

# **Creating a Culture of *behavioral* Health:**

## **Opportunities & Challenges for Multi-Sector Alignment**

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# Acknowledgements

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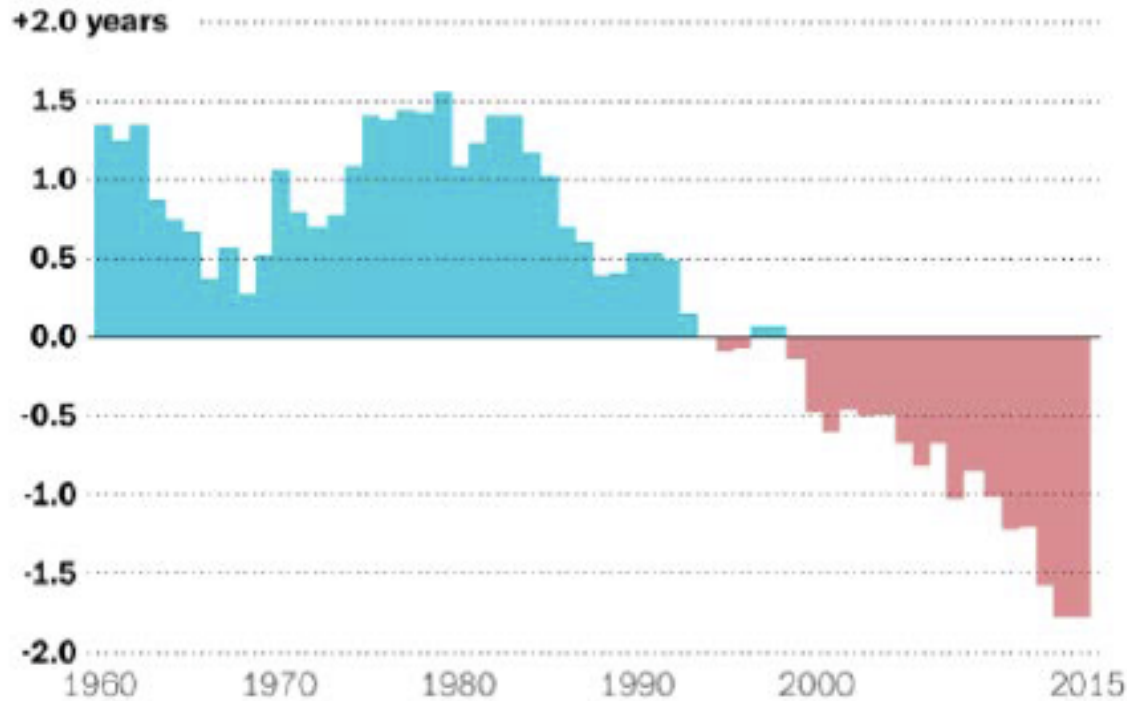
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# Declining Life Expectancy in US

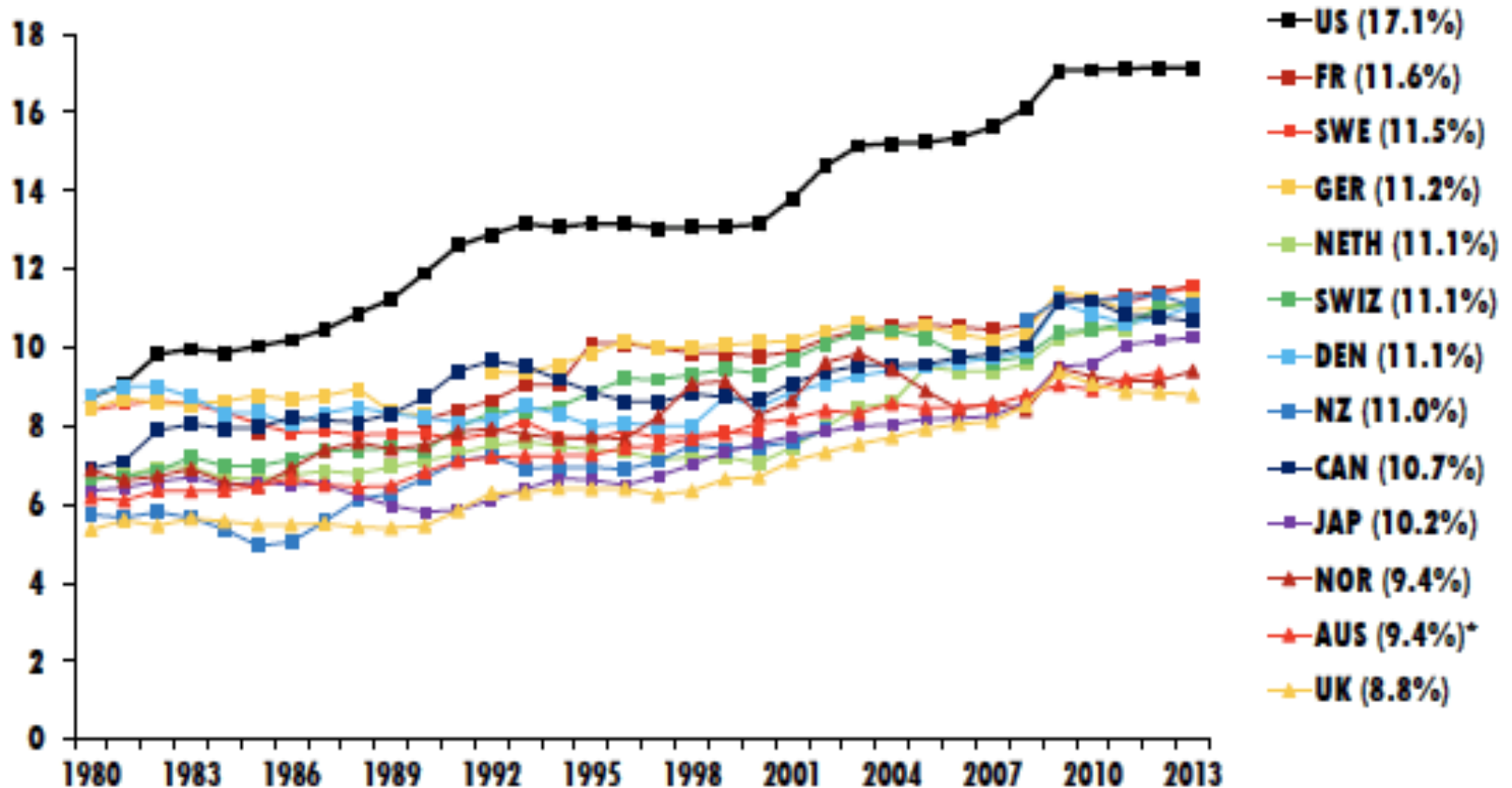
Difference between average American life expectancy, and OECD average life expectancy, 1960 -2015



