Department of HUMAN SERVICES

Health Home Learning Collaborative

Benefits of Health Homes:

Serving our members with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)

April 26, 2021

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. Benefits of Health Homes/Interventions for members with SMI/SED……*Martha Boese, Amerigroup*
3. Case Study/ Health Home Spotlight…….*Rob Breckenridge , Southern Iowa Mental Health Center*
4. Questions/Open Discussion……..……All

   (Open discussion on current issues or barriers, potentially leading to future monthly topics)

   Coming up:

   - *May 17, 2021, Transitions in Care (inpatient hospitalization, PMIC, skilled nursing, re-entry / jail to community) Iowa Total Care*

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.

Benefits of HH/Interventions

- We will explore how the HH works with members/families to promote and improve the social determinants of health (SDoH) and emotional well – being of members diagnosed with mental illness.

Mental health in the U.S.

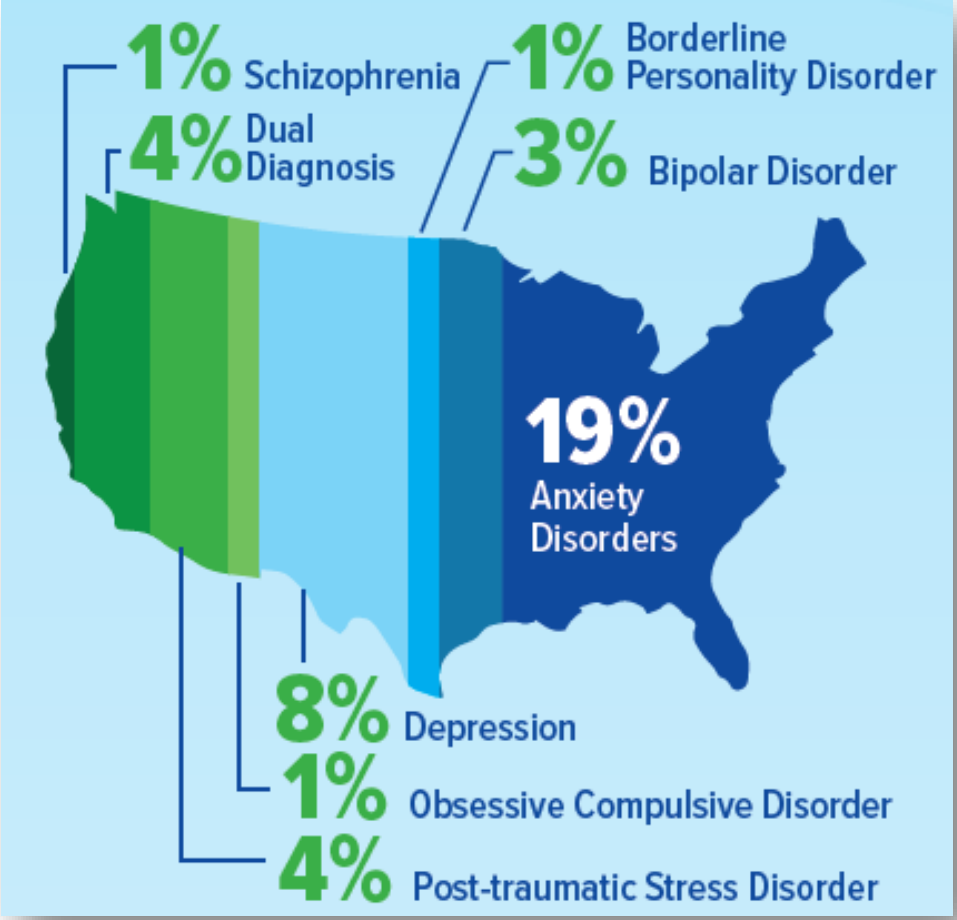
Statistics 2019 to present

Mental health by the numbers

- 1 in 5 U.S. adults experience mental illness (MI)
- 1 in 20 U.S. adults experience serious mental illness (SMI)
- 17% of youth (6 – 17 years) experience a mental health disorder
- Suicide 2nd leading cause of death people aged 10 – 34 years

Data from CDC, NIMH and other select sources

12 month prevalence of common mental illnesses (all U.S. adults)



