



Experiences of Adults and Children in the Iowa Medicaid Integrated Health Home Program

Changes in member experiences from 2014 to 2015

Suzanne Bentler
Assistant Research Scientist

Tessa Heeren
Research Assistant

Brooke McInroy
Survey Research Manager

Elizabeth Momany
Assistant Director, Health Policy Research
Program
Associate Research Scientist

Peter Damiano
Director, Public Policy Center
Professor, Preventive and Community
Dentistry

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Executive Summary

Background

The Iowa Integrated Health Home (IHH) initiative began on July 1, 2013 as a partnership between the Iowa Department of Human Services (DHS) and Magellan Behavioral Care of Iowa, a private health management company that had managed the Iowa Plan for Behavioral Health (Iowa Plan) since 1995. The purpose of an IHH is to provide whole-person, patient-centered, coordinated care for adults with serious mental illness and children with a serious emotional disturbance. The IHH represents an adaptation of the evidence-based practices of the health home model to incorporate a focus on behavioral care for individuals with serious psychological conditions.

For this report, structured telephone interviews were conducted with 272 adults and 321 parents/legal guardians of children who were enrolled in the IHH in 2015. Interviews were administered during the period from October 2 – December 21, 2015. These interview results reflect the experiences of IHH adults and parents after the IHH programs had been in operation for over a year.

Adults in the IHH program

General Points

- IHH adults continue to have high levels of self-reported mental and physical health problems; with 54% of IHH adults reporting *fair* or *poor* physical health and 40% reporting *fair* or *poor* mental health in 2015.
- The most needed health services reported in 2015 included routine health care (81%), mental health counseling (70%), specialist care (50%), dental care (49%), preventive services (46%), urgent care (39%), and assistance managing a chronic health condition (37%).
- Almost one-half reported a need for transportation assistance (46%) and over one-third had need for food or clothing assistance (39%).

The following are some of the programmatic successes, areas of improvement in member experiences from the 2014 assessment, and potential areas for improvement.

Successes

- **IHH helped members obtain needed services.** For the majority of services, when they were assisted by their IHH, they got the needed service.
- **Satisfied with information about goals.** For those who worked with their IHH to set goals, the vast majority (92%) continue to be satisfied with the information provided to them by their IHH.
- **Crisis management.** The majority of IHH adults (83%) reported being better able to deal with a crisis since they began working with their IHH team.

Improvements from 2014

- **IHH helped members to obtain preventive and social support services.** For several preventive, mental health, and social support service areas, when IHH adults needed a service and were assisted by their IHH, they were more likely to get the service than if they were not helped by their IHH. Specifically, the IHH was helpful to IHH adults in obtaining nutrition counseling (100%), exercise/physical activity assistance (89%), weight loss counseling (92%), smoking cessation (88%), mental health counseling (97%), crisis assistance (94%), home health care (97%), food/clothing assistance (100%), and transportation assistance (92%).
- **Transitional Care (Emergency Room Visits & Hospital Stays).** There was notable and significant improvement from 2014 to 2015 regarding those who received post-emergency room visit follow-up (27% in 2014 to 43% in 2015) and post-hospital stay follow-up (36% in 2014 to 53% in 2015 from their IHH (Figure 6).
- **Mental health status improved.** The self-reported mental health status improved for the IHH population from 2014-15. Concurrently, the reported need for counseling declined while the proportion receiving IHH services remained the same. This could reflect:
 - An improvement in the mental health status as a result of better management of the mental health-related issues in this population AND/OR

- The more recent enrollees into the IHH program are healthier compared to the first members of the IHH program whose illnesses were more severe.

Areas for improvement

- **Program Awareness.** Awareness of the IHH program and IHH team continued to be good in 2015, ranging from 76% who were aware of having a peer support counselor to 88% who knew they were enrolled in the program, but could be higher (Figure 3).
- **Care prior to going to an ED or a hospital.** A relatively small proportion of members contacted the IHH prior to going to the ED or the hospital for care. This is particularly important since over one-third of the members indicated that their ED care could have been provided outside of an emergency department. The proportion receiving post-ED and post-hospital follow-up care did improve however.
- **After-hours Access.** While the majority reported knowing how to access their IHH after regular business hours (69%), of those who tried to get help after hours, only 59% reported usually or always getting help. These results were almost equivalent to 2014 reports.
- **Proportion receiving prevention assistance:** Less than half of IHH members who reported need for 3 key prevention activities (exercise/physical activity, weight loss counseling, and smoking cessation) received assistance from the IHH when trying to address those needs. This is important because those who received assistance from the IHH were more likely to get the help they needed.

Parents of Children in the IHH

General Points

- The majority of IHH children (60%) were reported to be in very good or excellent physical health but only 23% had very good or excellent mental health.
- The health and support services reported to be most needed by IHH children included family or child counseling (77%), routine health care (76%), dental care (67%), emotional support (62%), preventive care (47%), and social skills training (47%), urgent care (39%), school support (38%), assistance managing chronic conditions (37%), and specialist care (34%).

The following are some of the programmatic successes, areas of improvement in member experiences from the 2014 assessment, and potential areas for improvement.

Successes

- **IHH and care coordinator awareness.** Over 90% reported awareness that their child was in the IHH program and that their child's IHH had a care coordinator. This was comparable to 2014 reports.
- **After-hours access.** The majority reported knowing how to access their child's IHH after regular business hours (72%), and of those who tried to get help after hours, 74% reported usually or always getting help.
- **Satisfied with information about goals.** For those who worked with their child's IHH to set goals, the vast majority (96%) were satisfied with the information provided to them by the IHH.
- **Improved crisis management.** 82% reported that they (their child and family) were better able to deal with a crisis since working with their child's IHH team.
- **Received needed services.** For many needed services (particularly the health-related services), when the parents/guardians were assisted by their child's IHH, they got the service.

Improvements from 2014

- **IHH helped parents/guardians to obtain nutritional counseling for their children.** Specifically, when IHH parents/guardians needed nutritional counseling for their children and were assisted by their IHH, they were more likely to get it (100%) than if they were not helped by their IHH (57%) (Table 17).
- **Transitional Care (Emergency Room Visits & Hospital Stays).** Emergency room visits and

hospital stays for children in the IHH were relatively infrequent in the 2015 reports (28% had at least one emergency room visit and 10% had at least one hospital stay). Still, there were notable and significant improvements from 2014 to 2015 regarding those parents/guardians who received post-emergency room visit follow-up (28% in 2014 to 44% in 2015) and post-hospital stay follow-up (57% in 2014 to 90% in 2015) from the IHH about their children's visits (Figure 11).

Areas for Improvement

- **Program Awareness.** Awareness of the IHH program and IHH team was good but could be higher with regard to family peer support specialist (78%) and nurse care manager (81%) awareness.

Background

Under Section 2703 of the Patient Protection and Affordable Care Act (ACA) of 2010, states were given the option to submit a State Plan Amendment (SPA) for the establishment of 'health homes' targeting Medicaid enrollees with chronic health conditions. The Iowa Integrated Health Home (IHH) initiative was launched on July 1, 2013 as a partnership between the Iowa Department of Human Services (DHS) and Magellan Behavioral Care of Iowa (Magellan), a private health management company that managed the Iowa Plan for Behavioral Health (Iowa Plan) since 1995.¹ The purpose of an IHH is to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). The IHH represents an adaptation of the evidence-based practices of the health home model to incorporate a focus on behavioral care for individuals with serious psychological conditions. The aim of the IHH initiative was to create a singular point-of-access for individuals with a mental health diagnosis to obtain coordinated, comprehensive healthcare services across a spectrum of needs and conditions.

As part of the IHH program, care was provided by community-based health homes across the state and DHS contracted with Magellan to oversee IHH services and providers. To be credentialed as an IHH, providers had to meet criteria related to behavioral health accreditation and demonstrate the ability to establish the team of healthcare professionals needed to provide comprehensive care coordination.

Beginning July 1, 2013, five Iowa counties (Linn, Polk, Warren, Woodbury, and Dubuque) began offering services as part of Phase I, with the remaining sites phased in as part of Phase II (April 2014) or Phase III (July 2014) over the succeeding 18 months. Individuals with an SMI or SED already receiving community-based care coordination through the Medicaid service known as Targeted Case Management (TCM) were given a transition period of six months after assignment to an IHH for the complete transfer of care over to the IHH. As of August 2015, more than 24,000 individuals had been enrolled in the program.²

Scope and services

The goal of an IHH is to provide whole-person, patient-centered, coordinated care for individuals with SMI or SED to improve overall health outcomes. Under the stipulations of the program, an IHH is responsible for the following:

Comprehensive Care Management

- Prevention and management of physical and behavioral health problems

Care Coordination

- Establishment of a team of healthcare professionals who support an integrated system of care for the patient
- Involvement of the individual and family in the creation of a goal-oriented and person-centered care coordination plan (CCP)
- Collaboration as needed with community-based or other supportive services

Health Promotion

- Empowerment of individuals and families to make healthier decisions and engage in self-management and monitoring of health status

Comprehensive Transitional Care

- Establishment of a comprehensive discharge plan after emergency department admission or hospital stays, including but not limited to the development of a safety/crisis plan, review of medications, identification of linkages between long-term care and home and community-based services, and ongoing follow-up

1 Magellan of Iowa. (2015). <http://www.magellanofiowa.com/about-magellan-of-iowa.aspx>

2 Iowa Department of Human Services. (2016, January). *Integrated Health Homes*. Available at <http://dhs.iowa.gov/ime/providers/integrated-home-health>

Individual and Family Support Services

- Facilitated access to a network of peer and family peer support specialists

Referral to Community and Social Support Services

- Involvement of and coordination with community agencies and other partners to provide services and supports to individuals and their families

Provider eligibility

To be credentialed as an IHH, providers must be accredited under the Iowa Administrative Code as one of the following:

- A community mental health center
- A mental health service provider
- A residential, licensed group care setting
- A psychiatric medical institution for children (PMIC) facility

Eligible providers can also be those that meet national accreditation standards that apply to mental health rehabilitative services as determined by the Council on Accreditation (COA), the Joint Commission, or the Commission on Accreditation of Rehabilitation Facilities (CARF).³

Providers must also demonstrate the provision of community-based mental health services to the target population and meet other requirements as laid out by the state plan amendment. The IHH is a team-based model for healthcare delivery and the core IHH teams include:

- Nurse care managers
- Care coordinators
- Peer support specialists (for adults) & Family peer support specialists (for children)
- IHH Director
- Supervisor(s)

Member eligibility

Magellan identified adults and children as eligible for IHH services based on a review of behavioral and physical medical claims. Members who were fully Medicaid-eligible and who met diagnostic criteria were IHH-eligible. Magellan then provided the eligible member information to the IHH providers who would then meet with those individuals to determine whether the IHH program was appropriate for them and confirm their enrollment into the IHH. Through this process, potentially eligible Medicaid members were “passively” enrolled into the IHH program. In addition, eligible members could also be identified by IHH providers, community providers, or be self-referred.

Eligibility Criteria for Adults

An adult (18 or older) was eligible for IHH services if he or she was fully enrolled in Medicaid and had a diagnosis meeting the criteria for a serious mental illness (SMI). SMI refers collectively to a subset of diagnosable mental disorders and may include major depressive disorder, schizophrenia and related schizoaffective disorders, bipolar disorder, obsessive-compulsive disorder (OCD), and psychotic disorders.⁴ SMI is characterized by extended impairment in functioning and reliance on psychiatric treatment, rehabilitation, and supports exceeding that required by less severe mental disorders.

Eligibility Criteria for Children

Youth up to age 18 in Iowa were eligible for IHH services if they were enrolled in Medicaid and met criteria for a serious emotional disturbance (SED). A SED is defined as a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet criteria as specified by the most

³ Magellan Healthcare. (2013, April). *IHH Information for Providers*. Retrieved from http://www.magellanofiowa.com/media/426496/provider_ihh_informational_sheet_04302013.pdf

⁴ Iowa Department of Human Services. (2013, April). *Integrated Health Homes for Medicaid Members with a Serious and Persistent Mental Illness*. [PowerPoint slides]. Retrieved from http://dhs.iowa.gov/sites/default/files/20130409CountyCaseMang_Meet_PDF_0.PDF

current edition of the Diagnostic and Statistical Manual of mental disorders (DSM) that has resulted in “functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities.”⁵ A diagnosis of SED may co-occur with substance abuse disorders, learning disorders, or intellectual disorders that may also be a focus of clinical attention.⁴

IHH member experiences

As one part of an overall evaluation of the IHH program in Iowa, surveys were sent to IHH members during the period from October through December of 2015. This report provides a summary of the IHH member experiences with the IHH in 2015 and includes some comparisons to experiences reported by IHH after the first year of the IHH program which was completed on June 30, 2014.

5 Substance Abuse and Mental Health Services Administration. (1993). Final notice establishing definitions for (1) Children with a serious emotional disturbance, and (2) adults with a serious mental illness. Federal Register, 58(96), 29422-29425.

Methods

Structured telephone interviews were conducted with adults and the parent/legal guardians of children who were enrolled in the IHH for at least six months. The interview was administered by trained personnel using a computer assisted telephone interviewing system (CATI) during the period from October 2-December 21, 2015. In this report, we also include data from a survey administered to IHH members in the late fall of 2014. The methods for that study were similar to those described here.⁶

A random sample of 1200 adults and 1200 children identified as IHH members were selected from all possible eligible IHH members. IHH members eligible for the survey had to meet the following criteria:

- Enrolled in the IHH program for at least six months prior to being selected for the sample (September 2015)
- Had a valid phone number
- Were community-dwelling (did not reside in an institutional setting)
- Were 18 years old or older (adult sample)
- Were less than 18 years old (child sample)

Only one person was selected per household to reduce the relatedness of the responses and respondent burden. For the child sample, in households with more than one child enrolled in the IHH, one child was selected at random as the “target child.” The parent/guardian was asked to complete the interview about their experiences obtaining care for this child only.

