiving help. Although most of the evidence was anecdotal, respondents emphasized that member feedback is overwhelmingly positive. They believe members value the ability to speak with a real person, receive personalized guidance, and schedule care much faster than they could independently. Several respondents said members are often surprised and relieved by the speed and ease of access to services that navigation makes possible.

Several organizations supplemented these anecdotal accounts with internal survey data. For example, one vendor tracks satisfaction using Net Promoter Score surveys and consistently scores between 79 and 80 on a scale from -100 to 100, indicating strong member willingness to recommend the service to others. Another vendor includes a brief outcomes question in its follow-up surveys, asking members to rate changes in their ability to manage daily life since entering care. On this measure, members gave an average rating of 4.7 out of 5.

Insurers and vendors reported that providers are also generally satisfied with navigation services. They noted that providers appreciate the streamlined referral process and the improved alignment between referrals and their clinical expertise, availability, and practice preferences. According to respondents, providers think referred members are more informed and better prepared to engage in treatment. In some cases, providers have even requested additional referrals from navigation programs, seeing them as a reliable way to sustain caseloads and improve client fit.

**Impact on network adequacy.** Although behavioral health navigation services are not designed to expand provider networks directly, respondents highlighted several ways that these services can improve the functioning and efficiency of existing networks. By guiding members to the most appropriate provider type and level of care, navigation services help ensure more effective use of available capacity. Respondents noted that members often seek care from high-acuity providers, such as psychiatrists or residential treatment programs, when lower-intensity services like therapy or outpatient care may be more clinically appropriate. Navigation services clarify these needs early and triage accordingly, which can help preserve high-demand resources for those with more severe needs and help prevent repeated appointment attempts or failed matches that waste member and provider time and leave other members waiting for care.

Navigation also improves network efficiency by addressing common barriers that contribute to members disengaging before care begins or discontinuing treatment prematurely. Members attempting to schedule

appointments on their own can encounter long wait times and unresponsive providers, which can lead them to abandon their efforts to seek care. In other cases, members may schedule an appointment but fail to attend or drop out after one or two sessions. Navigation services help mitigate these outcomes by providing real-time scheduling assistance and personalized guidance, increasing the likelihood that members both secure an appointment and follow through and remain engaged. Just as importantly, navigators aim to match members with providers who are a good fit for their clinical needs and personal preferences, thereby reducing the risk of dissatisfaction and provider switching. These supports help ensure provider capacity is used effectively by directing members to providers who have availability, improving the chances that scheduled appointments are kept, and minimizing wasted time slots or repeated intake assessments due to poor fit or premature dropout. These efficiencies benefit both members and health insurers, contributing to more effective use of behavioral health resources.

Although it is not always framed as a formal outcome, several respondents noted that navigation services generate insights that help insurers and vendors improve network performance and member outreach. Navigation programs often rely on real-time data about provider availability, member access patterns, and engagement outcomes. This feedback loop can surface gaps in provider networks and reveal common drop-off points in care to help plans adjust referral pathways accordingly. For example, one vendor explained that by collecting structured data from navigation encounters, they were able to identify which provider types and settings were underperforming or lacked availability. Another uses this information to recruit additional outpatient providers in underserved areas and avoid unnecessary escalations to high-cost care. Several insurers also reported that navigation data informed their quality improvement efforts and helped demonstrate compliance with network adequacy and access standards in regulated markets.

## V. Discussion

This study highlights the expanding role of behavioral health navigation services as a strategy insurers use to improve access to care for mental health conditions and substance use disorders. Although models differ in structure and delivery, insurers increasingly use navigation to help members overcome persistent barriers such as difficulty identifying entry points to care, scheduling appointments, and understanding insurance coverage. By addressing the complexity and fragmentation of the behavioral health system, navigation services are designed to simplify the care-seeking process, enhance the member experience, and reduce early discontinuation from treatment. These services may improve the functional adequacy of existing networks by guiding members to appropriate, available providers and reducing delays.

