

Addressing Social Determinants for Individuals with Serious Mental Illness: The Experience of an Arizona Managed Care Program

Blythe FitzHarris, Ph.D, LCSW

Mercy Care

Chief Clinical Officer

Mollie Hertel, AM, MPP

NORC at the University of Chicago

Senior Research Scientist

Bridget Whaley, BA

NORC at the University of Chicago

Research Analyst

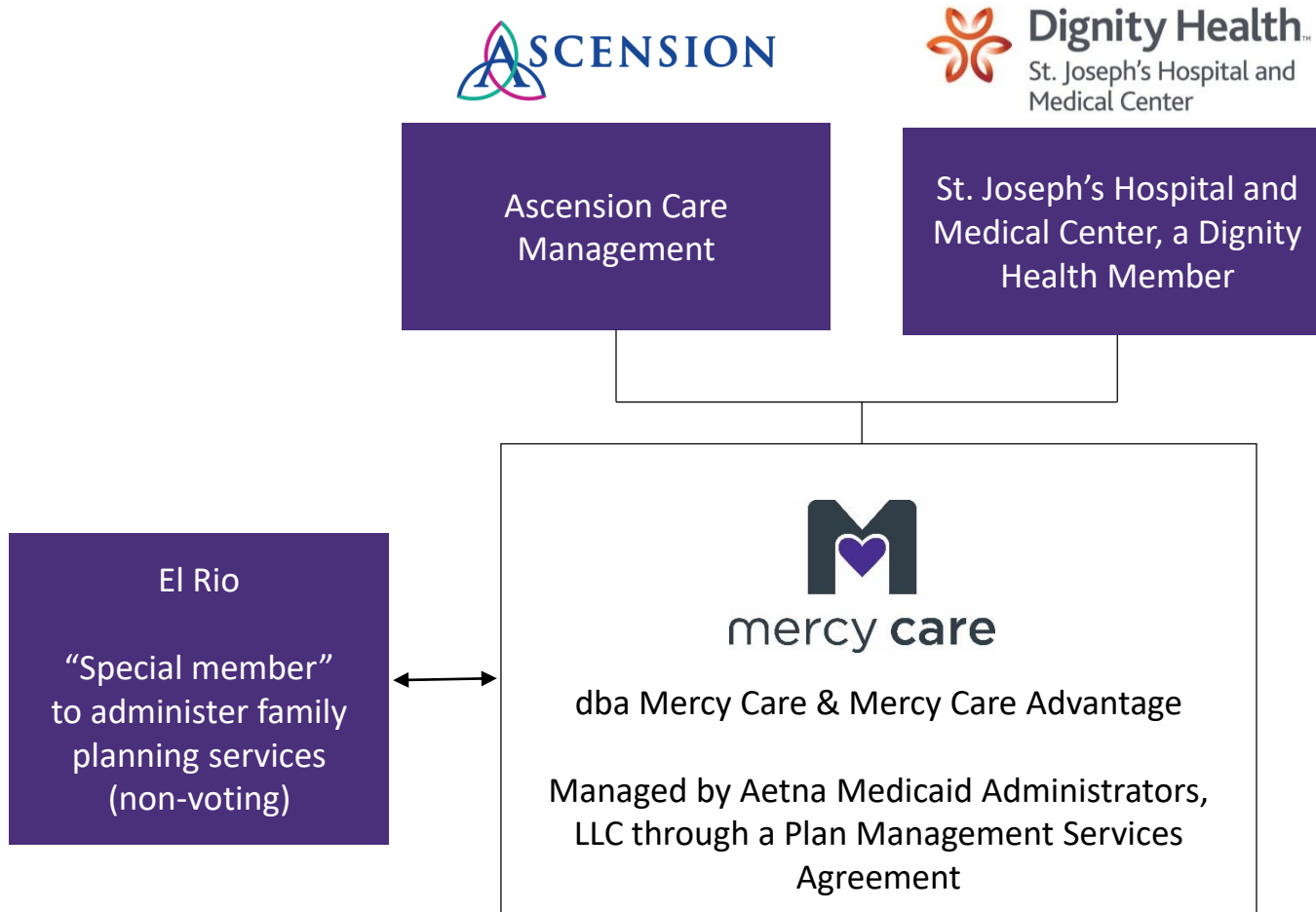
Agenda

- **Background**
 - History of Mercy Care
 - Serious Mental Illness (SMI) and Social Determinants of Health (SDOH)
- **Overview**
 - Services addressing social determinants in a managed care environment for individuals with SMI
 - Evolution of integrated care and social determinants focus
 - System, Provider, Individual level Interventions
- **Research**
 - Overview of studies
 - Findings on cost, utilization, and member experience
 - Lessons learned
- **Looking toward the future**

What is Mercy Care?

(Previously Mercy Maricopa Integrated Care)

Mercy Care Sponsor Structure



What are SMI and SDOH?

What is Serious Mental Illness?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines SMI as “having, at any time during the past year, a diagnosable mental, behavioral, or emotional disorder that causes functional impairment that substantially interferes with or limits one or more major life activities.”

- Approximately 26 percent of adults who are homeless and staying in shelters live with an SMI, and approximately 24 percent of state prisoners have “a recent history of a mental health condition.”
- Individuals with SMI are also at an increased risk of having chronic medical conditions, and, as a result, die an average of 25 years earlier than the general population, largely due to treatable medical conditions.