Prior to initiating the phone calls, introductory letters were sent out to all individuals with a valid address in the sample to explain the study purpose and inform them that they would be receiving a phone call in the coming months. There was a section of the letter that the potential respondent could tear off and mail back in a postage paid envelope to update his/her phone number or indicate a preference for call time. Individuals who returned the note indicating that they did not want to be called were removed from the call list.

Phone interviews began on October 2, 2015. There were a maximum of eight attempted calls per phone number and calls were made between 9 a.m. -8 p.m. Monday through Thursday, 9 a.m.-5 p.m. on Friday, and 10 a.m. to 2 p.m. on Saturdays. Messages were left on the first and eighth attempt providing toll-free number for the call center.

Survey Instrument

The adult interview consisted of 63 structured questions, 2 open-ended questions and an open-ended comment period at the end of the interview. The child interview consisted of 67 structured questions, 2 open-ended questions and an open-ended comment period at the end of the interview. The interview questions for adults can be found in the Appendix A. Interview questions for parents can be found in Appendix B.

Participation

In 2015, phone interviews were completed by 272 adults and 321 parents/guardians of children enrolled in the IHH for unadjusted participation rates of 23% and 27% respectively. After adjusting for enrollees who were not eligible for the study (e.g., invalid phone number, no contact with IHH provider in the last 6 months, did not receive any services in the last 6 months), the participation rates were 37% and 39% respectively (Table 1). Our rate of participation was good considering the difficulties of reaching this particular population.

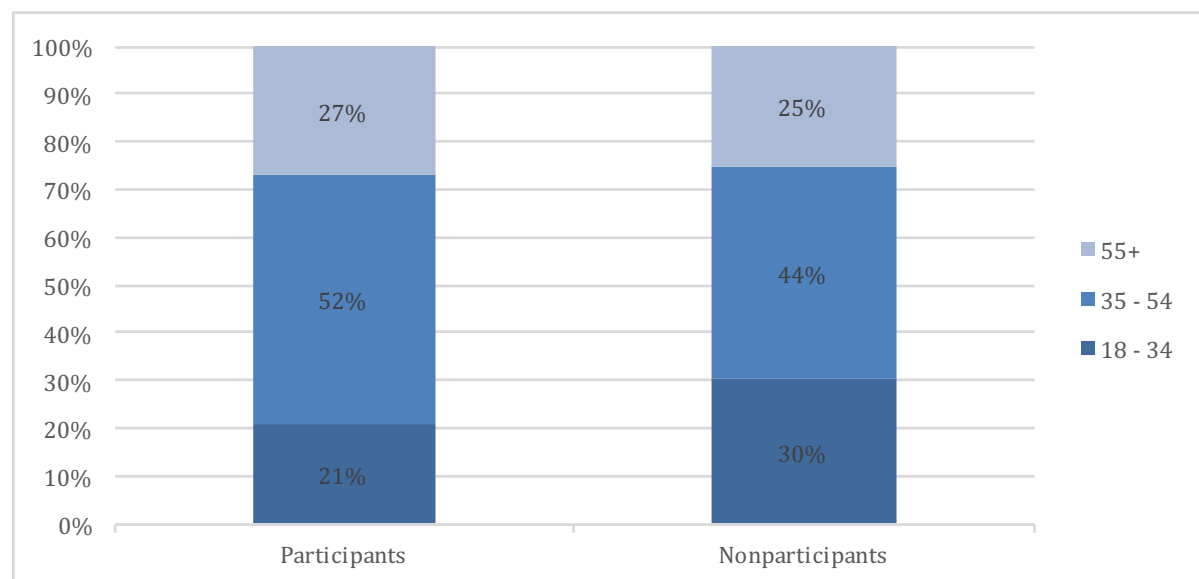
6 University of Iowa Public Policy Center. Evaluation of Iowa’s Integrated Health Homes for Individuals with Serious Mental Illness. “Evaluation of Iowa’s Integrated Health Home: SFYs 2013-2014.” Available at <http://ppc.uiowa.edu/publications/evaluation-iowas-integrated-health-home-sfys-2013-2014>

Table 1. Participation Rates by Sampled Group (2014 & 2015)

	Adults 2014	Children 2014	Adults 2015	Children 2015
Total Sampled	1200	1200	1200	1200
Not Eligible	482	420	463	368
Total Eligible Attempts	718	780	737	832
Refused/Unable to Reach	399	466	465	511
Complete Interviews	319	314	272	321
Overall Participation Rate (Complete/Sampled)	27%	26%	23%	27%
Adjusted* Participation Rate	44%	40%	37%	39%

* Adjusted for ineligibles

Adult IHH members who completed an interview in 2015 were slightly older than those who did not (Figure 1). The mean age of adult participants was 46 and non-participants was 43 and this was a statistically significant difference ($p=.004$). In addition, participants were more likely ($p=.04$) to be female (63%) than non-participants (56%). Participants and non-participants were statistically comparable with regard to income; the average percent poverty level of the participant group was 79.3% and the non-participants was 69.5%.

Figure 1. Age of Adult Participants and Non-Participants (2015)

For IHH children in 2015, there was no difference in the child's gender, age, or household income between the parents/guardians who completed the interview and those who did not.

Analyses

Data was tabulated and bivariate analyses (i.e. chi-square or t-tests for group differences) were conducted using SPSS. Any statistically significant differences ($p<0.05$) are noted in the text, tables, or figures.

Results – Adults in the IHH

Demographics

Table 2 summarizes the demographic characteristics of IHH survey respondents from 2014 and 2015. The age of interview participants in 2015 was comparable to participants in 2014 with around half (52%) between the ages of 35 and 54. The majority of participants were female (63%) but this was significantly less than the percentage of female participants in 2014 (71%). The racial and educational make-up of the participants remained consistent from 2014 to 2015. In 2015, a majority of respondents were white (91%), and most reported completing high school and/or some college (73%).

Table 2. Demographics of Adult IHH members in recent surveys

	% of Participants 2014 (N=319)	% of participants 2015 (N=272)
Age		
18-34	17%	21%
35-54	54%	52%
55+	29%	27%
Female	71%	63%
Race^a		
White	91%	91%
Black	7%	6%
American Indian	4%	<1%
Hispanic/Latino	2%	3%
Asian	< 1%	<1%
Education		
Less than High School	12%	15%
High School/Some College	78%	73%
College Degree or Higher	10%	12%

^a Race categories are not mutually exclusive; therefore, totals may not equal 100%.

Mental and Physical Health

Figure 2 and Figure 3 show results of IHH member self-ratings of mental and physical health, using a standard poor to excellent response scale. Self-reported poor/fair mental and physical health were comparable between 2014 and 2015 but there was a slight increase in mental health reported to be excellent/very good (18% in 2014; 29% in 2015). Around 40% of participants in 2015 rated their mental health as fair or poor while over half (54%) rated their physical health as fair or poor.

Figure 2. Self-Reported Mental Health

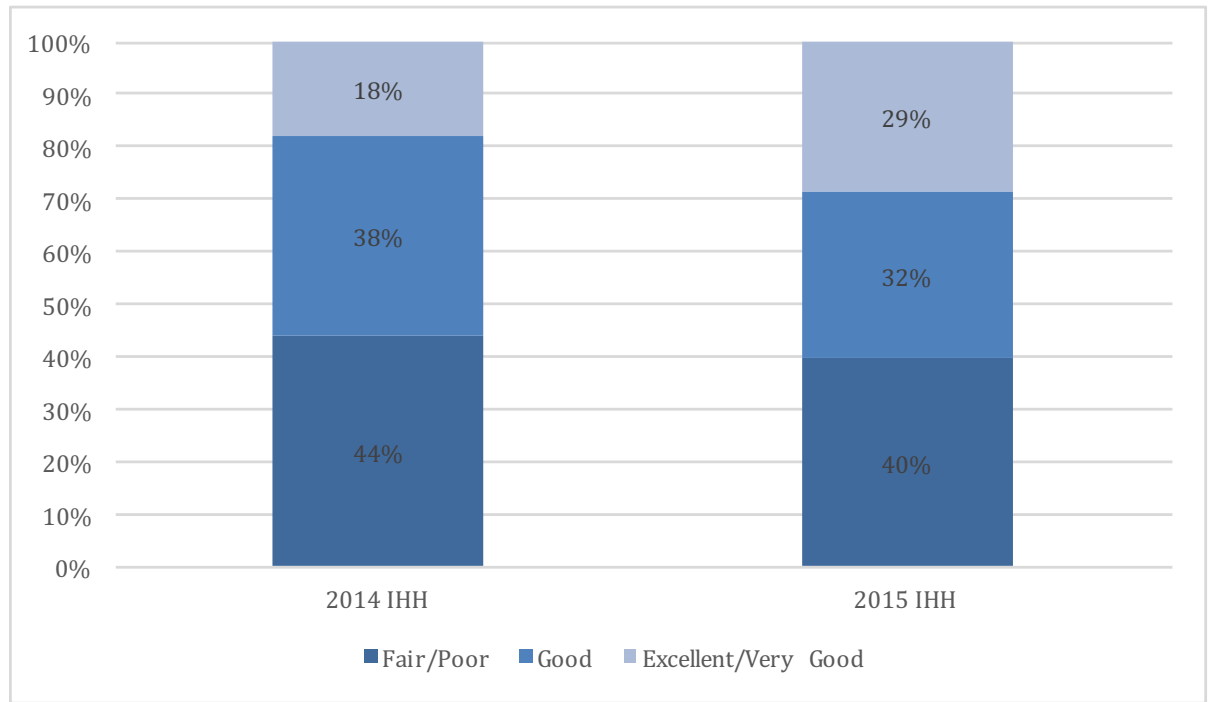
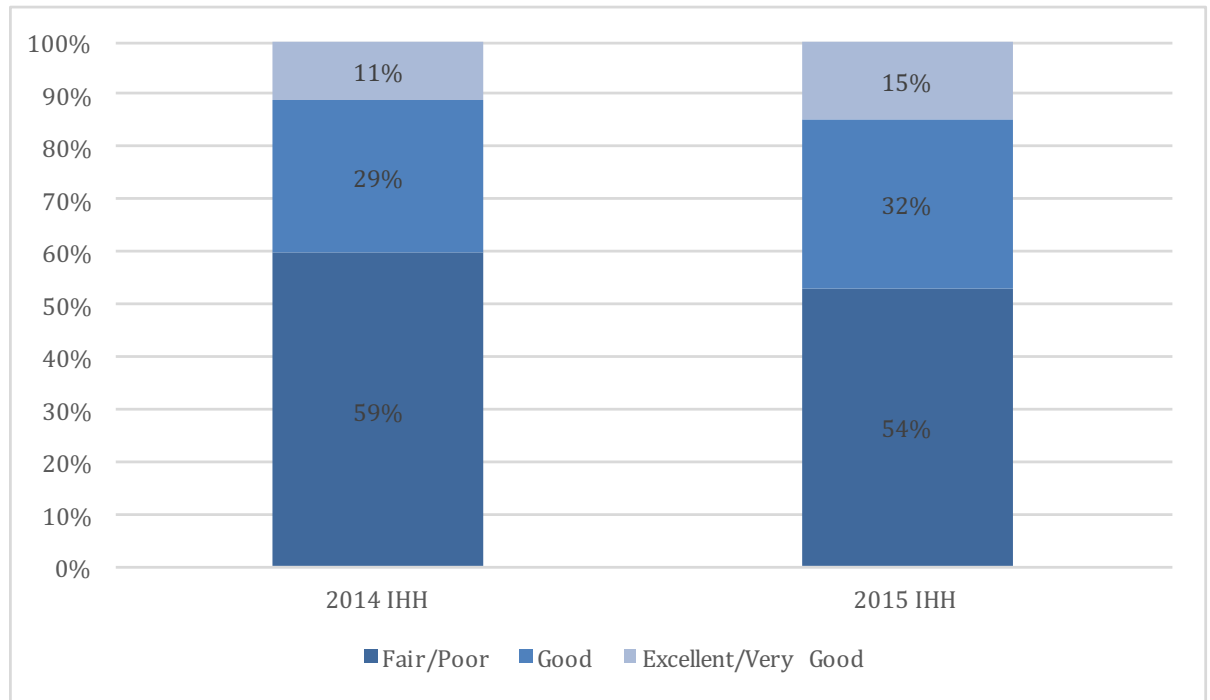


Figure 3. Self-Reported Physical Health



Familiarity with IHH program

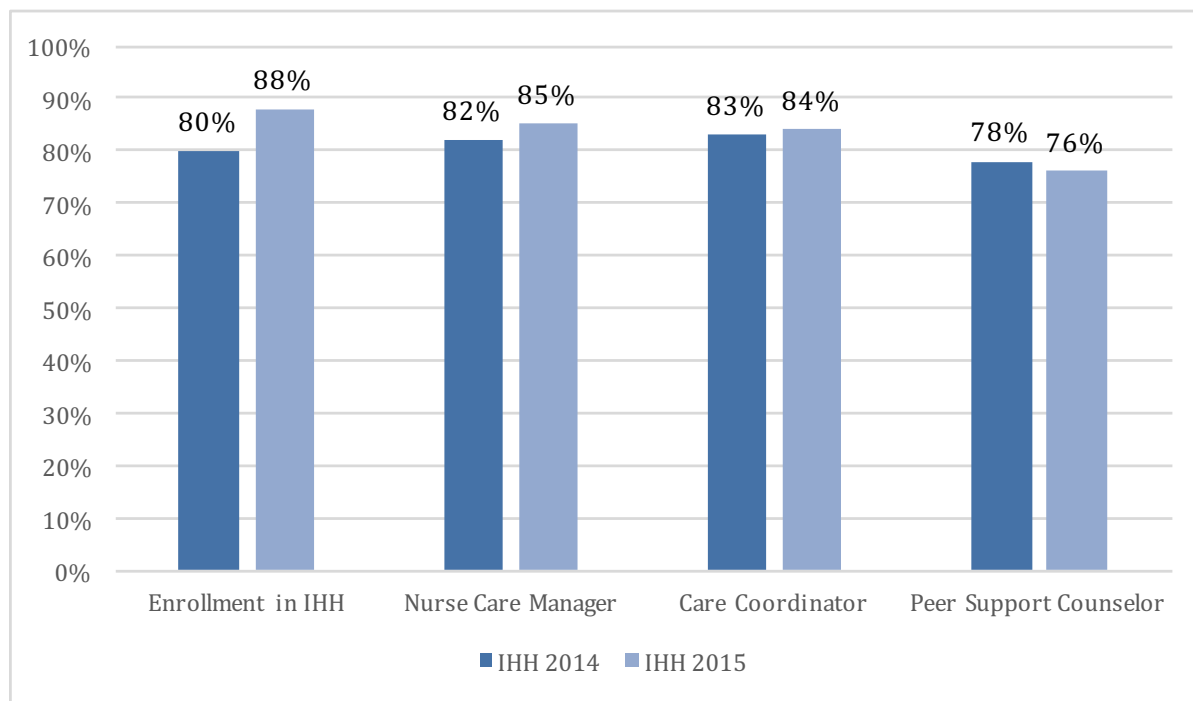
Figure 4 shows the rates of respondent recognition of the IHH program and its components, which included the following:

- Enrollment in the IHH program
- Having a nurse care manager at their IHH
- Having a care coordinator at their IHH
- Having a peer support counselor at their IHH

Respondent awareness of IHH enrollment and components generally increased from 80% in 2014 to 88% in 2015 and this was a statistically significant difference ($p=.01$). Awareness of specific personnel

aspects of the IHH (nurse care manager, care coordinator, and peer support counselor) remained constant from 2014 to 2015.

