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RESEARCH REPORT

EXPERIENCES OF ADULTS AND CHILDREN IN THE IOWA MEDICAID INTEGRATED HOME HEALTH PROGRAM: 2014 TO 2017

[Consumer Interview Analysis Brief II]

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Suzanne Bentler
Associate Research Scientist

Tessa Heeren
Research Associate

Brooke McInroy
Research Associate

Elizabeth Momany
Associate Research Scientist

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

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• first-last@uiowa.edu • ppc.uiowa.edu
• 319-335-6800 • 310 S. Grand Ave, Iowa City, IA 52242
uippc @uippc @uippc

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EXECUTIVE SUMMARY

BACKGROUND

This report represents the results of an annual survey with Iowa Medicaid members who participate in the Integrated Health Home program (IHH). 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.

The Iowa IHH initiative began 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 had managed the Iowa Plan for Behavioral Health (Iowa Plan) since 1995. Beginning April 1, 2016, the management of members in the IHH initiative was transferred to three Managed Care Organizations (MCO) as part of an effort to restructure the management of Medicaid. The MCOs chosen to manage Medicaid were AmeriHealth Caritas, Amerigroup, and United Healthcare. Magellan was not chosen to manage Medicaid services in Iowa and therefore, ended its provision of behavioral health services on December 31, 2015. The MCOs, as part of their contracts with the state of Iowa, are now responsible for the administration and management of the IHH program.

As one part of an overall evaluation of the IHH program in Iowa, phone interviews with IHH members have been conducted every fall since the beginning of the IHH program in 2014. New to this report is the data from the phone interviews conducted during the period from October 2017 through mid-January 2018. In addition, this report provides an overview of IHH member experiences (adults and the parents of children in the IHH) over the course of the IHH program (2014 – 2017). It includes the experiences of IHH members in 2014 & 2015 (two years prior to Medicaid Modernization) and in 2016 & 2017 (two years after Medicaid Modernization).

It is important to note that during the time frame of the 2017 interviews, one of the MCOs (AmeriHealth Caritas) ended its contract with the state of Iowa on November 30, 2017. AmeriHealth Caritas members were assigned to UnitedHealthcare on December 1, 2017. Because this transition happened during the middle of data collection, it is uncertain what effect this change may have on interpretation of the 2017 findings.

Adults in the IHH program - Key Findings

IHH adults continue to have significant health problems in 2017.

- 44% self-reported *fair* or *poor* mental health; 24% reported mental health to be *very good* or *excellent*. [see Figure 1 on page 11]
- 56% self-reported *fair* or *poor* physical health; 12% reported physical health to be *very good* or *excellent*. [see Figure 2 on page 11]

Awareness about the IHH program increased from 2016 to 2017 (after a decrease from 2015 to 2016) [see Figure 3 on page 12]

- 87% of IHH adults in 2017 were aware of being enrolled in an IHH, compared to 79% in 2016.
- 88% in 2017 knew about the nurse care manager at the IHH, compared to 79% in 2016.
- 78% in 2017 knew about a peer support counselor at the IHH, compared to 69% in 2016.

IHH adults had varying success in getting prior authorization from their MCOs [see Experiences with Medicaid MCOs (2017 only) on page 12].

- 34% had a time when they had to obtain prior authorization from an MCO to get care, tests, or treatment.
- Of those who needed prior authorization, 29% reported that it was *very easy* to do so; 21% reported that it was *very hard* to obtain prior authorization.

The reported need for several types of health care and community-based services decreased from 2016 to 2017.

- Routine health care needs of IHH adults decreased from 81% reporting this need in 2016 to 75% in 2017. Need for dental services decreased from 59% in 2016 to 51% in 2017. [see Figure 4 on page 14]
- The reported need for mental health counseling decreased from 78% in 2014, to 70% in 2015 & 2016, to 64% in 2017. And, reported need for illegal or prescription drug treatment decreased from 15% in 2014 and 12% in 2015 to 3% in 2016 & 2017. [see Figure 5 on page 15]
- Need for nutrition counseling was 29% in 2016 and 21% in 2017 and need for weight loss counseling was 25% in

2016 and 18% in 2017. [see Figure 8 on page 18]

- The food or clothing assistance needs reported by IHH adults went from 45% in 2016 to 37% in 2017 and transportation need decreased from 53% in 2016 to 43% in 2017. [see Figure 12 on page 22]

Receipt of some types of needed services followed a trend of improvements from 2014-2015, a decline from 2015-2016, followed by improvements from 2016-2017. This pattern could suggest program development was interrupted after the transition in Medicaid management, but then rebounded.

- Receipt of Needed Dental Care Services – 80% (2014), 88% (2015), 79% (2016), 87% (2017) [see Figure 5 on page 15]
- Receipt of Needed Weight Loss Counseling – 52% (2014), 70% (2015), 45% (2016), 65% (2017) [see Figure 9 on page 18]
- Receipt of Needed Food or Clothing Assistance – 78% (2014), 86% (2015), 79% (2016), 85% (2017) [see Figure 13 on page 23]
- Receipt of Housing Assistance – 59% (2014), 78% (2015), 75% (2016), 79% (2017) [see Figure 13 on page 23]

For several types of service needs, having the help of an IHH had a positive impact on the receipt of the service (when compared to not having IHH help).

- Help getting prescription medicine: 96% of those in need who worked with an IHH received the help vs. 87% of those in need who did not work with an IHH. [see Table 3 on page 15]
- Counseling and Crisis Assistance: 98% of those in need of counseling and 95% of those in need of crisis assistance who worked with an IHH received those services vs. 87% and 67% (respectively) of those in need who did not work with an IHH. [see Table 4 on page 18]
- Nutrition and weight loss counseling: 88% of those in need of nutrition counseling and 91% of those in need of weight loss counseling who worked with an IHH received those services compared to 56% and 51% receipt for those who did not work with an IHH. [see Table 5 on page 19]
- Home health care: 92% of IHH adults in need of home health care who worked with an IHH received the service compared to 67% receipt for those who did not work with an IHH. [see Table 6 on page 21]
- Food or clothing assistance and transportation: Around 95% (each) of those with a need for food or clothing and transportation assistance who worked with an IHH received those services compared to around 80% (each) for those who did not work with an IHH. [see Table 7 on page 23]

Over the four years, ED use remained about the same while there was a significant decrease in those reporting hospital stays. The percentage of IHH adults reporting follow-up by their IHH after a hospital stay increased over time.

- 43% of IHH adults in 2017 reported any ED use in the previous six months. 26% of IHH adults in 2014 & 2015 reported any hospital stays in the previous six months while 18% in 2017 reported the same. [see Figure 15 on page 25]
- 36% of IHH adults who had a hospital stay in 2014, 53% in 2015, 59% in 2016, and 63% in 2017 reported being contacted by their IHH after their stay. [see Figure 16 on page 26]

Parents of Children in the IHH - Key Findings

Children in the IHH have significant health problems but are healthier than adults in the IHH.

- In 2017, 39% of parents reported their child's mental health as *fair* or *poor*; 22% reported their child's mental health to be *very good* or *excellent*. [see Figure 17 on page 31]
- In 2017, 13% of parents reported their child's physical health as *fair* or *poor* which is slightly higher than previous years; 49% reported their child's physical health to be *very good* or *excellent*, which is slightly lower than in previous years. [see Figure 18 on page 31]

Awareness about the IHH program increased from 2016 to 2017 (after a decrease from 2015 to 2016) [see Figure 19 on page 32].

- 88% of parents in 2017 were aware of their child being enrolled in an IHH, compared to 82% in 2016.
- 92% of parents in 2017 were aware their child had a care coordinator at their IHH, compared to 87% in 2016.
- 79% of parents in 2017 were aware their child had a nurse care manager at their IHH, compared to 75% in 2016.
- 76% of parents in 2017 were aware their child had a family peer support specialist at their IHH, compared to 66% in 2016.

Similar to IHH adults, parents of children in an IHH had varying success in getting prior authorization from their

child's MCOs [see Experiences with Medicaid MCOs (2017 only) on page 32].

- 23% had a time when they had to obtain prior authorization from their child's MCO to get care, tests, or treatment.
- Of those who needed prior authorization, 24% reported that it was *very easy* to do so; 22% reported that it was *very hard* to obtain prior authorization.

The reported need for several types of health care and community-based services varied across time for children in the IHH.

- Need for dental services increased from 61% in 2014 to 74% in 2016 and then decreased to 65% in 2017. [see Figure 20 on page 35]Over 90% of parents in each year reported their child in an IHH received their needed dental services. [see Figure 21 on page 35]
- The reported need for crisis assistance increased from 2014 (18%) to 2016 (26%) and then decreased to 21% in 2017. [see Figure 22 on page 37]And, both receipt of crisis assistance and help from their IHH in getting crisis assistance decreased over time. [see Figure 23 on page 37]
- Need for preventive care increased over time from 43% in 2014 to 57% in 2017. [see Figure 24 on page 39]
- The food or clothing assistance needs reported by parents of children in an IHH went from 28% in 2016 to 22% in 2017 and transportation need decreased from 19% in 2016 to 13% in 2017. Parental need for childcare assistance increased from 2014 (13%) to 2017 (26%). [see Figure 28 on page 42]
- Need for school services reported by parents of children in an IHH went from 50% in 2016 to 41% in 2017 while the need for support during school meetings increased from 17% in 2014 to 28% in 2017. [see Figure 29 on page 43]

For several types of service needs, having the help of the child's IHH had a positive impact on the receipt of the service (when compared to not having IHH help).

- Social skills training and emotional support: 92% of IHH children in need of social skills training and 97% of those in need of emotional support, whose parents worked with the child's IHH, received those services vs. 68% and 82% (respectively) of those who did not work with the child's IHH. [see Table 10 on page 38]
- Nutrition and weight loss counseling: 97% of IHH children in need of nutrition counseling and 88% of those in need of weight loss counseling whose parents worked with the child's IHH received those services compared to 62% and 45% receipt for those who did not work with an IHH. [see Table 11 on page 40]
- Home health care: While only 12% of parents reported their child needed home health care, 96% of IHH children with that need whose parents worked with an IHH received the needed home health care compared to 68% those who did not work with an IHH. [see Table 12 on page 41]
- Transportation and childcare assistance: 97% of IHH children/families in need of transportation who worked with an IHH received assistance with transportation compared to 78% for those who did not work with an IHH. 81% of parents with a child in an IHH in need of childcare assistance who worked with their child's IHH received that help compared to 56% who did not work with their child's IHH to get childcare assistance. [see Table 13 on page 43]
- School services and support during school meetings: 90% of parents in need of schools services who worked with their child's IHH received those services compared to 76% for those who did not work with their child's IHH. 98% of parents with a child in an IHH in need of support during meetings with their child's school who worked with their child's IHH received that support compared to 66% who did not work with their child's IHH. [see Table 14 on page 45]

ED use and hospital admissions were consistently lower for children in an IHH compared to adults in an IHH. For children, ED use and hospitalizations remained about the same over the four years of reporting.

- 29% of parents in 2017 reported their child had any ED use in the previous six months. 8% of parents in 2017 reported their child had any hospital stays in the previous six months. [see Figure 35 on page 48]
- There is room for improvement with regard to contact after an ED visit. 36% of parents of children in an IHH whose child had an ED visit in 2017 reported being contacted by their IHH after the visit. [see Figure 36 on page 48]

Key Qualitative Findings

- Among both adult and child IHH member feedback, the most frequently reported way the IHH *improved their lives* was through the *provision of care coordination and resource referral.*
- The improvement most frequently suggested by adult IHH members was to *increase the amount of services they*

receive. Members described dissatisfaction with brief interactions, long waiting lists, irregular appointments, and a desire for more frequent services.

- *Improving workforce problems* such as staff shortages and high turnover were the most common suggestions provided by parents of children in the IHH.

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 purpose of an integrated health home (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 aim of an IHH is 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. On July 1, 2013, the Iowa IHH initiative was launched as a partnership between the Iowa Department of Human Services (DHS) and Magellan Behavioral Care of Iowa (Magellan), a private health management company that had managed the Iowa Plan for Behavioral Health (Iowa Plan) since 1995.[1] The specific programmatic requirements for an IHH in Iowa have been described elsewhere.[2]

From July 2013 through the end of 2015, IHH member care was provided by community-based health homes across the state and DHS contracted with Magellan to oversee IHH services and providers. Beginning April 1, 2016, while the care of IHH members was still provided by community-based health homes, the management of members in the IHH initiative was transferred to three Managed Care Organizations (MCOs), as part of statewide Medicaid Modernization efforts. The three selected MCOs were AmeriHealth Caritas, Amerigroup, and United Healthcare. As Magellan was not one of the three MCOs chosen to manage Medicaid services in Iowa, it ended its provision of behavioral health services to IHH members in Iowa on December 31, 2015. However, the continuation of the IHH initiative was explicitly delineated in the MCO contracts. The three MCOs were contractually required to "meet all CMS requirements for IHH," "develop a network of Integrated Health Homes," and "develop strategies to encourage additional participation, particularly in areas of the State where participation has been low."[3] Throughout this entire period (regardless of which managed care organization managed the IHH members), DHS/IME has had project management oversight of the IHH program.

IHH MEMBER EXPERIENCES

As one part of an overall evaluation of the IHH program in Iowa, phone interviews with IHH members were conducted every fall since the beginning of the IHH program in 2014. New to this report is the data from the phone interviews conducted during the period from October 2017 through mid-January 2018. In addition, this report provides an overview of IHH member experiences (adults and the parents of children in the IHH) over the course of the IHH program (2014 – 2017). It includes the experiences of IHH members in 2014 & 2015 (the two years prior to Medicaid Modernization) and in 2016 & 2017 (two years after Medicaid Modernization).

It is important to note that during the time frame of the 2017 interviews, one of the MCOs (AmeriHealth Caritas) ended its contract with the state of Iowa on November 30, 2017. AmeriHealth Caritas members were assigned to UnitedHealthcare on December 1, 2017. Because this transition happened during the middle of data collection, it is uncertain what effect this change may have on interpretation of the 2017 findings.

1 Magellan of Iowa. (2015). http://www.magellanofiowa.com/about-magellan-of-iowa.aspx
2 The University of Iowa Public Policy Center. "Experiences of Adults and Children in the Iowa Medicaid Integrated Health Home Program." 2016. Available at http://ppc.uiowa.edu/publications/experiences-adults-and-children-iowa-medicaid-integrated-health-home-program
3 MCO contracts. (2015) https://dhs.iowa.gov/sites/default/files/AmeriGroup_Contract.pdf

METHODS

Structured telephone interviews were conducted with adults and the parent/legal guardians of children who were enrolled in the IHH. The interview was administered by trained personnel using a computer assisted telephone interviewing system (CATI) during the period from October 4, 2017 to January 15, 2018. In this report, we also include data from a survey administered to IHH members during similar time periods in 2014, 2015, and 2016. The methods for prior studies were similar to those described here.[4,5]

Medicaid members were eligible for the survey sample if they were identified in the Medicaid eligibility files as having been in an IHH in July 2017. The Medicaid eligibility data from the MCOs after July 2017 did not include an IHH identifier. The research team assumed that members identified as IHH enrolled in July 2017 who remained enrolled in Medicaid continuously through September 2017 (end of sampling period) were also continuously enrolled in the IHH.

Similar to previous years, members eligible for the 2017 survey also had to meet the following criteria:

- Had a valid phone number
- Were community-dwelling (did not reside in an institutional setting or residential care)
- 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.

A random sample of 3750 survey-eligible adults and 3750 parents/guardians of survey-eligible children were selected for the telephone survey. Sample sizes were increased in 2016 and 2017 (when compared to 2014 and 2015) to ensure adequate sampling of members in each of the three MCOs. Prior to initiating the phone calls, introductory letters were sent out to all individuals with a valid address in the sample explaining the study purpose and informing them that they would receive a phone call in the coming months. A toll-free number was provided which the potential participant could call to update his/her phone number or request not to be called.

The Iowa Social Science Research Center call center began phone interviews on October 4, 2017. 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. Interviewers left voice messages that provided a toll-free number for the call center on the first and eighth attempts.

SURVEY INSTRUMENT

The adult interview consisted of 66 structured questions and the parent interview included 72 structured questions. Both interviews had an open-ended comment period at the end of the interview.

In addition, each IHH interview script included two open-ended questions designed to give the member an opportunity to provide more details about their experiences with the IHH.

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

The interview script for adults can be found in Appendix A and the interview script for parents can be found in Appendix B.

Participation

In 2017, phone interviews were completed by 747 adults and 727 parents/guardians of children enrolled in the IHH for unadjusted participation rates of 20% and 19% 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 33% and 27% respectively (Table 1). The rate of participation was satisfactory considering the difficulties of reaching this particular population.

4 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

5 University of Iowa Public Policy Center. Evaluation of Iowa's Integrated Health Homes for Individuals with Serious Mental Illness. "Experiences of Adults and Children in the Iowa Medicaid Integrated Health Home Program: Changes in member experiences from 2014 to 2016" Available at http://ppc.uiowa.edu/publications/experiences-adults-and-children-iowa-medicaid-integrated-health-home-program-0

Table 1. Participation Rates by Sampled Group (2014, 2015, 2016, & 2017)

Samples	Adults 2014	Children 2014	Adults 2015	Children 2015	Adults 2016	Children 2016	Adults 2017	Children 2017
Total Sampled	1200	1200	1200	1200	3750	3790	3750	3750
Not Eligible	482	420	463	368	1466	1213	1471	1069
Total Eligible Attempts	718	780	737	832	2284	2577	2279	2681
Complete Interviews	**319**	**314**	**272**	**321**	**770**	**754**	**747**	**727**
Overall Participation Rate (Complete/Sampled)	27%	26%	23%	27%	21%	20%	20%	19%
Adjusted* Participation Rate	**44%**	**40%**	**37%**	**39%**	**34%**	**29%**	**33%**	**27%**

*Adjusted for ineligibles

Adult IHH members who completed an interview in 2017 were slightly older than those who did not. The mean age of adult participants was 47 and non-participants was 43 and this was a statistically significant difference ($p<.01$). In addition, participants were more likely ($p<.01$) to be female (62%) than non-participants (56%). Participants and non-participants were comparable with regard to household income and race/ethnicity.

For IHH children in 2017, there was no difference between those whose parents participated in the interview and those who did not with regard to household income. The mean age and gender of the IHH children were also comparable between parents who participated and those who did not.

Analyses

Interviews were included in the analytic dataset if at least half of the interview items were completed. Data was tabulated and bivariate analyses were conducted using SPSS. Statistical differences in outcomes ($p<0.05$) are noted in the text, tables, or figures.

To analyze and interpret the information collected from the two open-ended questions in the adult and parent IHH interviews, coders used NVivo software to systematically identify and analyze recurring themes across interview responses. Recurring subject areas in responses were defined and organized in a hierarchal format. Oftentimes, a comment from one individual fit into more than one theme, resulting in higher numbers of coded material than comments. For example, in the question about how IHH made life better, one respondent reported, "*She helped me with dealing with things as far as crises stuff. She (case manager) gets back to me quickly.*" This individual response included two distinct themes, 1) Improved Outcomes ["*She helped me with dealing with things as far as crises stuff.*"] and 2) Reliable communication ["*She (case manager) gets back to me quickly*"]. By utilizing a systematic approach to organizing qualitative responses, the research team was able to identify and summarize success factors in the IHH program administration as well as areas for improvement.

Limitations

Survey interviews have inherent limitations related to the group that we can reach through a telephone call and the group that is willing to answer questions about their care and experiences. Differences between those who participated and those who did not have been outlined above.

This survey also has an additional limitation related to the identification of those in an IHH. For the surveys conducted in 2014 and 2015, we were able to identify those in an IHH through enrollment files provided by IME. This identification was immediate. If the enrollment file indicated an individual was in the IHH during the current month, we could reasonably assume they would be enrolled in the program. Upon the implementation of Medicaid Modernization and the introduction of the MCOs as the oversight mechanism for the IHH, we were unable to determine whether a Medicaid member was enrolled in the IHH on an ongoing basis. Thus, for 2016, the research team made an assumption that those enrolled in the IHH at the beginning of the Medicaid Modernization (April 2016) who remained enrolled in Medicaid for the next 7 months (till the survey month of September) were in the IHH at the time of the survey. In 2017, a similar assumption was made. Medicaid members were eligible for the 2017 survey sample if they were identified in the Medicaid eligibility files as having been in an IHH in July 2017 (after this month, the files did not include an IHH identifier). Thus, the research team assumed that members identified as enrolled in an IHH in July 2017 and who remained enrolled in Medicaid continuously through September 2017 (end of sampling period), were also continuously enrolled in the IHH. These variations in sample identification are a potential limitation for the interpretation of the results across the years.

RESULTS :EXPERIENCES OF ADULTS IN THE IHH (2014 - 2017)

Demographics

Table 2 summarizes the demographic characteristics of IHH interview participants from 2014 - 2017. The average age of interview participants in 2017 was 47. While the age of participants stayed relatively stable through 2016, in 2017, there were significantly more participants 55 years old or older (34%) when compared to 2016 (29%). The majority of participants in 2017 were female (63%) and this was comparable to previous years. There were somewhat more American Indian participants in 2017 (4%) when compared to 2016 (2%) and fewer white participants in 2017 (89%) compared to 2016 (92%). The educational background of the participants remained consistent from 2014 through 2017. As in previous years, the vast majority of participants in 2017 reported completing high school and/or some college (76%).

Table 2. Demographics of Adult IHH members – 2014 - 2017

Demographics	% of participants 2014 (N=319)	% of participants 2015 (N=272)	% of participants 2016 (N=767)	% of participants 2017 (N=747)
Age				
18-34	17%	21%	20%	20%
35-54	54%	52%	51%	47%
55+	29%	27%	29%	34%*
Female	71%	63%	65%	63%
Race				
White	91%	91%	92%	89%*
Black	7%	6%	7%	7%
American Indian	4%	<1%	2%	4%*
Hispanic/Latino	2%	3%	3%	4%
Asian	< 1%	<1%	1%	1%
Education				
Less than High School	12%	15%	14%	12%
High School/Some College	78%	73%	76%	76%
College Degree or Higher	10%	12%	10%	12%

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

* 2017 significantly different from 2016 at p<.05.

Mental and Physical Health

Figure 1. Self-Reported Mental Health and Figure 2. Self-Reported Physical Health 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 across all years of the study with around 44% of participants in 2017 rating their mental health as fair or poor while over half (57%) rated their physical health as fair or poor.