What are social determinants of health?



“The social determinants of health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”

Source: World Health Organization; Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health*. www.who.int/social_determinants/thecommission/fianreport/en. Published 2008.

Who does Mercy Care serve? & Why the focus on SDOH in Arizona?

Populations Served

Population	Program	Eligible
Medicaid-eligible individuals with a Serious Mental Illness (SMI)	Integrated physical, behavioral health and substance abuse services	22,379
Medicaid-eligible individuals with general mental health/substance use needs	Behavioral health and substance use services	418,048
Medicaid-eligible children	Behavioral health and substance use services, case management for high needs children	455,968
Total membership		896,394
Non-Medicaid-eligible individuals with a Serious Mental Illness	Behavioral health and substance use services, housing, and supported employment	6,552

Any of the 4M Maricopa County residents, and visitors, are eligible for crisis services

Evolution of integrated care and focus on social determinants

Interest from the state on integrated care

- RFP to deliver integrated services for adults determined to have SMI, per Arizona criteria
- Increased data sharing opportunities on both physical health and behavioral health service delivery to identify and implement interventions for high risk members

Arnold v. Sarn

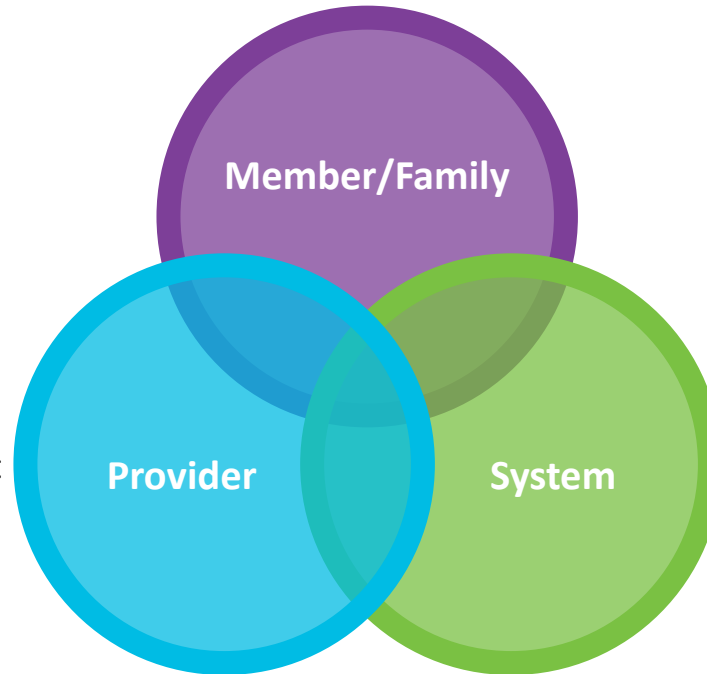
- Settlement of 30-year class action lawsuit over the course of two years