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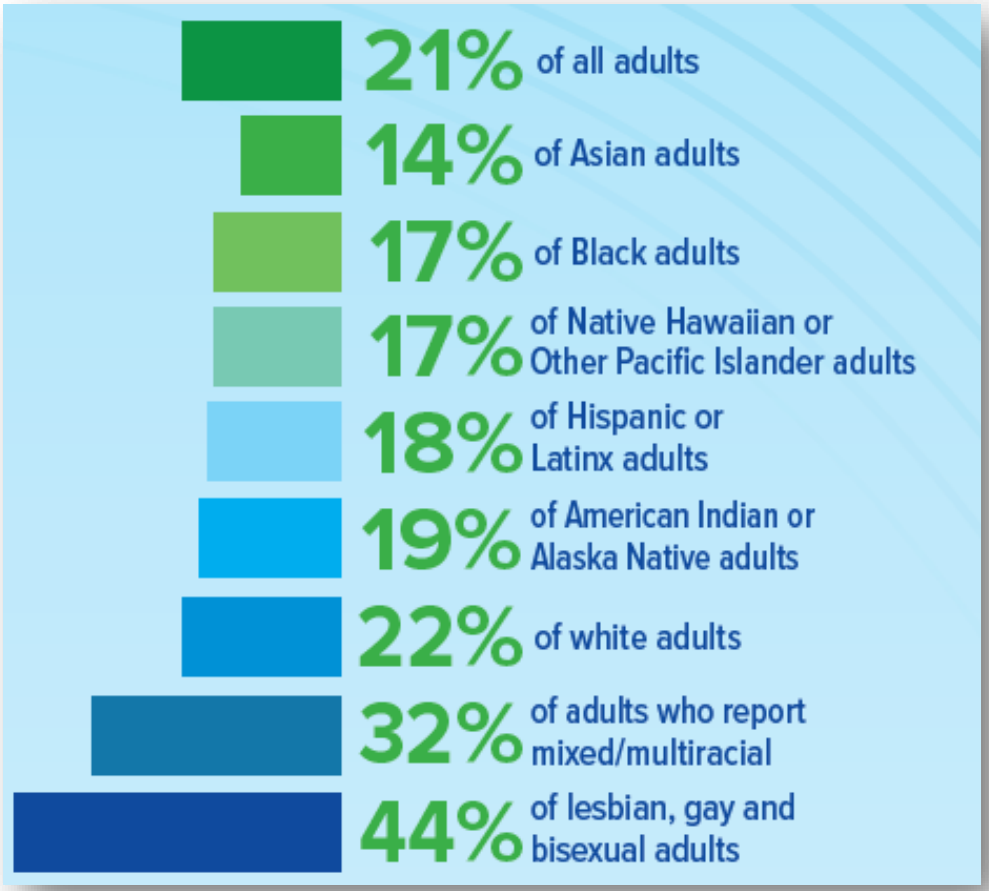


Data from CDC, NIMH and other select sources

Mental health care matters

In 2019:

- 43.8% U.S. adults with MI received treatment
- 65.5% U.S. adults with SMI received treatment
- The average delay between onset of mental illness symptoms and treatment is 11 years

Mental health care matters, con't.

In 2019:

- 10.9% of U.S. adults with mental illness had no insurance coverage
- 11.9% of U.S. adults with serious mental illness had no insurance coverage
- 60% of U.S. counties do not have a single practicing psychiatrist

Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Ripple effect of mental illness

Member (Person)

- With depression: 40% higher risk of developing cardiovascular and metabolic diseases
  - Those with SMI twice as likely to develop these conditions
- 18.4% U.S. adults with mental illness experience substance use disorder (SUD)

Ripple effect of mental illness, con't.

Member (Person)

- Unemployment: Higher among U.S. adults with MI (5.8%) compared to those who do not have MI (3.6%)
- High school students with significant symptoms of depression: more than **twice as likely** to drop out compared to their peers

Ripple effect of mental illness, con't.

COMMUNITY

- 1 out of every 8 ER visits by U.S. adults: mental illness and/or SUD (estimated 12 million visits/year)
- Yearly lost earnings due to SMI: **$193.2 billion**
- 20.5% of people experiencing homelessness in U.S. have a SMI

Ripple effect of mental illness, con't.