Figure 1. Self-Reported Mental Health

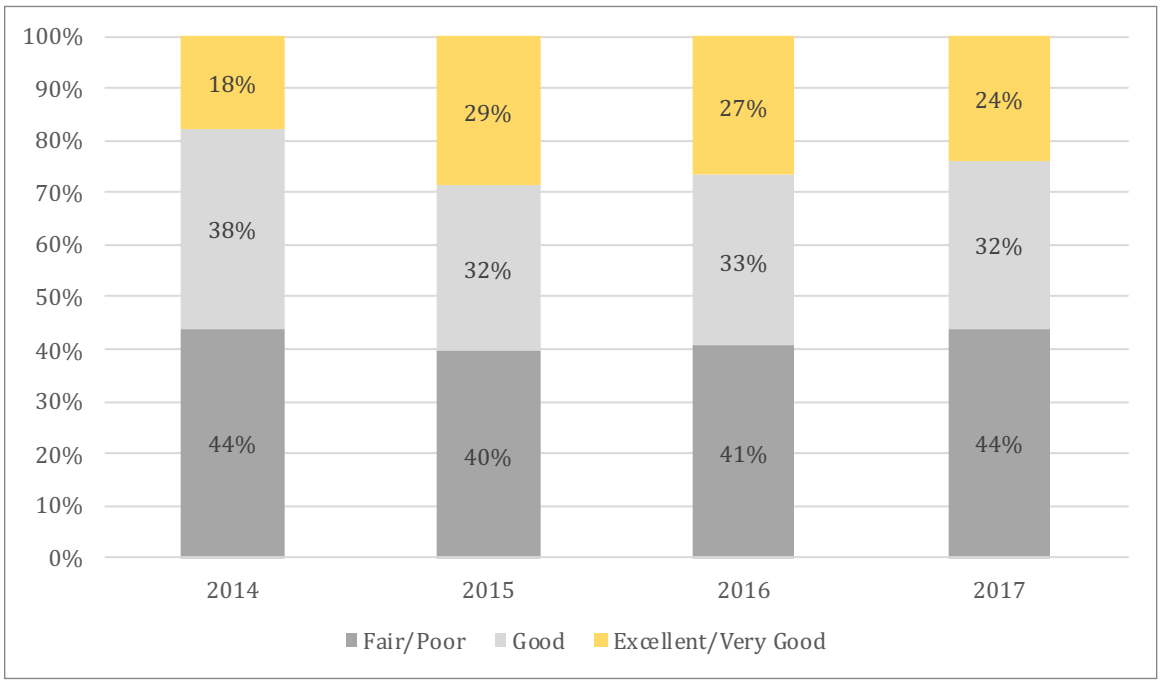
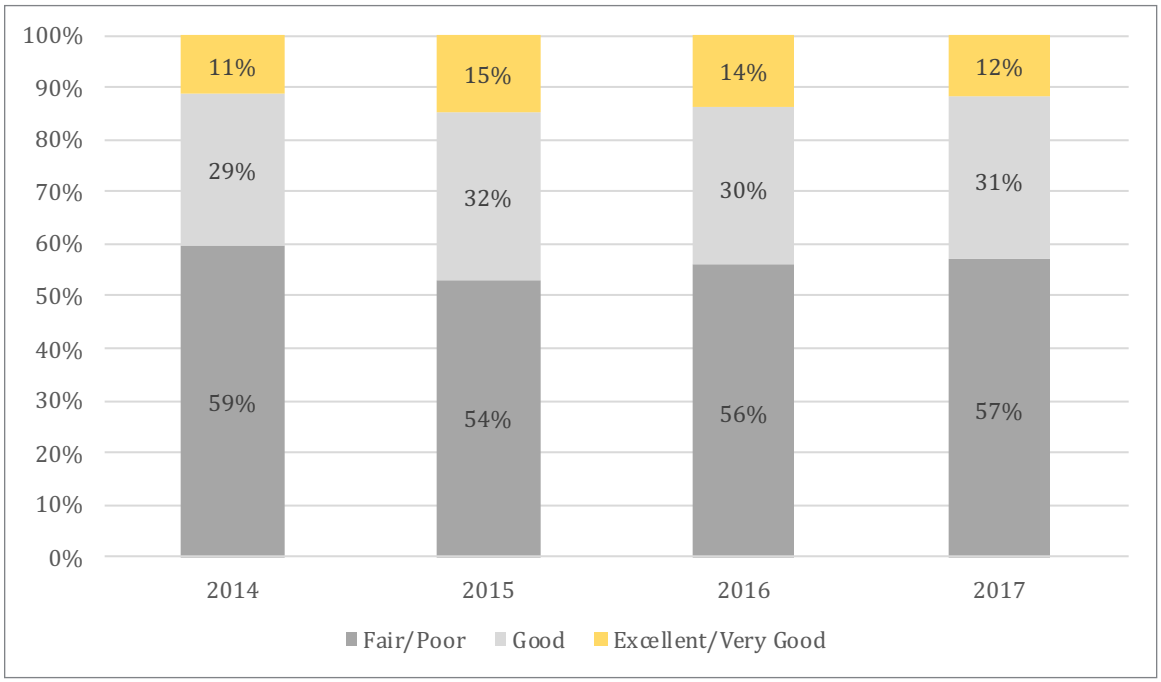


Figure 2. Self-Reported Physical Health



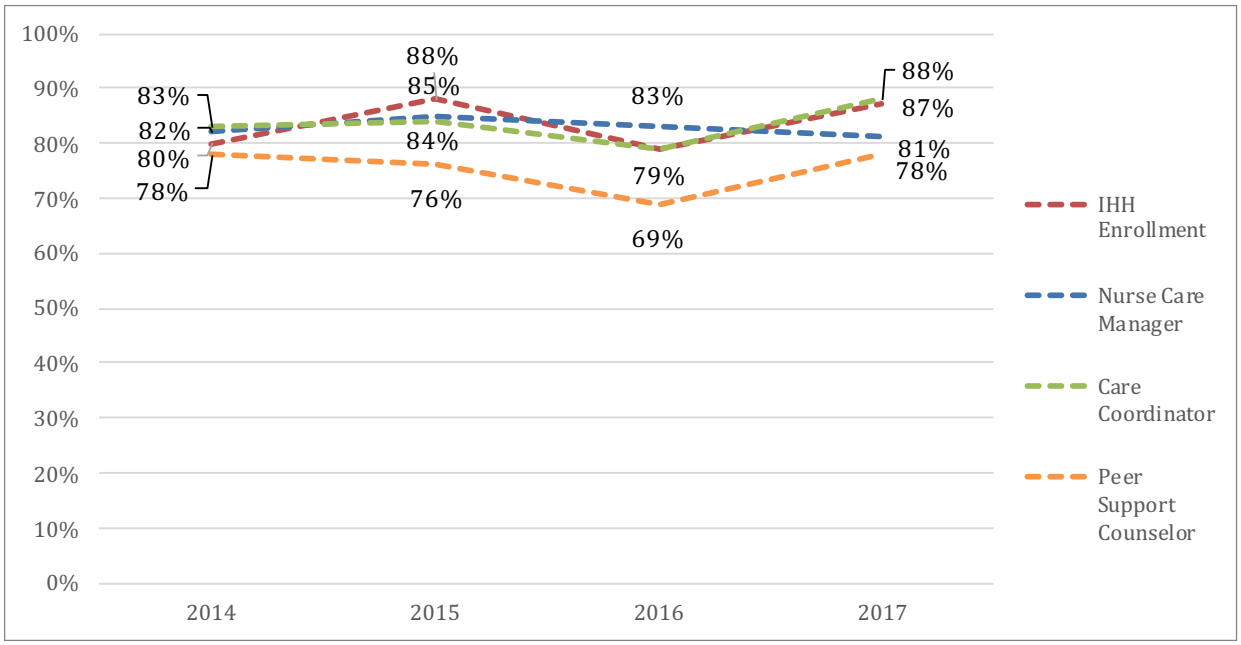
Familiarity with IHH program

Figure 3 shows the rates of participant 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

In general, the majority of members were aware of the IHH program and its main staffing components. Awareness of the IHH program itself, an IHH care coordinator, and an IHH peer support counselor varied over time but with an increase in awareness for each of these components between 2016 and 2017 (IHH program: 79% in 2016, 87% in 2017; IHH care coordinator: 79% in 2016, 88% in 2017; IHH peer support counselor: 69% in 2016, 78% in 2017). Most members (around 82% overall) were aware of having a nurse care manager at their IHH with the percentage remaining relatively constant over time.

Figure 3. Awareness of IHH Component



Experiences with Medicaid MCOs (2017 only)

The 2017 survey included questions to understand IHH member experiences with their Medicaid managed care organizations. Specifically, the following questions were asked:

- In the last six months, did you try to get any kind of care, tests, or treatment through your managed care organization (MCO)?
    - If so, how often was it easy to get the care, tests, or treatment you needed through your MCO? [Never, Sometimes, Usually, Always]
- In the last six months, was there any time when you had to get prior authorization from your MCO to be able to get care, tests, or treatment?
    - If so, how easy was it for you to get prior authorization from your MCO? [Very easy, Somewhat easy, Somewhat hard, Very hard]

Around 42% of adult IHH members tried to get care, tests, or treatment using their MCO. Of these members, 68% reported that it was *usually* or *always* easy to do so while 7% reported that it was *never* easy.

A little over one-third (34%) of adult IHH members experienced a time when they had to obtain prior authorization from an MCO before getting care, tests, or treatment. Of those who had to get prior authorization, 29% reported that it was *very easy* to do so while a similar number (21%) reported that it was *very hard* to obtain prior authorization from their MCO.

Access to Care

Improving access to care and providing culturally sensitive care are important attributes of 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 2017, over two-thirds (72%) of IHH members reported that they knew how to get help from their IHH after regular business hours which was only slightly higher than reported in 2016 (70%) and 2015 (69%). In 2017, around 13% tried to get help from their IHH after hours which is somewhat lower than 2016 (16%). Of the 95 people who tried to receive care after hours in 2017, 60 (63%) reported that they *usually* or *always* got help after hours as soon as they wanted. Almost 1 in 5 (19%) reported that they *never* got help after hours as soon as they wanted.

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?

Similar to previous years, in 2017, very few adults (n=44; 6%) reported a need for culturally sensitive help from their IHH team. Of these, 74% (n=31) reported that their IHH was responsive to those needs; this percentage is somewhat less than reported in 2016 (80%).

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 also facilitate connections to community support services.

The following questions were asked to assess care coordination and the need for health care, mental health/substance abuse, preventive care and health promotion, 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
        1. Routine care – health care from a doctor (such as a check-up or physical exam)
        2. Dental services
        3. Specialist care – health care from a doctor who specializes in one area of health care (such as a surgeon, heart doctor, allergy doctor, or others)
        4. Urgent care – health care needed on the same day for an illness, injury, or other condition
        5. Assistance obtaining prescription medicines
    - Mental health/substance abuse services
        1. Counseling
        2. Crisis assistance
        3. Drug treatment - Treatment for illegal drug or prescription drug misuse
        4. Managing alcohol use – Assistance managing alcohol use
    - Health promotion services
        1. Preventive care – health care such as a flu shot or a mammogram
        2. Nutrition counseling
        3. Physical activity assistance
        4. Weight loss counseling
        5. Smoking cessation – assistance quitting smoking
    - Chronic disease management and long-term care services and supports (LTSS)
        1. Management of a chronic health condition
        2. Medical equipment or supplies (such as a cane, wheelchair, oxygen equipment, CPAP, etc.)
        3. Home health care (health care services received in the home)
    - Social support services
        1. Food or clothing assistance
        2. Transportation assistance
        3. Housing assistance
        4. Legal assistance

5. Childcare assistance

- Only for those who needed a particular service,
  - Did the IHH team assist the member in getting the service?
  - Were you able to get the service you needed?

Health Care Services

Figure 4 depicts the need for particular health care services reported by IHH members and Figure 5 presents, only for those who reported need for the particular service, the percentage of members who received the service and were assisted by their IHH in getting the service. Overall, there was a high reported need for routine health care but there was a significant decrease in need over time (83% in 2014, 81% in 2015, 81% in 2016, and 75% in 2017). The vast majority (96%) received the needed routine care with around one-third (30%) getting help from their IHH to get that care.

The reported need for dental services from IHH members varied over time with a significant increase in need from 2015 (49%) to 2016 (59%) and a decrease in need reported from 2016 (59%) to 2017 (51%). Receipt of dental services increased from 80% in 2016 to 85% in 2017. Around 1 in 5 IHH members reported getting assistance from their IHH to obtain dental services and this remained constant over time.

The reported need for specialist care was very similar to reported need for dental services. The vast majority of IHH members reported receiving the specialist care they needed and this remained constant over time. Around one-quarter of IHH members reported having IHH assistance getting needed specialist care. Again, this percentage remained consistent over time.

The need for urgent care was consistent over time with around 40% of IHH members reporting a need for this type of health service. As with specialty care, the vast majority of members reported receiving the needed urgent care and around one-quarter had IHH assistance getting urgent care services with the percentages remaining constant over time.

Over one-third (38%) of IHH members in 2014 needed help obtaining prescription medicine and this percentage decreased over time with less than one-third (31%) in 2017 needing help getting their prescriptions. Most IHH members were able to get the help they needed to obtain their prescriptions. Far more IHH members (around 60% overall) reported that they received help from their IHH team when getting prescriptions when compared to other health service needs.

Figure 4. Need for Health Care Services

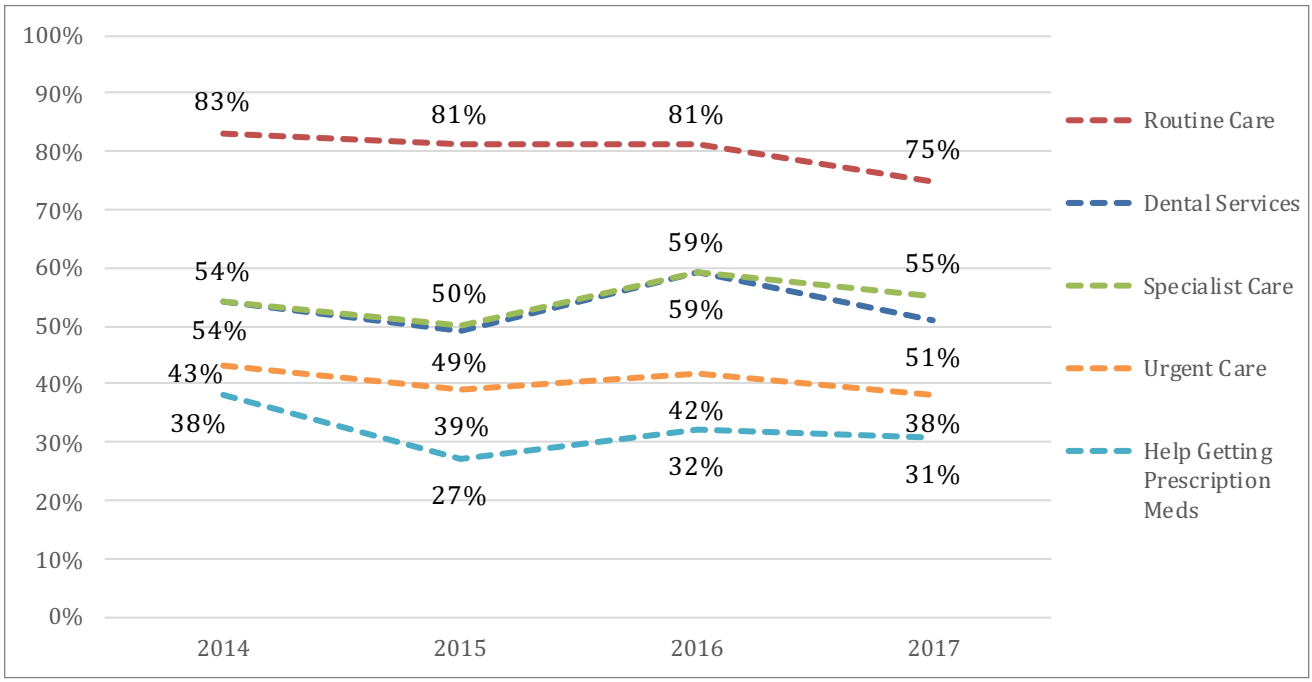
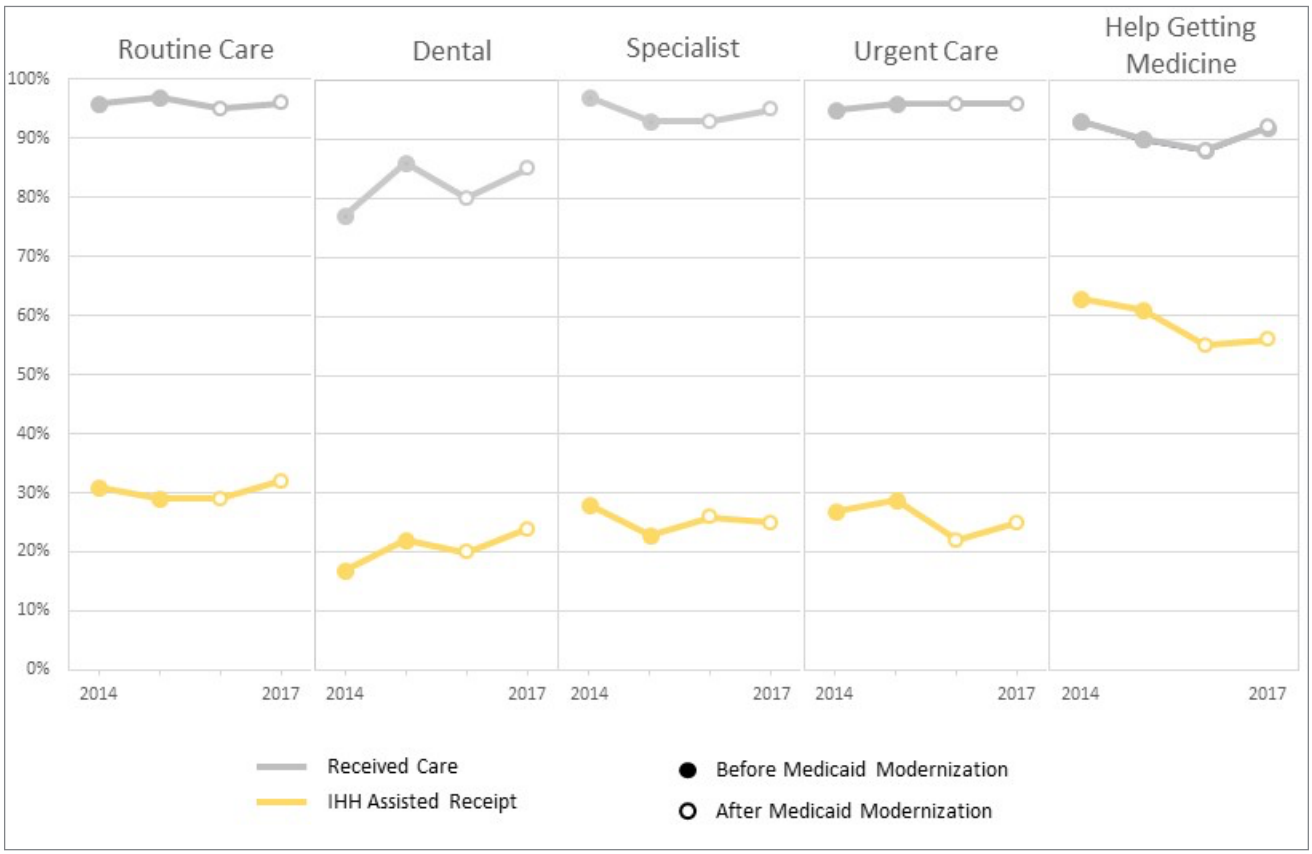


Figure 5. Receipt and IHH Assisted Receipt of Health Care Services



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 3 provides a look at how the IHH impacted receipt of needed health care services. In general, most adults in an IHH who needed health care were able to receive the services they needed. In 2016, with regard to dental services, specialist care, and help getting prescription medicine, those who were assisted by their IHH were more likely to have reported receiving the service compared to those who were not assisted by their IHH. In 2017, only those with a need for help getting prescription medicines were more likely to have received that assistance if they worked with their IHH when compared to those who did not work with their IHH.

Table 3. IHH Impact on the Receipt of Needed Health Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Routine Care	97% (60/62)	97% (149/153)	97% (171/176)	95% (409/432)	95% (167/175)	97% (364/377)
Dental Services	82% (22/27)	87% (88/101)	91%* (82/90)	77% (272/355)	85% (74/87)	85% (240/284)
Specialist Care	93% (28/30)	93% (95/102)	98%* (113/115)	91% (296/325)	96% (98/102)	95% (284/299)
Urgent Care	97% (29/30)	96% (69/72)	96% (66/69)	96% (232/243)	96% (66/69)	96% (198/206)
Help Getting Medicine	95% (40/42)	82% (22/27)	97%* (128/132)	78% (83/107)	96%* (121/126)	87% (87/100)

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

Mental Health/ Substance Abuse Services

Figures 6 and 7 display the need for particular mental health and substance abuse services and how the IHH assisted members in receiving those services. Over the years, the reported need for counseling has significantly decreased among IHH members, from 78% in 2014 to 64% in 2017. The vast majority reported receiving the counseling they needed and over half in each year (56% in 2014, 55% in 2015, 56% in 2016, and 54% in 2017) reported being assisted by their IHH in getting the counseling they needed. And, as indicated in Table 4, those IHH adults who were assisted by their IHH were more likely to receive mental health counseling (97%) when compared to those who did not receive assistance from their IHH.

The reported need for crisis assistance also trended downward over the years with 22% of IHH members reporting that need in 2017. Around 80% of members in each year received the crisis assistance they needed, with the use of IHH assistance in getting help with a crisis trending up over the same time period with close to 60% in 2017 reporting the help of their IHH in a crisis. As with counseling, those who had the help of their IHH were more likely to receive crisis assistance when compared to those who did not have the help of their IHH (Table 4).

The reported need for treatment for illegal drug or prescription drug misuse also decreased; from 15% in 2014 and 12% in 2015 to 3% in 2016 and 2017. However, few IHH members reported a need for assistance managing alcohol use (around 3%). Most of the IHH members who needed treatment for drug abuse or help managing their alcohol use received that help. Due to the small numbers of members who reported a need for treatment for drug abuse or help managing alcohol, the findings regarding the assistance of the IHH in getting help with these needs should be interpreted with caution.