**How does Mercy Care
intervene at system,
provider, and individual,
levels?**

Intervention areas

Member/Family Interventions

- Screening/assessments
- Care management/case management approaches
- Medicaid-covered support services
- Member/family training focused on recovery
- Use of Peer Supports
- Voice, choice and empowerment



Provider Interventions

- Contract requirements
- Value-based contracting
- Technical assistance
- Function as a stakeholder in system level interventions
- Service delivery focused on Evidence- Based Practice (EBP)

System Interventions

- Use of analytics
- Place-based interventions to address SDOH
 - Neighborhoods & health
 - ZIP code vs. genetic code
- Formed partnerships
 - Cities, counties, Dept. of Housing, vocational rehab
 - Leverage funding, braded funding opportunities
 - Collaboration agreements

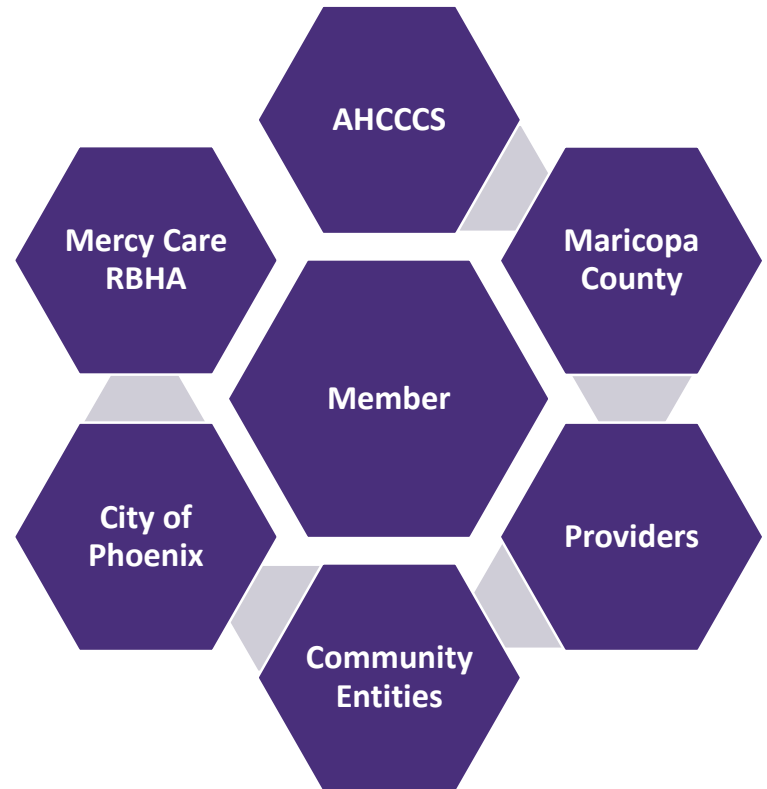
Intervention – Systems

Government

- State, County, and City level collaboration
- Strategic resource sharing to expand housing

Community level

- Outreach to community members and organizations
 - Clinic and provider engagement
 - Forums for community feedback
- Continuum of Care and Coordinated Entry support focus on homeless population



Interventions - Provider

- Contract requirements
 - Ensuring Evidence-Based Practice (EBP) service requirements were outlined in contracts
 - Relies on member choice to receive services, self-identified
 - Monitoring to evidence-based fidelity standards
 - Technical assistance and training
 - Interventions focused on outcomes and members taking active role in recovery
- Data sharing and Value-based contracting
 - Increased information available on integrated population
 - Focused on clinical outcomes for each EBP
 - System partnership in addressing SDoH

Member Interventions

Assertive Community Treatment (ACT)

- Small transdisciplinary team of approx. 13 staff serving 100 members
- Community-based intervention which provides comprehensive care with a wide array of treatment services
- Available 24/7
- Some have PCP on staff to provide increased coordination for medical issues
- ACT Teams fit their schedule around the members' needs, providing individualized care
- ACT provides members whichever services and supports they need as long as they need them

Permanent Supported Housing (PSH)