Figure 4. Awareness of IHH Components



Access to Care

Improving access to care and providing culturally sensitive care are aspects of properly functioning health homes. The following questions were used to evaluate whether IHH members were receiving enhanced access to care:

- Do you know how to get help from your IHH at night or on the weekend if you need help right away for a physical or mental health problem?
- Did you ever try to get help from your IHH at night or on the weekend when you needed help right away? If so, how often did you get help as soon as you wanted?

In 2015, over two-thirds (69%) of IHH members reported that they knew how to get help from their IHH after regular business hours. However, only 13% (n=35) actually tried to get help after hours. Of those 35 people who tried to receive care after hours, 21 reported that they *usually* or *always* got help after hours as soon as they wanted. These rates closely resemble 2014 findings, with no notable changes.

Two questions were used to assess culturally sensitive care:

- Does your gender, language, race, religion, ethnic background, sexual orientation, or culture make any difference in the kind of help you need from your IHH team?
- If so, was the help you received from your IHH responsive to those needs?
- In 2015, very few adults (n=15) reported a need for culturally sensitive help from their IHH team. Of these, almost three-quarters (n=11) reported that their IHH was responsive to their needs.

Care Coordination

Coordinating the medical and behavioral healthcare of its members is an integral component of the IHH program. In addition to health service coordination, IHHs promote the comprehensive wellbeing of members by facilitating connections to community support services.

The following questions were asked in both 2014 and 2015 to assess care coordination and the need for health care, preventive care and health promotion, mental health/substance abuse, chronic disease management and long-term care supports, as well as social support services:

- In the last six months, did you need:
 - Health care services (5 categories)
 - Preventive and health promotion services (5 categories)
 - Mental health/substance abuse services (4 categories)
 - Chronic disease management and long-term care services & supports (3 categories) and
 - Social support services (5 categories)
- For those who needed a particular service,
 - Did the IHH team assist the member in getting the service?
 - If so, how helpful was the IHH team?
 - Were you able to get the service you needed?

Health Care Services

Table 3 depicts the need for particular health care services reported by IHH members and how their IHH assisted them in receiving those services. There was a high need for routine health care (81%) but most of the IHH adults in 2015 were able to receive that care (97%) with around one-third (29%) getting help from their IHH to get the care. These results were comparable to what was reported in 2014.

Compared to 2014 results, health care service need was comparable with 2015 with the exception of the need for prescription medications which was significantly lower in 2015. The percentages of people receiving needed care was either comparable or slightly higher in 2015 when compared to 2014. In particular, receipt of dental services improved from 77% in 2014 to 86% in 2015 with more participants (22% of those with a need) in 2015 reporting that the IHH assisted them in getting dental services when compared to 2014 (17% of those with a need).

Table 3. Need for, Receipt of, and Assistance with Health Care Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Routine Health Care^a	83% (263)	96%	31%	81% (219)	97%	29%
Dental Services	54% (172)	77%	17%	49% (133)	86%	22%
Specialist Care^b	54% (171)	97%	28%	50% (135)	93%	23%
Urgent Care^c	43% (137)	95%	27%	39% (104)	96%	29%
Prescription Medicine	38% (122)	93%	63%	27%** (72)	90%	61%

* Statistically significant difference between 2014 and 2015 at p-value < 0.05

** Statistically significant difference between 2014 and 2015 at p-value < 0.01

Table 4 provides a look at how the IHH impacted receipt of needed health care services. Among all adults who needed health care services, those who received assistance from their IHH when trying to obtain needed health services reported the IHH to be very helpful (ranging from 75% for dental care to 94% for specialist care). Overall, adults who needed health care were able to receive the services they needed and there were no significant differences in receipt of health care services between those who reported they were assisted by the IHH and those who were not assisted by their IHH.

Table 4. Helpfulness of the IHH in Obtaining Health Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^a	Received Service/ Assisted by IHH %	Received Service/ Not Assisted by IHH %
Routine Health Care^b	82% (49/60)	97% (60/62)	97% (149/153)
Dental Services	75% (21/28)	82% (22/27)	87% (88/101)
Specialist Care^c	94% (29/31)	93% (28/30)	93% (95/102)
Urgent Care^d	87% (26/30)	97% (29/30)	96% (69/72)
Prescription Medicine	91% (39/43)	95% (40/42)	82% (22/27)

a Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

b Routine health care from a doctor (such as a check-up or physical exam)

c Specialist health care (from doctors who specialize in one area of health care such as a surgeon or heart doctor)

d Urgent health care (care needed on the same day for an illness, injury, or other condition)

Preventive Services

Table 5 depicts the need for particular preventive services reported by IHH members and if their IHH assisted them in receiving those services. In 2015, less than half of IHH adults reported a need for preventive care (46%) and the vast majority (96%) received that care. Significantly more adults in 2014 reported the need for preventive care. Need for nutrition counseling, exercise/physical activity assistance, weight loss counseling, or smoking cessation services were comparable between 2014 and 2015. In general, more IHH adults in 2015 reported receiving these particular preventive services compared to 2014. The most notable change from 2014 to 2015 was the increase in receipt of two services: exercise/ physical activity assistance and weight loss counseling, which increased from 58% and 52% in 2014 to 70% and 70% in 2015, respectively.

Table 5. Need for, Receipt of, and Assistance with Preventive Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Preventive Care^a	58% (184)	94%	24%	46%** (123)	96%	25%
Nutrition Counseling	25% (80)	72%	42%	23% (63)	79%	39%
Exercise/Physical Activity Assistance	24% (75)	58%	40%	29% (78)	70%	40%
Weight Loss Counseling	22% (68)	52%	27%	22% (60)	70%	42%
Smoking Cessation	14% (43)	51%	26%	14% (39)	53%	23%

* Statistically significant difference between 2014 and 2015 at p-value < 0.05

** Statistically significant difference between 2014 and 2015 at p-value < 0.01

a Preventive health care such as a flu shot or mammogram

Table 6 provides a look at how the IHH impacted receipt of needed preventive care services. For IHH adults who needed nutrition counseling, assistance with physical activity, weight loss counseling

and help with smoking cessation, those who received help from their IHH were more likely to report having received the service than those who were not assisted by their IHH. These results are comparable to what was reported in 2014.

Table 6. Helpfulness of the IHH in Obtaining Assistance with Preventive Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful %^a	Received Service/ Assisted by IHH %	Received Service/ Not Assisted by IHH %
Preventive Care^b	83% (25/30)	100% (30/30)	95% (86/91)
Nutrition Counseling	75% (18/24)	100%** (24/24)	67% (24/36)
Exercise/Physical Activity Assistance	77% (24/31)	89%** (25/28)	57% (27/47)
Weight Loss Counseling	80% (20/25)	92%** (23/25)	55% (18/33)
Smoking Cessation	78% (7/9)	88%* (7/8)	43% (13/30)

* Statistically significant difference between assisted and not assisted by IHH (p-value < 0.05)

** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)

a Denominator reflects the number of individuals who reported needing the particular service and receiving IHH help

b Preventive health care such as a flu shot or mammogram

Mental Health/ Substance Abuse Services

Table 7 and Table 8 display the need for particular mental health and substance abuse services and how the IHH assisted members in receiving those services. In 2015, significantly fewer IHH members reported needing mental health and substance abuse services compared to 2014. Mental health counseling was needed at the highest rate (70% in 2015) of all mental health services. While reported need for mental health counseling decreased from 2014, rates of receiving counseling (93%) and IHH assistance (55%) were similar across the years.

Reported need for crisis assistance (24%), drug treatment or prevention (12%), or help managing their alcohol use (3%) in 2015 was comparable to 2014 reports. Receipt of crisis assistance services were similar in 2014 (80%) and 2015 (81%), while the percentage receiving assistance from their IHH increased from 44% in 2014 to 53% in 2015.

Table 7. Need for, Receipt of, and Assistance with Mental Health/Substance Abuse Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Mental Health Counseling	78% (248)	93%	56%	70%* (189)	93%	55%
Crisis Assistance	29% (92)	80%	44%	24% (66)	81%	53%
Drug Treatment or Prevention	15% (46)	91%	56%	12% (33)	94%	42%
Managing Alcohol Use	3% (11)	100%	73%	3% (8)	88%	25%

* Statistically significant difference between 2014 and 2015 at p-value < 0.05

With regard to needed mental health services, those IHH adults who were assisted by their IHH were more likely to receive mental health counseling (97%) and crisis assistance (94%) compared to those who were not assisted by their IHH (87% and 67%, respectively).

Table 8. Helpfulness of the IHH in Obtaining Mental Health/Substance Abuse Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^a	Received Service/ Assisted by IHH %	Received Service/ Not Assisted by IHH %
Mental Health Counseling	84% (83/99)	97%* (99/102)	87% (74/85)
Crisis Assistance	89% (31/35)	94%** (32/34)	67% (20/30)
Drug Treatment or Prevention	86% (12/14)	93% (13/14)	95% (18/19)
Managing Alcohol Use	50% (1/2)	100% (2/2)	83% (5/6)

* Statistically significant difference between assisted and not assisted by IHH (p-value < 0.05)

** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)

^a Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

Chronic Disease Management and Long Term Services and Supports (LTSS)

Table 9 and Table 10 display the need for, receipt of, and IHH assistance with chronic disease management, medical supplies, and home health care services. In 2015, 37% of IHH adults reported a need for help managing a chronic condition, 28% reported a need for medical equipment or supplies, and 26% a need for home health care services. These results were comparable to 2014 reports. The vast majority of adults received these services.

Table 9. Need for, Receipt of, and Assistance with Chronic Disease Management and LTSS^a

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Management of a Chronic Condition	45% (139)	84%	37%	37% (99)	91%	37%
Medical Equipment or Supplies^b	28% (88)	91%	21%	28% (76)	87%	21%
Home Health Care^c	25% (78)	82%	56%	26% (71)	87%	54%

^a Including long-term care services and supports

^b Such as a cane, wheelchair, oxygen equipment, etc.

^c Health services one would receive at home

IHH adults who needed help obtaining home health care services and who were assisted by their IHH were more likely to receive home health care services (97%) compared to those who were not assisted by their IHH (73%).

Table 10. Helpfulness of the IHH in Obtaining Chronic Disease Management and LTSS^a (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^b	Received Service/ Assisted by IHH %	Received Service/ Not Assisted by IHH %
Management of a Chronic Condition	81% (29/36)	92% (33/36)	90% (54/60)
Medical Equipment or Supplies^c	88% (14/16)	81% (13/16)	88% (53/60)
Home Health Care^d	77% (27/35)	97%** (35/36)	73% (22/30)

** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)

^a Including long-term care services and supports

^b Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

^c Such as a cane, wheelchair, oxygen equipment, etc.

^d Health services one would receive at home

Social Support Services

Table 11 and Table 12 depict the need, receipt, and IHH assistance for particular social support services. Overall reported need for social support services in 2015 was comparable to 2014. Around one-third of respondents in 2015 reported a need for food or clothing (39%) and housing (30%) assistance while almost half (46%) reported a need for transportation assistance. Need for legal assistance and childcare assistance was less frequently reported.

Reported receipt of social support services increased in 2015 when compared to 2014 (food or clothing – 86%, transportation – 86%, housing – 78%, legal – 84%, and childcare – 100%). Generally, reports of IHH assistance with social support services in 2015 seemed to increase or remain the same compared to 2014.

Table 11. Need for, Receipt of, and Assistance with Social Support Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Food or Clothing Assistance	42% (133)	78%	22%	39% (106)	86%	44%
Transportation Assistance	39% (124)	79%	55%	46% (125)	86%	57%
Housing Assistance	27% (85)	59%	31%	30% (80)	78%	56%
Legal Assistance	17% (53)	61%	24%	12% (32)	84%	22%
Childcare Assistance	3% (9)	50%	0%	2% (6)	100%	33%

For IHH adults with need who reported getting help from their IHH, more reported receiving food or clothing (100%) and transportation assistance (92%) compared to those who did not work with their IHH to obtain that help (75% food/clothing, 77% transportation). These results are similar to 2014 findings.