Figure 6. Need for Mental Health Services

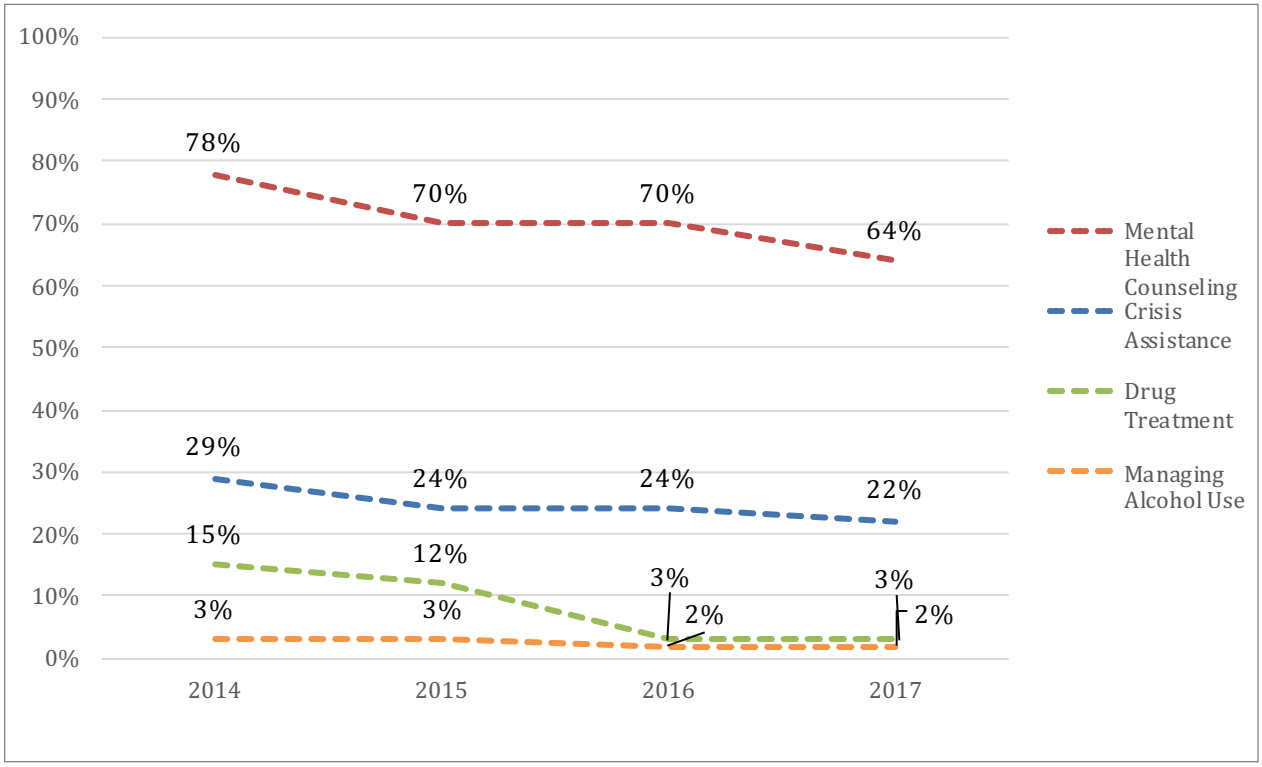
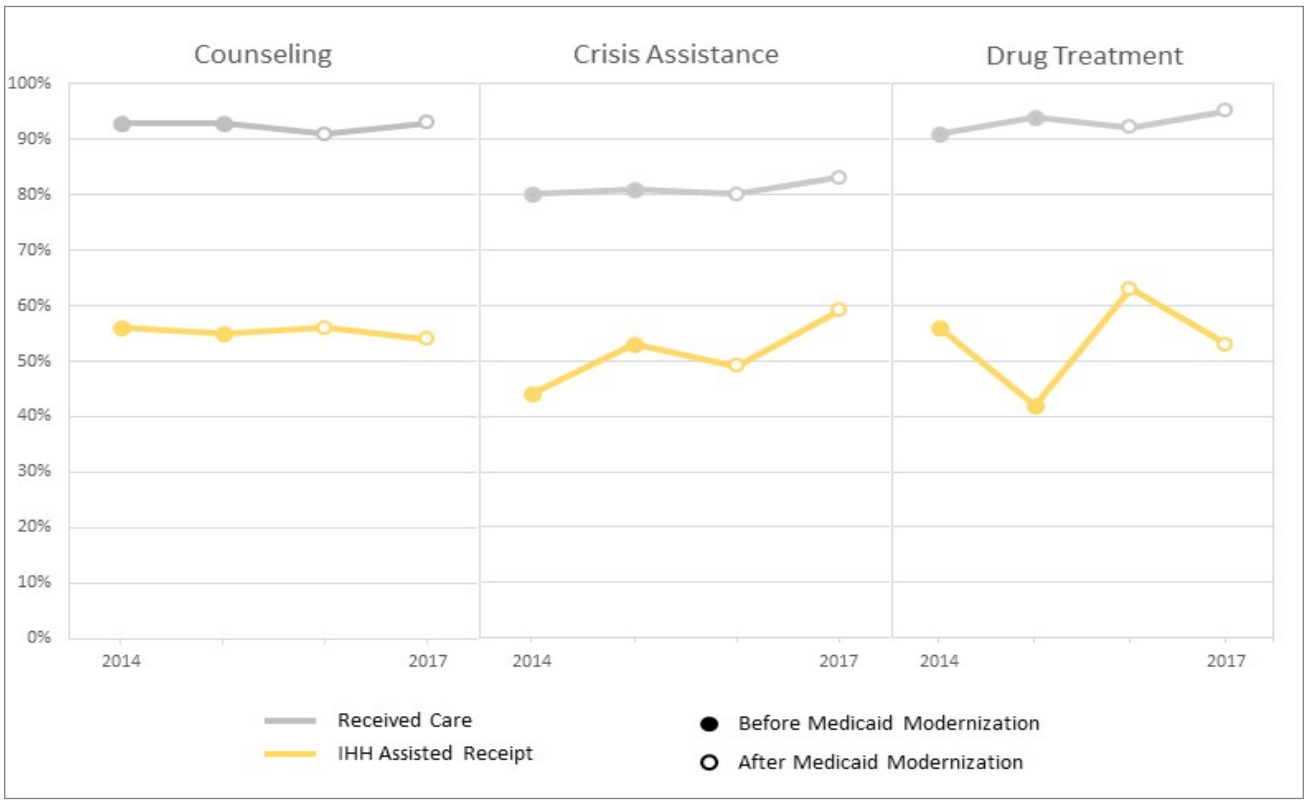


Figure 7. Receipt and IHH Assisted Receipt of Mental Health Care Services



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 4. IHH Impact on the Receipt of Needed Mental Health Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Mental Health Counseling	97%* (99/102)	87% (74/85)	97%* (281/289)	83% (194/234)	98%* (245/250)	87% (188/215)
Crisis Assistance	94%* (32/34)	67% (20/30)	94%* (84/89)	66% (61/92)	95%* (87/92)	67% (44/66)
Drug Treatment or Prevention	93% (13/14)	95% (18/19)	100% (15/15)	78% (7/9)	100% (10/10)	89% (8/9)

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

Health Promotion Services

Figures 8 and 9 depict the need for particular health promotion services reported by IHH members and if their IHH assisted them in receiving those services. The highest reported need was for preventive care services and that need fluctuated over time with around 50% reporting a need for preventive care in 2017. Of all the health promotion services, those with a need for preventive care were most likely to receive it but, overall, were the least likely to report having the help of their IHH to get it.

The reported need for nutrition counseling, physical activity assistance, weight loss counseling, and smoking cessation help was consistent over time with between 14% and 29% reporting need for these services at any given period. Results were also comparable over time with regard to receipt of and assistance by the IHH in obtaining nutrition counseling, exercise/physical activity assistance, and smoking cessation services. However, there were significant changes in the receipt of weight loss counseling from 2015 (70%) to 2016 (45%) and from 2016 (45%) to 2017 (65%) and in the reports of

IHH assistance in obtaining weight loss counseling services, from 42% in 2015 to 25% in 2016.

Figure 8. Need for Health Promotion Services

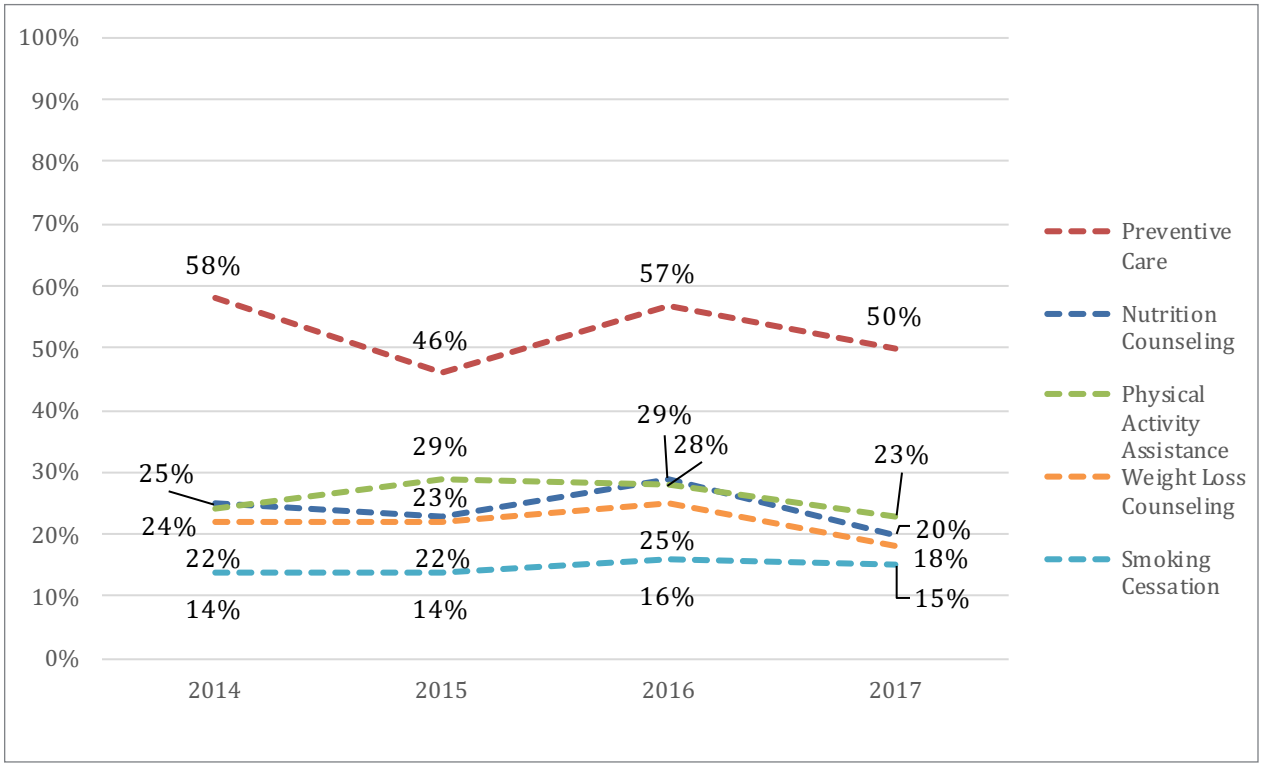
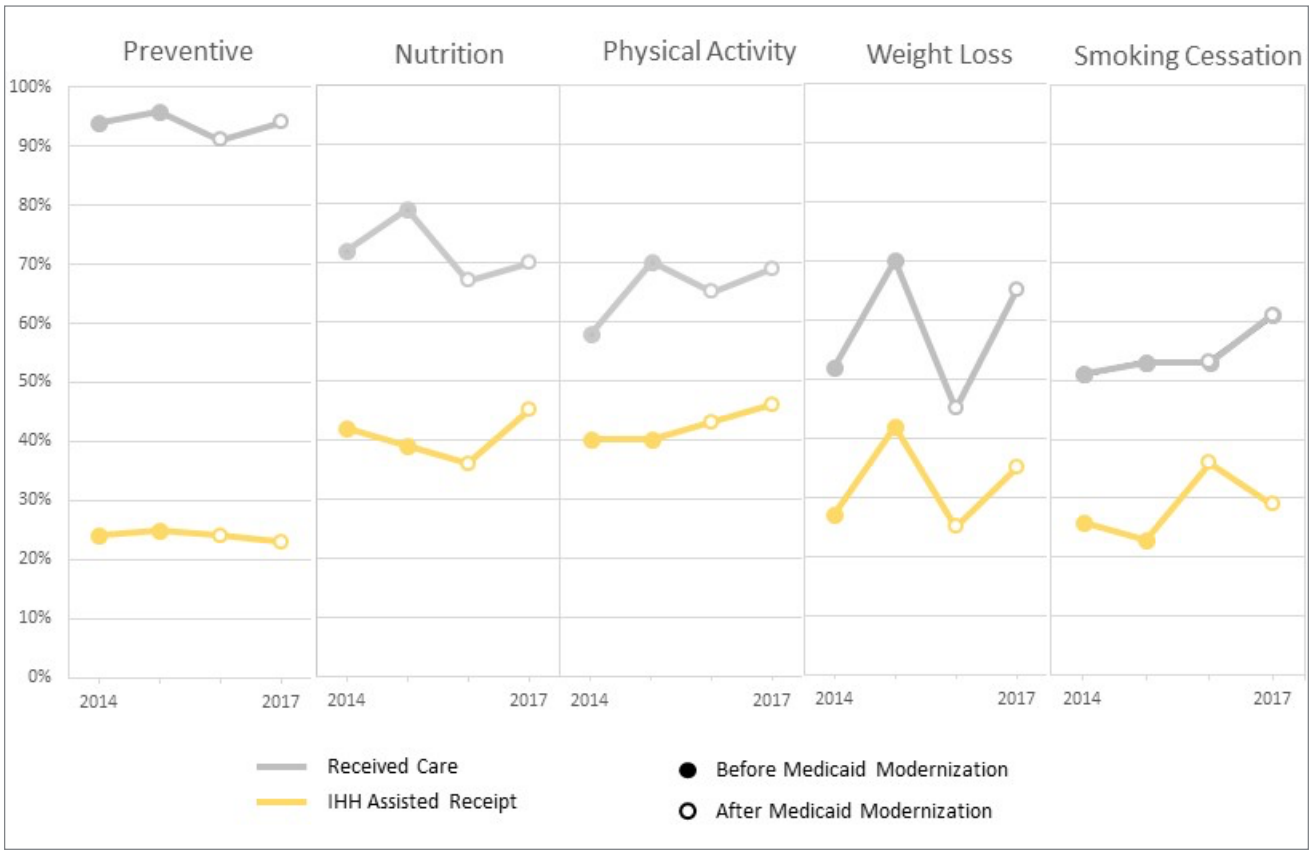


Figure 9. Receipt and IHH Assisted Receipt of Health Promotion Services



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 5 provides a look at how the IHH impacted receipt of needed health promotion services. For IHH adults in 2017 who needed preventive care, nutrition counseling, assistance with physical activity, and weight loss counseling, 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 differ somewhat from previous years when IHH assistance had no significant impact on receipt of preventive care services but did have an impact on getting help with smoking cessation.

Table 5. IHH Impact on the Receipt of Needed Health Promotion Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Preventive Care[a]	100% (30/30)	95% (86/91)	94% (96/102)	90% (290/321)	99%* (82/83)	93% (263/283)
Nutrition Counseling	100%* (24/24)	67% (24/36)	89%* (66/74)	55% (73/134)	88%* (57/65)	56% (46/82)
Physical Activity Assistance	89%* (25/28)	57% (27/47)	84%* (76/90)	50% (59/119)	83%* (63/76)	59% (52/88)
Weight Loss Counseling	92%* (23/25)	55% (18/33)	82%* (36/44)	33% (46/139)	91%* (41/45)	51% (43/84)
Smoking Cessation	88%* (7/8)	43% (13/30)	70%* (30/43)	45% (33/74)	66% (19/29)	58% (43/74)

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

[a] Preventive health care such as a flu shot or mammogram

Chronic Disease Management, Medical Supplies, and Home Health Care

Figures 10 and 11 display the need for, receipt of, and IHH assistance with chronic disease management, medical supplies, and home health care services. The reported need for chronic disease management, medical supplies, and home health care was consistent over time for adults in the IHH program. While the vast majority of adults who needed these types of services received them, with the exception of home health care, less than half reported using the IHH team to obtain those services. As indicated in Table 6, IHH adults in 2017 who needed help obtaining home health care services and who were assisted by their IHH were more likely to receive home health care services (92%) compared to those who were not assisted by their IHH (67%) and this result was similar to 2015 and 2016.

Figure 10. Need for Chronic Disease Management, Medical Supplies, and Home Health Care

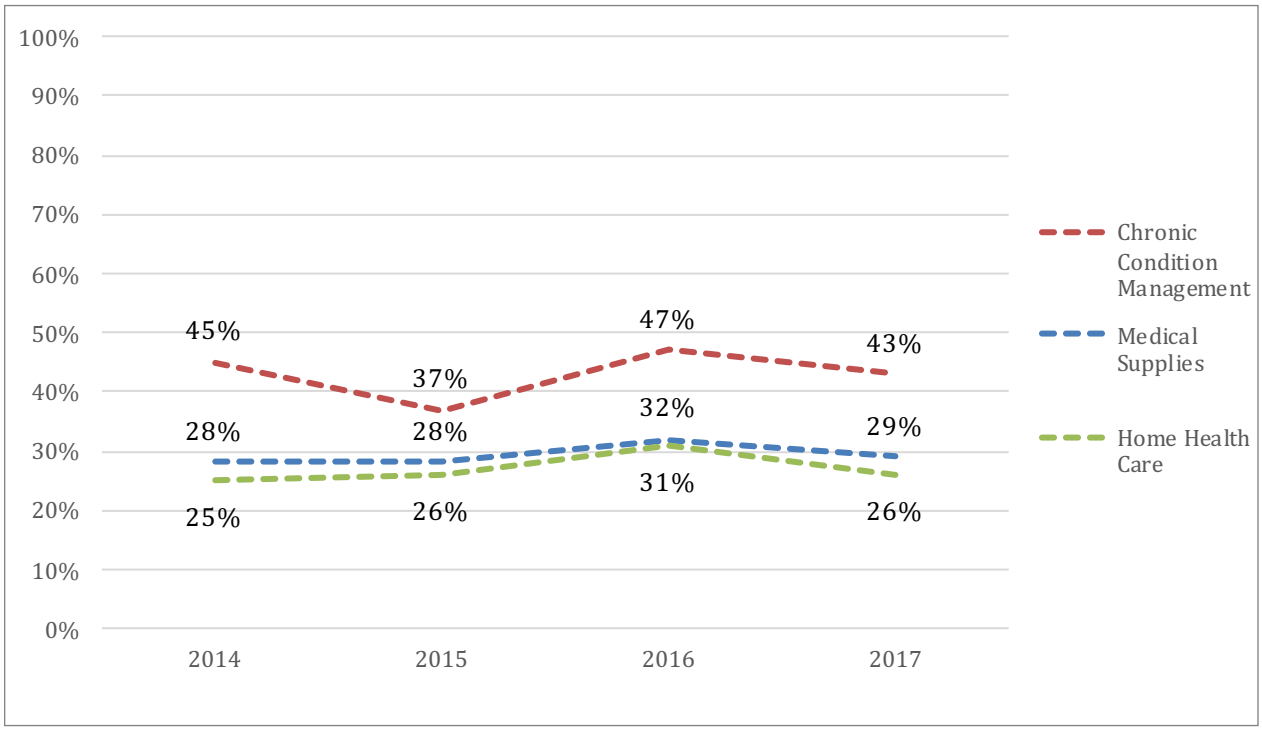
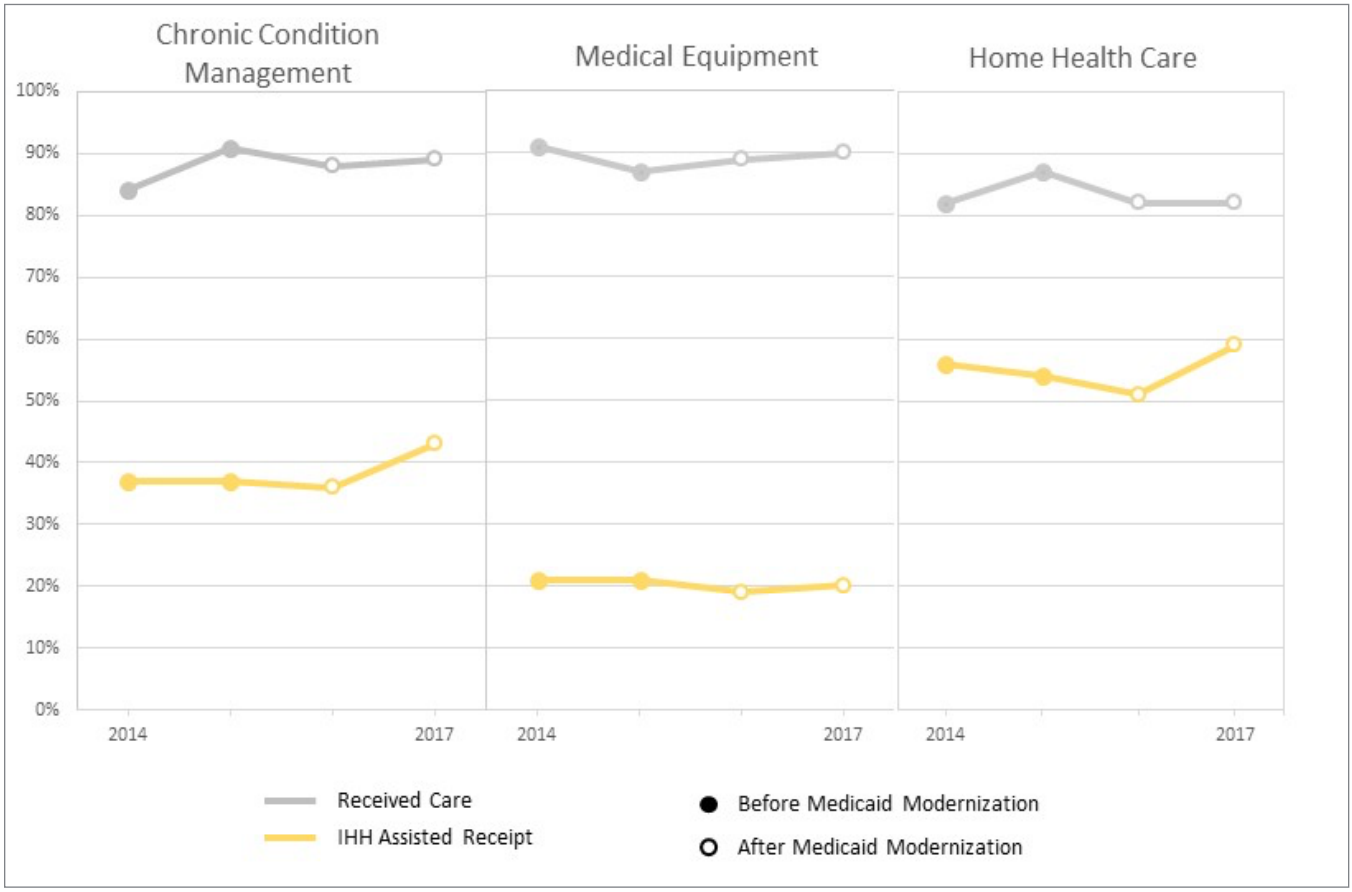


Figure 11. Receipt and IHH Assisted Receipt of Chronic Disease Management, Medical Supplies, and Home Health Care



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 6. IHH Impact on the Receipt of Needed Chronic Disease Management, Medical Supplies, and Home Health Care

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Management of a Chronic Condition	92% (33/36)	90% (54/60)	93% (116/125)	86% (195/227)	92% (121/131)	87% (154/177)
Medical Equipment or Supplies	81% (13/16)	88% (53/60)	91% (42/46)	89% (172/194)	95% (39/41)	88% (146/166)
Home Health Care	97%* (35/36)	73% (22/30)	93%* (107/115)	71% (79/111)	92%* (97/105)	67% (50/75)

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

Social Support Services

Social determinants of health are conditions (e.g., social, economic, and physical) in a person's environment that affect a wide range of health, functioning, and quality of life outcomes. Social support services address a wide range of these conditions and are part of the resources and support available to enrollees in an IHH. Figures 12 and 13 depict the need, receipt, and IHH assistance for particular social support services. The services with the most reported need were food or clothing assistance and transportation assistance. The reported need for food or clothing assistance was

comparable from 2014 through 2016 with a significant decrease from 2016 (45%) to 2017 (37%). The majority of IHH adults (85% in 2017) received their needed food or clothing assistance and this was constant over time with around 40% reporting help from their IHH team in obtaining the food or clothing assistance they needed. There was an increase in the reported need for transportation assistance from 2014 through 2016 and then a significant decrease from 2016 (53%) to 2017 (43%). A little under 60% in 2017 reported working with their IHH to get transportation assistance which was similar to previous years.

The need for housing assistance (28% in 2017) was similar to prior years. There was a significant increase in receipt of housing assistance from 2014 to 2015 and then the percentage receiving housing assistance remained similar from 2015 through 2017 (78%, 75%, 79%). This trend was similar for those who were helped by their IHH to get housing assistance (31% in 2014, 56% in 2015, 43% in 2016, 48% in 2017).

Reported need for legal and childcare assistance was similar over the years. There was an increase in receipt of legal assistance from 2014 (61%) to 2015 (84%) but the difference was not statistically significant. Around 60% of IHH adults in 2017 received their needed legal help. Around 35% of those who needed legal assistance in 2017 were assisted by their IHH which was similar to previous years.

Because of the small numbers of IHH adults reporting need for childcare services, results for receipt and IHH assistance are not reported.