Services

- Person-centered and focused on assisting the member to live independently and maintain housing
- Uses *Housing First* SAMHSA Fidelity Model
- Services include up to 24 hours of independent living skills training based on the member's needs and preferences
- All services are voluntary

Subsidy

- Member signs lease in the community of their choice
- Has rights of tenancy under state and local landlord tenant laws
- Pays no more than 30% of income towards rent

Supported Employment (SE)

- Zero Exclusion: Eligibility is based on member choice
- Uses SAMHSA Fidelity Model
- Supported Employment services are integrated mental health treatment
- Competitive employment is the goal
- Personalized benefits counseling is important
- Job search starts soon after members express interest in working
- Follow-along supports are continuous
- Member preferences are important

**What work did
NORC undertake?
And why?**

Case Study and Research

Methods

- Four-day site visit
- 25 interviews
 - Community advocates
 - Government officials
 - Mercy Care RBHA staff
 - Providers
- Qualitative Analysis
- Quantitative Analysis (encounter and claims data)



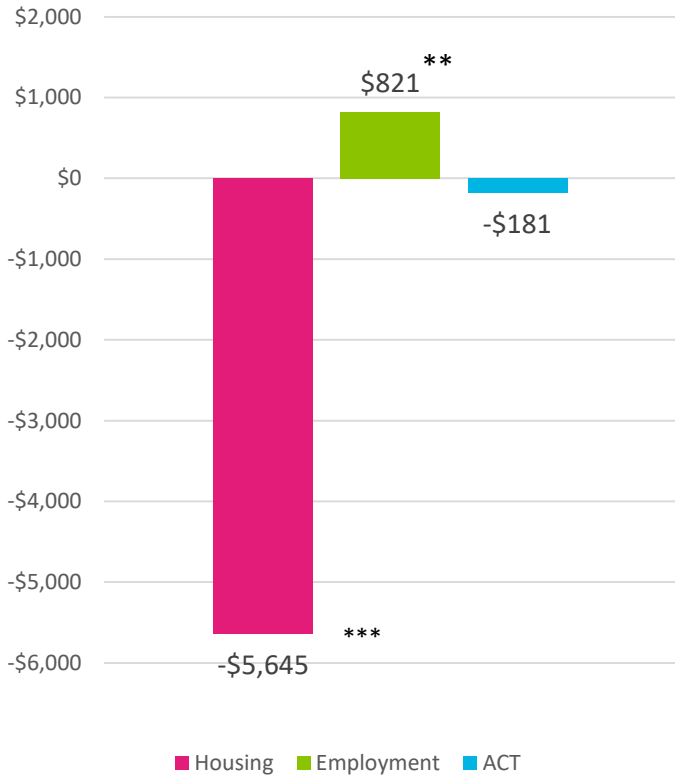
Study Population

	Study Members	Average Length of Program Enrollment
Supportive Housing	606	7 months
Supportive Employment	649	7.5 months
Assertive Community Treatment	834	13 months

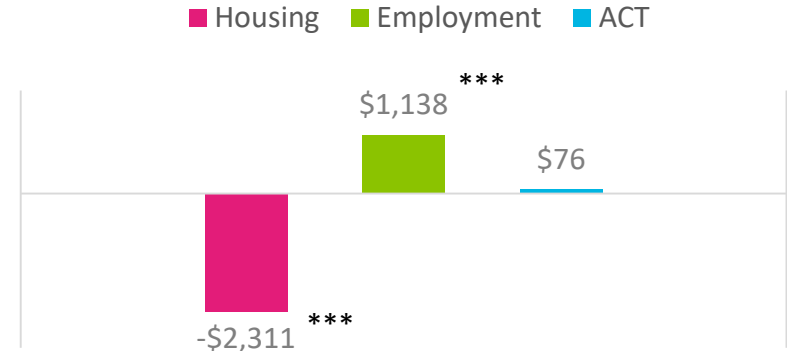
What did NORC find?