COMMUNITY

- 37% incarcerated adults in the state/federal prison system have a diagnosed mental illness
  - 70.4% of youth in the juvenile justice system: diagnosed mental illness
- 41% of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder

Ripple effect of mental illness, con't.

WORLD

- Depression and anxiety disorders cost the global economy $1 trillion in lost productivity each year
- Depression is a leading cause of disability worldwide
- Suicide worldwide: 2nd leading cause of death, 15 – 29 year olds
  - 800,000 suicide deaths worldwide per year

IOWA

Healthy People 2020

(2014 – 2017)

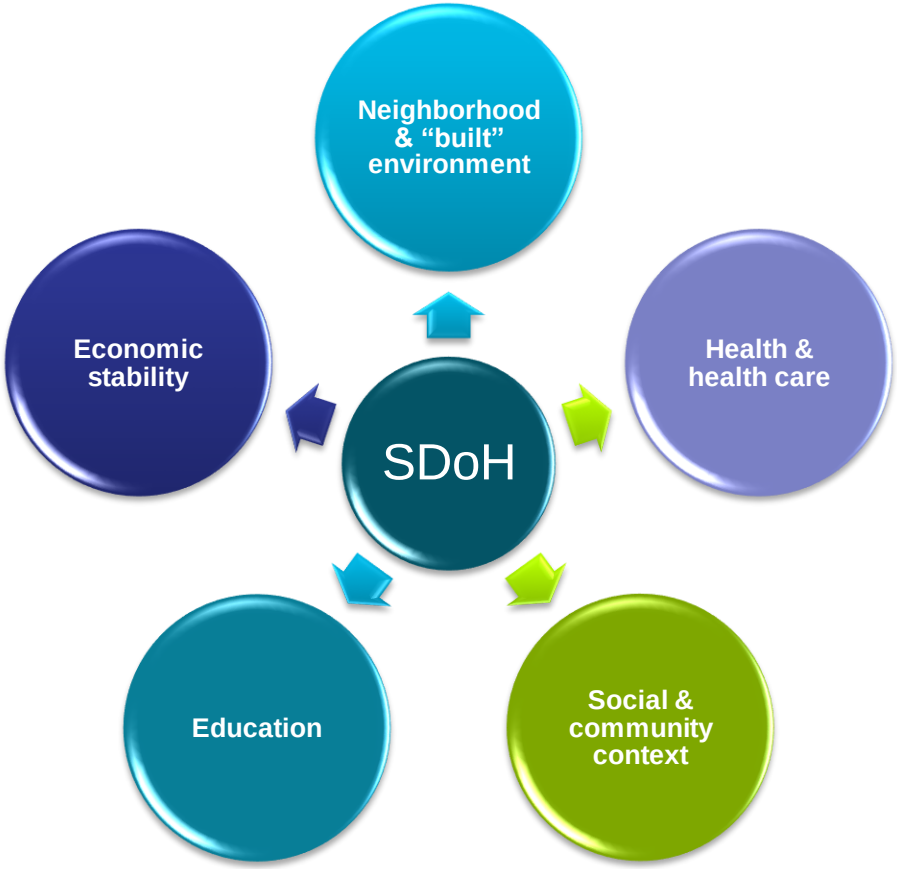
How does Iowa compare to the U.S. statistics?

Healthy People 2020 Objective	2014		2015		2016		2017	
Reduce suicide rate (per 100,000 population)	US	IA	US	IA	US	IA	US	IA
	13.0	12.9	13.3	13.9	13.5	14.6	14.0	15.0
Reduce proportion adolescents (aged 12-17) Experienced major depressive episodes	US	IA	US	IA				
	9.8	9.6	10.9	11.2				
Adults aged 18 yrs. & older; experienced major depressive episodes	US	IA	US	IA				
	6.7	6.8	6.7	6.3				

