

Community Health Plan Strategies for Improving Mental Health

Case Studies in Improving Care, Reducing Mental Illness Stigma

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Some 60 million Americans — one in four adults — are affected by mental health problems each year. Every day, millions of people with mental illness struggle in silence, either because they cannot get the right care or because they are too ashamed to speak up. Improving mental health care will require answering three key questions: How can we change the culture of stigma surrounding mental illness? How can we identify and reach people in need of care? And, how can we approach treatment so that it focuses on long-term mental and physical health and functioning?

Consistently rated as the best health plans in the country, members of the Alliance of Community Health Plans (ACHP) recognize the imperative to address these questions. They are committed to improving mental health care and continually developing systems that are better at identifying and treating mental illness. Outlined below are examples of innovative efforts from five ACHP member plans.

Changing the Culture of Stigma Surrounding Mental Illness

For many, mental illness is shrouded in shame, confusion and fear. A cultural shift away from regarding mental illness as a sign of weakness is critical to improving mental health care across the country.

HealthPartners in Minneapolis, Minn., is collaborating with national and local partners on the *Make It OK* campaign to encourage people to talk more openly about mental illnesses, ask for help when they need it and understand that their illness is not shameful. The campaign includes print ads, Emmy-winning documentaries, and radio and television commercials, all emphasizing that mental illnesses are not character flaws or something to “get over.” To connect directly with the community, representatives from the campaign lead education and coaching sessions for business and community groups. Local members of the community can become involved in the campaign by becoming a *Make It OK* ambassador and educating others about mental illnesses in order to fight stigma.

Results: In its first year, the campaign *connected with more than 100,000 people*, including those who visited the website, took the campaign’s pledge, watched the documentaries or participated in a *Make It OK* learning session.

Identifying and Reaching People in Need of Care

The first step in getting people the mental health care they need is identifying those who are struggling. Approximately 60 percent of adults and almost one-half of children ages 8 to 15 with a mental illness received no mental health services in the previous year.

CareOregon in Portland, Ore., created the *Health Resilience Program* to connect with and treat individuals who often do not receive care because they do not fit the traditional definition for serious mental illness. The program is designed for medically complex patients with multiple chronic conditions and various mental and social challenges including substance abuse. Using claims data analysis to locate the target population, CareOregon dispatches a Health Resilience Specialist, a health care worker with a behavioral health background, to engage with those in need. Health Resilience Specialists focus on taking care to the patient and help develop highly individualized care plans that weave mental health treatment and social work into the patient’s day-to-day life. Treatment approaches range from traditional medical assistance to non-traditional interactions, such as helping someone move out of a destructive home environment.

Results: After one year of work with a Health Resilience Specialist, *inpatient hospital admissions for individuals in the program were reduced by more than 30 percent, and the number of emergency room visits was cut in half.*

The Facts on Mental Illness

- Affects 60 million American adults each year.*
- Adults living with serious mental illness (SMI) die an average of 25 years earlier than other Americans, largely due to treatable medical conditions.†
- 46 percent of Medicare beneficiaries with an SMI diagnosis and older than 65 were hospitalized in 2010, compared to 17 percent of Medicare beneficiaries without SMI.†
- SMI costs the U.S. \$193.2 billion in lost earnings each year.*

* National Alliance on Mental Illness, *Mental Illness Facts and Numbers*. Accessed October 2014.

† The SCAN Foundation, *Data Brief: Medicare Beneficiaries With Severe Mental Illness and Hospitalization Rates*, February 2014.

Group Health Cooperative in Seattle, Wash., screens all of its teen members for depression at their annual physical with a two-question diagnostic tool called the PHQ-2. To better treat teens with depression, Group Health collaborated with the Seattle Children's Hospital and the University of Washington to develop *Reach Out 4 Teens*, a program that embeds a depression care manager into primary care practices to provide ongoing personalized care and support to patients and their families. Care managers conduct safety assessments, educate families about depression, provide guidance about treatment options and engage in regular interactions with patients. The program uses a collaborative care model, bringing together the care manager, primary care provider and a mental health supervisory team for a weekly meeting to discuss each case.

✓ **Results:** Of the teens who took part in the program, **67 percent showed a positive response to treatment and 50 percent had a remission of their depression.** By comparison, 38 percent of teens in traditional care responded to treatment and 20 percent experienced remission.

Treatment That Focuses on Long-Term Mental and Physical Health

Integrating care for physical and mental health conditions helps ensure patients receive consistent, coordinated care from all parties involved in their treatment. Partnering with community organizations and family members helps extend the reach of care beyond the doctor's office.

Capital District Physicians' Health Plan in Albany, N.Y., created a program to improve coordination between mental and physical health care for individuals with serious mental illness and substance use disorders, which are some of the most difficult conditions to treat. To help manage the treatment and health status of these patients, CDPHP embeds a behavioral health case manager into primary care offices. The case manager has two core responsibilities: working with primary care and mental health providers to coordinate and synchronize care plans, and working with patients to engage them in their care. Case managers also work with patients to develop treatment plans and self-management goals, link patients with community organizations that provide support services and coordinate the involvement of family members and loved ones in the patient's care.

✓ **Results:** Following the intervention of a case manager, **83 percent of individuals did not have another hospital admission in the next year and 76 percent saw a reduction in emergency room visits.**

UPMC Health Plan in Pittsburgh, Pa., and its partner organization, Community Care Behavioral Health Organization (CCBH), worked with the Pennsylvania Department of Public Welfare and Allegheny County (Pittsburgh, Pa.) in 2009 to form *Connected Care*, a program integrating behavioral and physical health care for Medicaid enrollees with serious mental illness. Using claims data to identify high-needs patients, UPMC and CCBH deploy multiple strategies to enroll patients in the program. Once a patient enrolls, he or she is engaged by a care manager who conducts a comprehensive assessment to identify behavioral health and medical and social needs and helps tailor a personalized treatment plan. A team is assembled for each individual with complex needs to conduct multidisciplinary case review meetings. Throughout the program, patients are linked to a medical home, through which they receive continuing education for self-management, and detailed discharge instructions when they leave the hospital or a medical appointment.

✓ **Results:** Participants showed **statistically significant reductions in emergency room use and 30-day readmission rates.**

An Ongoing Challenge

There is no perfect solution to treating mental illness. Patients are often difficult to diagnose and engage, and numerous medical and social challenges can complicate the treatment process. Despite these obstacles, ACHP plans are proving that significant improvements in mental health care are achievable. Through their deep community ties, ACHP plans are better able to identify people in need of care, create individualized treatment plans, coordinate physical and mental health care and reduce the stigma that often impedes the ability to accept and overcome mental illness. ACHP plans remain committed to providing the best mental health care for their members as they develop and fine-tune innovative programs that will lead their communities and the country toward new and better ways of treating mental illness.

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