Results - Costs

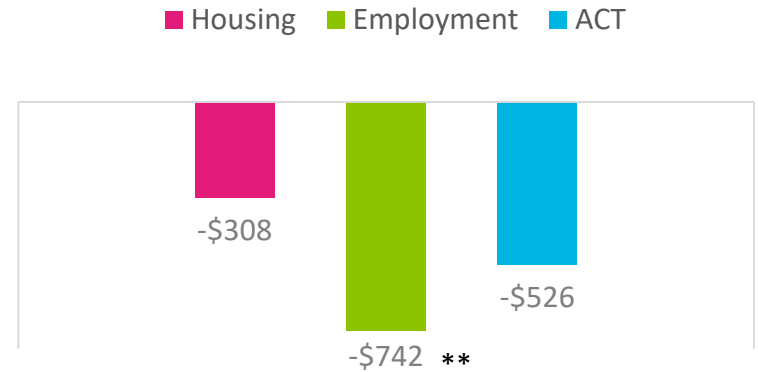
TOTAL BEHAVIORAL HEALTH COSTS, PER MEMBER PER QUARTER



BEHAVIORAL HEALTH PROFESSIONAL COSTS, PER MEMBER PER QUARTER



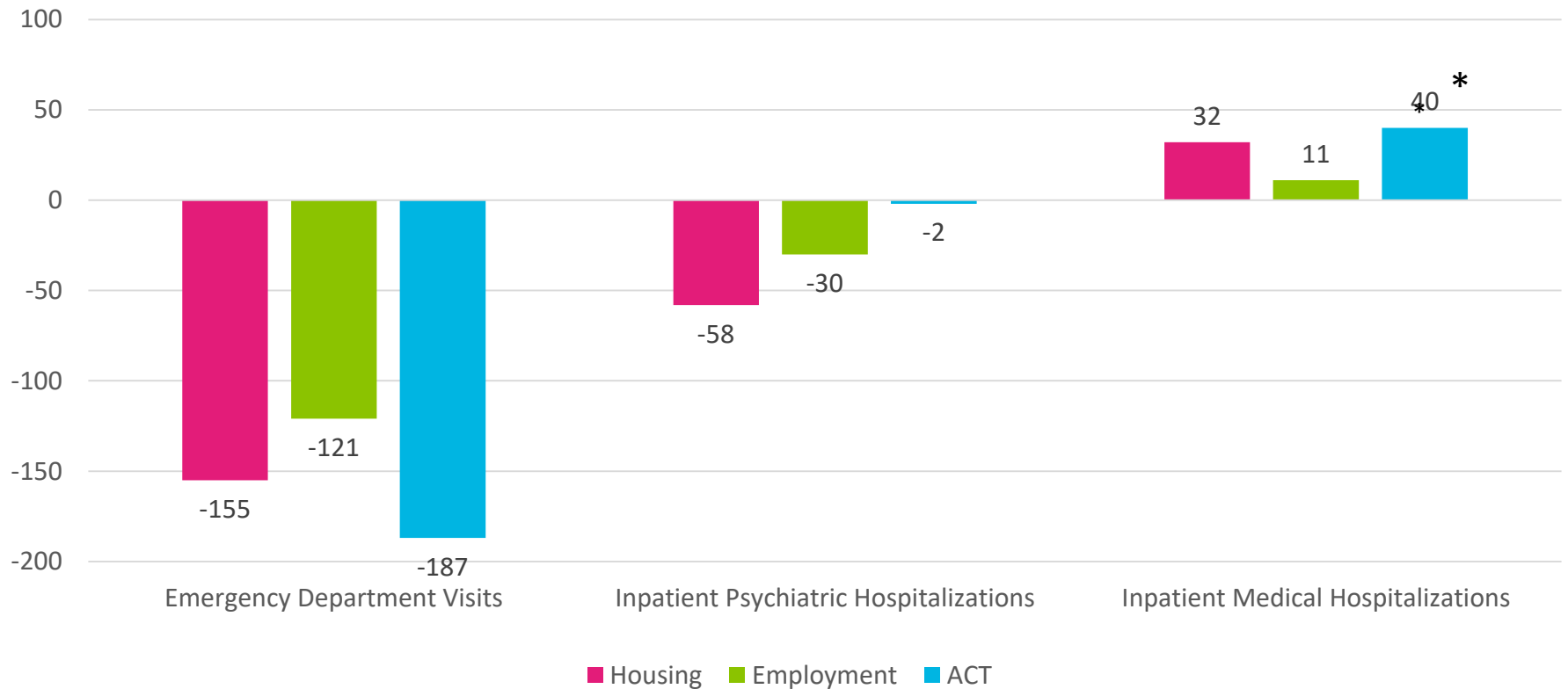
BEHAVIORAL HEALTH FACILITY COSTS, PER MEMBER PER QUARTER



Note: *p<0.10, **p<0.05, ***p<0.01.