Figure 12. Need for Social Support Services

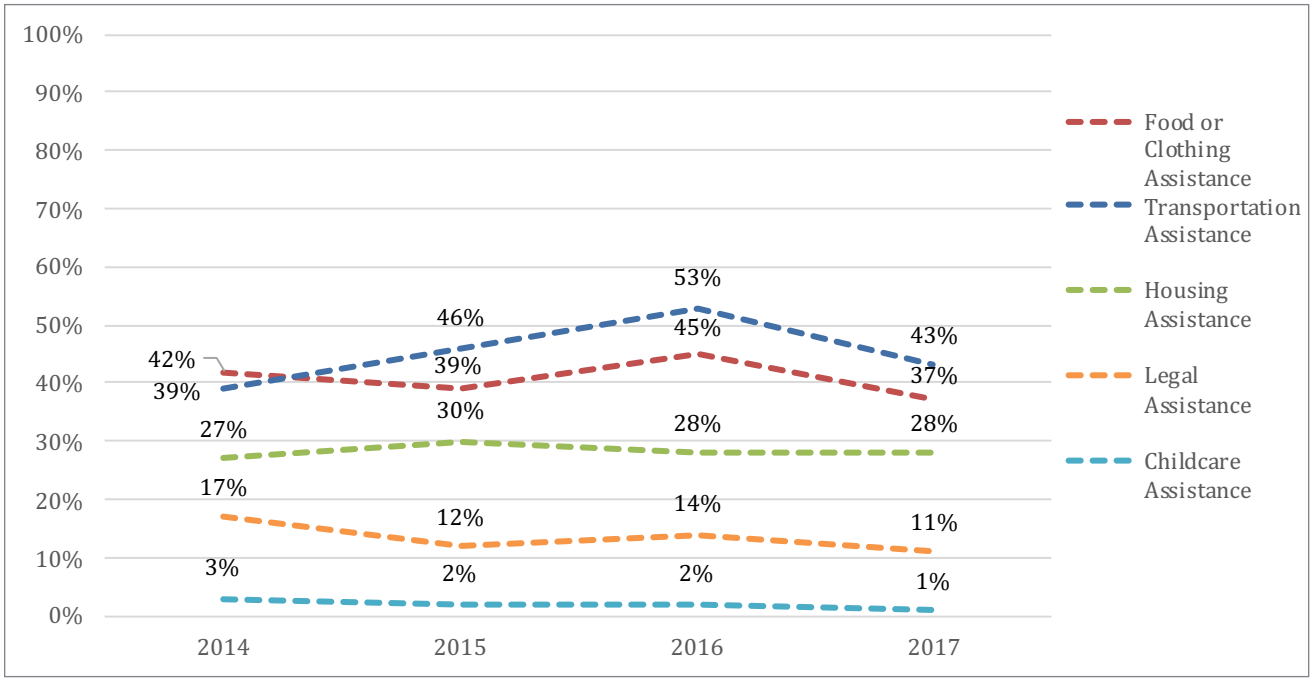
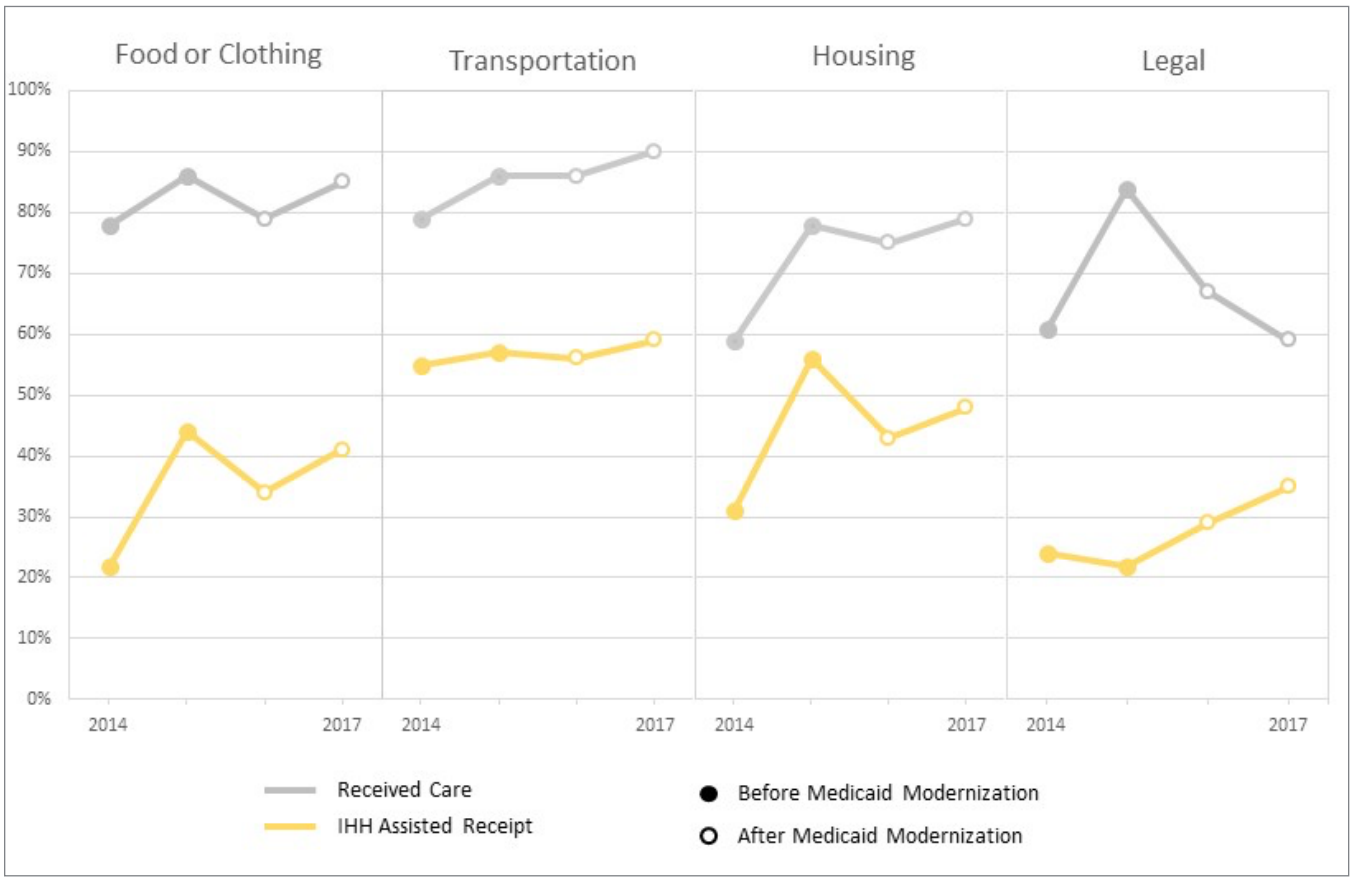


Figure 13. Receipt and IHH Assisted Receipt for Social Support Services



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 7 provides a look at how the IHH impacted receipt of social support services. For IHH adults in 2017 who needed food or clothing assistance or transportation assistance, 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 which is similar to 2015 and 2016. However, also in 2017, for those who needed housing or legal assistance, those who worked with their IHH were more likely to report having received those services when compared to those who were not assisted by their IHH. These results differ somewhat from previous years when IHH assistance had no significant impact on receipt of housing or legal assistance.

Table 7. IHH Impact on the Receipt of Needed Social Support Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Food or Clothing Assistance	100%* (45/45)	75% (43/57)	92%* (105/114)	71% (162/227)	94%* (105/112)	80% (129/162)
Transportation Assistance	92%* (65/71)	77% (41/53)	89%* (198/222)	81% (141/174)	95%* (176/185)	81% (104/128)
Housing Assistance	85% (35/41)	68% (21/31)	80% (71/89)	71% (86/121)	86%* (80/93)	73% (75/103)
Legal Assistance	71% (5/7)	88% (21/24)	77% (23/30)	62% (45/73)	83%* (19/23)	47% (23/49)

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

Chronic Condition Management

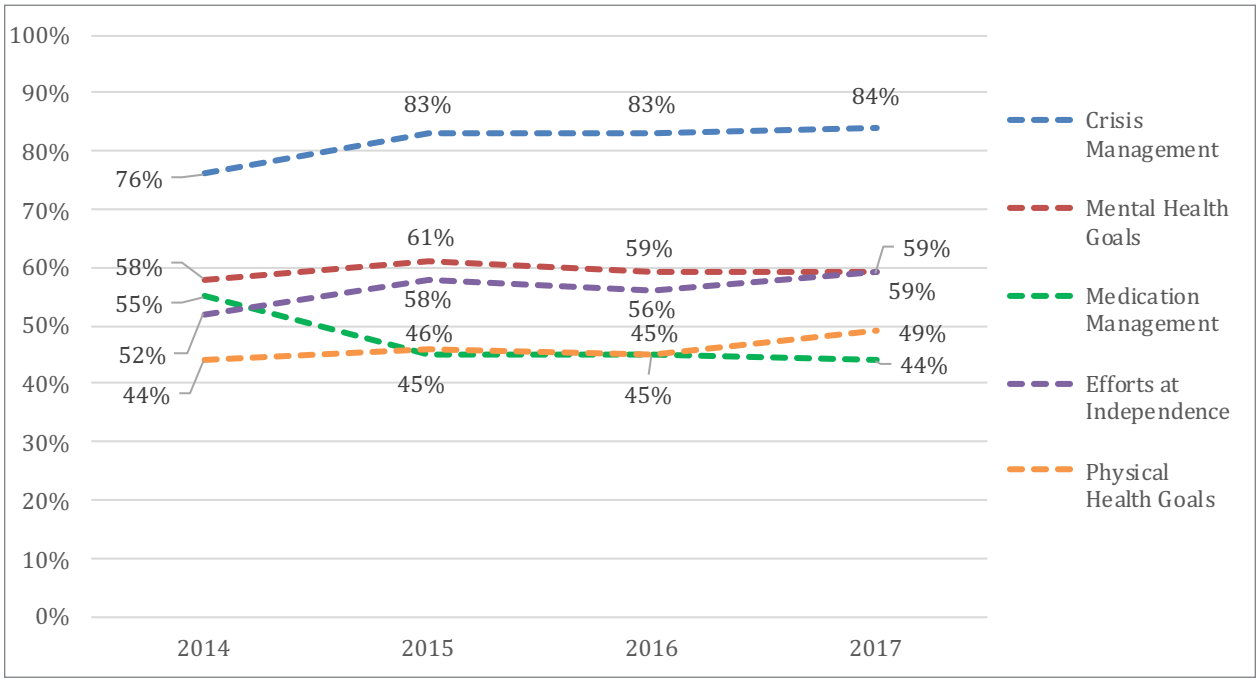
Another component of the IHH program involves helping members manage their chronic conditions, both mental and physical. IHH teams help members establish goals and help them to manage their own health care so that they can live as independently as possible. In this survey, several items were used to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

- 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?
- 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]

The vast majority of respondents in 2017 (95%) reported that they took prescription medications to treat either a physical or mental health condition, which was comparable to the prescription medication need reported in previous years (2014 – 98%; 2015 - 95%; 2016 – 96%). In 2014, over one-half (55%) of IHH adults who took prescription medications reported working with their IHH to manage them; this figure decreased to 45% in 2015 and remained at around 45% in 2016 and 2017.

In each year, around 60% of IHH adults reported getting help from their IHH to set up specific goals to improve their *mental* health while around 45% in each year reported getting help to set up specific goals to improve their *physical* health. Around 60% of IHH adults in 2017 reported someone from their IHH helped them to become more independent which was similar to previous years. After 2014, over 80% of IHH adults each year reported being better able to deal with a crisis since working with their IHH team.

Figure 14. 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 reducing unnecessary emergency department use and hospital readmissions. The survey included the following items to assess these facets of the IHH program:

- 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?

As shown in Figure 15, ER use (at least 1 visit in the previous 6 months) remained steady over this time period with almost half of IHH adults visiting the ER within the six months prior to the survey (48% - 2014; 47% - 2015; 45% - 2016; 43% - 2017). Of those who had an ER visit, a little over one-third reported that the care they received in the ER could have been provided in a doctor's or therapist's office. This percentage remained relatively unchanged over time (37% - 2014, 38% - 2015; 36% - 2016, 36% - 2017). The percentage of IHH adults reporting any hospital stays over a six month period declined over time, from 26% in 2014 and 2015 to 22% in 2016 and 18% in 2017.

Figure 15. Utilization: ER Visits and Hospital Admissions

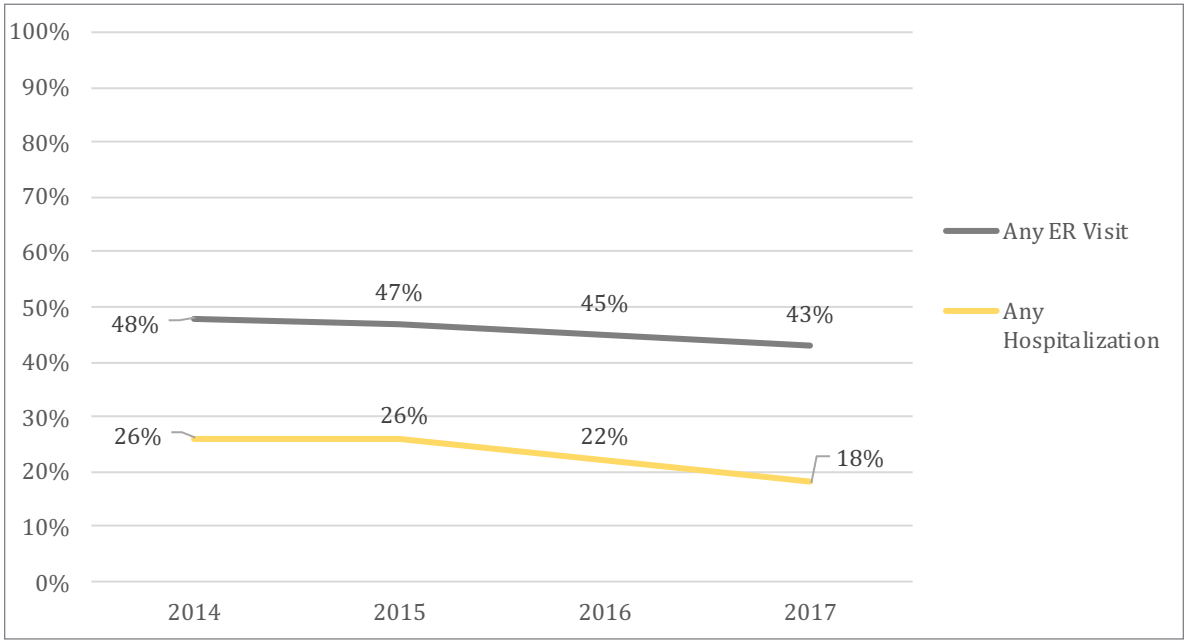
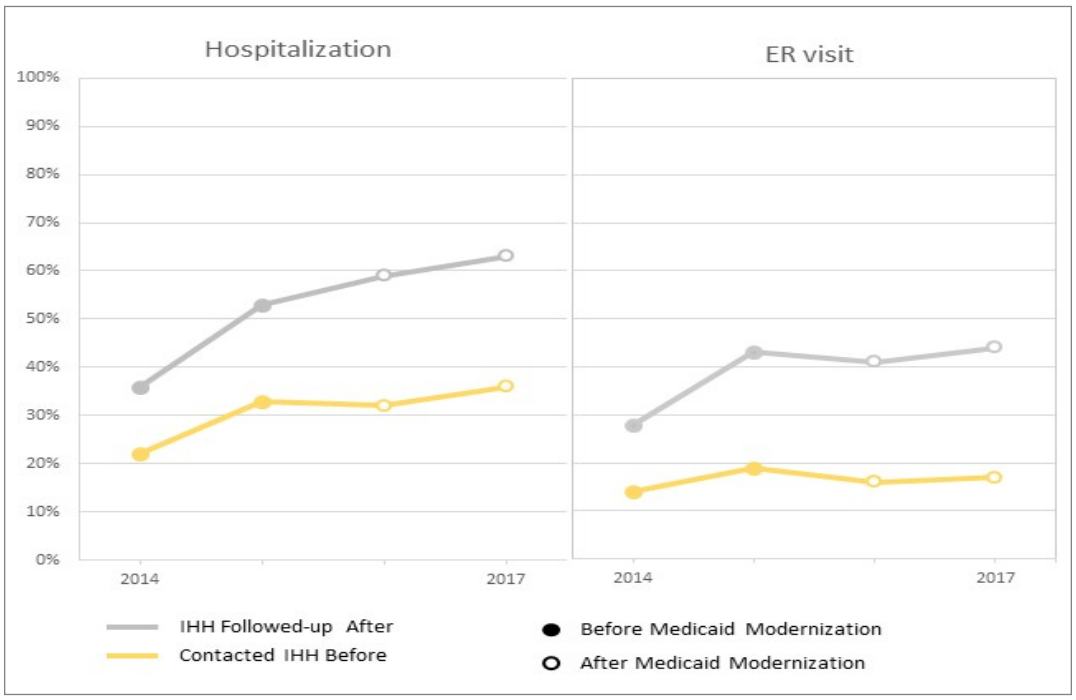


Figure 16 provides a summary of IHH member contact with their IHH team regarding their ER use and hospital stays. In 2017, few IHH members (17%) who had an ER visit tried to contact their IHH team before going to the ER for care which is comparable to previous years. Post ER follow-up (the IHH tried to reach them within a week of their ER visit) increased significantly from 2014 (28%) to 2015 (43%) but stayed consistent in 2016 (41%) and 2017 (44%).

In 2017, 36% of members who had a recent hospital stay reported having tried to contact their IHH before going to the hospital which is comparable to previous years. There was a significant increase over the years in the percentage reporting having follow up contact with their IHH after a hospital visit, from 36% in 2014 to 63% in 2017.

Figure 16. Contact with IHH Before and Follow-up After an ER Visit or Hospitalization



Note: For the hospitalization section, data presented is only for those members reporting any hospitalization in the previous six months. For the ER visit section, data presented is only for those members reporting any ER visits in the previous six months.

In their own words - Feedback from Adults in the IHH, 2017

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

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

How IHH made life better (2017 only)

Adult members of the IHH program described how IHH met their needs and improved the quality of their lives. Members reported general satisfaction and specific examples of how IHH made their lives better, including:

- Care Coordination and Resource Referral (244)
- Reliable Communication (195)
- Improved Outcomes (170)
- Mental Health Services (154)
- Good Rapport and Supportive Relationships (131)
- Outlet to Talk (124)

Of the 747 responses, 106 members reported that IHH has done nothing to improve their lives, or declined to respond.

Care coordination

Consistent with the stated purpose of the IHH program (i.e. "to provide whole-person, patient-centered, coordinated care"), nearly a third (244/747) of members reported receiving assistance and services from their IHH to meet a variety of needs. The most frequently reported services included medication management (n=65), transportation (n=36), and housing supports (n=29).

One way IHH improved members' lives was coordinating health care (e.g. medication management, scheduling appointments, physical health care, nutrition, dental care, specialist care, transitions of care). In addition, members reported referrals and coordination of additional resources to meet basic needs (e.g. transportation, food, clothing,

utilities and housing resources) and enhance treatment. Members reported their IHH supplemented programming to enrich overall well-being in a variety of ways, including providing information about local programs and community events, encouraging healthy habits (diet and exercise), helping with paperwork, money management, and support for employment, parenting, and substance abuse treatment.

> *"My community support worker does a lot with me, getting my really heavy groceries and taking me to doctor's appointments and picking up my medicine for me. She does a whole lot for me."*

> *"I previously could not hold a job for more than a couple months. After working with a job coach I have been at my current job for three years. They have worked with me in so many ways and now I feel successful."*

Reliable Communication

Just over a quarter of respondents (195/747) commented on the reliability of communication with their IHH, and reported appreciation for the regular outreach and consistent availability of staff. Many IHH members described the positive impact of responsive staff and "single point of contact" access for any issue as a comfort.

> *"It's made me feel more secure knowing that I have someone I can turn to and it's nice knowing that I've got people that actually have my back in a sticky situation. I know if I call [clinic name redacted], they're usually able to help me, and if they're not they direct me to someone who can."*

> *"If I'm having problems, or need somewhere to go, I can always call them and they will talk to me or tell me where I need to go."*

> *"I would say that knowing that if I have a question or anything I can give them a text or call and get an answer back."*

Improved outcomes

More than one fifth of respondents (170/747) reported improvements in their lives because of the IHH program, ranging from general statements, such as "*I can deal with things a little better,*" to specific examples, which included better self-management of health, skill acquisition, increased independence, and decreased social isolation.

> *"They have given me coping skills and taught me how to avoid the situations that cause high-stress."*

> *"They helped me kind of regain my independence so I can take care of myself a little better than I could before I was set up with IHH."*

> *"I would have to say being able to communicate better with peers and family members, learning to control anger in serious situations, and learning to make the right decisions in a crisis. Learning to talk to someone when I need it."*

Mental health services

More than one fifth of respondents (154/747) talked about the mental health services received as improving their lives. Members specifically mentioned individual counseling, group therapy, peer supports, goal setting, and crisis management as being impactful.

> *"Well with my counseling, I can deal with my anger management and I deal with my anxieties in a positive way instead of negatively."*

> *"The counseling; my therapist is very good and patient with me and she has been a really big help with some major changes that have been going on lately."*

> *"When I was in the classes; that helped me a lot going to the IHH group therapy classes."*

Rapport and supportive relationships

Many members (131/747) described ways their IHH has made their lives better through the rapport built with IHH staff, through supportive interactions and sustained relationships. Many respondents described interactions with staff which demonstrated support, personal interest, and caring.

> *"Non-stop support and sticking with me in rough times in my life and not giving up on me even when they could have."*

"On a personal level they look at you beyond as a client. They treat you like a person and not that you are disabled."

"She actually cares about me and tries to get to know me better. I have never had that with a doctor."

Outlet to talk

Many respondents (124/747) reported simply having an outlet to talk to someone, be heard, and work through problems as a way IHH has improved their lives.

"They're all very easy to talk to and they do listen to what you're saying. You're not just a number to them." "They're willing to listen and I can call them up if I need someone to talk to, and that's basically what I need."

"It gives me a different perspective that is not in the situation, just somebody else to talk to."

"They give you someone to talk to and I can talk to my worker about anything."

How IHH could improve (2017 only)

Nearly half of respondents (372/774) had no suggestions for improvements to the IHH program. The remaining 402 respondents described opportunities for improvements, including

- Service frequency (88)
- Workforce issues (86)
- Addressing unmet needs (76)
- Responsiveness (66)
- Program clarification (40)
- Improve access (35)

Some members (n=19) mentioned funding reductions and state health policies as limiting the capacity of the IHH to make improvements to programming in the areas outlined above.

"Better funding so they can hire better people who can spend more time on me and other people to improve quality of care."

"They need extra funding, plain and simple. They do so much work for people in the community but don't make enough money."

"I've been on a waiting list for a year and a half, and I probably have another two years left…and that was before all this happened with the one MCO leaving. It's more of a funding issue than an MCO issue. I'm fortunate that my MCO did not change, but I'm worried that with the MCO decrease it's going to be even harder to get into my doctor and the waiting list will increase. And that's why I appreciate the IHH program so much. They may not be able to decrease the wait time or that, but they help with the coping skills and dealing with a complicated system."

Service frequency

The improvement most frequently suggested by IHH members (88/747) was to increase the amount of services they receive. Members described dissatisfaction with brief interactions, long waiting lists, irregular appointments, and a desire for more frequent services. While the majority of comments about service frequency were about deficits, some members (n= 11) wanted less frequent interactions with their IHH teams.

- "I think that if I had more counseling appointments (they are so far in between, I get an appointment every two months) it would be nice to get one every three weeks or so."
- "I think that peer support people should meet more than once a month. I think that maybe they should call every week or couple of weeks when people are struggling to see how they are doing."

Workforce issues

Some members (86/747) described dissatisfaction with staff shortages and frequent turnover, which was often linked to gaps in care, disrupted positive relationships, and reduced flexibility for provider choice. In addition, some IHH respondents described unsatisfactory interactions with IHH staff and providers, including

comments about perceptions that staff are not well trained or knowledgeable, and perceptions of staff being unprofessional or disrespectful.

"I would change not having a different person every single time they call me. I never know who my person is. Additionally, my favorite doctor (who's my favorite doctor that I've ever, ever had) is leaving."

"I went down there to get help for depression and the next time I go back and receive progress I get a different doctor. I have been through four doctors, and they keep leaving…It is very discouraging. I am afraid to ask because if I do get help they end up leaving"

"I think they need more staffing. I think they're spread way too thin and I really think that cripples their effectiveness."

"A new social worker she is supposed to know about services and I don't know if she does not care or does not know. But either way I mention things to her and she's like 'oh, I didn't know that'"

Addressing unmet needs

Members (76/747) talked about needs which were not being met by the IHH program, which included assistance with transportation, food, housing, community integration, employment, smoking cessation, and other services specific to induvial needs and levels of functioning.

"I would like help in other areas of my life, such as being socially out in the community."

"Probably rides to the doctor, I would like transportation to and from the doctor, at least one way."

"Right now it seems like they have cut some of the services. I still receive the main services."

Responsiveness

Sixty-six members described communication issues with their IHH team, such as unreturned calls, infrequent outreach, and a lack of follow-through on appointment updates and reminders.

"That they get back to you better; they don't always return your phone calls."