Table 12. Helpfulness of the IHH in Obtaining Social Support Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^a	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Food or Clothing Assistance	91% (42/46)	100%** (45/45)	75% (43/57)
Transportation Assistance	87% (62/71)	92%* (65/71)	77% (41/53)
Housing Assistance	77% (33/43)	85% (35/41)	68% (21/31)
Legal Assistance	57% (4/7)	71% (5/7)	88% (21/24)
Childcare Assistance	50% (1/2)	100% (2/2)	100% (4/4)

* Statistically significant difference between assisted and not assisted by IHH (p-value < 0.05)

** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)

^aDenominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

Chronic Condition Management

Another facet of the IHH program is to help members manage their chronic conditions, both mental and physical. IHH teams help members establish goals and help them to manage their own health care so that they can live as independently as possible. In this survey, several items were used to evaluate this component of the IHH. The following questions were asked about medication management, goal setting, and ability to live independently:

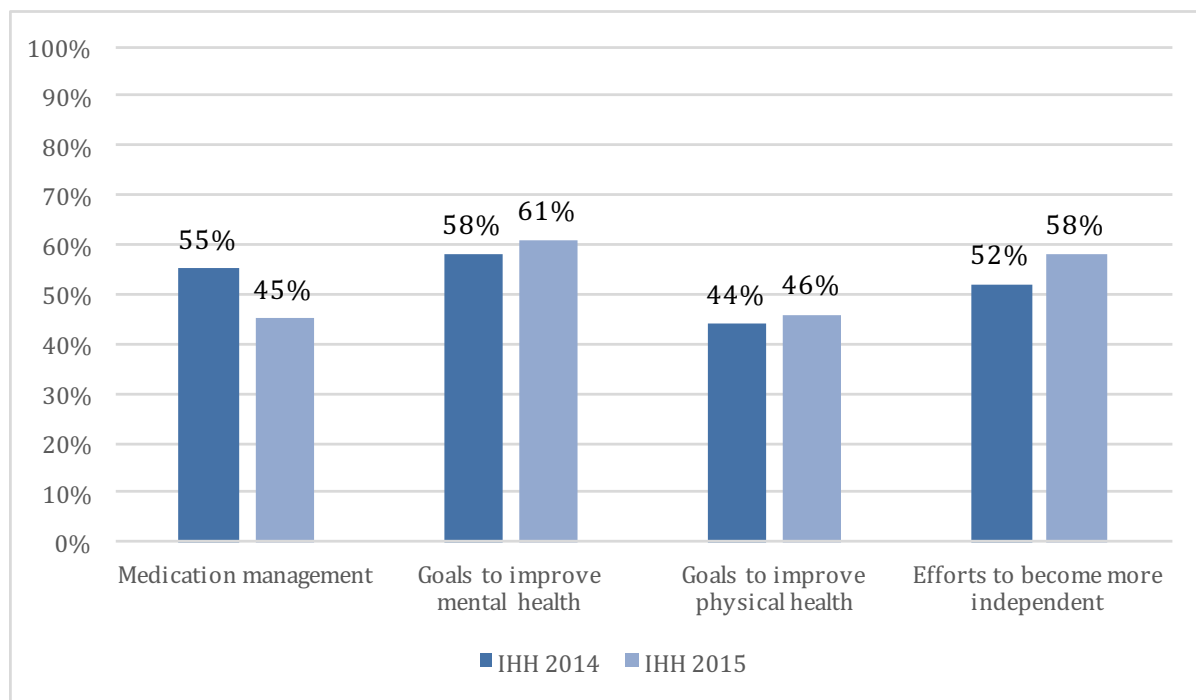
- Did you take any prescription medicines as part of your treatment for your physical or mental health condition? If so, did someone from your IHH help you manage your prescription medicines?
- Did anyone from the IHH help you to set up goals to improve your *mental* health? If so, were you given as much information from your IHH as you wanted to meet your goals to improve your *mental* health?

- Did anyone from the IHH talk with you about specific goals to improve your *physical* health? If so, were you given as much information from your IHH as you wanted to meet your goals to improve your *physical* health?
- Did anyone from your IHH help support your efforts to become more independent?

The vast majority of respondents in 2015 (95%) reported that they took prescription medications to treat either a physical or mental health condition, which was similar to prescription medication need reported in 2014 (98%).

As shown in Figure 5, 45% of respondents in 2015 reported working with their IHH to manage medications, which is significantly lower than reported in 2014. However, the percentages of IHH adults who reported working with their IHH to set up goals to improve health and receive support to become more independent were comparable in 2014 and 2015. In 2015, for those who did work with their IHH to set up goals to improve their health, the vast majority reported that the IHH provided them with as much information as they wanted to be able to meet their goals to improve their mental (92%) and physical (92%) health.

Figure 5. IHH support with chronic condition management



Comprehensive Transitional Care

IHHs are responsible for establishing comprehensive discharge plans after emergency room (ER) visits or hospital stays with the goal of helping members to better manage crises and reduce emergency department use and hospital readmissions. The survey included the following items to assess these facets of the IHH program:

- Since you started working with your IHH team, are you better able to deal with a crisis? [A crisis was explained as meaning a difficult situation needing attention right away]
- In the last six months, how many times did you go to an emergency room to get health care for yourself?
 - Before going to the emergency room, did you try to contact someone from your IHH to let them know?
 - Do you think the care you received at your most recent visit to the emergency room could have been provided in a doctor's or therapist's office if you could have been seen there at that time?
 - After your emergency room visit, did someone from your IHH get in touch with you within the next week, either by phone or face-to-face visit, to follow-up with you about your visit?

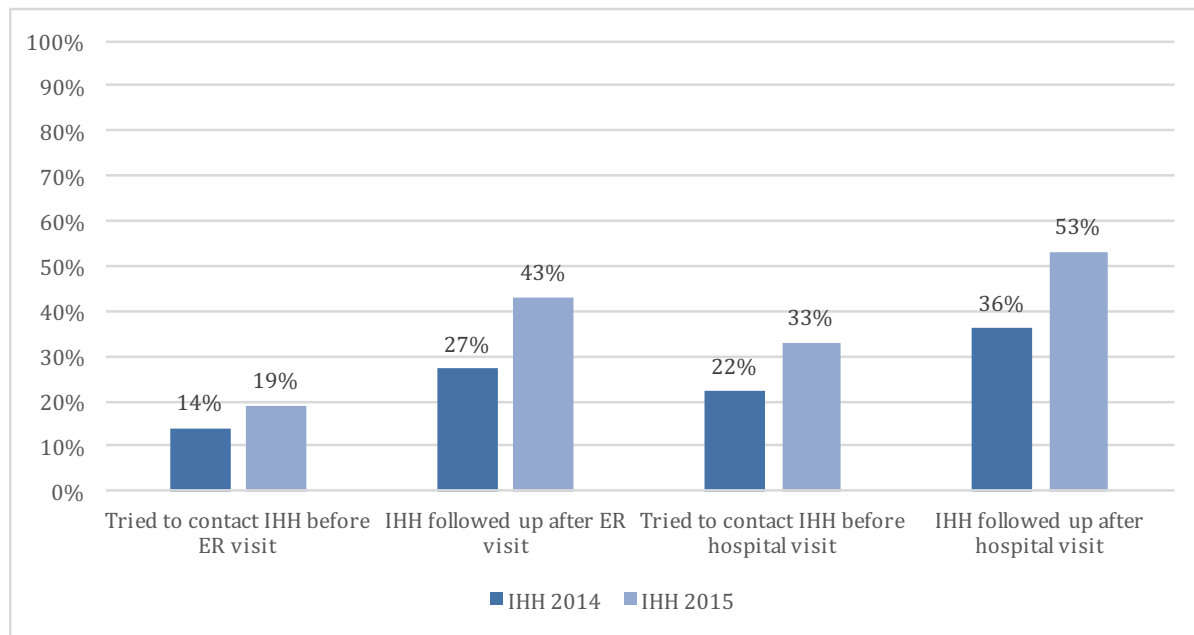
- In the last six months, how many nights did you spend in the hospital for any reason?
 - Before going to the hospital, did you try to contact someone from your IHH to let them know?
 - After you left the hospital, did someone from your IHH get in touch with you within the next week (either by phone or face-to-face visit) to talk with you about how to care for yourself after leaving the hospital?

In 2015, 83% percent of IHH members reported that they were better able to deal with a crisis since they began working with their IHH team, which is significantly higher than the 76% reported in 2014. About half (48%; n=129) of IHH adults in 2015 reported having gone to the ER at least once in the past six months, while one-quarter (27%; n=72) reported any hospital stays in the same period. The percentage of IHH adults reporting ER visits and hospital stays are similar to 2014 findings (48% and 26% respectively).

Figure 6 provides a summary of the transitional care experiences of IHH adults in 2014 and 2015. In 2015, few IHH members who had an ER visit (19%, n=24/129) tried to contact their IHH team before going to the ER for care which was comparable to 2014 reports (14%). Post ER follow-up increased notably in 2015, with 43% of IHH members in 2015 reporting that their IHH tried to get in touch with them within a week of their ER visit compared to 27% in 2014. The percentage of IHH adults who reported that the care they received in the ER could have been provided in a doctor's or therapist's office was almost equivalent between 2014 (37%) and 2015 (38%).

In 2015, 33% of members who had a recent hospital stay reported having tried to contact their IHH before going to the hospital which is comparable to 2014 (22%). Follow up after hospital visits followed a similar trend as follow up after an ED visit, with 53% of members in 2015 reporting follow-up which is statistically higher compared to what was reported in 2014 (36%).

Figure 6. Transitional Care



Qualitative Feedback (2015 results only)

The survey included two open-ended questions so that IHH members could provide additional feedback about their experiences with their IHH. In particular, we asked:

- What are one or two things about the help you have received from your IHH team that has made your life better?
- If you could change one or two things to improve the help you receive from your IHH team, what would you change?

How IHH made life better (2015 only)

Respondents identified a variety of ways that their IHH was improving their lives. Themes included improvements in mental and physical health, increased independence, perceptions of support, and shared decision-making. Fifty-three respondents indicated that simply having “someone to talk to” has been an improvement in their lives. For example, *“It [the IHH] gives me someone else to talk to about my problems. It [IHH support] helps me to seek the right road to go down to deal with them.”* Some respondents commented on the expertise, reliability, and trustworthiness of IHH assistance. For instance, *“Knowing what my options are because sometimes you feel like you’re out of options; and you can always go to your case manager and ask. She always has options for me. And just the support she gives me is awesome.”*

In addition, respondents frequently commented on successful incorporation of services. Respondents mentioned IHH assistance in personal improvements like cleaning, dieting, exercising, managing medications, caring for chronic conditions, navigating health and social services, job preparation, and relationship skill building. One respondent said, *“Just they can help. They make sure you are getting everything you need to go on, how do you say it... anything you need in your daily life, if they don’t know how to do it, they get someone who can help you. Again the groups are very helpful. And they call and check every so often. They will give you a call in the hospital and follow up when you get out.”* Twenty-three respondents perceived poor service delivery or could not think of an example of ways IHH had improved their lives.

Opportunities for IHH to improve (2015 only)

When asked what people would change to improve the help they receive from their IHH, 34% of people reported they would not make any changes, did not know what changes they would make, or were satisfied with their services.

Among those who suggested changes to the program, themes included issues around service delivery, continuity, and unmet need. Those who commented on service delivery requested more frequent contact from their IHH, more training for staff, and clear information about the IHH program. For example, *“I didn’t know they could help take care of your physical problems as well. I didn’t know that is something that they offered. Explaining the program a little better would be nice.”*

Comments about continuity covered issues like switching care providers, receiving services, and upcoming changes. For example, *“It took awhile before I could find someone that I could connect with so it has been awhile since I got any care. Then when I did they came and did the evaluation and then it took a couple months before they came back. They talk about the services that they provide but they do not follow through with getting me the assistance that I need. I feel forgotten.”*

Other respondents expressed concern for upcoming changes to the management of the IHH program, for example *“I am very upset about the privatization of Medicare [Medicaid] right now. It is a huge mess and it was working fine before. How am I supposed to choose a plan when I don’t even know what the plans cover? I don’t know where I could go as a patient. They should have been working on this a long time ago or just leave it as is.”*

Some respondents requested services they are not currently receiving, like help with paper work and bills, language translation, appointment reminders, walk-in appointment options, and a website.

Results - Experiences reported by Parents/ Guardians of Children in the IHH

Demographics

Children ages 4-18 were included in the study with parents/guardians (referred to as parent from this point forward) serving as a proxy for reporting their child's experience in the IHH program. Table 13 summarizes the demographic characteristics of children and their parent representative from 2014 and 2015.

Similar to 2014, a majority of children in the IHH study were male (65%) and white (88%) in 2015. Compared to children from the 2014 survey, the 2015 cohort was older and the difference was statistically significant with 11% of children in 2015 between the ages of 4-7 and 20% in 2014 in that age range.

Compared to respondents from the 2014 survey, the 2015 cohort was significantly younger (18-34 group: 2014 – 34%, 2015 – 23%). Similar to 2014, female respondents continued to be the vast majority (93%) of parent respondents in 2015. Parental education remained relatively consistent from 2014 to 2015 with around 20% reporting having a post-high school education.