Utilization Outcomes—Comparison Group Results

(per 1000 members per quarter)



Note: *p<0.10, **p<0.05, ***p<0.01.

Findings – Changes in Service Use

Supported Housing

- 20% reduction in psychiatric hospitalizations**

Assertive Community Treatment

- 8% reduction in psychiatric hospitalization**
- 8% reduction in outpatient emergency department visits*

Supported Employment

- 35% reduction in inpatient hospitalization***

Note: *p<0.10, **p<0.05, ***p<0.01. These findings are pre/post results and do not account for secular trends or non-program related factors that may influence costs.

**How do members
experience the system
and services?**

Member Perspective



Carlos is a 34 yr. old male diagnosed with schizophrenia and substance use disorder. Carlos had been struggling with a long history of self harm and had experienced multiple incarcerations. Upon his most recent justice involvement, Carlos got involved with the FACT team and, once Carlos was approved for probation, the FACT team helped him secure housing. Upon his release, Carlos started working with his FACT team to stay out of the hospital and meet the rules of his probation. Today, Carlos lives independently, is employed, and has not had any further incarcerations or psychiatric hospitalizations.



By her early 40's, Wanda had been receiving SMI services for more than 15 years, struggling with both major depressive disorder and anxiety. Despite years of trying, it was not until Mercy Care took over as the RBHA that Wanda was able to access housing and employment services, which allowed her to overcome her criminal background to become a paralegal at a law firm. With the help of Mercy Care's robust set of supportive services, Wanda is now on her way to law school.

Lessons Learned

- ✓ **Be Person-Centered** -- Collaborative partnering shown by shared decision-making about priorities, goals, and who's going to do what, when
- ✓ **Strengthen and Maintain Stakeholder Partnerships** -- MOUs/SOWs clarify roles and responsibilities of all stakeholders: local and state government, providers, and the local network of community-based organizations
- ✓ **Nurture and Sustain Good Communication** – Change Management processes include all stakeholders, identifying and reconciling differences, getting to consensus and sharing accountability for results
- ✓ **Be Strategic with Resources:** Make the best use of all available resources, including those that many stakeholders may not even be aware exist

Comments from Qualitative Interviews

“The case managers of the clinics often have high caseloads and there is a lot of turnover, and so you can have somebody that’s never met their case manager, and it’s hard to keep somebody stable in supportive housing when they have complex behavioral health needs but no service person that’s actually talking to them and working with them.”

— Program provider

“It’s that attitude of aligning with the community priorities that in the past we never saw.”

— Provider

“[We] had to learn housing very, very quickly because there were millions of dollars that needed to be allocated... there was a learning process that many of us had to go through to learn about vouchers, and also learn about the other funding streams that were not even a part of the housing community.”

— Mercy Care RBHA staff

“I can go to any community meeting now and everyone will say it’s a complete 180° and that the relationship with MMIC and having MMIC at the table is probably one of the best changes in our community that we’ve had in the last couple of years.”

— Government official

**What are the challenges
and successes Mercy Care
experienced during this
expansion?**

Challenges



- Resource Limitations



- Communication



- Staff retention

- Data sharing and reporting

Successes



- *Arnold v. Sarn and State Initiatives*
 - Successful expansion of members served in programs



- Provider engagement
 - Fidelity ratings improved dramatically
 - Positive feedback from providers
 - Increased focus on the utilization of data to drive interventions and program development



- Strong partnerships
 - Strengthening of social safety net through collaboration
 - Innovative use of funds