"They need to keep up with what they say they will do. They never showed up when I needed them. [They] made appointments and then changed."

"I haven't spoken to her since January (10 months) because she never checks up with me and isn't there when I go in. She never answers my calls when I'm having a crisis."

Program clarification

Forty respondents expressed confusion about IHH purpose and coverage, and wanted more information about the program and criteria for receiving services.

"I would make it easier to get ahold of someone and know what services they can help with."

"I'd like to be given written… like through regular mail, written information regarding the program, and [about] who I can contact, the access number of who runs the program, so I can get information from them, since I didn't even know I was part of it."

Improve access

Thirty five respondents talked about limitations in accessing services, most of which revolved around long distances to providers, scheduling appointments, and difficulty accessing programming and assistance during nights and weekends, particularly for crisis situations.

"Better crisis care. They are not available on nights or on the weekend and if you need an appointment it could take weeks to months to get in."

"The appointment scheduling…they do not allow for set schedules, such as every Tuesday at 1PM. You have to get in when there's opening and sometimes you miss a week or two if there are no openings."

"Have more facilities. I live in a rural area and I have to drive 35 minutes to get to closest one."

EXPERIENCES REPORTED BY PARENTS/GUARDIANS OF CHILDREN IN THE IHH (2014 - 2017)

Demographics

The IHH program includes children with a serious emotional disturbance. In this study, children in the IHH were included in the study sample with their 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 8 summarizes the demographic characteristics of children and their parent representative from 2014 through 2017.

In all years, the majority of children in the IHH study were male and white. Characteristics of parent respondents were similar across the years with regard to age, gender, and education with the majority of parent respondents in 2017 being female (90%), between the ages of 35 and 54 (61%), and having a college degree (20%).

Table 8. Demographics of Children and the Parent Respondents of Children enrolled in IHH

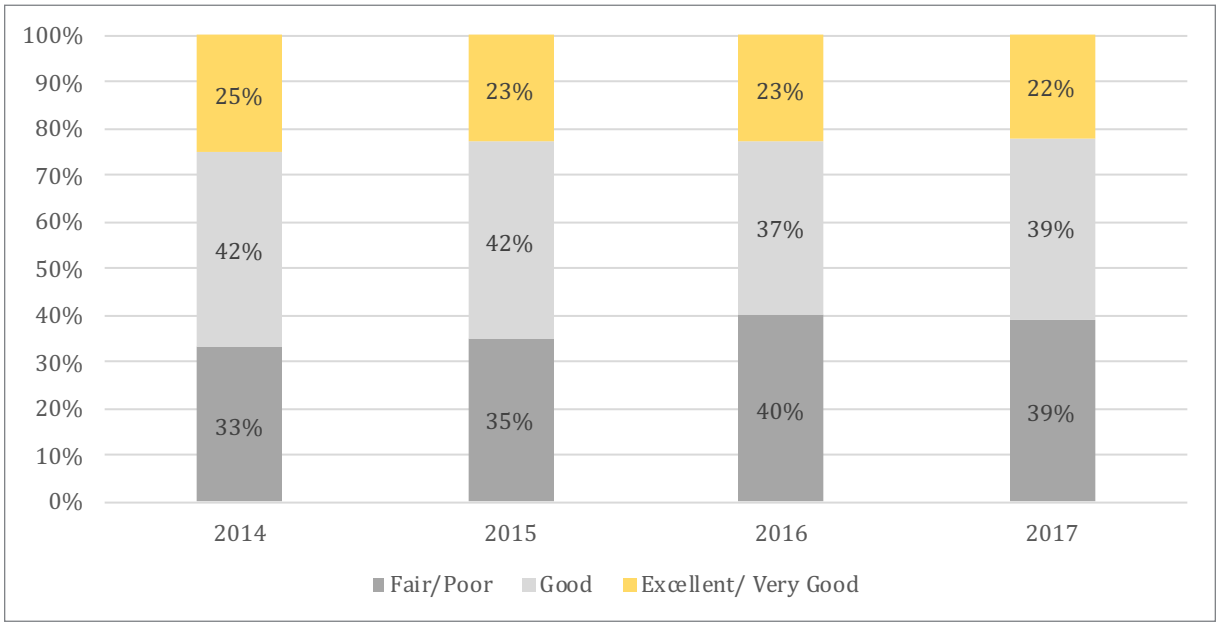
Demographics	% of Participants 2014 (n=314)	% of Participants 2015 (n=321)	% of Participants 2016 (n=754)	% of Participants 2017 (n=727)
Age of Child				
1-7	20%	11%	9%	9%
8-12	43%	44%	44%	43%
13-18	37%	45%	47%	48%
Gender of Child: Female	40%	35%	39%	38%
Race of Child[a]				
White	89%	88%	90%	90%
Black	12%	13%	16%	16%
Hispanic/Latino	12%	6%	8%	10%
American Indian	1%	2%	3%	2%
Asian	0%	0%	1%	1%
Parental Age				
18-34	34%	23%	25%	22%
35-54	56%	66%	62%	61%
55+	10%	11%	13%	17%
Parental Gender: Female	89%	93%	92%	90%
Parental Education: College degree	17%	20%	22%	20%

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

Mental and Physical Health

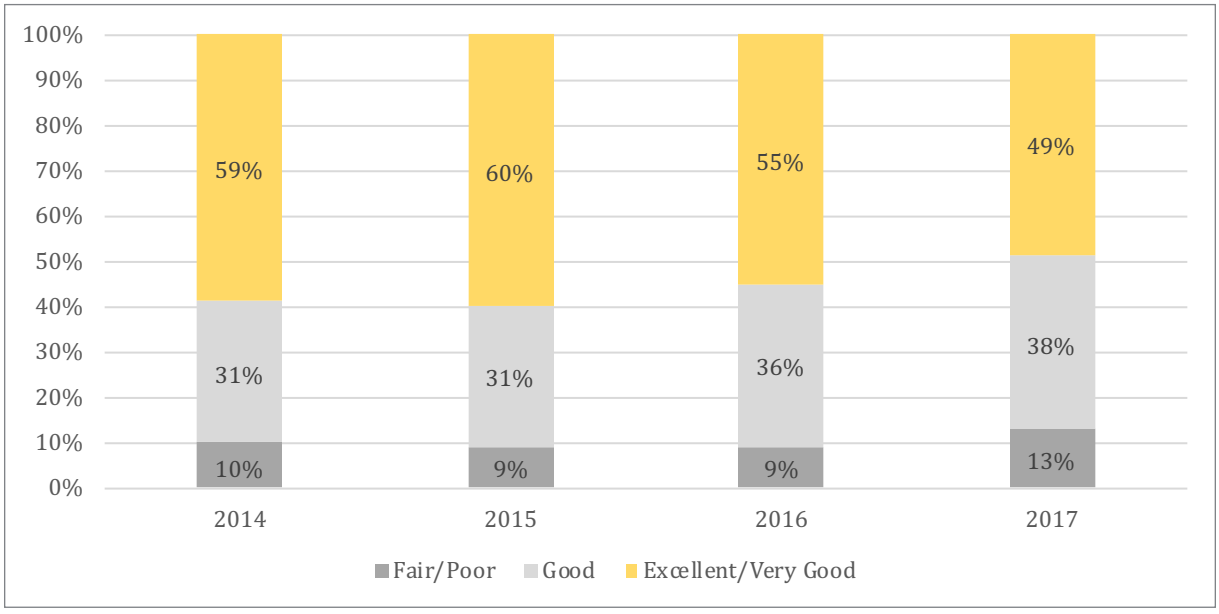
Figure 17 and Figure 18 show results of IHH parent ratings of their children's mental and physical health, using a standard *excellent* to *poor* response scale. Overall, parental ratings of their children's health remained very similar across the years. In 2017, 39% of parents rated their child's mental health as *fair* or *poor* and 22% reported it as *excellent* or *very good*.

Figure 17. 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 around 13% of parents rating their child's physical health as *fair* or *poor* in 2017. However, ratings over time varied. In 2014, 59% of parents rated their child's physical health as *excellent* or *very good* and this dropped to 49% reporting the same in 2017.

Figure 18. Physical Health Status of Children Enrolled in IHH



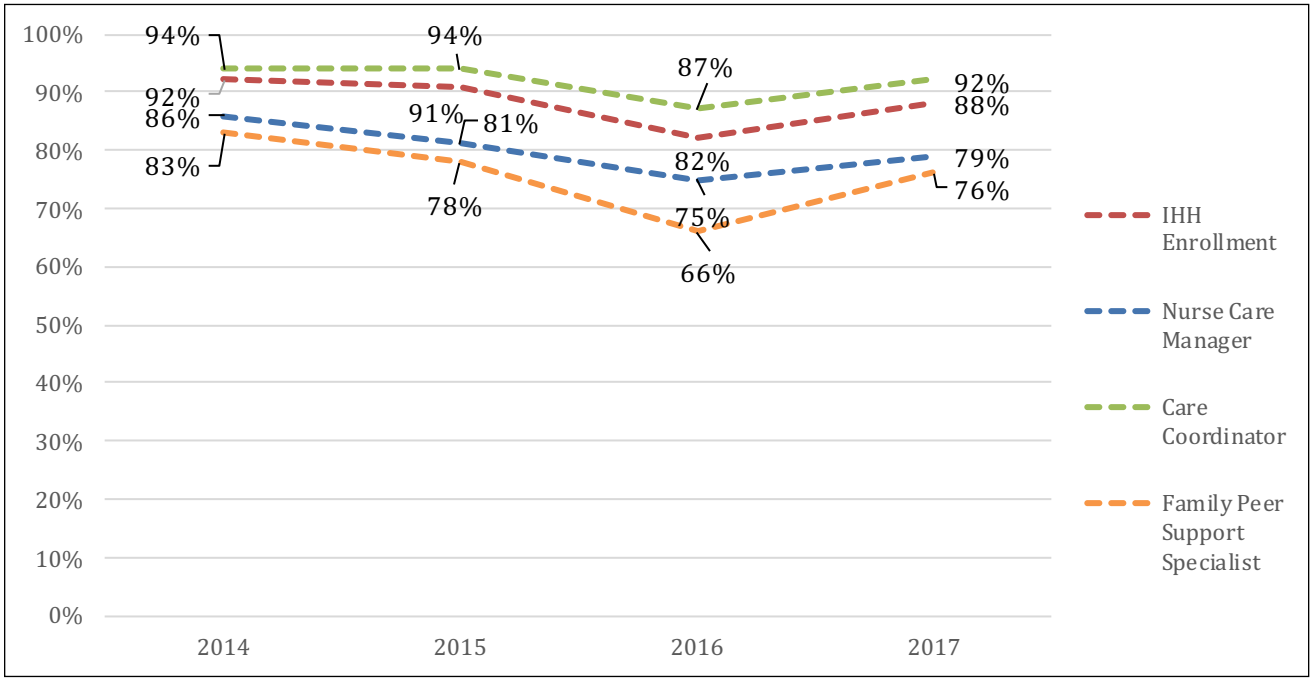
Familiarity with IHH Program

The survey included several questions to evaluate whether or not parents were aware of their child's involvement in the IHH. Figure 19 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

Overall, familiarity with the IHH program and its dedicated staff roles declined from 2014 to 2016. However, for each component, there was an uptick in awareness in 2017. In 2017, the vast majority of parents were aware that their child had a care coordinator (92%) and were aware of the IHH (88%). Around three-quarters were aware their child had a nurse care manager (79%) or family peer support specialist (76%). However, for each of these staff roles (nurse care manager and family peer support specialist), parental awareness levels in 2017 still did not reach the level of awareness from the first year of the program.

Figure 19. Awareness of IHH Components



Experiences with Medicaid MCOs (2017 only)

The 2017 survey included questions to understand IHH parent experiences with their child's Medicaid managed care organization. Specifically, the following were asked:

- In the last six months, did you try to get any kind of care, tests, or treatment for your child through your managed care organization (MCO)?
    - If so, how often was it easy to get the care, tests, or treatment your child needed through your MCO? [Never, Sometimes, Usually, Always]
- In the last six months, was there any time when you had to get prior authorization from your child's MCO to be able to get care, tests, or treatment for your child?
    - If so, how easy was it for you to get prior authorization from your child's MCO? [Very easy, Somewhat easy, Somewhat hard, Very hard]

Around 33% (n=237) of parents of IHH members tried to get care, tests, or treatment for their child using their MCO. Of those who tried, 72% reported that it was *usually* or *always* easy to do so while 10% reported that it was *never* easy.

A little under one-quarter (23%) of parents experienced a time when they had to obtain prior authorization from an

MCO before getting care, tests, or treatment for their child. Of those who had to get prior authorization, 24% reported that it was *very easy* to do so while a similar number (22%) reported that it was *very hard* to obtain prior authorization from their child's MCO.

Access to Care

Enhanced access to care 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 2017, a majority of parents (70%) reported that they knew how to get their child help from their IHH after regular business hours and this was comparable to previous years. However, in 2017, only 12% (n=84) actually tried to get help for their child after hours. Of those, 65% reported that they *usually* or *always* and 22% reported that they *never* 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?

Similar to previous years, few (2%) parents in 2017 reported a need for culturally sensitive help for their child from their IHH team. Of the 13 parents who reported a need, 85% reported that the IHH was responsive to their child's needs.

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 children in the IHH program:

- In the last six months, did your child need:
    - Health care services
        1. Routine care – health care from a doctor (such as a check-up or physical exam)
        2. Dental services
        3. Specialist care – health care from a doctor who specializes in one area of health care (such as a surgeon, heart doctor, allergy doctor, or others)
        4. Urgent care – health care needed on the same day for an illness, injury, or other condition
        5. Assistance obtaining prescription medicines
    - Mental health/substance abuse services
        1. Family or child counseling
        2. Emotional support – for concerns, frustrations, or crises
        3. Social skills training
        4. Crisis assistance
        5. Drug treatment - Treatment for illegal drug or prescription drug misuse (only asked if child was age 12 or older)
        6. Managing alcohol use – Assistance managing alcohol use (only asked if child was age 12 or older)
    - Health promotion services
        1. Preventive care – health care such as a flu shot or vaccinations
        2. Nutrition counseling

3. Weight loss counseling or assistance

- Chronic disease management and long-term care services and supports (LTSS)
  1. Management of a chronic health condition
  2. Rehabilitative therapy (such as speech, occupational, or physical therapy)
  3. Home health care (health care services received in the home)
  4. Medical equipment or supplies (such as a wheelchair, etc.)
- Social support services
  1. Food or clothing assistance
  2. Transportation assistance
  3. Child or respite care assistance (so that the child is cared for while the parent can take care of other things)
  4. Housing assistance for the family
  5. Legal help (such as support during juvenile court order meetings or court appearances)
- School support services
  1. School services (such as homework help or other accommodations)
  2. Support during meetings with the child's school
  3. After-school help – extracurricular activity assistance

- For those children who needed a particular service,
  - Did the IHH team assist the parent/guardian in getting their child the needed service?
  - Were you able to get the service your child needed?

Health Care Services

Figure 20 depicts the need for particular health care services reported by the parents of IHH members and Figure 21 presents, only for those who reported need for the particular service, the percentage of members who received the service and were assisted by their IHH in getting the service. In 2017, parents reported that their IHH children had a high need for routine health care (80%) which is similar to previous years. Almost all IHH children (99%) received the needed routine care with; this percentage is also similar to previous years. About 15% of parents reported getting help from their IHH to get routine care for their children.

The reported need for dental services for children in the IHH varied over time with a significant increase in need from 2014 (61%) to 2016 (74%) and a decrease in need reported from 2016 (74%) to 2017 (65%). The vast majority of children in the IHH received the needed dental services in 2017 (93%) and this is similar to previous years. Around 1 in 10 (11%) of parents of children in the IHH getting assistance from their IHH to obtain dental services and this remained constant over time.

For children in the IHH, the reported need for specialist and urgent care was very similar with around one-third (35% specialist, 32% urgent care) of parents reporting need for these types of care in 2017. The vast majority of parents of IHH members reported receiving the specialist and urgent care their children needed. There was a slight but statistically insignificant decrease in the percentage of parents reporting having IHH assistance getting needed specialist care for their children. And, in 2017, around 14% of parents reported having IHH assistance getting needed urgent care for their children which was similar to previous years.

There was a significant decrease over time in parents reporting needing help obtaining prescription medicine for their children (20% - 2014, 17% - 2015, 16% - 2016, 15% - 2017). Most parents reported that their children in the IHH were able to get the help they needed to obtain their prescriptions. Far more parents of IHH members (around 60% in 2014 & 2015 and almost 50% in 2016 & 2017) reported that they received help from their IHH team when getting prescriptions when compared to other health service needs.

Figure 20. Need for Health Care Services

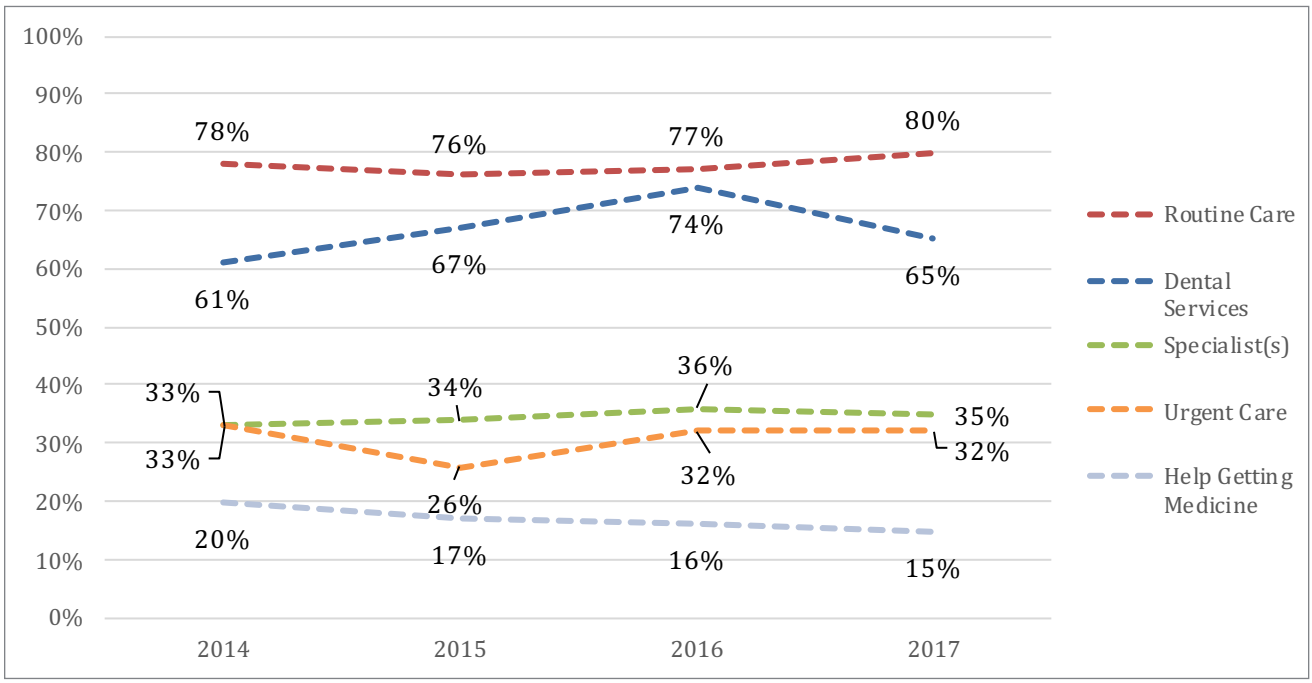
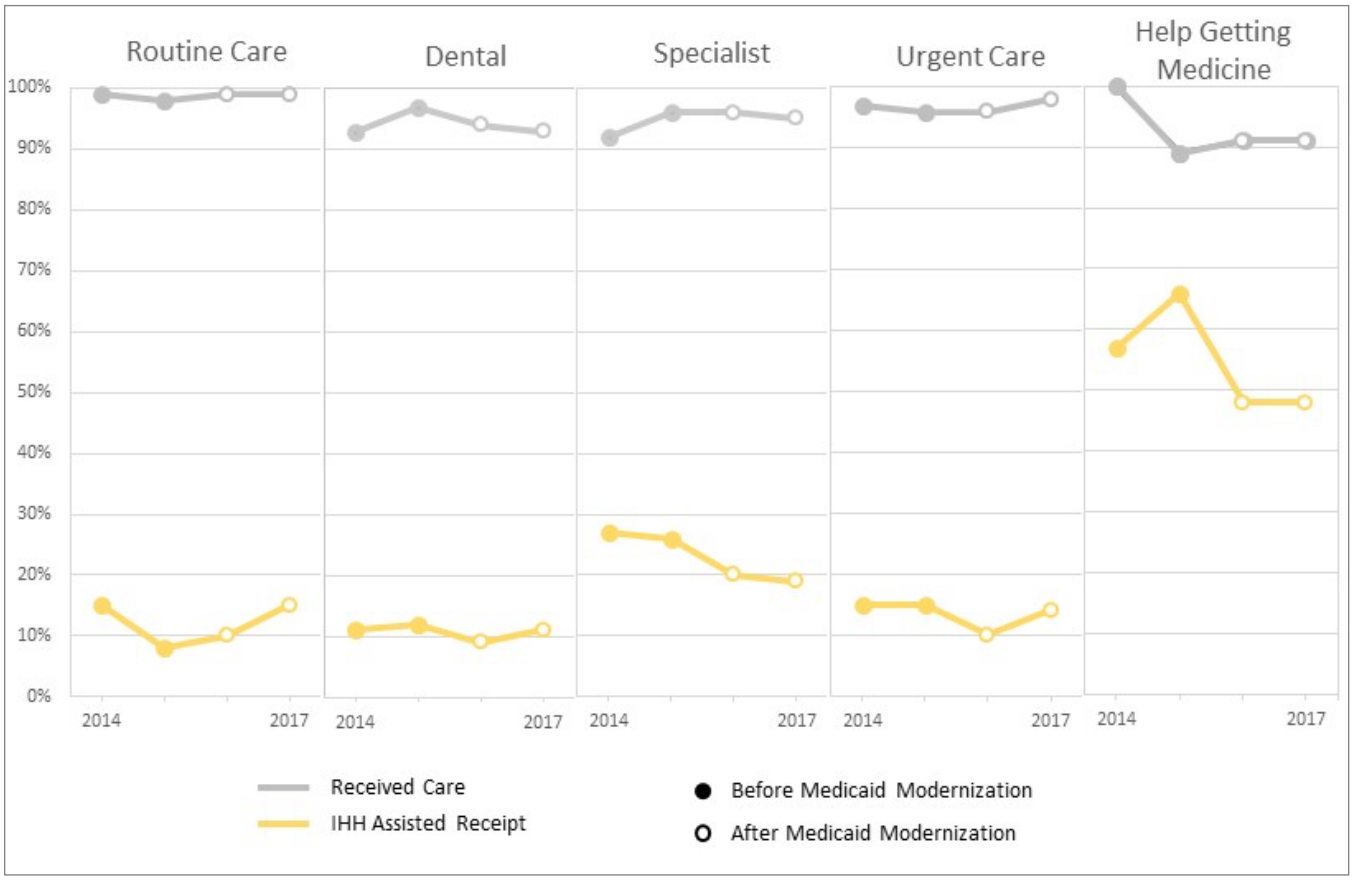


Figure 21. Receipt and IHH Assisted Receipt of Health Care Services



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 9 provides a look at how the IHH impacted receipt of needed health care services. In general, most children in an IHH who needed health care were able to receive the services they needed. In 2017, only those with a need for help getting prescription medicines were more likely to have received that assistance if they worked with their IHH when compared to those who did not work with their IHH.