Table 13. Demographics of Children enrolled in IHH

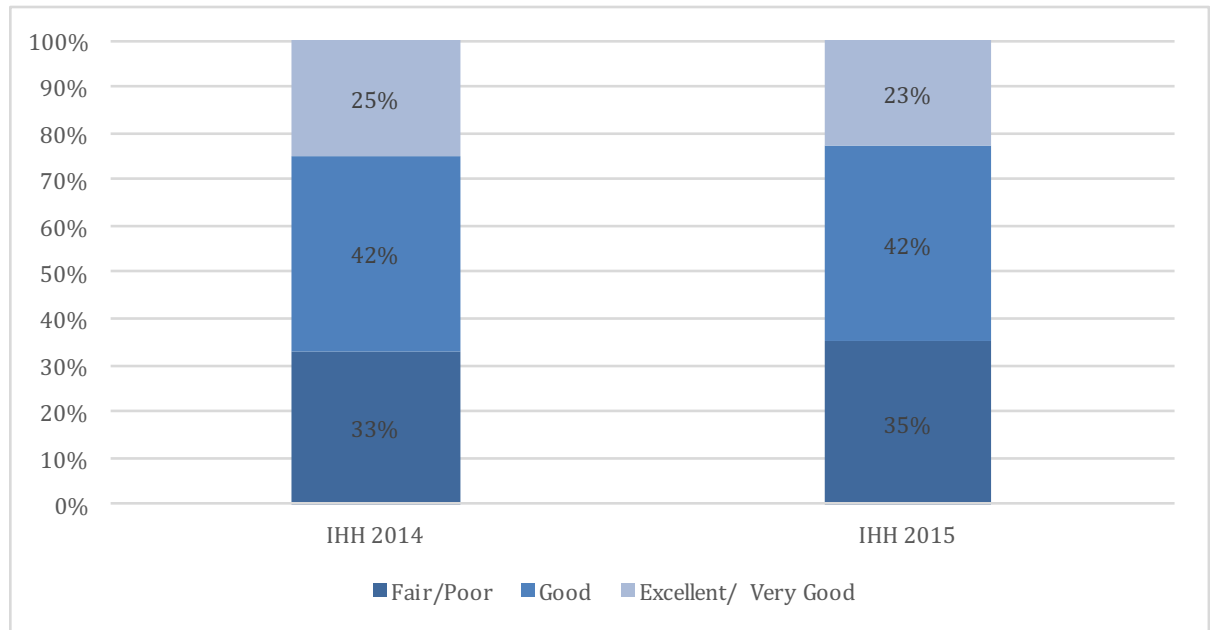
	% of Participants 2014 (n=314)	% of Participants 2015 (n=321)
Age of Child		
4-7	20%	11%
8-12	43%	44%
13-18	37%	45%
Gender of Child: Female	40%	35%
Race of Child^a		
White	89%	88%
Black	12%	9%
Hispanic/Latino	12%	6%
American Indian	1%	1%
Pacific Islander	1%	0%
Parental Age		
18-34	34%	23%
35-54	56%	66%
55+	10%	11%
Parental Gender: Female	89%	93%
Parental Education: Post-High School	17%	20%

^aRace categories are not mutually exclusive; therefore, totals may not equal 100%.

Mental and Physical Health

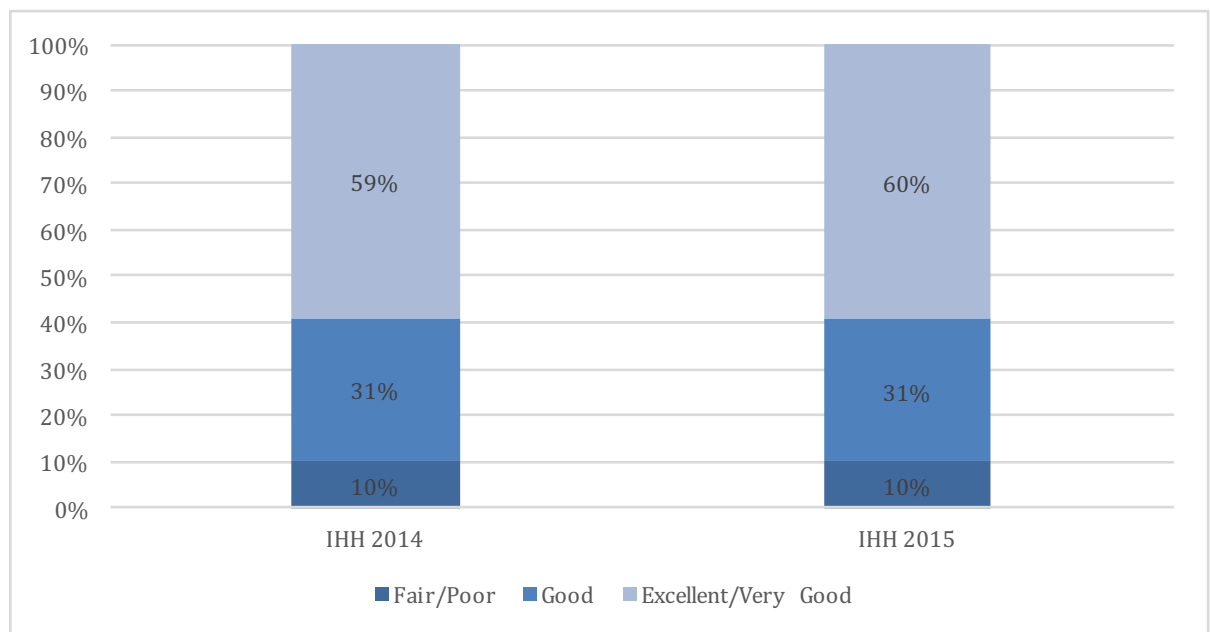
Figure 7 and Figure 8 show results of IHH parent ratings of their children's mental and physical health, using a standard excellent to poor response scale. Overall, parental ratings of their children's health remained very similar from 2014 to 2015. In 2015, 35% of parents rated their child's mental health as *fair* or *poor*, which is consistent with 2014 reports (33%).

Figure 7. Mental Health Status of Children Enrolled in IHH



Unlike the adults in the IHH program, the children in the IHH program were reported to have good physical health, with only 10% of parents rating their child's physical health as *fair or poor* in both 2014 and 2015.

Figure 8. Physical Health Status of Children Enrolled in IHH



Familiarity with IHH Program

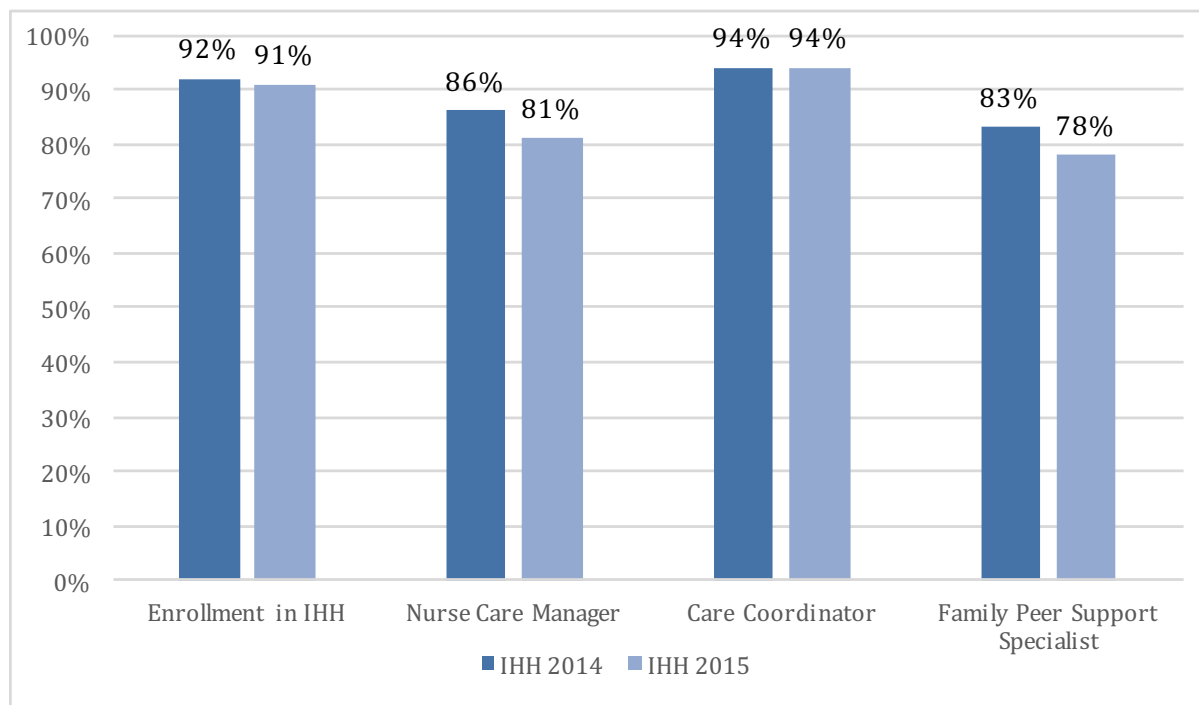
The survey included several questions to evaluate whether or not parents were aware of their child's involvement in the IHH. Figure 9 shows the percentage of respondents with awareness of the IHH program and its components, which included:

- Enrollment in the IHH program
- Having a nurse care manager at their IHH
- Having a care coordinator at their IHH
- Having a peer support counselor at their IHH

Similar to 2014, the vast majority of parents in 2015 were knowledgeable of their child's enrollment in

IHH and its components with 94% of parents aware of the IHH care coordinator and around 80% aware of the IHH family peer support specialist. There were no significant differences between 2014 and 2015.

Figure 9. Parental Awareness of IHH Components



Access to Care

Enhanced access to and providing culturally sensitive care are aspects of health homes. Three questions were used to evaluate enhanced access to care:

- Do you know how to get help for your child from your IHH at night or on the weekend if your child needs help right away for a physical or behavioral/emotional health problem?
- Did you ever try to get help for your child from your IHH at night or on the weekend when your child needed help right away?
 - If so, how often did you get your child help as soon as you wanted?

In 2015, a majority of parents (72%) reported that they knew how to get their child help from their IHH after regular business hours. However, only 12% (n=39) actually tried to get help for their child after hours. Yet, of those 39, 74% reported that they *usually* or *always* got help for their child after hours as soon as they wanted.

Two questions were used to assess culturally sensitive care:

- Does your child's gender, language, race, religion, ethnic background, sexual orientation, or culture make any difference in the kind of help your child needs from the IHH team?
 - If so, was the help your child received from his/her IHH responsive to those needs?

Only six respondents (2%) in 2015 reported a need for culturally sensitive help for their child from their IHH team. Of those, five parents (83%) reported that the IHH was responsive to their child's needs, which is an increase from 2014, in which 71% of parents reported receiving culturally responsive help.

Care Coordination

An integral component of the IHH program is coordinating all aspects of medical and behavioral healthcare of its members to promote and maintain their best possible health. In addition, IHHs help their members to utilize community support services. In this survey, the following questions were used to assess care coordination and the need for health care, preventive, mental health/substance abuse, chronic disease management and long-term care supports, as well as social support services for the children of the IHH program:

- In the last six months, did your child need:
 - Health care services (5 categories)
 - Preventive services (3 categories)
 - Mental health/substance abuse services (6 categories)
 - Chronic disease management and long-term care services & supports (4 categories)
 - Social support services (8 categories)
- For those children who needed a particular service,
- Did the IHH team assist the parent/guardian in getting their child the needed service?
 - If so, how helpful was the IHH team?
- Were you able to get the service your child needed?

Health Care Services

Table 14 and Table 15 display the need for particular health care services reported by the parents of IHH children and how their IHH assisted them in getting those services for their children. The majority of IHH children needed routine care (76%) and dental (67%) services. Need for the five types of health care service was comparable between 2014 and 2015. Almost all of these IHH children received the services they needed and most, with the exception of prescription medication help, were not assisted by the IHH to get them. As evidenced in Table 15, for those in need of specific health care services, there were no significant differences in receipt of those services between those who were assisted by their IHH team and those who were not.

Table 14. Need for, Receipt of, and Assistance with Health Care Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Routine Health Care^a	78% (244)	99.5%	15%	76% (242)	98%	8%
Dental Services	61% (190)	93%	11%	67% (214)	97%	12%
Specialist Care^b	33% (104)	92%	27%	34% (109)	96%	26%
Urgent Care^c	33% (101)	97%	15%	26% (81)	96%	15%
Prescription Medicine	20% (63)	100%	57%	17% (55)	89%	66%

a Routine health care from a doctor (such as a check-up or physical exam)

b Specialist health care (from doctors who specialize in one area of health care such as a surgeon or heart doctor)

c Urgent health care (care needed on the same day for an illness, injury, or other condition)

Table 15. Helpfulness of the IHH in Obtaining Health Care Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^a	Received Service/ Assisted by IHH %	Received Service/ Not Assisted by IHH %
Routine Health Care^b	89% (16/18)	100% (18/18)	97% (217/223)
Dental Services	96% (24/25)	92% (23/25)	96% (183/190)
Specialist Care^c	79% (23/29)	100% (28/28)	95% (77/81)
Urgent Care^d	69% (9/13)	100% (12/12)	96% (66/69)
Prescription Medicine	72% (26/36)	86% (32/37)	84% (16/19)

^a Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

^b Routine health care from a doctor (such as a check-up or physical exam)

^c Specialist health care (from doctors who specialize in one area of health care such as a surgeon or heart doctor)

^d Urgent health care (care needed on the same day for an illness, injury, or other condition)

Preventive Services

Table 16 and Table 17 summarize the need for preventive care and wellness services reported by the parents/guardians of IHH children. Almost half (47%) of these parents reported that their children needed preventive services but for those who did, most (95%) received preventive care. Few IHH children needed nutrition (n=33) or weight loss counseling (n=11). Need for each type of preventive service in 2015 was comparable to 2014. In 2015, reports of receiving assistance from the IHH team decreased in all three types of preventive services compared to 2014.

Table 16. Need for, Receipt of, and Assistance with Preventive Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Preventive Care^a	43% (134)	99%	14%	47% (151)	95%	9%
Nutrition Counseling	9% (28)	68%	54%	10% (33)	83%	38%
Weight Loss Counseling	6% (20)	45%	45%	3% (11)	60%	36%

^a Preventive health care such as a flu shot or vaccinations

Table 17. Helpfulness of the IHH in Obtaining Preventive Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^a	Received Service/ Assisted by IHH %	Received Service/ Not Assisted by IHH %
Preventive Care^b	79% (11/14)	100% (14/14)	94% (129/137)
Nutrition Counseling	92% (11/12)	100%** (12/12)	57% (12/21)
Weight Loss Counseling	75% (3/4)	75% (3/4)	38% (3/8)

** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)

^a Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

^b Preventive health care such as a flu shot or vaccinations

Mental Health/ Substance Abuse Services

Table 18 and Table 19 summarize the need for mental health and substance abuse counseling reported by the parents of IHH children and how their IHH assisted them in getting those services for their children. Many parents reported the need for family or child counseling (77%), emotional support (62%), and social skills training (47%) with relatively few parents reporting that their children needed crisis assistance (22%), or help with drugs (3%) or alcohol (3%). There was a significant increase in the need for social skills training from 2014 to 2015 with 35% reporting a need in 2014 and 47% in 2015. Interestingly, while the need for social skills training increased from 2014 to 2015, parent reports of their child receiving social skills training decreased from 89% to 65%.