- Staff expertise supported expansion

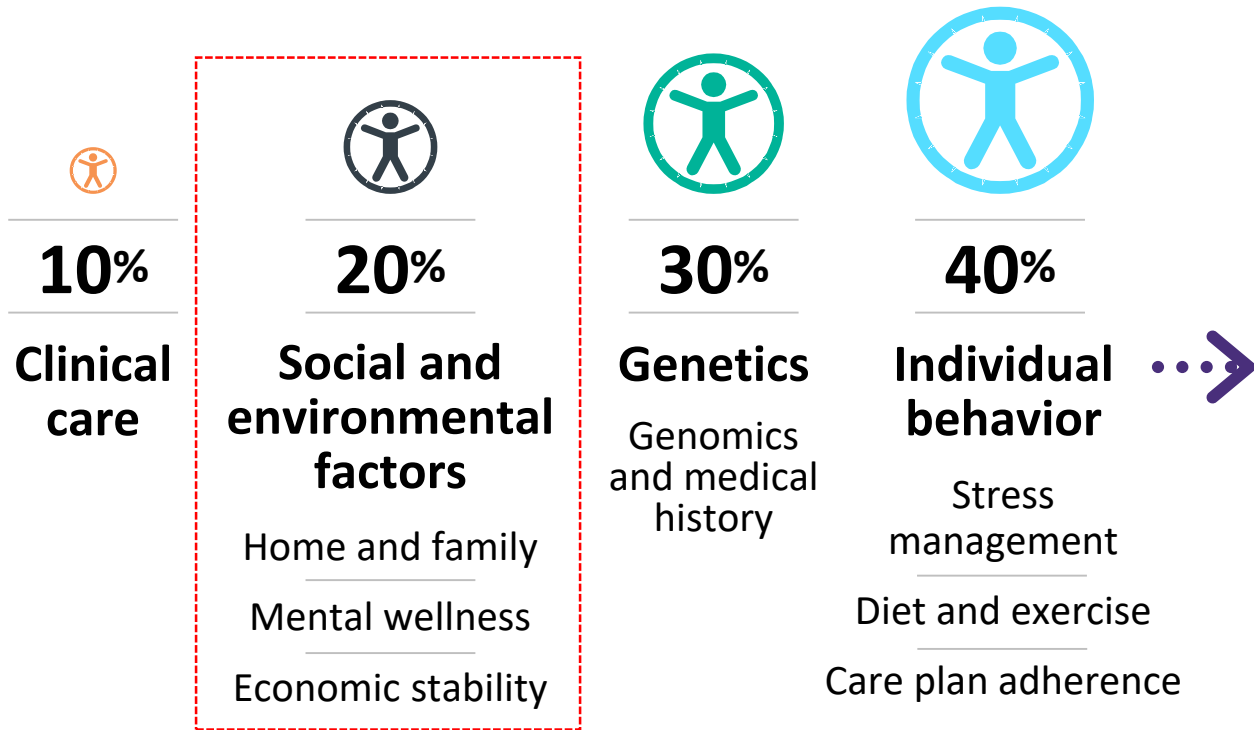
What's next for Medicaid in Arizona?

Arizona focus in the near future

- Expansion of integrated plans to additional populations and infrastructure support
 - Arizona Complete Care – integrated plan for GMHSU adults and children starting 10/1/18
 - Targeted Investment financial incentives to eligible AHCCCS providers to develop systems for integrated care.
 - Integrated RFP currently in process for DDD populations with go live Fall 2019 and 2nd phase Fall 2020
- Focus on increased partnerships with community stakeholders and addressing SdoH
 - opioid epidemic
 - special populations (such as children in child welfare, members involved in the justice system, increased partnership for coordinated care with schools, employment and other state agencies)

The future of health care: moving to holistic health

FACTORS THAT IMPACT PREMATURE DEATH



Opportunities to impact health

- Actively manage chronic conditions
- Engage healthy members
- Address consumers' biological, social, and psychological needs

Kaiser Foundation: "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity" 2015

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Final Reports



ACT

Employment



Housing

Case Study



Find the reports:

- <https://www.mercymaricopa.org/NORC-study>
- <https://news.aetna.com/2018/02/partnership-and-promise-improving-the-health-of-a-community/>

Thank You

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Questions?

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