Table 9. IHH Impact on the Receipt of Needed Health Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Routine Care	100% (18/18)	97% (217/223)	100% (57/57)	99% (517/521)	100% (83/83)	98% (488/496)
Dental Services	92% (23/25)	96% (183/190)	91% (42/46)	94% (477/507)	87% (45/52)	94% (389/415)
Specialist Care	100% (28/28)	95% (77/81)	98% (50/51)	96% (203/212)	96% (46/48)	95% (194/204)
Urgent Care	100% (12/12)	96% (66/69)	100% (23/23)	96% (202/211)	100% (31/31)	98% (193/198)
Help Getting Medicine	86% (32/37)	84% (16/19)	95% (55/58)	87% (55/63)	100%* (51/51)	83% (45/54)

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

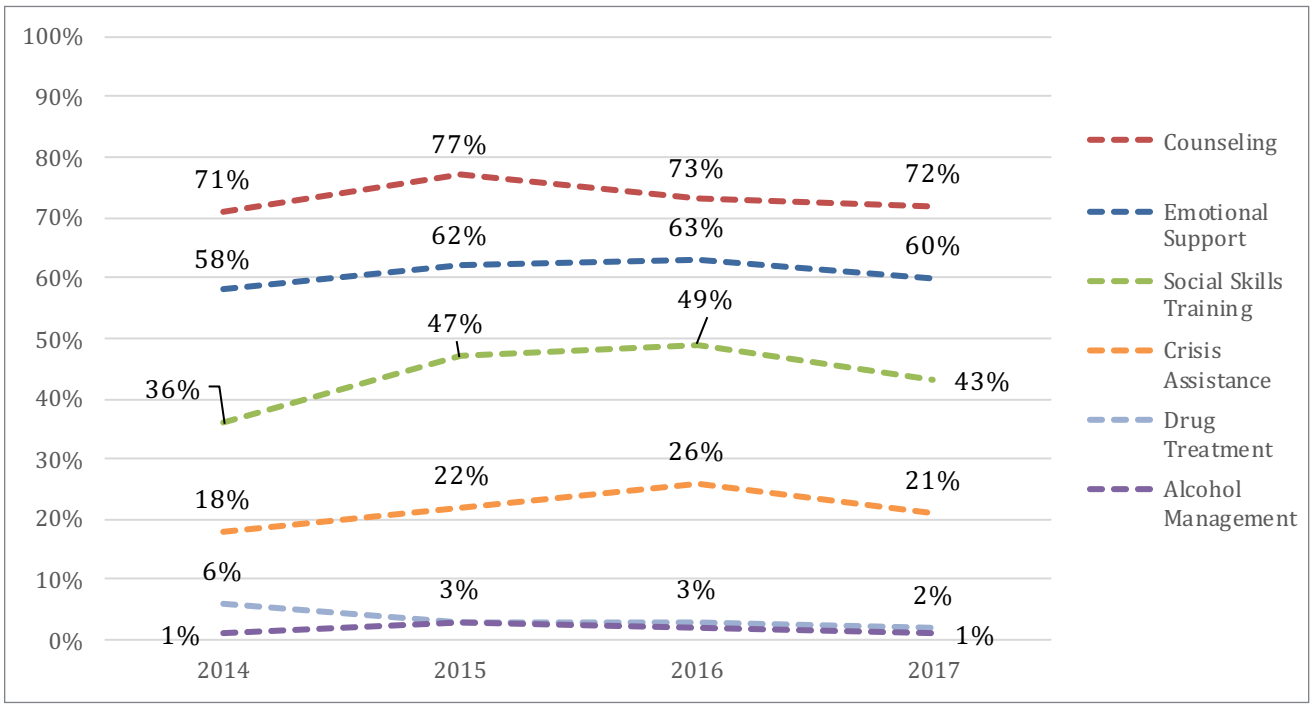
Mental Health/ Substance Abuse Services

Figures 22 and 23 display the need for particular mental health and substance abuse services and how the IHH assisted members in receiving those services. Over the years, the reported need for family or child counseling (around 75%) and emotional support (around 60%) has remained consistent among parents of children in an IHH. The vast majority reported receiving the counseling and emotional support they needed.

The reported need for social skills training and crisis assistance peaked in 2015 and 2016 and decreased in 2017 (43% - social skills training, 21% - crisis assistance). The percentage of parents reporting their child receiving social skills training decreased from 89% in 2014 to 74% in 2016 and increased to 82% in 2017. The majority (over 80%) of children in the IHH received the crisis assistance they needed.

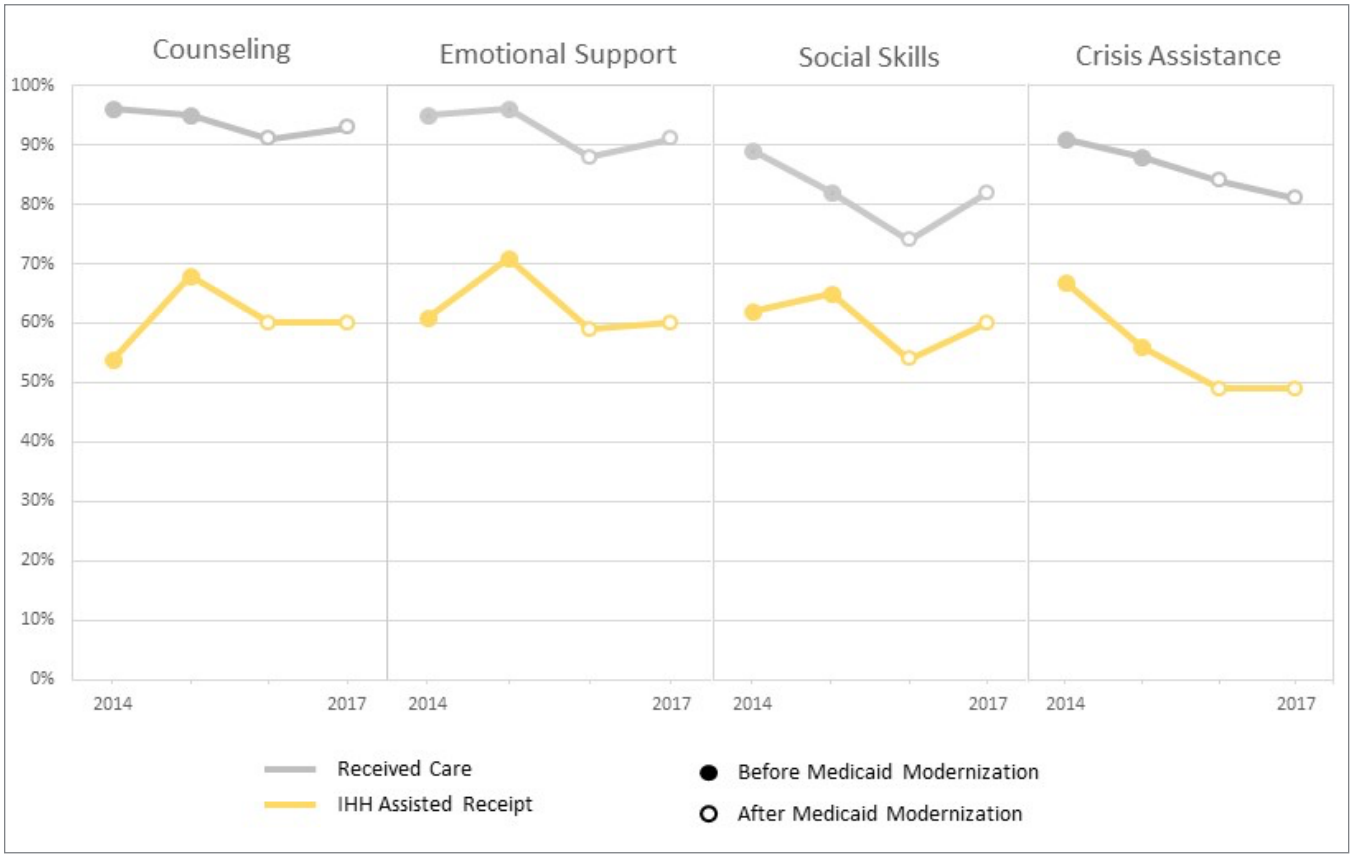
The reported need for treatment for illegal drug or prescription drugs decreased over time; from 6% in 2014 to 3% in 2015 & 2016 to 2% in 2017. Very few parents of children in an IHH reported a need for assistance managing alcohol use. Due to the very small sample sizes for these services, findings regarding receipt of and the assistance of the IHH in getting help with drug or alcohol treatment are not presented.

Figure 22. Need for Behavioral Health/Substance Abuse Services



Note: Drug treatment and alcohol management were only asked if the child was 12 or older

Figure 23. Receipt and IHH Assisted Receipt of Mental Health/Substance Abuse Services



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 10 presents an idea of how the IHH impacted receipt of needed mental health care services. Similar to 2016, in 2017, parents of children in an IHH who were assisted by their IHH were more likely to receive emotional support (97%) and social skills training (92%) compared to those who were not assisted by their IHH (82% and 68%, respectively).

Table 10. IHH Impact on the Receipt of Needed Mental Health/Substance Abuse Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Family or Child Counseling	95% (158/167)	93% (74/80)	91% (295/323)	91% (196/216)	94% (287/306)	92% (192/209)
Emotional Support	95% (131/138)	89% (50/56)	95%* (261/274)	77% (146/190)	97%* (249/256)	82% (137/167)
Social Skills Training	79% (77/97)	72% (38/53)	88%* (162/184)	58% (94/163)	92%* (170/185)	68% (82/121)
Crisis Assistance	90% (35/39)	84% (26/31)	98%* (91/93)	71% (70/99)	86% (62/72)	76% (57/75)

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

Health Promotion Services

Figure 24 summarizes the need for several health promotion services reported by the parents/guardians of IHH children. Figure 25 provides the percentage who received the needed services and how many used the IHH to obtain services.

The reported need for preventive services significantly increased over time. In 2017, close to 60% of parents reported that their children needed preventive services which is significantly different from 2014 (43%) and 2015 (47%). Most children (96%) in the IHH who needed preventive services in 2017 received them and this was similar to previous years. And, few parents (12% in 2017) over the years reported assistance by the IHH in obtaining preventive care for their children in the IHH.

The need for nutrition counseling was consistent across the years with around 10% of parents reporting this need for their children in 2017. In 2017, 76% of parents reported that their child received the nutrition counseling they needed. And, while there was some variation over the years with regard to receiving needed nutrition counseling, the differences were not statistically significant. In 2017, 42% of parents reported being assisted by the IHH in obtaining nutrition counseling for their child and this was a significant increase from 2016 (22%).

Around 7% of parents in 2017 reported that their child needed weight loss counseling which is comparable to 2016 (10%). For parents whose children had needs for weight loss counseling, receipt of IHH assistance in obtaining those services increased from 2016 to 2017, but the increase was not statistically significant.

Figure 24. Need for Health Promotion Services

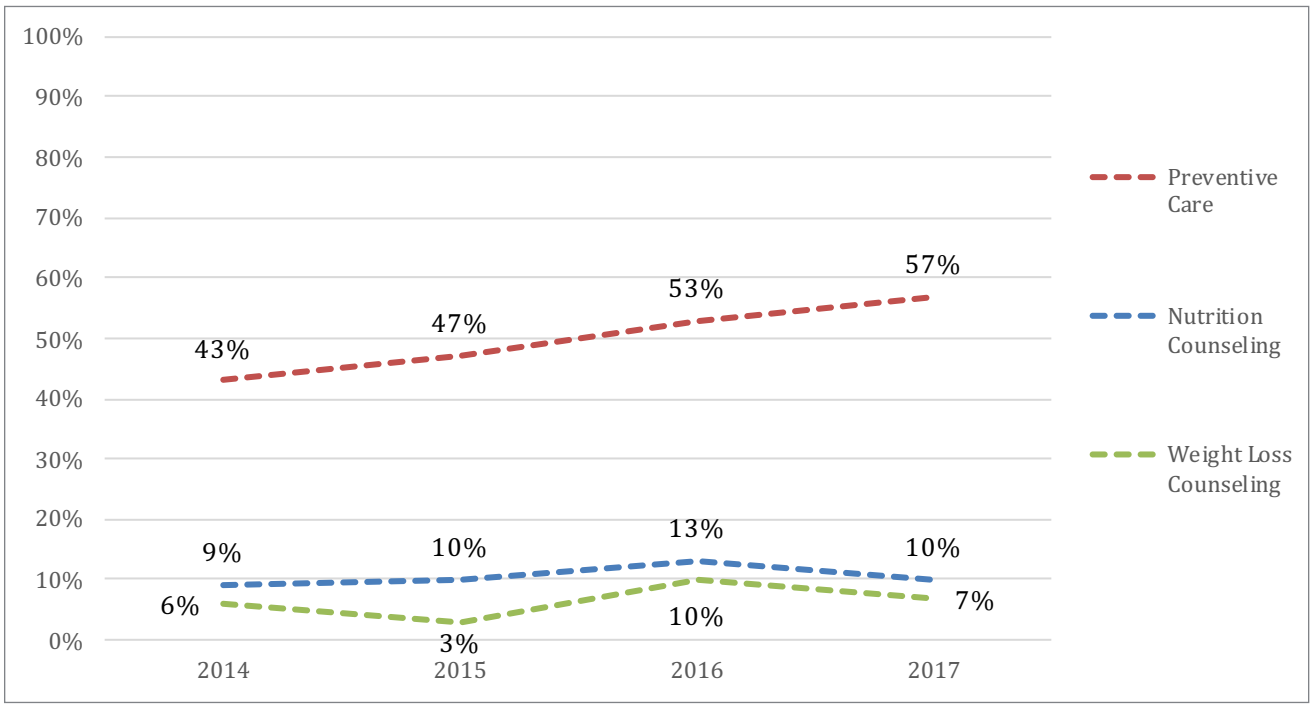
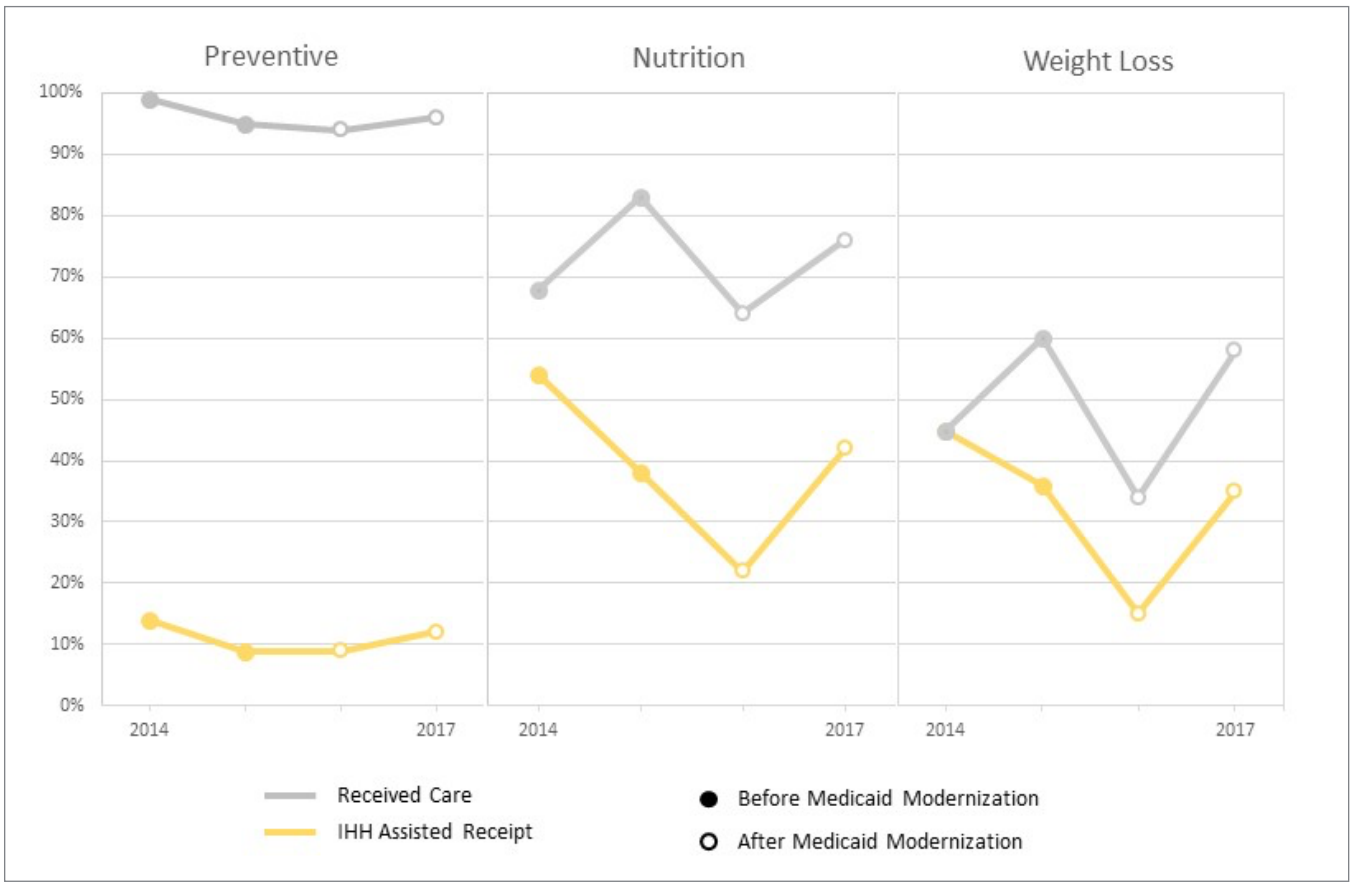


Figure 25. Receipt and IHH Assisted Receipt of Health Promotion Services



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 11 provides a look at how the IHH impacted receipt of needed health promotion services. In 2015, 2016, and 2017,

for IHH children who needed nutrition counseling, parents who received help from their child's IHH were more likely to report their child having received the service than those who were not assisted by an IHH. In 2017, for IHH children who needed weight loss counseling, parents who received help from their IHH were more likely to report their child having received the service than those not assisted by an IHH. These results differ somewhat from previous years when IHH assistance had no significant impact on receipt of weight loss counseling.

Table 11. IHH Impact on the Receipt of Needed Health Promotion Services

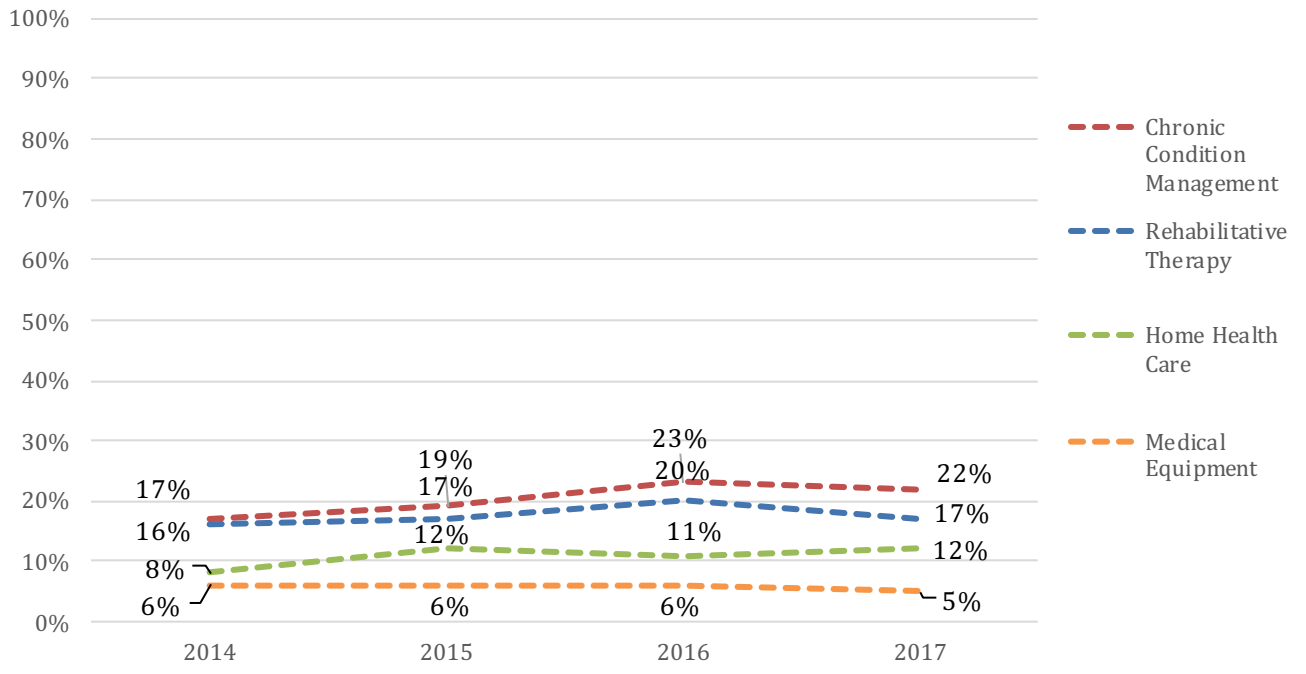
Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Preventive Care	100% (14/14)	94% (129/137)	97% (34/35)	94% (336/357)	98% (50/51)	96% (345/359)
Nutrition Counseling	100%* (12/12)	57% (12/21)	91%* (20/22)	57% (43/76)	97%* (29/30)	62% (26/42)
Weight Loss Counseling	75% (3/4)	38% (3/8)	60% (6/10)	31% (19/62)	88%* (14/16)	45% (14/31)

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

Chronic Disease Management and Long Term Services and Supports

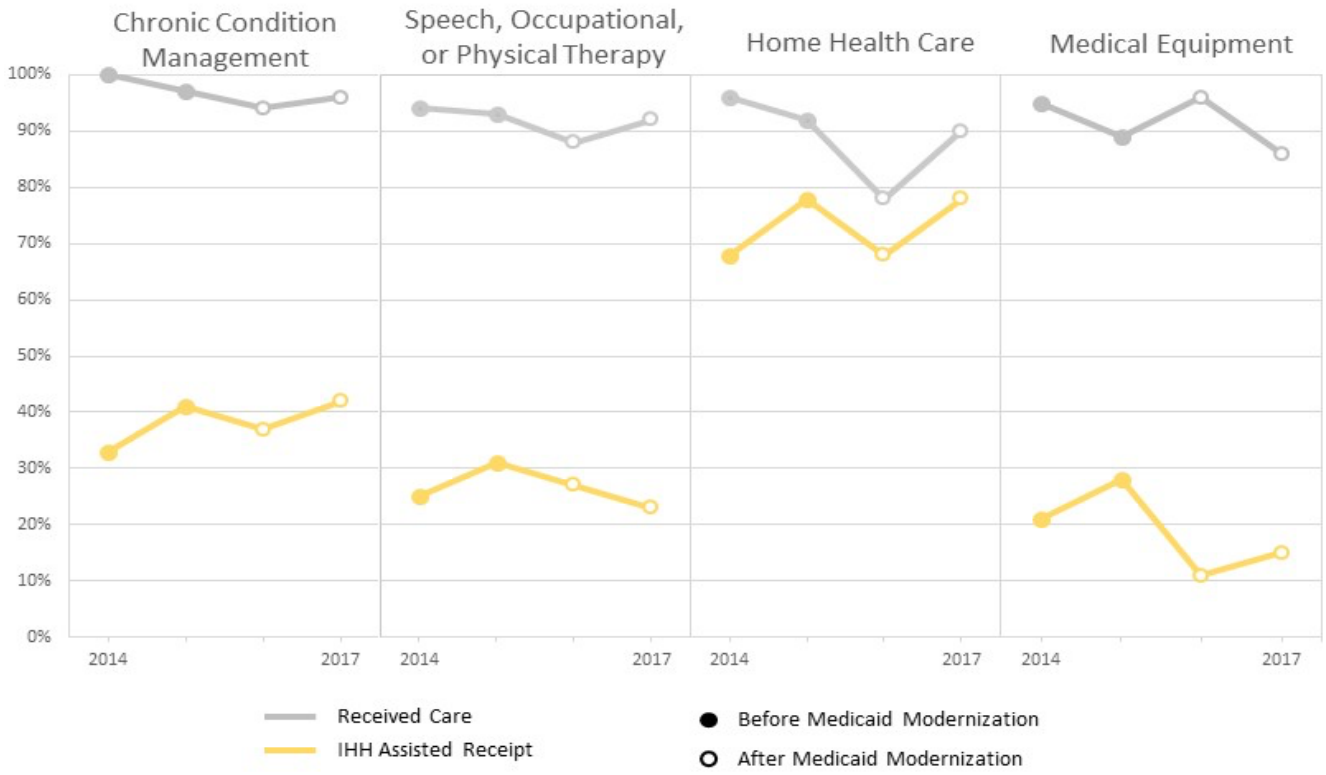
Figures 26 and 27 summarize the need for services related to the management of chronic conditions reported by the parents of IHH children and how their IHH assisted them in getting those services for their children. From 2014 through 2017, the reported need for these types of services remained consistent. Most parents reported that their children were able to receive the services and this also was consistent over the years. Out of all of these services, parents of children who needed home health care were most likely to have had the help of the IHH in obtaining it for their child.