Generally, the percentage of parents utilizing IHH assistance to obtain these mental health services increased in 2015, however, the percentage of children receiving the services was comparable between those who received IHH assistance and those who did not (Table 19).

Table 18. Need for, Receipt of, and Assistance with Mental Health/Substance Abuse Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Family or Child Counseling	71% (221)	96%	54%	77% (248)	95%	68%
Emotional Support^a	58% (178)	95%	61%	62% (196)	96%	71%
Social Skills Training	35% (111)	89%	62%	47%* (151)	65%	82%
Crisis Assistance	18% (55)	91%	67%	22% (71)	88%	56%
Drug Treatment or Prevention^b	6% (17)	100%	41%	3% (8)	88%	50%
Managing Alcohol Abuse or Prevention of Use^b	1% (2)	50%	0%	3% (9)	78%	78%

* Statistically significant difference between 2014 and 2015 at p-value < 0.05

^a Emotional support for concerns, frustrations, and crises

^b Only asked if child was 12 or older

Table 19. Helpfulness of the IHH in Obtaining Mental Health/Substance Abuse Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^a	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Family or Child Counseling	84% (140/167)	95% (158/167)	93% (74/80)
Emotional Support ^b	86% (119/138)	95% (131/138)	89% (50/56)
Social Skills Training	82% (80/98)	79% (77/97)	72% (38/53)
Crisis Assistance	69% (27/39)	90% (35/39)	84% (26/31)
Drug Treatment or Prevention ^c	100% (4/4)	100% (4/4)	75% (3/4)
Managing Alcohol Abuse or Prevention of Use ^c	86% (6/7)	86% (6/7)	50% (1/2)

^a Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

^b Emotional support for concerns, frustrations, and crises

^c Only asked if child was 12 or older

Chronic Disease Management and Long Term Services and Supports (LTSS)

Table 20 and Table 21 summarize the need for services related to the management of chronic conditions reported by the parents of IHH children and how their IHH assisted them in getting those services for their children. Generally, in 2015, need for these services for IHH children was relatively low (the highest need at 19% for management of a chronic condition) and was consistent with what was reported in 2014. Also consistent with 2014 reports, the vast majority of parents in 2015 reported their child received the needed services and there were no statistical differences in receipt of services depending on whether or not the parent was assisted by their IHH or not (Table 21).

Table 20. Need for, Receipt of, and Assistance with Chronic Disease Management and LTSS^a

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
Management of a Chronic Condition	17% (52)	100%	33%	19% (59)	97%	41%
Speech, Occupational, or Physical Therapy	16% (49)	94%	25%	17% (55)	93%	31%
Home Health Care ^b	8% (25)	96%	68%	12% (37)	92%	78%
Medical Equipment or Supplies ^c	6% (19)	95%	21%	6% (18)	89%	28%

^a Including long-term care services and supports

^b Health services one would receive at home

^c Such as a wheelchair, etc.

**Table 21. Helpfulness of the IHH in Obtaining Chronic Disease Management and LTSS^a
(For those reporting a need for the service; 2015 data)**

Service	IHH Team Very Helpful %^b	Received Service/ Assisted by IHH %	Received Service/ Not Assisted by IHH %
Management of a Chronic Condition	75% (18/24)	88% (21/24)	97% (34/35)
Speech, Occupational, or Physical Therapy	65% (11/17)	82% (14/17)	97% (37/38)
Home Health Care^c	86% (25/29)	90% (26/29)	88% (7/8)
Medical Equipment or Supplies^d	80% (4/5)	100% (5/5)	85% (11/13)

^a Including long-term care services and supports

^b Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

^c Health services one would receive at home

^d Such as a wheelchair, etc.

Social Support Services

Table 22 and Table 23 summarize the need for social support services reported by the parents of IHH children and how their IHH team assisted them in getting those services. The need for each listed social support service, with the exception of one, was consistent from 2014 to 2015. The need for childcare assistance significantly increased from 13% in 2014 to 24% in 2015. Similar to 2014, school services and food or clothing assistance were the services most in need (38% and 26% respectively) by these IHH families. In 2015, the majority of parents reported their children received the needed social support services and there were no significant differences in percentage receiving services between those who were assisted by their IHH and those who were not (Table 23).

Table 22. Need for, Receipt of, and Assistance with Social Support Services

Service	Needed service % (n)	Received service %	Assisted by IHH %	Needed service % (n)	Received service %	Assisted by IHH %
Year	2014 Survey Results			2015 Survey Results		
School Services^a	40% (125)	83%	28%	38% (122)	89%	41%
Food or Clothing Assistance	30% (94)	83%	17%	26% (83)	98%	35%
Transportation Assistance	17% (54)	81%	52%	14% (45)	89%	47%
Support During School Meetings	17% (53)	84%	47%	22% (70)	88%	67%
Childcare Assistance^b	13% (39)	68%	15%	24%** (77)	84%	68%
Housing Assistance	9% (29)	63%	28%	7% (21)	95%	29%
Legal Assistance	8% (25)	88%	21%	5% (17)	80%	44%
After-school Help^c	8% (24)	67%	42%	11% (36)	68%	47%

* Statistically significant difference between assisted and not assisted by IHH (p-value < .01)

^a School services such as homework help or other accommodations during the school day

^b Childcare or respite care assistance; so that the child is cared for while parent/guardian can take care of other things

^c Extracurricular activity assistance

Table 23. Helpfulness of the IHH in Obtaining Social Support Services (For those reporting a need for the service; 2015 data)

Service	IHH Team Very Helpful % ^a	Received Service/Assisted by IHH %	Received Service/Not Assisted by IHH %
School Services^b	80% (39/49)	92% (45/49)	82% (59/72)
Food or Clothing Assistance	79% (23/29)	90% (26/29)	98% (52/53)
Transportation Assistance	86% (18/21)	91% (19/21)	83% (20/24)
Support During School Meetings	81% (38/47)	89% (42/47)	74% (17/23)
Childcare Assistance^c	77% (40/52)	87% (45/52)	75% (18/24)
Housing Assistance	67% (4/6)	67% (4/6)	93% (14/15)
Legal Assistance	71% (5/7)	71% (5/7)	78% (7/9)
After-school Help^d	88% (15/17)	77% (13/17)	53% (10/19)

^a Denominator reflects the number of individuals who reported both needing the particular service and receiving IHH help

^b School services such as homework help or other accommodations during the school day

^c Childcare or respite care assistance; so that the child is cared for while parent/guardian can take care of other things

^d Extracurricular activity assistance

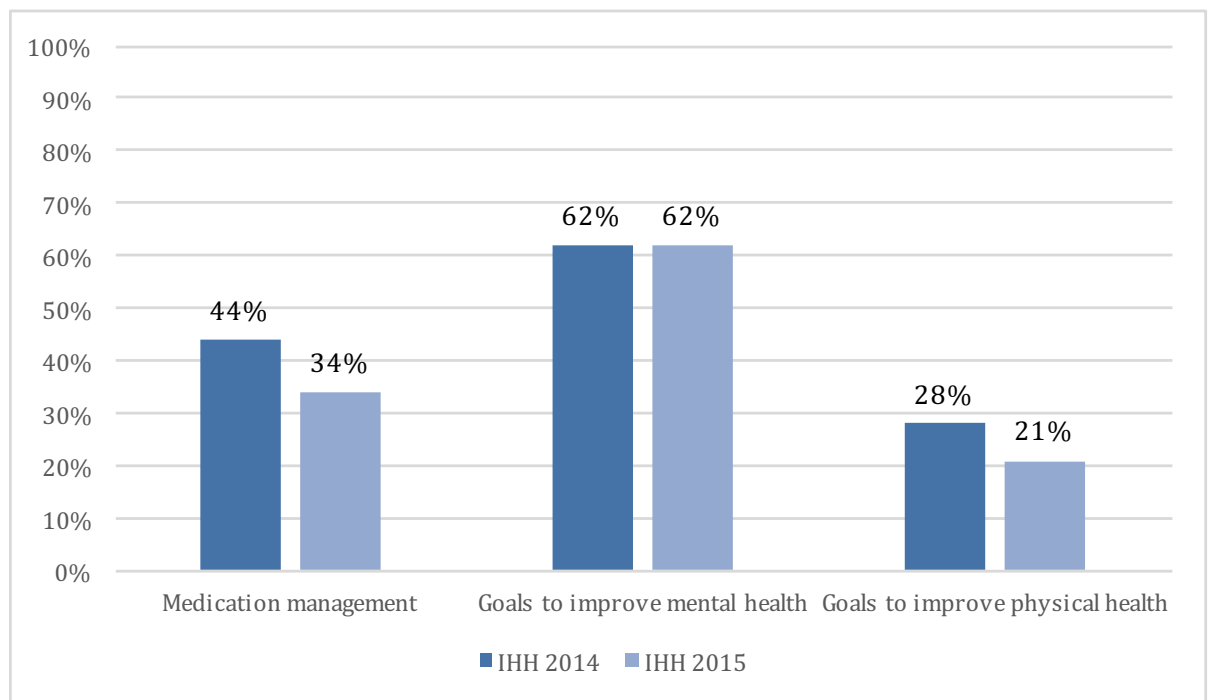
Chronic Condition Management

Another facet of the IHH program is to help members manage their chronic conditions, both mental and physical. IHH teams help families establish goals and help them to manage their child's health care. In this survey, several items are used to evaluate this component of the IHH. The following questions were asked about medication management and goal setting:

- Did your child take any prescription medicines as part of his/her treatment for a physical or behavioral/emotional health condition? If so, did someone from your child's IHH help you manage your child's prescription medicines?
- Did anyone from the IHH help you and your child to set up goals to improve your child's mental or behavioral health? If so, were you given as much information from your IHH as you wanted to meet these goals?
- Did anyone from the IHH help you and your child set up goals to improve your child's physical health? If so, were you given as much information from your IHH as you wanted to meet these goals?

Similar to 2014, most IHH parents (81%) reported that their child took prescription medications to treat a chronic condition. As shown in Figure 10, about a third (34%) reported working with their IHH to manage their child's medications which was significantly lower than reported in 2014 (44%). Almost two-thirds (62%) worked with their child's IHH to set up goals to improve their child's mental or behavioral health which was equivalent to 2014. And, 21% worked with the IHH to set up goals to improve their child's physical health which was significantly lower than reported in 2014 (28%). However, most parents (90% in 2014 and 91% in 2015) reported their children to be in at least good physical health. For those who did work with their child's IHH in 2015 to set up goals to improve their health, the vast majority reported that their child's IHH provided them with as much information as they wanted to be able to meet these goals to improve their mental (95%) and physical (96%) health.

Figure 10. Parent/Guardian experience with chronic condition management



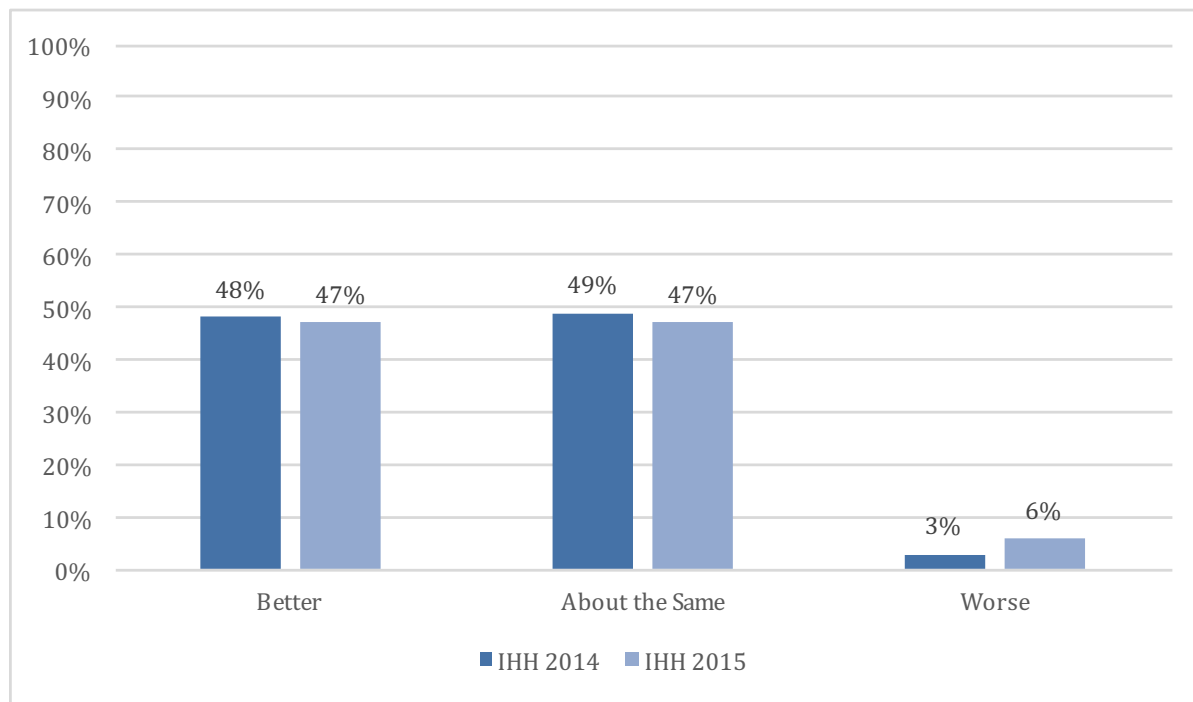
Experiences with School

For IHH children enrolled in school (n=294 in 2015), parents were asked the following:

- In the past 6 months, about how many days did your child miss school because of illness, injury, or a behavioral/emotional problem?
- Since your child started working with the IHH team, is your child's school situation better, the same, or worse?