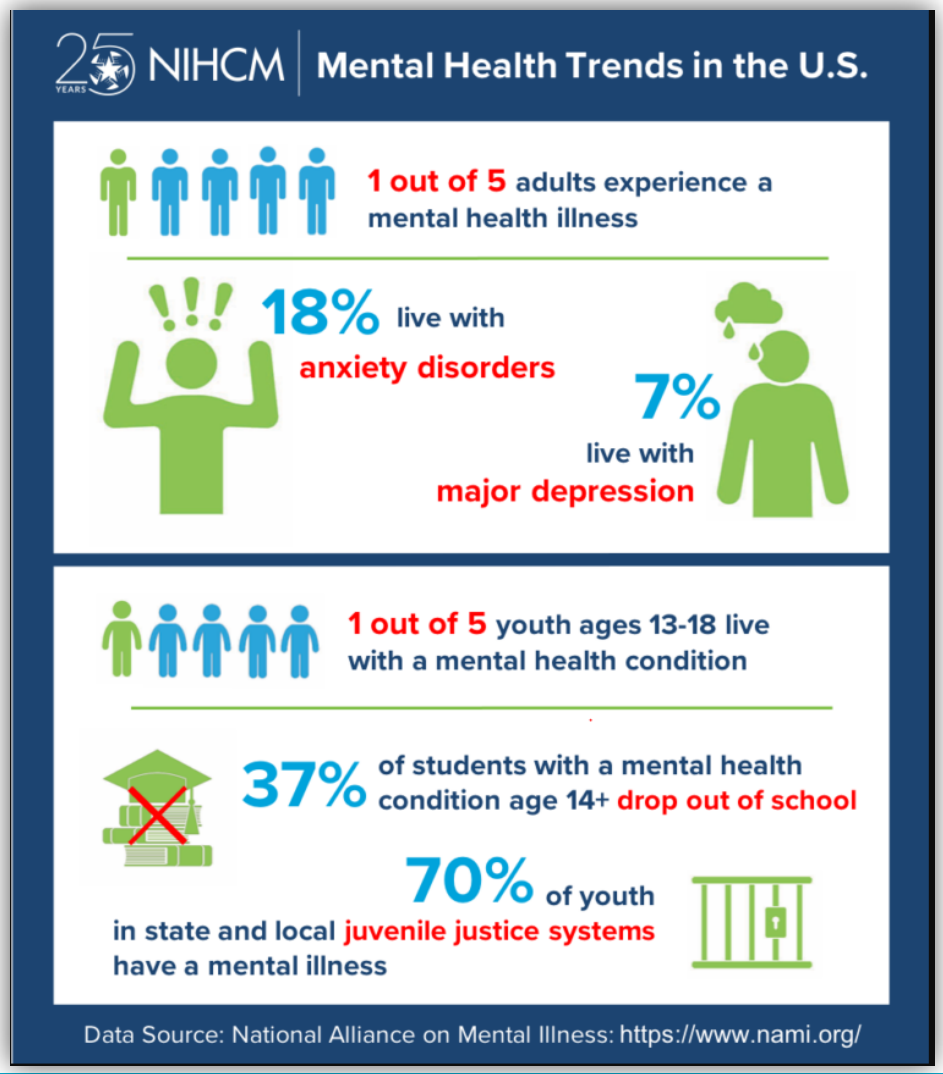
Goal for all objectives: numbers should ↓

SOCIAL DETERMINANTS OF HEALTH (SDOH)

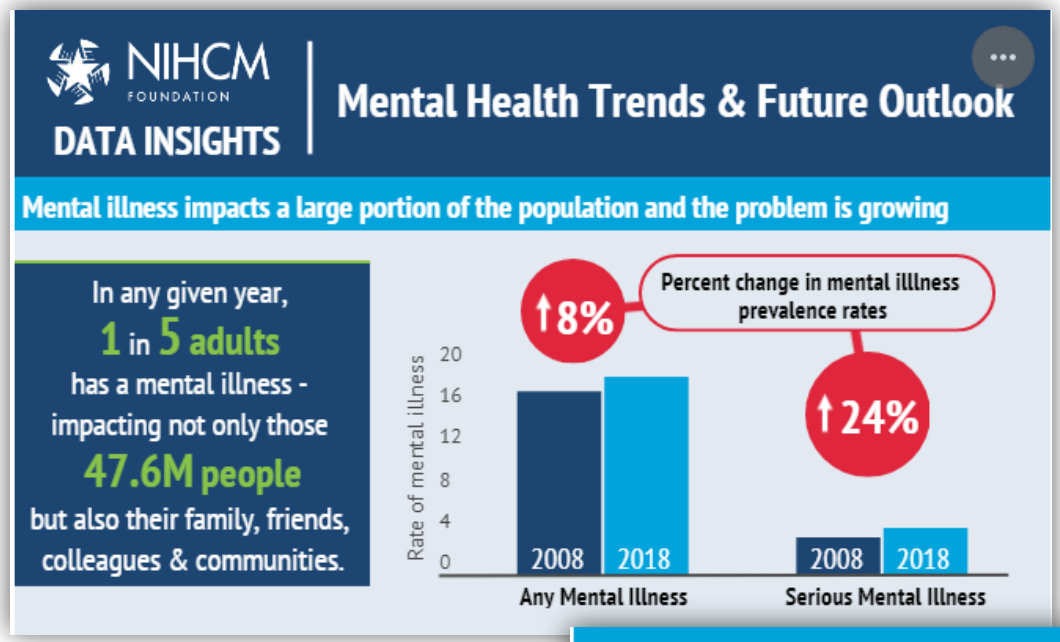
SDoH: What are they?