Figure 26. Need for Chronic Disease Management, Rehabilitative Therapy, Home Health Care, and Medical Supplies



Note: Rehabilitative therapy includes speech, occupational, or physical therapy.

Figure 27. Receipt and IHH Assisted Receipt Chronic Disease Management, Rehabilitative Therapy, Home Health Care, and Medical Supplies



Note: For each service category, data presented is only for those members reporting a need for that service.

Table 12 provides a look at how the IHH impacted receipt of needed chronic disease management, rehabilitative therapy, home health care, and medical supplies. In 2016 and 2017, parents of children in an IHH who needed help obtaining home health care services and who were assisted by their IHH were more likely to have received home health care services compared to those who were not assisted by their IHH.

Table 12. IHH Impact on the Receipt of Needed Chronic Disease Management, Rehabilitative Therapy, Home Health Care, and Medical Supplies

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Management of a Chronic Condition	88% (21/24)	97% (34/35)	92% (56/61)	95% (101/106)	96% (64/67)	96% (86/90)
Speech, Occupational, or Physical Therapy	82% (14/17)	97% (37/38)	92% (36/39)	86% (88/102)	97% (28/29)	90% (85/94)
Home Health Care	90% (26/29)	88% (7/8)	89%* (49/55)	56% (15/27)	96%* (63/66)	68% (13/19)
Medical Equipment or Supplies	100% (5/5)	85% (11/13)	100% (5/5)	95% (39/41)	60% (3/5)	90% (26/29)

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

Social Support Services

Social determinants of health are conditions (e.g., social, economic, and physical) in a person's environment that affect a wide range of health, functioning, and quality of life outcomes. Social support services address a wide range of these conditions and are part of the resources and support available to enrollees in an IHH. Figures 28 and 29 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. From 2016 to 2017, the need for social support services has decreased for children in the IHH. In particular, the need for food or clothing assistance decreased from 28% in 2016 to 22% in 2017 and the need for transportation assistance decreased from 19% in 2016 to 14% in 2017.

With the exception of housing assistance, there were little differences between 2016 and 2017 in the reported ability to receive social support services. The receipt of assistance with housing needs increased from 53% in 2016 to 78% in 2017. There was an increase from 2016 to 2017 in parents reporting receiving help from their IHH to get social support services for their children. In particular, IHH assistance with getting needed food or clothing assistance increased from 26% to 40% and childcare assistance increased from 51% to 68%.

Figure 28. Need for Social Services

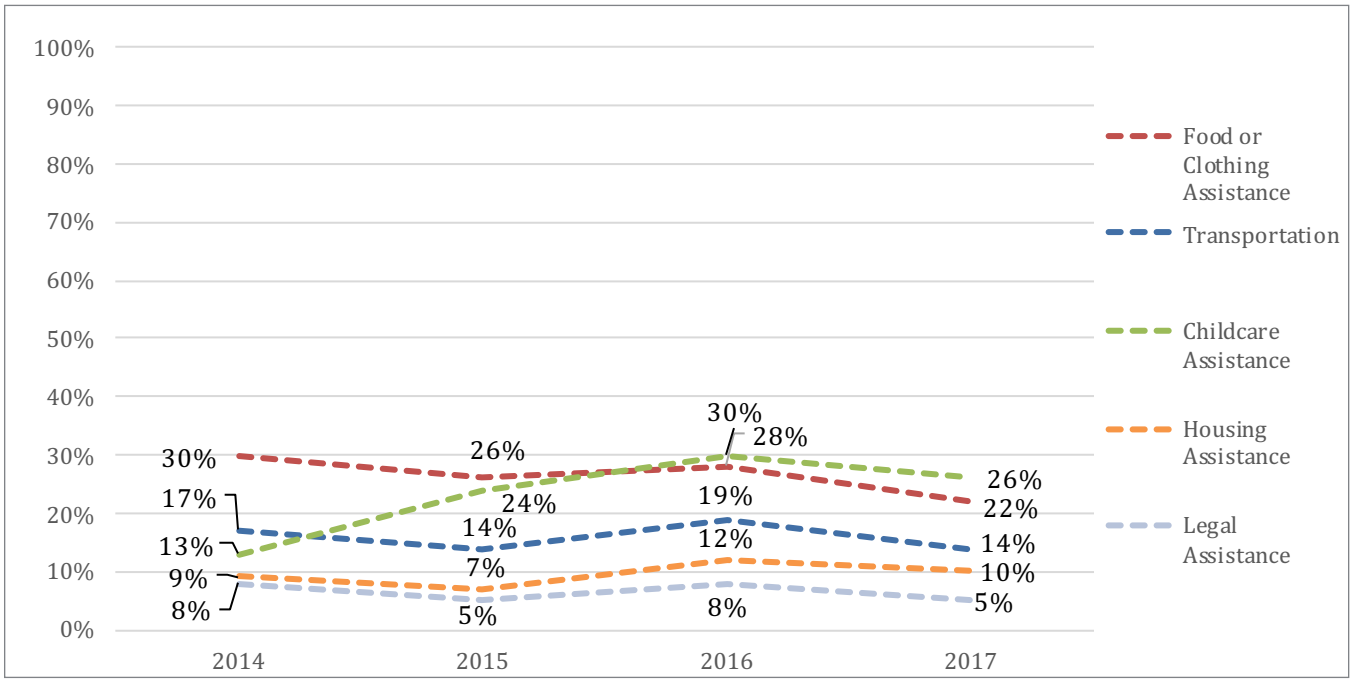
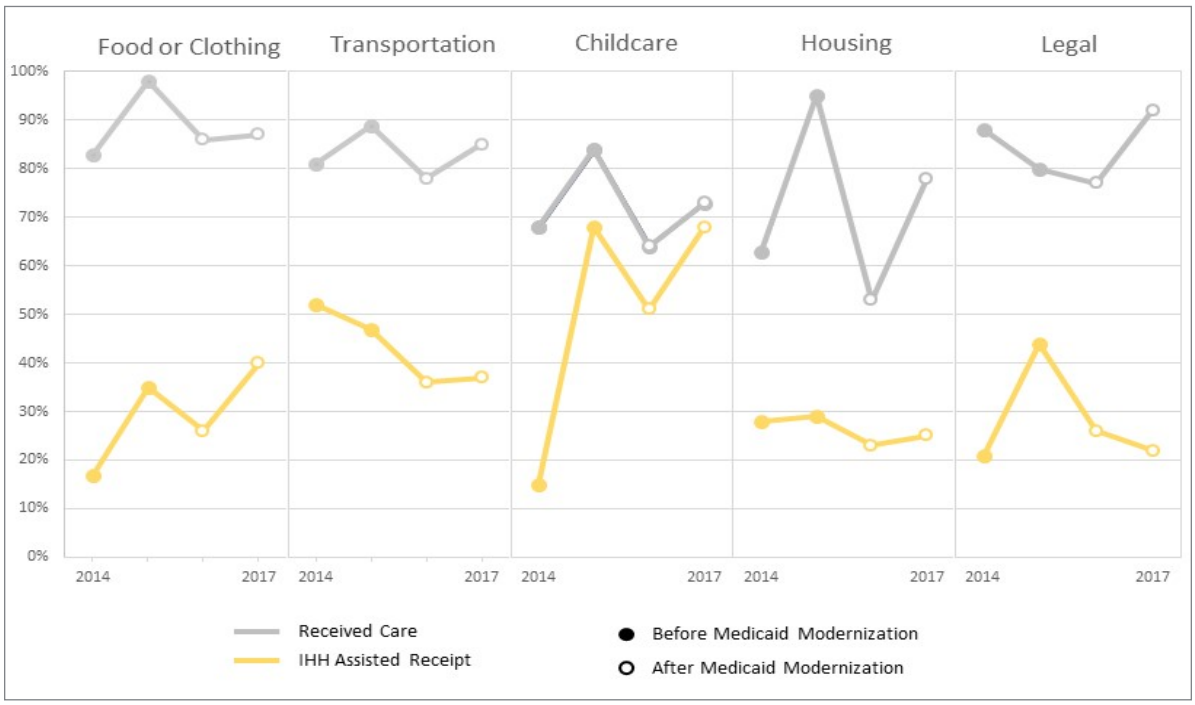


Figure 29. Receipt and IHH Assisted Receipt of Social Services



Note: For each service category, data presented is only for those members reporting a need for that service.

As seen in Table 13, for some social support services in 2017, parents were more likely to receive the needed service for their child if they had help from their IHH when compared to not having IHH assistance. For example, significantly more parents reported obtaining transportation assistance when assisted by their IHH compared to not having the assistance of their IHH. This is also true for obtaining childcare assistance. These results are similar to 2016 findings.

Table 13. IHH Impact on the Receipt of Needed Social Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
Food or Clothing Assistance	90% (26/29)	98% (52/53)	93% (49/53)	84% (127/152)	92% (58/63)	83% (79/95)
Transportation Assistance	91% (19/21)	83% (20/24)	92%* (47/51)	70% (61/87)	97%* (34/35)	78% (47/60)
Childcare Assistance	87% (45/52)	75% (18/24)	81%* (87/108)	48% (52/108)	81%* (104/128)	56% (33/59)
Housing Assistance	67% (4/6)	93% (14/15)	57% (12/21)	52% (35/68)	82% (14/17)	76% (38/50)
Legal Assistance	71% (5/7)	78% (7/9)	77% (10/13)	78% (29/37)	100% (8/8)	90% (26/29)

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

School Support Services

Figures 30 and 31 summarize the need for school support services reported by the parents of IHH children and how their IHH team assisted them in getting those services. While the reported need for school support services increased from 2014 to 2016, there was a significant decrease in need for school services (such as homework help at school) from 2016 (50%) to 2017 (41%). At the same time, the reported ability to receive school support services remained consistent

over time with most parents reporting that their child was able to receive the needed school support.

Figure 30. Need for School Support Services

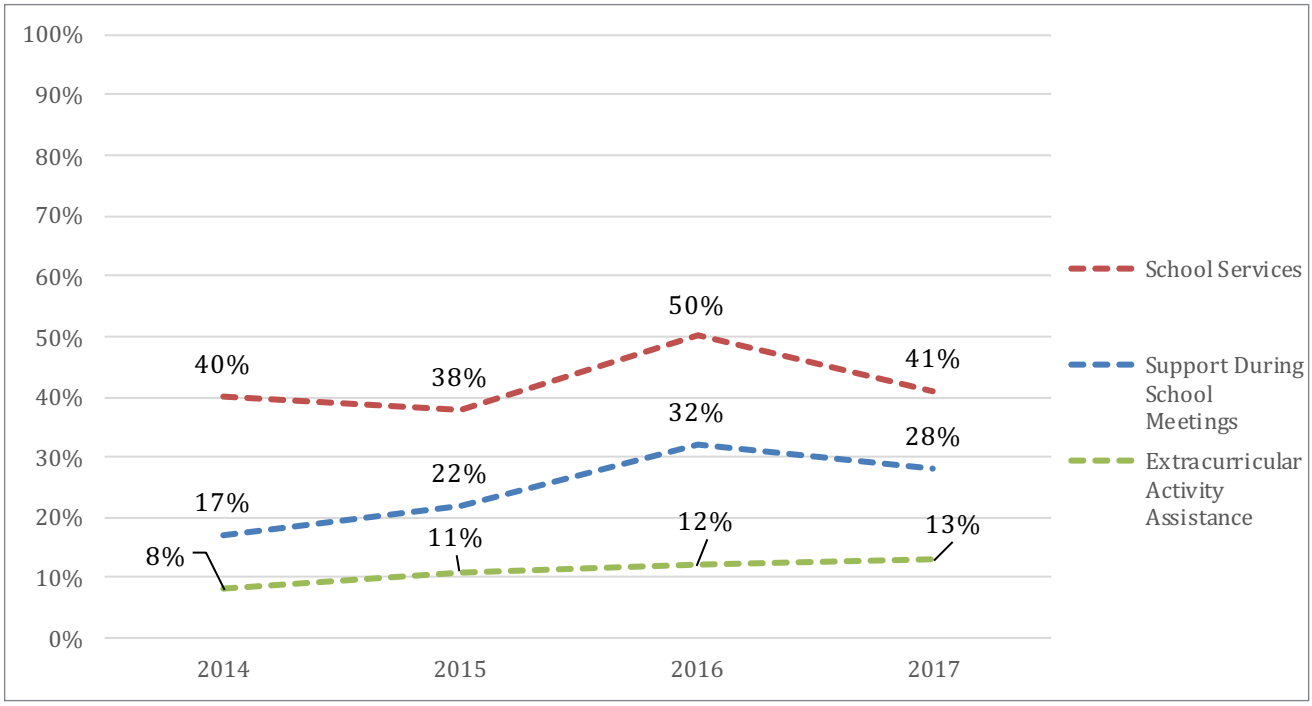
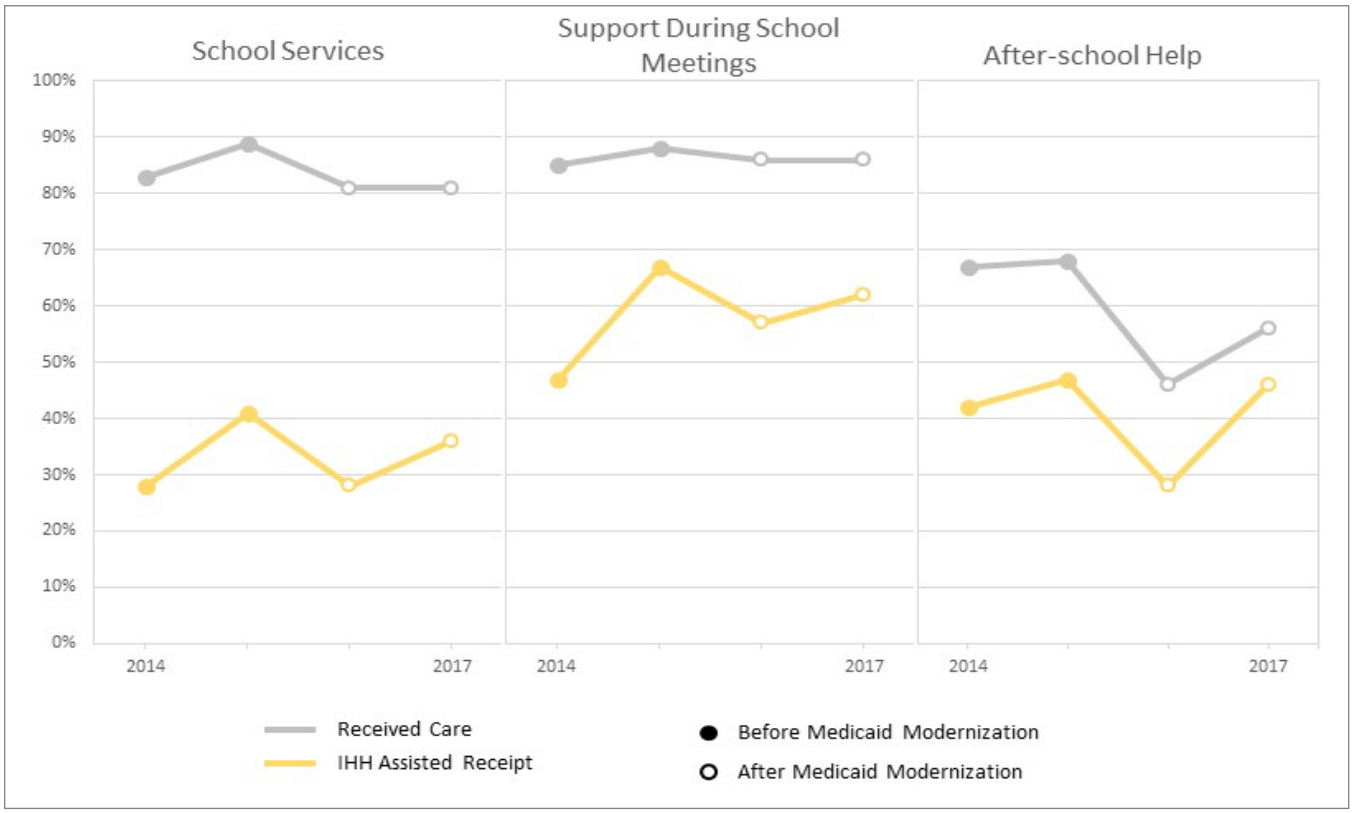


Figure 31. Receipt and IHH Assisted Receipt of School Support Services



Note: For each service category, data presented is only for those members reporting a need for that service.

As seen in Table 14, for all school support services in 2017, parents were more likely to receive the needed service for their child if they had help from their IHH when compared to not having IHH assistance.

Table 14. IHH Impact on the Receipt of Needed School Support Services

Service	2015		2016		2017	
	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %	Received Service/ Assisted by IHH %	Received Service/Not Assisted by IHH %
School Services	92% (45/49)	82% (59/72)	86% (84/98)	79% (207/262)	90%* (92/102)	76% (142/186)
Support During School Meetings	89% (42/47)	74% (17/23)	93%* (122/131)	76% (76/100)	98%* (123/125)	66% (51/77)
After-school Help	77% (13/17)	53% (10/19)	77%* (17/22)	35% (21/60)	83%* (35/42)	31% (15/48)

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

Experiences with School

For IHH children enrolled in school (n=308 (98%) in 2014, n=314 (98%) in 2015, n=738 (98%) in 2016, n=705 (97%) in 2017), 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?

As seen in Figure 32, the mean number of missed school days missed increased from 2014 (3.7 days) to 2016 (5.2 days). In 2017, mean number of missed school days (4.8 days) was comparable to 2016.

In 2017, 44% of parents reported that their child's school situation has improved since their child started working with an IHH which is somewhat lower than previous years. In 2017, 48% reported no difference compared to 44% in 2016 and 9% of parents reported their child had worse experiences with school which is comparable to 2016 (8%) (Figure 33).

Figure 32. Mean Number of School Days Missed Due to Illness, Injury, or a Behavioral/Emotional Problem

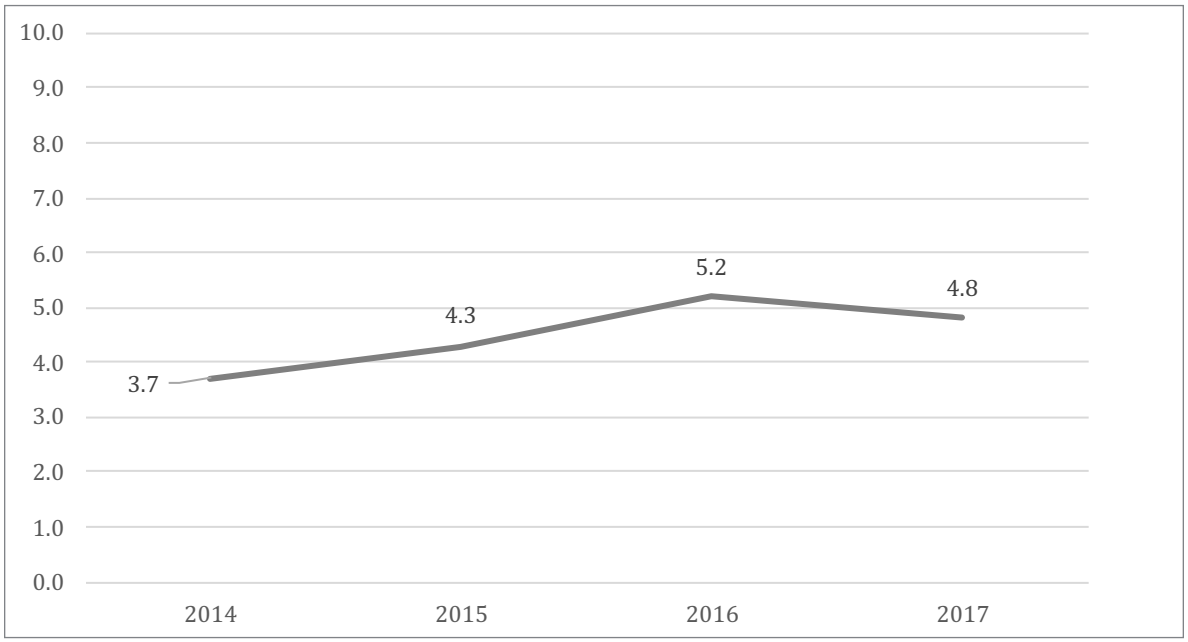
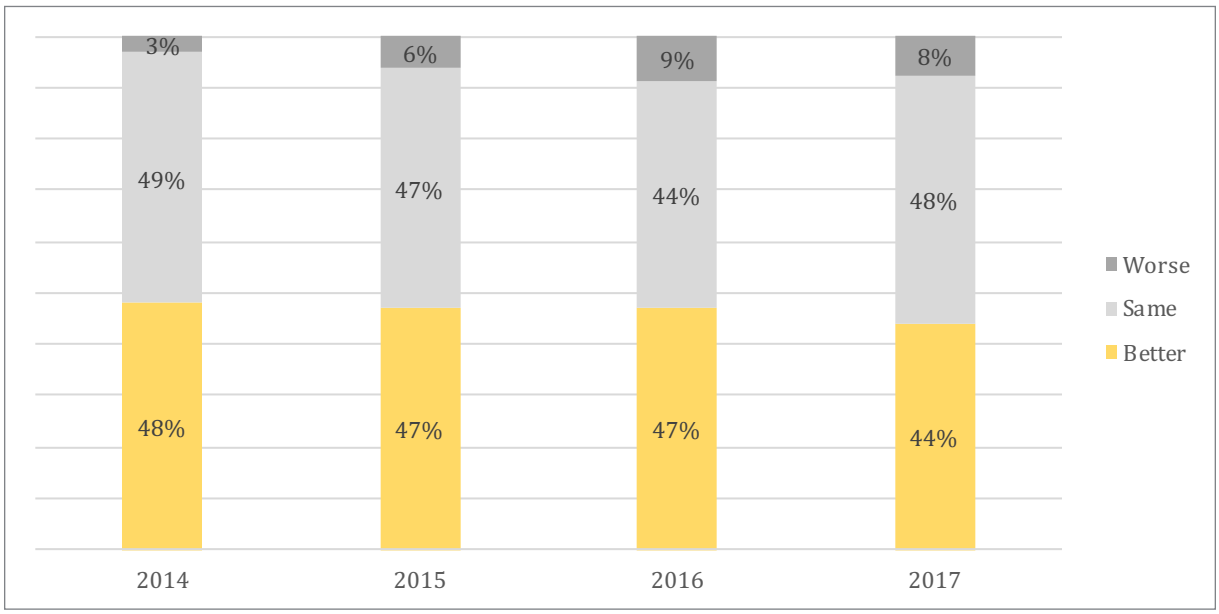


Figure 33. Child's School Experience since Working with IHH Team (2014 - 2017)



Chronic Condition Management

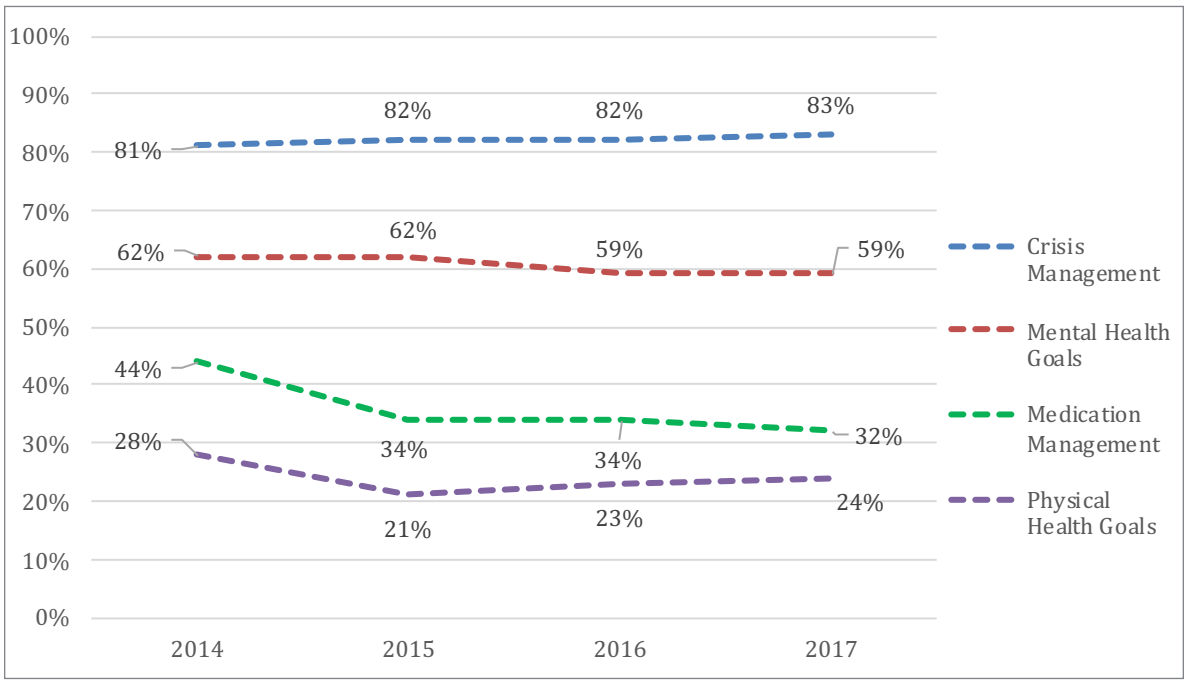
Another facet of the IHH program is to help members manage their chronic conditions, both mental and physical. IHH teams help families establish goals and help them to manage their child's health care. In this survey, several items were used to evaluate this component of the IHH. The following questions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

- 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?
- 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]?