Thirty-eight percent of IHH children in 2015 and 32% in 2014 missed zero days of school. And, 24% of IHH children in 2015 and 28% in 2014 missed 4 or more days of school. Overall, 47% of parents in 2015 reported that their child’s school situation has improved since their child started working with an IHH, 47% reported no difference, and 6% reported worsening experiences with school, which are comparable to reports from 2014 (Figure 11).

Figure 11. Child’s School Experience since Working with IHH Team



Comprehensive Transitional Care

IHHs are responsible for establishing comprehensive discharge plans after emergency room (ER) visits or hospital stays with the goal of helping members to better manage crises and reduce emergency department use and hospital readmissions. The survey included the following items to assess these components of the IHH program:

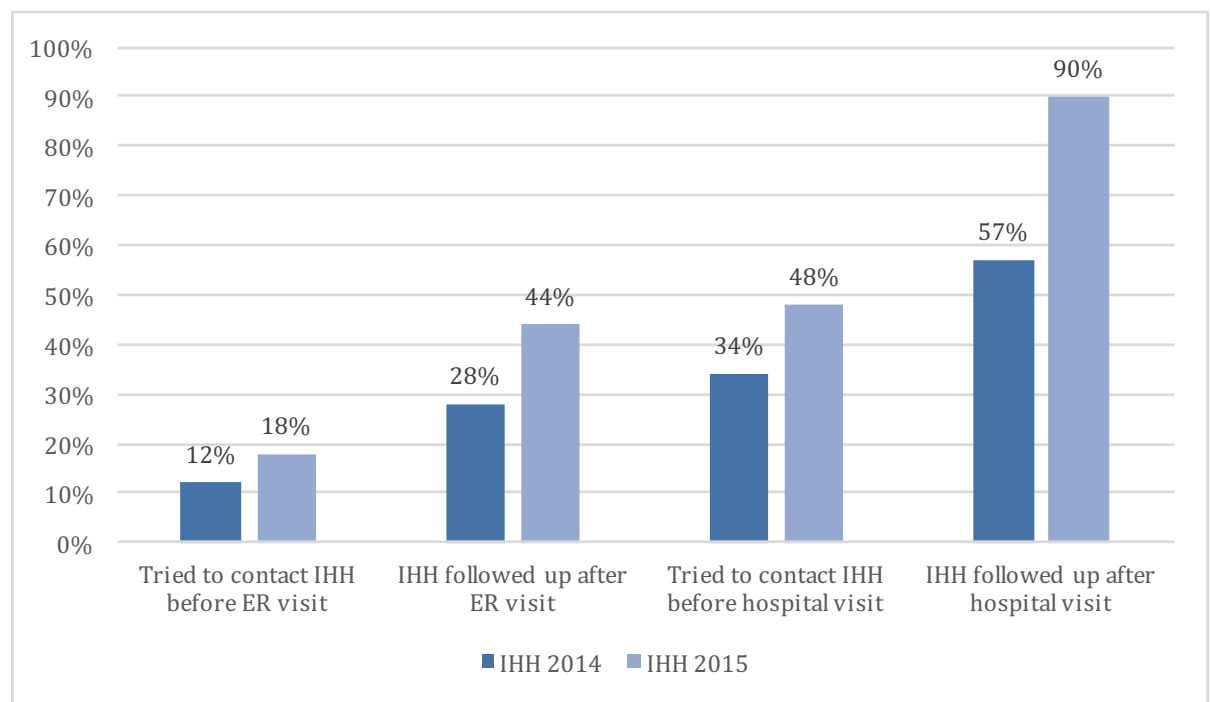
- Since your child started working with your IHH team, is your child and family better able to deal with a crisis [A crisis was explained as meaning a difficult situation needing attention right away]?
- In the last six months, how many times did your child go to an emergency room to get health care?
 - Before taking your child to the emergency room, did you try to contact someone from your IHH to let them know?
 - Do you think the care your child received at his/her most recent visit to the emergency room could have been provided in a doctor’s or therapist’s office if s/he could have been seen there at that time?
 - After your child’s emergency room visit, did someone from the IHH get in touch with you within the next week, either by phone or face-to-face visit, to follow-up with you about your child’s visit?
- In the last six months, how many nights did your child spend in the hospital for any reason?
 - Were any of these hospital stays for a behavioral or emotional problem?
 - Before taking your child to the hospital, did you try to contact someone from the IHH to let them know?
 - After your child left the hospital, did someone from the IHH get in touch with you within the next week (either by phone or face-to-face visit) to talk with you about how to care for your child after leaving the hospital?

A majority of parents (82%) in 2015 reported that they (their child and family) were better able to deal with a crisis since they began working with their IHH team. This is essentially equivalent to 2014 reports (81%).

Eighty-nine IHH parents (28%) reported having taken their child to the ER at least once in the past six months, which is comparable to 2014 (34%). Around half (44%) thought that the care their child received in the ER could have been provided in a doctor's or therapist's office which is comparable to 2014 (46%). In 2015, 18% of parents whose child had an ER visit tried to contact their IHH team before going to the ER for care, which is statistically equivalent to the 12% reported in 2014. Regarding follow up, just under half (44%) of parents reported that their IHH tried to get in touch with them within a week of their child's ER visit which is a significant increase from 2014 (28%) (Figure 11).

Relatively few (10%; n=31) IHH parents reported that their child had any hospital stays in the six months prior to the survey interview, which is similar to 2014 reports. Of children who were hospitalized, 74% (n=23/31) were hospitalized due to a behavioral or emotional problem in 2015 compared to 83% (n=29/35) in 2014. The IHH was slightly more involved with IHH children's parents with regard to hospital stays. Nearly half (48%, n=15/31) of parents whose child had a hospital stay in the six months prior to the survey reported having tried to contact their IHH before going to the hospital which is statistically equivalent to 2014 reports (34%, n=12/35). In 2015, a vast majority (90%, n=28/31) reported that their IHH tried to contact them within one week of their child's hospital discharge to talk to them about how to care for their child after leaving the hospital, which is a highly significant increase from what was reported in 2014 (57%, n=20/35) (Figure 12).

Figure 12. Transitional Care



Qualitative Feedback (2015 results only)

The survey included two open-ended questions so that IHH members could provide additional feedback about their experiences with their IHH. In particular, we asked:

- What are one or two things about the help you have received from your IHH team that has made your life better?
- If you could change one or two things to improve the help you receive from your IHH team, what would you change?

How IHH made life better

Parents of IHH children identified a variety of ways that their IHH was improving their lives and the lives of their children. Along with themes similar to those identified by IHH adults, such as improvements in their child's mental and physical health, increased independence, and perceptions

of support, IHH parents also identified respite services, caregiving skill development, and school advocacy as strengths of the program. One parent described how IHH supported their child's school experience, saying, *"I think having [IHH team member] go to the IEP meetings and just being there and she got a counselor to come to school and talk to the kids about autism, explaining why he's different but also similar to the other kids."* Many parents described the importance of having support as caregivers, for example, *"It actually helps me a lot in how to talk and deal with him [child IHH member]. She has improved my parenting with helping him. She let me know about either free or inexpensive activities for him to do in the community."*

In addition, parents frequently commented on successful incorporation of services. Respondents mentioned IHH assistance in connecting to resources and the community, navigating health and social services, and relationship skill building. Few parents (9%, n=30) reported poor service delivery or could not think of an example of ways IHH has improved their lives or the lives of their children.

Opportunities for IHH to improve

When asked what people would change to improve the help they receive from their IHH, 45% of parents reported they would not make any changes, did not know what changes they would make, or were satisfied with the services their child was receiving.

Amongst those who suggested changes to the program, themes included issues around service delivery, continuity, and unmet need. Those who commented on service delivery requested more frequent contact from their IHH, more training for staff, and clear information about the IHH program. For example, *"Maybe making the program a little easier to understand, the terminology, paperwork, but staff is very helpful with that. They are helpful but there are an awful lot of reports."*

Comments about continuity covered issues like switching care providers, termination of services, and upcoming changes. For example, *"She [child participant] is going to turn 18 and we will lose those services in the middle of the school year. I would like if they have those services until the end of the school year."*

Appendix A: Interview Script for Adults in the IHH

1. Are you aware that you are enrolled in a program called the Medicaid Integrated Health Home/Integrated Health Program (IHH)?

¹ ☐ Yes

² ☐ No

2. Our records show that you are receiving Integrated Health Home/Program services at [IHHAGENCY]. Is this correct?

¹ ☐ Yes

² ☐ No → IF NO, TEXT BOX with “AT WHICH AGENCY DO YOU RECEIVE IHH/IHP SERVICES” and use that agency name in the questions below

3. Have you been contacted by or received any assistance from the staff at [IHHAGENCY] in the past 6 months?

¹ ☐ Yes

² ☐ No → If No, please stop here

Each of the IHH agencies are supposed to have staff that can help you get the care you need in a way that is easy to understand.

4. Is there a person at [IHHAGENCY], who might be called a NURSE CARE MANAGER, who could help you get appointments for health care and may also teach how to care for yourself when you are sick?

¹ ☐ Yes

² ☐ No

5. Is there a person at [IHHAGENCY], who might be called a CARE COORDINATOR, who could help you get services in the community, such as help with substance use or job training?

¹ ☐ Yes

² ☐ No

6. Is there a person at [IHHAGENCY], who might be called a PEER SUPPORT COUNSELOR, who has had similar life experiences and can help you work through your problems?

¹ ☐ Yes

² ☐ No

Next, I am going to ask you about your experiences with your IHH/IHP team at [IHHAGENCY]. For these next questions, please think of your experiences with the team of people from your IHH/IHP who may have helped you.

7. Do you know how to get help from [IHHAGENCY] at night or on the weekend if you need help right away, for a physical or mental health problem?

¹ ☐ Yes

² ☐ No

8. In the last 6 months, did you ever try to get help from [IHHAGENCY] at night or on the weekend when you needed help right away?

1 ☐ Yes

2 ☐ No → IF NO, GO TO QUESTION 10

9. In the last 6 months, when you needed help at night or on the weekend, how often did you get help as soon as you wanted from [IHHAGENCY]?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

Now, I have a list of different types of health and community based services you may have needed. Please answer “yes” if you needed any of these services in the last 6 months.

10. In the last 6 months, did you need...

	YES	NO
10.1 Routine health care from a doctor (such as a check-up or physical exam)		
10.2 Urgent health care (care you needed on the same day for an illness, injury, or other condition)		
10.3 Preventive health care (such as a flu shot or mammogram)		
10.4 Specialist health care (such as from a surgeon, heart doctor, allergy doctor, or other doctors who specialize in one area of health care)		
10.5 Crisis assistance		
10.6 Counseling		
10.7 Illegal or prescription drug treatment or prevention		
10.8 Assistance quitting smoking		
10.9 Assistance managing alcohol use		
10.10 Nutrition counseling		
10.11 Weight loss counseling or assistance		
10.12 Management of a chronic health condition		
10.13 Assistance obtaining prescription medicines		
10.14 Home health care (health care services you receive in your home)		
10.15 Medical equipment or supplies (such as a cane, wheelchair, oxygen equipment, CPAP, etc.)		
10.16 Dental services		
10.17 Housing assistance		
10.18 Exercise or physical activity assistance		
10.19 Food or clothing assistance		
10.20 Transportation assistance		
10.21 Childcare assistance		
10.22 Legal assistance		

FOLLOW-UP Questions If “YES” for any responses from Question 10:

10a. Did your IHH team assist you in getting [Name of service]?

¹ ☐ Yes

² ☐ No → IF NO, GO TO QUESTION 10c

10b. How helpful was your IHH team in getting you [Name of service]?

¹ ☐ Very helpful

² ☐ Somewhat helpful

³ ☐ Not very helpful

10c. Were you able to get the [Name of service] that you needed?

¹ ☐ Yes

² ☐ No

Next, I am going to ask you about prescription medicine use.

11. In the last 6 months, did you take any prescription medicines as part of your treatment for your physical or mental health condition?

¹ ☐ Yes

² ☐ No → IF NO, GO TO QUESTION 13

12. In the last 6 months, did someone from [IHHAGENCY] help you manage your prescription medicines?

¹ ☐ Yes

² ☐ No

Next are some questions about the times you got help from or worked with someone from your IHH/IHP team at [IHHAGENCY].

13. In the last 6 months, did anyone from [IHHAGENCY] help you set up goals to improve your mental health?

¹ ☐ Yes

² ☐ No → IF NO, GO TO QUESTION 15

14. Were you given as much information from [IHHAGENCY] as you wanted to meet your goals to improve your mental health?

¹ ☐ Yes

² ☐ No

15. In the last 6 months, did anyone from [IHHAGENCY] talk with you about specific goals to improve your *physical* health?

¹ ☐ Yes

² ☐ No → IF NO, GO TO QUESTION 17

- 16. Were you given as much information from [IHHAGENCY] as you wanted to meet your goals to improve your physical health?**
- ¹ ☐ Yes
- ² ☐ No
- 17. In the last 6 months, did anyone from [IHHAGENCY] help support your efforts to become more independent?**
- ¹ ☐ Yes
- ² ☐ No
- 18. Since you started working with your IHH/IHP team at [IHHAGENCY], are you better able to deal with a crisis?**
- ¹ ☐ Yes
- ² ☐ No
- 19. Does your gender, language, race, religion, ethnic background, sexual orientation or culture make any difference in the kind of help you need from your IHH/IHP team at [IHHAGENCY]?**
- ¹ ☐ Yes
- ² ☐ No → IF NO, GO TO QUESTION 21
- 20. In the last 6 months, was the help you received from {[IHHAGENCY]} responsive to those needs?**
- ¹ ☐ Yes
- ² ☐ No
- 21. Are you currently employed?**
- ¹ ☐ Yes
- ² ☐ No → IF NO, GO TO QUESTION 24
- 22. Since you started working with your IHH/IHP team at [IHHAGENCY] is your employment situation...**
- ¹ ☐ Better
- ² ☐ About the same
- ³ ☐ Worse
- 23. Are you currently in school?**
- ¹ ☐ Yes
- ² ☐ No → IF NO, GO TO QUESTION 27

24. Since you started working with your IHH/IHP team at [IHHAGENCY], is your school situation...

- 1 ☐ Better
- 2 ☐ About the same
- 3 ☐ Worse

25. What are one or two things about the help you have received from your IHH/IHP team at [IHHAGENCY] that has made your life better?