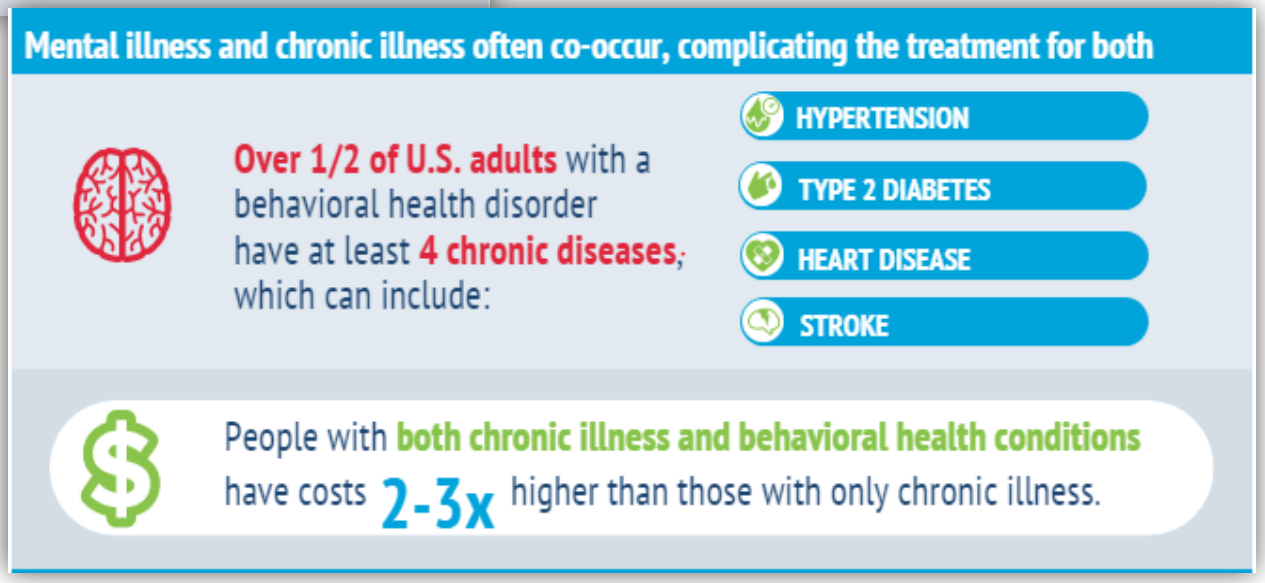


SDoH: Impact on mental illness



SDoH: Impact on mental illness, con't.





Impacting SDoH

- Economic circumstances
    - Neighborhoods and housing
  - Increased access to affordable housing, with “range” of housing programs for those with MI
- Physical Environment
    - Green spaces
  - Increased green space: encourage exercise, promote social interaction, and create safe spaces, free of crime and traffic

Impacting SDoH

- Neighborhood cohesiveness
  - Support community living and recreational activities
  - Community gardens
  - Community centers
- Healthy food options
  - Nutrition and diet awareness
  - Business incentives for supermarkets
  - Farmer’s Markets

Impacting SDoH, con't.

- Meaningful work and recovery
  - Meaningful activity and means of supporting oneself
    - Supported employment
    - Volunteer work
    - Internship
    - Temporary work
    - Part – time employment
    - Full – time employment
    - Self - employment

Impacting SDoH, con't.