Similar to previous years, in 2017, most IHH parents (81%) reported that their child took prescription medications to treat a chronic condition. In 2014, under one-half (44%) of parents of children who took prescription medications reported working with their child's IHH to manage them; this figure decreased to 34% in 2015 & 2016 and remained at around 32% in 2017.

In each year, around 60% of parents of children in an IHH reported getting help from their IHH to set up specific goals to improve their child's *mental* health while less than 30% in each year reported getting help to set up specific goals to improve their child's *physical* health. And, around 80% of parents in each year reported their child and family was better able to deal with a crisis since working with their IHH team.

Figure 34. 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 components of the IHH program:

- 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?

As shown in Figure 35, ER use (at least 1 visit in the previous 6 months) remained steady over this time period with around one-third of children in the IHH visiting the ER within the six months prior to the survey (34% - 2014; 28% - 2015; 30% - 2016; 29% - 2017). Of those who had an ER visit, a little under one-half of parents reported that the care they received in the ER could have been provided in a doctor's or therapist's office. This percentage remained relatively unchanged over time (46% - 2014, 44% - 2015; 43% - 2016, 50% - 2017). The percentage of parents reporting their child had any hospital stays over a six month period was consistent over time, from 11% in 2014, 10% in 2015 & 2016 and 8% in 2017.

Figure 36 provides a summary of parental contact with their child's IHH team regarding their ER use and hospital stays. In 2017, 17% of parents whose child had an ER visit tried to contact their child's IHH team before going to the ER for care which is comparable to previous years. Post ER follow-up (the IHH tried to reach them within a week of their ER visit) also remained relatively consistent over the years; from a low of 28% in 2014 to 44% in 2015 and then 35% in 2016 & 2017.

In 2017, 46% of parents whose child had a recent hospital stay reported having tried to contact their child's IHH before

going to the hospital. With the exception of 2015, the percentage of parents reporting having follow up contact with their child's IHH after their child's hospital visit was around 57%.

Figure 35. Utilization: ER Visits and Hospital Admissions

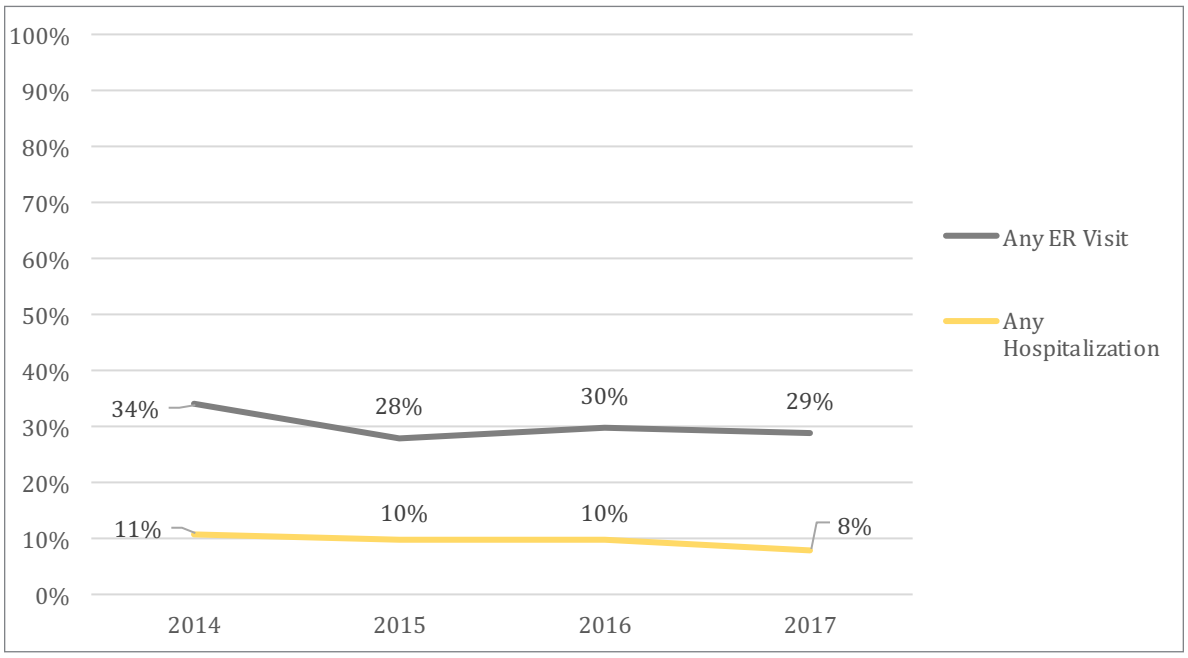
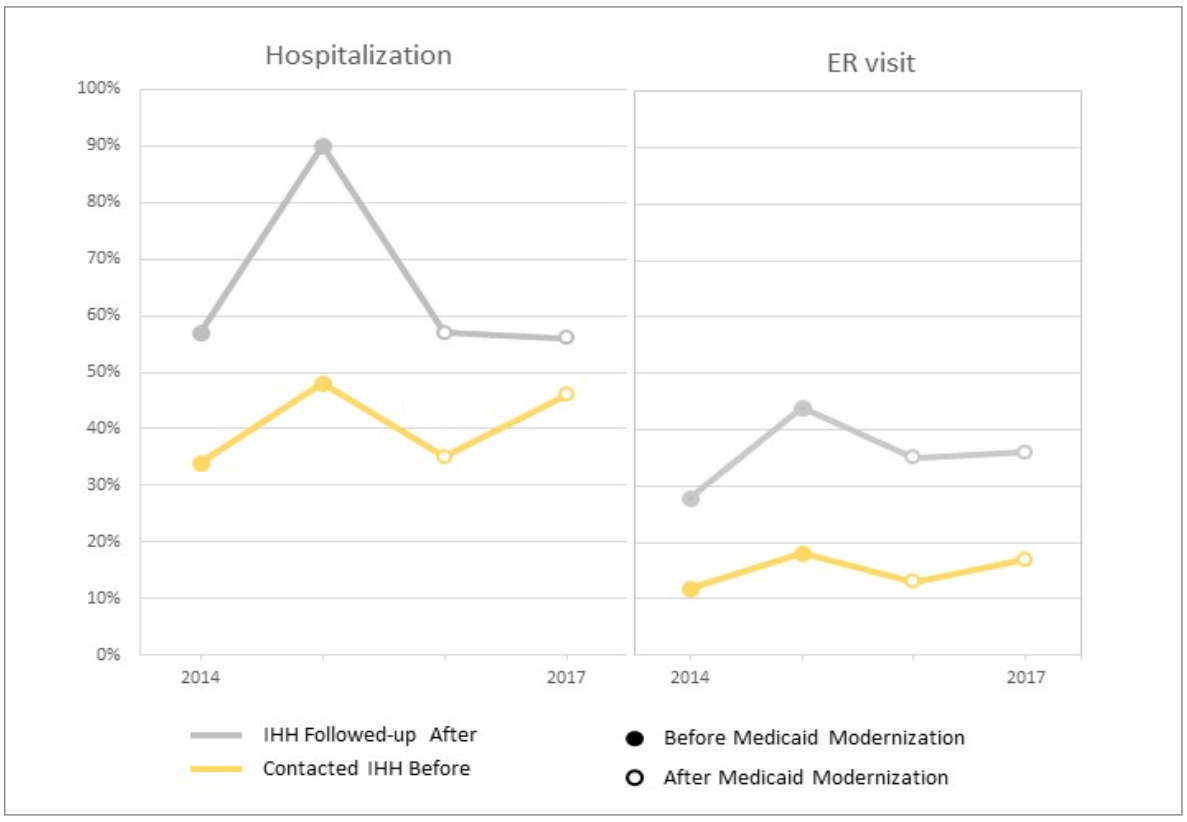


Figure 36. Contact with IHH Before and Follow-up After a Hospitalization or ER Visit



In their own words - Feedback from Parents of Children in the IHH, 2017

- 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?

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

How IHH made life better (2017 only)

Caregivers of child members of the IHH program described how IHH met their child's needs and improved the quality of their lives. Caregivers of children in IHH reported general satisfaction and specific examples of how IHH made their child's life better, including:

- Care Coordination and Resource Referral (240)
- Mental Health Services (147)
- Improved Outcomes (130)
- Rapport and Supportive Relationships (124)
- Caregiver Support (93)
- Reliable Communication (82)

Of the 727 responses, 113 caregivers reported that IHH has done nothing to improve their child's life, or declined to respond.

Care Coordination

Similar to the adult IHH members, nearly a third (240/747) of caregivers reported receiving assistance and services from their child's IHH team to meet a variety of needs and mitigate gaps in care. The most frequently reported services included access to resources in the community (e.g. gym memberships, summer programs and camps, family events, nonprofit services) (n=51), medication management (n=48), and coordinating school services (e.g. arranging accommodations, attending school meetings, providing school supplies) (n=42). Other aspects of care coordination that were mentioned by caregivers included help with paperwork and waivers, respite care, transportation, and basic needs (e.g. food, utilities, clothing).

> "*They have helped a lot by getting us resources. By being able to get extra food and for Christmas we were able to get into Adopt a Family.*"
>
> "*She works as a middle person and helps us get resources, she's helped us get connected with new programs.*"
>
> "*The ability to have support for IEP [Individualized Education Program], help for school, and someone that knows the Iowa school rules and who and how to talk with the school.*"
>
> "*They filled out the paperwork for her to go to camp so they got scholarships for her and helped with getting her into other programs for her social skills.*"
>
> "*They helped me get him on waiver and respite assistance, and then get him into a special preschool and get transportation to get to the preschool. Deal with insurance company.*"

Mental Health Services

About one-fifth of caregivers (147/727) talked about various mental health services their child received as improving their lives. Caregivers specifically mentioned individual counseling, group therapy, family therapy, psychological evaluations, play therapy, goal setting, skill building (e.g. anger management, social skills, coping skills) as having a positive impact.

> "*She likes her counselor, it helps that she wants to go. It shows her that it's okay to have mental health problems and get help with that. It shows her that a lot of people get counseling.*"
>
> "*They look at the whole child. They are welcoming and want to work as a team with the parent. They are always involving us and we make a good team. My son is doing so much better. They are great.*"
>
> "*Just the access and availability to have someone help us when it comes to treatments and therapy.*"
>
> "*He just had a lot of things he needed to talk out, so the counseling has helped out.*"

Improved Outcomes

Many caregivers (130/727) cited improvements in their child's circumstances, mental health, school, and behaviors

due to IHH services. Specifically, caregivers noticed improvements in their child's self-esteem, regulation of emotions, grades, familial relationships, interactions with peers, and ability to talk through issues and identify triggers. In addition, parents noted fewer incidents of self-harm, aggression towards others, and problems at school.

> *"With the worker we have, they have talked to her about maintaining her emotions to where she can deal with them better by cooling off instead of exploding."*

> *"He has been able to express his feelings a lot better with us and the school. And he has learned a lot more about how to walk away from problems that arise at school. He used to not be able to do these things."*

> *"With her being on her meds, she focuses a whole lot better; she's not as emotional, she used to throw fits and not be able to concentrate, and now every teacher loves her, she's good on her homework."*

> *"It's helped her improve her relationships at school and with family members, and I feel like it's been a consistent, positive thing for her to have somebody to check in with."*

Rapport and Supportive Relationships

Another aspect of IHH that caregivers mentioned frequently (124/727) was the added presence of positive relationships in their children's' lives, through IHH staff. Caregivers noted that staff were easy for their children to talk to, were knowledgeable problem solvers, and demonstrated consistent positive regard and caring towards their children.

> *"He has gotten a lot of support from his staff and that has improved and enriched his life a lot. It helps and gives him different ideas on how to deal with people in different social situations."*

> *"Our in home worker...he's phenomenal. He really goes the extra mile to help and assist families with their struggles and has given us and has been an amazing support system."*

> *"Consistent and compassionate caregivers, they're knowledgeable."*

> *"I like that they are always there to help and that they genuinely care about my child."*

> *"She relates to [provider name redacted] really well and looks forward to that relationship and is a source of calmness for her."*

Parent support

Ninety-three caregivers of child IHH members talked about how receiving support as caregivers from the IHH had a positive impact on their child's life. Caregivers talked about making shared decisions with the IHH team, having IHH as a resource to learn more about their child's mental illness and best practices as a caregiver, and the benefits of having access to peer support specialists for emotional support. Of the 93 parents who mentioned caregiver support from IHH, 35 of them talked specifically about respite services, and the stress relieving benefits.

> *"I would say that the parent meetings that are offered and the child care that is offered is a nice break for the parents. It is so nice to get together with other parents. Having a care coordinator that will call and offer outside community assistance for me when I needed help dealing with my child."*

> *"Somebody that I can turn to and get help when I need it. She is the support I need to find places I have never heard of before. She is there for me."*

> *They look at the whole child. They are welcoming and want to work as a team with the parent. They are always involving us and we make a good team. My son is doing so much better. They are great.*

Reliable Communication

Eighty-two caregivers mentioned the reliable communication with and accessibility of their child's IHH team as having a positive impact on their child's life. Specifically caregivers mentioned the IHH team's outreach to ensure treatment was on track (e.g. appointment reminders, needs assessments, follow-ups), availability as a resource for parenting advice, timely responses to caregiver inquiries, and the facilitation of shared decision making.

> *"Well, they call me every month and check up on him and ask if I need any help and give me suggestions and stuff."*

> *"I just think their contact. They are willing to help find resources to help resolve the situations."*

"They definitely make themselves available for whatever help I might need, and they are very knowledgeable about options and choices that are available for me and [CHILD]."

"I would say the fact that she gets back to me quickly and that she, I don't know, is…Listens to me and cares about what I want to happen instead of just saying this is what should happen."

"The availability and response of the care coordinator is great, and is always there when I have questions or concerns."

How IHH could improve (2017 only)

More than half of caregiver respondents (374/727) had no suggestions for improvements to the Child IHH program. The remaining 353 respondents described opportunities for improvements, including

- Workforce Issues (90)
- Improve Communication (83)
- Improve Access (73)
- Addressing Unmet Needs (57)
- Program clarification (35)

Some caregivers (n=27) mentioned funding reductions and state health policies as limiting the capacity of the IHH to make improvements to programming in the areas outlined above.

Workforce Issues

The most frequent workforce issue caregivers mentioned as an area for improvement for the child IHH program was staff turnover and shortage (58/90). Caregivers talked about the impact of inconsistent staff on their children, which included disruption of treatment progress and positive relationships, inexperienced staff, and gaps in care. Caregivers talked about staffing shortages (e.g. care coordinators, case managers, respite providers, psychiatrists, therapists, nurses, doctors), mentioning that staff have large caseloads, which sometimes resulted in limited time with staff, incapacity for provider choice, and delayed and disrupted service delivery.

"I would change the turnaround of employees. It is hard for my son to build a relationships when he has 4 different people, and now he is getting a new therapist. All in all, he has had 9 different people in the year we have been working with them. No wonder he is afraid to open up and talk to the people when they keep leaving."

"We've had changes in staff, and you go a couple months without hearing for them. I didn't know who to contact."

"The med doctors, they switch so many times, and they could not even accept us as a patient. We were left with no medication for a month, and that was really hard. They just need to maintain a better staff, and it sucks for families."

"I would request consistency of care. It's hard to go through multiple workers in a short amount of time, and it's especially difficult when I know more than they do."

Improve Communication

Caregivers talked about ways their child's IHH could improve communication (83/727), including more frequent outreach (n=33), better follow-through (n=32), and more thorough internal communication (amongst care team). Caregivers talked about how the IHH team could take more initiative in regularly contacting clients, sending appointment reminders, responding to queries, and ensuring that services IHH refers are received.

"More communication. So if I have a question, I don't have to wait two or three days to hear back. Sometimes the question needs to be answered a little quicker than that."

"The amount of collaboration between providers. More communication between the therapist and doctor would be better to make sure his needs are being met."

"Last winter I called her a couple times about getting my kids coats and she never called me back. It was a month and a half before I got a call back."

"Once referred, a month or two passed before I heard from anyone. Once they showed up, I did not hear

from them for 2 months and then all we got was a letter in the mail saying that she was due for her dental services."

Improve Access

Of caregivers who suggested facilitating better access to IHH services (73/727), respondents mentioned available hours and scheduling (i.e. services unavailable on nights and weekends) most frequently (n=38), followed by long distances to service providers (particularly for rural clients) (n=15) and waitlists for appointments and services (n=14). Because of these barriers to access, caregivers talked about their child not getting services as frequently as needed, missing school to attend appointments, delays in care, using emergency services (e.g. police and hospital), or forgoing care completely.

"*The only thing would be the distance we have to go to get appointments done. It just takes a lot of time out of school days.*"

"*The only thing I would change would be the wait time on receiving the help. It's more so the referral wait.*"

"*Being able to communicate with his counselor 24/7. Be able to contact them any time and any day. That would be better for him.*"

"*I would change the fact that we have to drive all the way to Spencer, Iowa to get help and medications. That is far from where we live.*"

"*I hope they can figure out the gaps in the system, if there was something else other than taking him to the hospital that would be great.*"

"*The office hours are open later, so my child does not miss school to see a doctor.*"

Suggestions for Improvement

Fifty-seven caregivers talked about needs of themselves as caregivers and their children that weren't being met by IHH programming, and offered suggestions for improvement. Many caregivers talked about engaging in services that were not a good fit for their child's treatment goals or developmental and age level. Caregivers also talked about needing more assistance in school coordination, housing assistance, respite care, dental care, extracurricular activities and events, transportation, weight management, crisis assistance, specialized therapeutic services (occupational therapy, social skills, play therapy, family therapy, group and peer therapy, and autism services).

"*Maybe more help finding a wider variety of extra-curriculars with less commitment and just a wider variety of activities.*"

"*[I] Wish that they would provide some type of family support. I wish I had more of a support team, someone to talk to. I wish my older son and I would have that support to help my son and husband understand [CHILD].*"

"*I would like some help because she is struggling in school. I'm meeting with some teachers and counselors today, but I feel like I'm on my own. I would like some help with that. She has Asperger's, so she has trouble with social skills, so it would be nice to have her in a program to help her with that.*"

"*I think they should put my child in a different group. He is always around younger children, because of his memory, but I think he needs to be learning with children his age.*"

"*I would create occupational therapy services to be available and more skill building services.*"

Program Clarification

Caregivers expressed confusion about the IHH program purpose and services, along with a desire to receive more clear information about the IHH program and contacts (n=35).

"*I think that when you go to sign up they should give you the numbers to call and talk to people. I just wanted more information or pamphlets or something to help out.*"

"*Well, sometimes I don't think they're as clear on services that they can help you with as they could be. You almost have to know when you're looking for, I guess.*"

"*I guess making sure people know when to call on the weeknights or weekends, because I never really*

know who to call at what times. But, it would be good to know. That would be super helpful for me if I need that."

APPENDICES

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. **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.

3. **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

4. **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

5. **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.

6. **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

7. **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**

8. **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? [CRISIS MEANING A DIFFICULT SITUATION NEEDING ATTENTION RIGHT AWAY]

[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 23**

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 25**

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 30**

[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 34**

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

34. In the last 6 months, did you try to get any kind of care, tests, or treatment through your managed care organization (MCO)?

1☐ Yes

2☐ No➔ **IF NO, GO TO QUESTION 36**

35. How often was it easy to get the care, tests, or treatment you needed through your MCO?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

36. In the last 6 months, was there any time when you had to get prior authorization from your MCO to be able to get care, tests, or treatment?

1☐ Yes

2☐ No➔ **IF NO, GO TO QUESTION 38**

37. How easy was it to get prior authorization from your MCO?

1☐ Very easy
2☐ Somewhat easy
3☐ Somewhat hard
4☐ Very hard

Finally, I have some questions about you.

38. In general, how would you rate your <u>overall mental health now?</u>

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

39. In general how would you rate <u>your overall physical health</u> now?

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

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 to 74
7☐ 75 or older

41. What is your gender?

1☐ Male
2☐ Female
3☐ Other

42. What is the highest grade or level of school that you have <u>completed?</u>

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

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

1☐ Yes
2☐ No

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

1☐ White
2☐ Black or African-American
3☐ Asian
4☐ Native Hawaiian or other Pacific Islander
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. **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.

3. **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

4. **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

5. **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.

6. **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

7. **In the last 6 months, did you ever try to get help for your child from [IHHAGENCY] <u>at night or on the weekend when your child needed help right away</u>?**
   - [1] ☐ Yes
   - [2] ☐ No ➔ **IF NO, GO TO QUESTION 10**

8. **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 <u>[IHHAGENCY]</u>?**
   - [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 (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

33. In the last 6 months, did you try to get any kind of care, tests, or treatment for your child through your managed care organization (MCO)?

[1]☐ Yes

[2]☐ No➔ **IF NO, GO TO QUESTION 35**

34. How often was it easy to get the care, tests, or treatment your child needed through your MCO?

[1]☐ Never

[2]☐ Sometimes

[3]☐ Usually

[4]☐ Always

35. In the last 6 months, was there any time when you had to get prior authorization from your child's MCO to get care, tests, or treatment for your child?

[1]☐ Yes

[2]☐ No➔ **IF NO, GO TO QUESTION 37**

36. How easy was it to get prior authorization from your child′s MCO for your child′s care?

[1]☐ Very easy

[2]☐ Somewhat easy

[3]☐ Somewhat hard

[4]☐ Very hard

Now, I have some questions about your child.

37. In general, how would you rate your child's <u>overall</u> behavioral/emotional <u>health now</u>?

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

38. In general how would you rate your child's <u>overall physical health</u> now?

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

39. What is your child's age?

_____years

40. What is your child's gender?

1☐ Male
2☐ Female
3☐ Other

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

1☐ Yes
2☐ No

42. 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
5☐ American Indian or Alaskan Native
6☐ Other: _____

And finally, I have a few questions about you.

43. What is your gender?

1☐ Male
2☐ Female
3☐ Other

44. 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

45. What is the highest grade or level of school that you have <u>completed</u>?

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