26. If you could change one or two things to improve the help you receive from your IHH/IHP team at [IHHAGENCY], what would you change?

This last section asks about health care services you may have received in the last 6 months.

27. In the last 6 months, how many nights did you spend in the hospital for any reason?

- 1 ☐ 0 nights → IF NO, GO TO QUESTION 32
- 2 ☐ 1 night
- 3 ☐ 2 nights
- 4 ☐ 3 nights
- 5 ☐ 4 or more nights

28. Before going to the hospital, did you try to contact someone from [IHHAGENCY] to let them know?

- 1 ☐ Yes
- 2 ☐ No → WHY NOT?

29. After you left the hospital, did someone from [IHHAGENCY] get in touch with you within the next week (either by phone or a face-to-face visit) to talk with you about how to care for yourself after leaving the hospital?

- 1 ☐ Yes
- 2 ☐ No

30. In the last 6 months, how many times did you go to an emergency room to get health care for yourself?

- 1** ☐ 0 times → IF NO, GO TO QUESTION 36
- 2** ☐ 1 time
- 3** ☐ 2 times
- 4** ☐ 3 or more times

31. Before going to the emergency room, did you try to contact someone from [IHHAGENCY] to let them know?

- 1** ☐ Yes
- 2** ☐ No → WHY NOT?

32. Do you think the care you received at your most recent visit to the emergency room could have been provided in a doctor's or therapist's office if you could have been seen there at that time?

- 1** ☐ Yes
- 2** ☐ No

33. After your emergency room visit, did someone from [IHHAGENCY] get in touch with you within the next week, either by phone or a face-to-face visit, to follow-up with you about your emergency room visit?

- 1** ☐ Yes
- 2** ☐ No

Finally, I have some questions about you.

34. In general, how would you rate your overall mental health now?

- 1** ☐ Excellent
- 2** ☐ Very good
- 3** ☐ Good
- 4** ☐ Fair
- 5** ☐ Poor

35. In general how would you rate your overall physical health now?

- 1** ☐ Excellent
- 2** ☐ Very good
- 3** ☐ Good
- 4** ☐ Fair
- 5** ☐ Poor

36. What is your age?

- ¹ ☐ 18 to 24
- ² ☐ 25 to 34
- ³ ☐ 35 to 44
- ⁴ ☐ 45 to 54
- ⁵ ☐ 55 to 64
- ⁶ ☐ 65 to 74
- ⁷ ☐ 75 or older

37. What is your gender?

- ¹ ☐ Male
- ² ☐ Female
- ³ ☐ Other

38. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
- ² ☐ Some high school, did not graduate
- ³ ☐ High school graduate or GED
- ⁴ ☐ Some college or 2-year degree
- ⁵ ☐ 4-year college degree
- ⁶ ☐ More than 4-year college degree

39. Are you of Hispanic or Latino origin or descent?

- ¹ ☐ Yes
- ² ☐ No

40. What is your race [Choose all that apply]

- ¹ ☐ White
- ² ☐ Black or African-American
- ³ ☐ Asian
- ⁴ ☐ Native Hawaiian or other Pacific Islander 54
- ⁵ ☐ American Indian or Alaskan Native
- ⁶ ☐ Other: _____

Great, these are all the questions we had for you. Do you have any additional comments about the IHH/IHP or the [IHHAGENCY] that you would like to share?

[Thank you for your time and for sharing your experiences.](#)

Appendix B: Interview Script for Parents of Children in the IHH

1. Are you aware that your child is enrolled in a program called the Medicaid Integrated Health Home/Integrated Health Program (IHH)?
¹ ☐ Yes
² ☐ No
2. Our records show that your child is receiving Integrated Health Home/Program services at [IHHAGENCY]. Is this correct?
¹ ☐ Yes
² ☐ No → IF NO, TEXT BOX with “AT WHICH AGENCY DO YOU RECEIVE IHH/IHP SERVICES” and use that agency name in the questions below
3. Have you been contacted by or received any assistance for your child from the staff at [IHHAGENCY] in the past 6 months?
¹ ☐ Yes
² ☐ No → If No, please stop here

Each of the IHH agencies are supposed to have staff that can help you get the care your child needs in a way your child and your family can understand.

4. Is there a person at [IHHAGENCY], who might be called a NURSE CARE MANAGER, who could help you get health care appointments for your child and may also teach how to care for your child when s/he is sick?
¹ ☐ Yes
² ☐ No
5. Is there a person at [IHHAGENCY], who might be called a CARE COORDINATOR, who could help you get services for your child in the community, such as school-based services or youth programs?
¹ ☐ Yes
² ☐ No
6. Is there a person at [IHHAGENCY], who might be called a FAMILY PEER SUPPORT SPECIALIST, who has had similar life experiences and can provide services to support the needs of your child and family?
¹ ☐ Yes
² ☐ No

Next, I am going to ask you about your experiences getting care for your child with the IHH/IHP team at [IHHAGENCY]. For these next questions, please think of your experiences with the team of people from your child's IHH/IHP.

7. Do you know how to get help for your child from [IHHAGENCY] at night or on the weekend if you need help right away for a physical or behavioral/emotional health problem?
¹ ☐ Yes
² ☐ No

8. In the last 6 months, did you ever try to get help for your child from [IHHAGENCY] at night or on the weekend when your child needed help right away?

¹ ☐ Yes

² ☐ No → IF NO, GO TO QUESTION 10

9. In the last 6 months, when your child needed help at night or on the weekend, how often did you get your child help as soon as you wanted from [IHHAGENCY]?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

Now, I have a list of different types of health and community-based services your child may have needed. Please answer “yes” if your child needed any of these services in the last 6 months.

10. In the last 6 months, did your child need...

	YES	NO
10.1 Routine health care from a doctor (such as a check-up or physical exam)		
10.2 Urgent health care (care your child needed on the same day for an illness, injury, or other condition)		
10.3 Preventive health care (such as a flu shot or vaccinations)		
10.4 Specialist health care (such as from a surgeon, heart doctor, allergy doctor, or other doctors who specialize in one area of health care)		
10.5 Speech, Occupational, or Physical therapy		
10.6 Crisis assistance		
10.7 Family or child counseling		
10.8 Emotional support for concerns, frustrations, and crises		
10.9 Illegal or prescription drug treatment or prevention (age 12 or above)		
10.10 Alcohol use or prevention (age 12 or above)		
10.11 Social skills training		
10.12 Nutrition counseling		
10.13 Weight loss counseling or assistance		
10.14 Management of a chronic health condition		
10.15 Obtaining prescription medicines		
10.16 Home health care (health care services your child receives at home)		
10.17 Medical equipment or supplies (such as a wheelchair, etc.)		
10.18 Dental services		
10.19 School services such as homework help or other accommodations		
10.20 Support during meetings with your child's school		
10.21 Extracurricular activity assistance		
10.22 Housing assistance for the family		
10.23 Food or clothing assistance		
10.24 Transportation assistance		
10.25 Childcare or respite care assistance (so that your child is cared for while you can take care of other things)		
10.26 Legal help (such as support during juvenile court order meetings or court appearances)		

FOLLOW-UP Questions If “YES” for any responses from Question 10:

10a. Did your IHH team assist you in getting [Name of service] for your child?

- ¹ ☐ Yes
² ☐ No → IF NO, GO TO QUESTION 10c

10b. How helpful was your IHH team in getting your child [Name of service]?

- ¹ ☐ Very helpful
² ☐ Somewhat helpful
³ ☐ Not very helpful

10c. Were you able to get the [Name of service] that your child needed?

- ¹ ☐ Yes
² ☐ No

Next, I am going to ask you about prescription medicine use.

11. In the last 6 months, did your child take any prescription medicines as part of his/her treatment for a physical or behavioral/emotional health condition?

- ¹ ☐ Yes
² ☐ No → IF NO, GO TO QUESTION 13

12. In the last 6 months, did someone from [IHHAGENCY] help you manage your child's prescription medicines?

- ¹ ☐ Yes
² ☐ No

Next are some questions about the times you got help from or worked with someone from your IHH/IHP team at [IHHAGENCY].

13. In the last 6 months, did anyone from [IHHAGENCY] help you and your child set up goals to improve your child's *mental or behavioral* health?

- ¹ ☐ Yes
² ☐ No → IF NO, GO TO QUESTION 15

14. Were you given as much information from [IHHAGENCY] as you wanted to meet these goals?

- ¹ ☐ Yes
² ☐ No

15. In the last 6 months, did anyone from [IHHAGENCY] help you and your child set up goals to improve your child's *physical* health?

- ¹ ☐ Yes
² ☐ No → IF NO, GO TO QUESTION 17

16. Were you given as much information from [IHHAGENCY] as you wanted to meet these goals?

¹ ☐ Yes

² ☐ No

17. Since you started working with your IHH/IHP team at [IHHAGENCY], is your child and family better able to deal with a crisis?

¹ ☐ Yes

² ☐ No

18. Does your child's gender, language, race, religion, ethnic background, sexual orientation or culture make any difference in the kind of help your child needs from the IHH/IHP team at [IHHAGENCY]?

¹ ☐ Yes

² ☐ No → IF NO, GO TO QUESTION 20

19. In the last 6 months, was the help your child received from {[IHHAGENCY]} responsive to those needs?

¹ ☐ Yes

² ☐ No

20. Is your child currently enrolled in school?

¹ ☐ Yes

² ☐ No → IF NO, GO TO QUESTION 23

21. Since your child started working with your IHH/IHP team at [IHHAGENCY], is your child's school situation...

¹ ☐ Better

² ☐ About the same

³ ☐ Worse

22. In the past 6 months, about how many days did your child miss school because of illness, injury or a behavioral/emotional problem?

_____DAYS

23. What are one or two things about the help your child has received from the IHH/IHP team at [IHHAGENCY] that has made your child's life better?

24. If you could change one or two things to improve the help your child receives from your IHH/IHP team at [IHHAGENCY], what would you change?

This last section asks about health care services your child may have received in the last 6 months.

25. In the last 6 months, how many nights did your child spend in the hospital for any reason?

- 1 ☐ 0 nights → IF NO, GO TO QUESTION 29
- 2 ☐ 1 night
- 3 ☐ 2 nights
- 4 ☐ 3 nights
- 5 ☐ 4 or more nights

26. Were any of these hospital visits for a behavioral or emotional problem?

- 1 ☐ Yes
- 2 ☐ No

27. Before taking your child to the hospital, did you try to contact someone from [IHHAGENCY] to let them know?

- 1 ☐ Yes
- 2 ☐ No → WHY NOT?

28. After your child left the hospital, did someone from [IHHAGENCY] get in touch with you within the next week (either by phone or a face-to-face visit) to talk with you about how to care for your child after leaving the hospital?

- 1 ☐ Yes
- 2 ☐ No

29. In the last 6 months, how many times did your child go to an emergency room to get health care?

- 1 ☐ 0 times → IF NO, GO TO QUESTION 33
- 2 ☐ 1 time
- 3 ☐ 2 times
- 4 ☐ 3 or more times

30. Before taking your child to the emergency room, did you try to contact someone from [IHHAGENCY] to let them know?

- 1 ☐ Yes
- 2 ☐ No → WHY NOT?

31. Do you think the care your child received at his/her most recent visit to the emergency room could have been provided in a doctor's or therapist's office if s/he could have been seen there at that time?

- 1 ☐ Yes
- 2 ☐ No

32. After your child's emergency room visit, did someone from [IHHAGENCY] get in touch with you within the next week, either by phone or a face-to-face visit, to follow-up with you about your child's emergency room visit?

¹ ☐ Yes

² ☐ No

Now, I have some questions about your child.

33. In general, how would you rate your child's overall behavioral/emotional health now?

¹ ☐ Excellent

² ☐ Very good

³ ☐ Good

⁴ ☐ Fair

⁵ ☐ Poor

34. In general how would you rate your child's overall physical health now?

¹ ☐ Excellent

² ☐ Very good

³ ☐ Good

⁴ ☐ Fair

⁵ ☐ Poor

35. What is your child's age?

_____years

36. What is your child's gender?

¹ ☐ Male

² ☐ Female

³ ☐ Other

37. Is your child of Hispanic or Latino origin or descent?

¹ ☐ Yes

² ☐ No

38. What is your child's race [Choose all that apply]

¹ ☐ White

² ☐ Black or African-American

³ ☐ Asian

⁴ ☐ Native Hawaiian or other Pacific Islander 54

⁵ ☐ American Indian or Alaskan Native

⁶ ☐ Other: _____

And finally, I have a few questions about you.

39. What is your gender?

- ¹ ☐ Male
- ² ☐ Female
- ³ ☐ Other

40. What is your age?

- ¹ ☐ 18 to 24
- ² ☐ 25 to 34
- ³ ☐ 35 to 44
- ⁴ ☐ 45 to 54
- ⁵ ☐ 55 to 64
- ⁶ ☐ 65 or older

41. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
- ² ☐ Some high school, did not graduate
- ³ ☐ High school graduate or GED
- ⁴ ☐ Some college or 2-year degree
- ⁵ ☐ 4-year college degree
- ⁶ ☐ More than 4-year college degree

Great, these are all the questions we had for you. Do you have any additional comments about the IHH/IHP or the [IHHAGENCY] that you would like to share?

Thank you for your time and for sharing your experiences.