- Mental illness and criminal justice system
  - Innovative solutions
    - Divert individuals OUT of criminal justice system to appropriate care
      - Incarcerations reduced or avoided
    - Share information across health, social and criminal justice system
    - Coordination of information with Department of Veteran's Affairs (VA)
      - Divert veterans from cycling through criminal justice system

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Impact of COVID -19

Moving forward post – COVID

COVID – 19 effects on those with mental health disorders

- Lifestyles that increase their risk for contracting the virus
  - Housing conditions
  - Access to information
  - Substance use
  - Smoking rates

COVID – 19 effects on those with mental health disorders, con't.

- More underlying health conditions that raise risk for more serious case of virus
  - Asthma
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Diabetes
  - Hypertension (HTN)
  - Heart disease
  - Poor cholesterol

COVID – 19 effects on those with mental health disorders, con't.

- Challenges unique to those with SMI/SED:
  - Food insecurity
  - Stable housing/homelessness
  - Jobs/income
  - Natural/social supports

COVID – 19 effects on those with mental health disorders, con't.

- Challenges unique to those with SMI/SED:
  - Healthcare access
  - Comorbid conditions
  - Medications

Children with SED and effects of Covid – 19

- Academically
- Referrals to child protective services
- Increased isolation, depression, anxiety
- Decreased engagement
- Increased emotions/worries

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Changing the numbers

Opportunities for improvement and member engagement

Engaging the member/family

- Connect information/skills with personal and recovery goals
  - Set goals with member
  - Identify member crisis “triggers”
  - Create and Implement crisis plan

- Promote hope and positive expectations
  - Past successes
  - Member strengths and abilities
  - Taking steps towards new/current goals

Engaging the member/family, con't.

- Re-frame past experiences in a positive
  - Member strengths
  - Member resourcefulness
  - Coping strategies previously used

- Address member's practical needs
  - Housing
  - Finances
  - Work
  - Family dynamics

Engaging the member/family, con't.

- Low – intensity techniques
  - Minimize wait time until first appointment
  - Use "reach out" techniques
    - Health home to call member and remind them of upcoming appointments
    - Reminder letters
    - Follow up on all referrals
    - Involvement of peer/family support specialists
    - Link to community resources and agencies

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Integration of services

Integrating behavioral health and physical health

Physical and mental health integration

Integrated treatment model: one visit, one setting, treat physical and behavioral health

- Evidence – based practice
  - Shared decision – making
  - Integration of services
  - Comprehensive
    - Reduces fragmentation of services
  - Community outreach
  - Positive health outcomes and cost - effective

Integration of services, con't.

Provide shared decision – making opportunities

- Learn about their illness.
- Recognize a decision needs to be made.
- Understand pros/cons of options.
- Have information/tools.
- Are better prepared to talk.
- Collaborate with their health care team.
- Are more likely to follow through.

Integration of services, con't.

Shared decision – making tips

- Invite member to participate
- Present options
- Provide information on risks/benefits
- Assist member with evaluating options
- Facilitate discussion/decision making
- Assist member with follow through

Integration of services, con't.

Person – centered care: Care they need, when they need it!

- Participate and engage in treatment with providers
- Based on member needs, wants, preferences
- Decreases healthcare system navigation issues
- Increases preventive services and care
- Early intervention for co-occurring physical conditions
- **Reduces stigma and saves lives!**

Integration of services, con't.

Comprehensive:

- Identify member's risk factors
- Develop a care plan post-discharge
- Referrals/assistance to access providers
- Coordination of care
- Monitoring
- Continuity of care
- Follow-up
- Documentation

Integration of services, con't.

Community outreach and integration

- Assist members access self-help & peer/family support services
- Advocacy for members/families
- Education: concerns of member
- Education/training: self-management of chronic diseases
- Family support services

Integration of services, con't.

Community outreach and integration

- Assist members access self-help & peer/family support services
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Integration of services, con't.

Community outreach and integration

- Identify/develop social support networks
- Assist with medication/treatment management/adherence
- Identify community resources to reduce barriers
- Link/support for community resources, insurance assistance, waiver services

Integration of services, con't.

Chronic Condition Health Homes:

Working with your members

- Recognize behavior changes
- Integration of services
- Referrals
- Health support
- Medication/treatment adherence

Wrap - up

- Assess and reassess
- Member – centered care/treatment plan
- Referrals
- Monitoring and follow – up

Questions?

Open Discussion

Thank you!