Behavioral health navigation services may also strengthen how insurers monitor and manage their provider networks and offer avenues for monitoring provider availability and performance in real time. Through direct scheduling systems and structured data collection, navigation vendors and insurers can identify which providers are active, accessible, and aligned with member needs. This feedback loop is helpful for maintaining a responsive network and can inform contracting decisions, recruitment of new providers, and also help insurers focus quality improvement initiatives.

The implementation of navigation services across multiple insurance markets, and insurers' ability to adapt these services to their distinct operational contexts, suggest the potential for broader scalability. Flexibility in design is important to allow insurers to align navigation with their populations, benefit

structures, and strategic goals, and to enable them to respond to differences in market conditions and available resources. As more insurers implement these services, however, shared practices and a limited set of broadly applicable benchmarks (for example, around core competencies or basic performance metrics) could provide a common reference point for guiding future design decisions and promoting consistent oversight. Although no formal standards currently exist for insurer-based behavioral health navigation, many insurers have developed internal benchmarks related to appointment scheduling and response times. Developing a core set of nationally recognized benchmarks for navigator competencies, access standards, and performance metrics that draw from existing care management, accreditation, and collaborative care frameworks could support consistency in key functions while preserving insurers' flexibility to tailor service delivery to their unique circumstances. Regulatory agencies and accrediting bodies may be well positioned to support this effort by identifying key domains for oversight.

The apparent concentration of behavioral health navigation services in the commercial insurance market raises questions about the extent to which members in publicly funded programs such as Medicaid have access to similar behavioral health–focused navigation supports. Although some insurers and vendors do extend navigation services to Medicaid beneficiaries, these offerings appear less common and are often shaped by state-specific contracting arrangements. It is possible that the navigation needs of Medicaid beneficiaries are being addressed through other mechanisms, such as care management provided by managed care organizations or provider-based navigation programs. Further research is needed to clarify how these supports function in practice and whether they effectively meet the same needs as insurer-based navigation. A clearer understanding of these mechanisms could inform decisions about whether additional investment or policy action is needed to improve access to navigation services across public insurance markets. If a gap in access is confirmed, for example, state Medicaid agencies could explore encouraging navigation services through managed care contracts, and federal agencies could consider guidance or incentives for including navigation services in value-based payment arrangements or targeted pilots for populations with complex needs.

**Areas for future research.** This exploratory study focused on describing the structure, characteristics, and implementation of navigation services from the viewpoints of insurers, vendors, and trade associations. The findings therefore reflect a limited set of perspectives and are not intended to represent all navigation models or stakeholder experiences across the health insurance landscape. Although findings shed light on how behavioral health navigation services are designed and delivered, they do not capture the perspectives of the people who use them. Insurers emphasized the importance of matching members with providers who meet both clinical needs and personal preferences, offering flexible access options to accommodate varying comfort levels with technology and communication styles. These features reflect a recognition that respecting member choice is important for improving satisfaction and engagement and follow-through with care. Future research should explore members' experiences to understand how they perceive the value of navigation, whether these services introduce unintended barriers to access, and if concerns exist around privacy or how insurers handle and make use of sensitive behavioral health information. These insights are essential to assess the effectiveness of navigation and its acceptability and utility among those it is designed to support. Including member voices in future research will be critical to building a more comprehensive understanding of how navigation services function in practice and how they can be improved to better serve populations with behavioral health needs.

In addition, further research could support the development of an evidence base to inform benchmarks and core competencies for behavioral health navigation services. Establishing such standards may help guide the design, implementation, and evaluation of navigation models, promote consistency across insurers and vendors, and enhance responsiveness to member needs.

Additional research could also explore the barriers and facilitators to implementing interoperable scheduling systems, which emerged as a particularly important feature in most behavioral health navigation models and have the potential to improve timeliness, reduce member and provider burden, and make fuller use of available provider capacity. Future research could also explore how navigation services are integrated with the broader ecosystem of insurer behavioral health and other offerings, such as care management and quality improvement, and whether closer alignment in these areas leads to improvements.

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