WAPO.ST/WONKBLOG

Source: OECD, U.S. Census Bureau

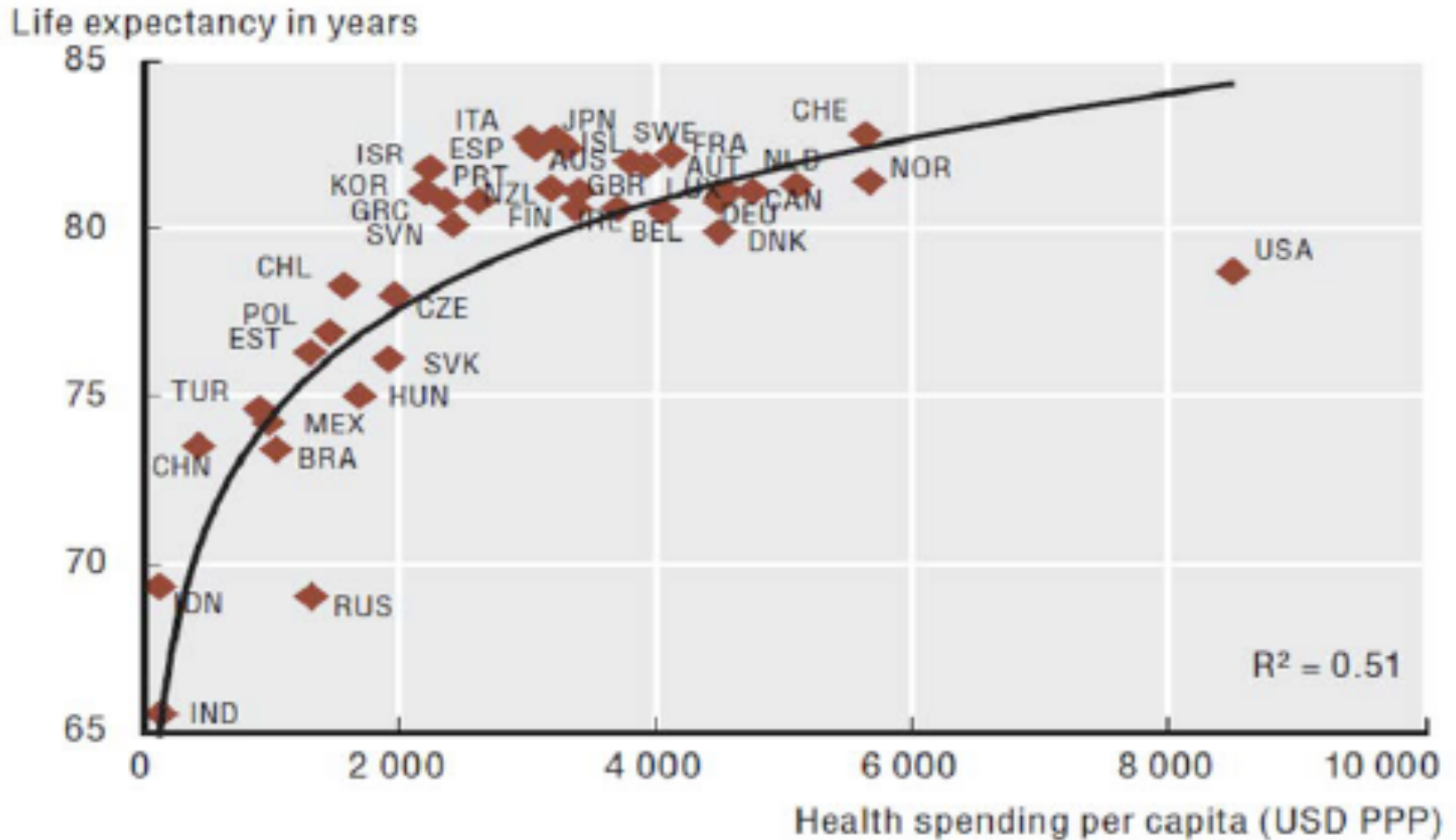
# Healthcare Spending, % of Gross Domestic Product (GDP)



\* 2012.

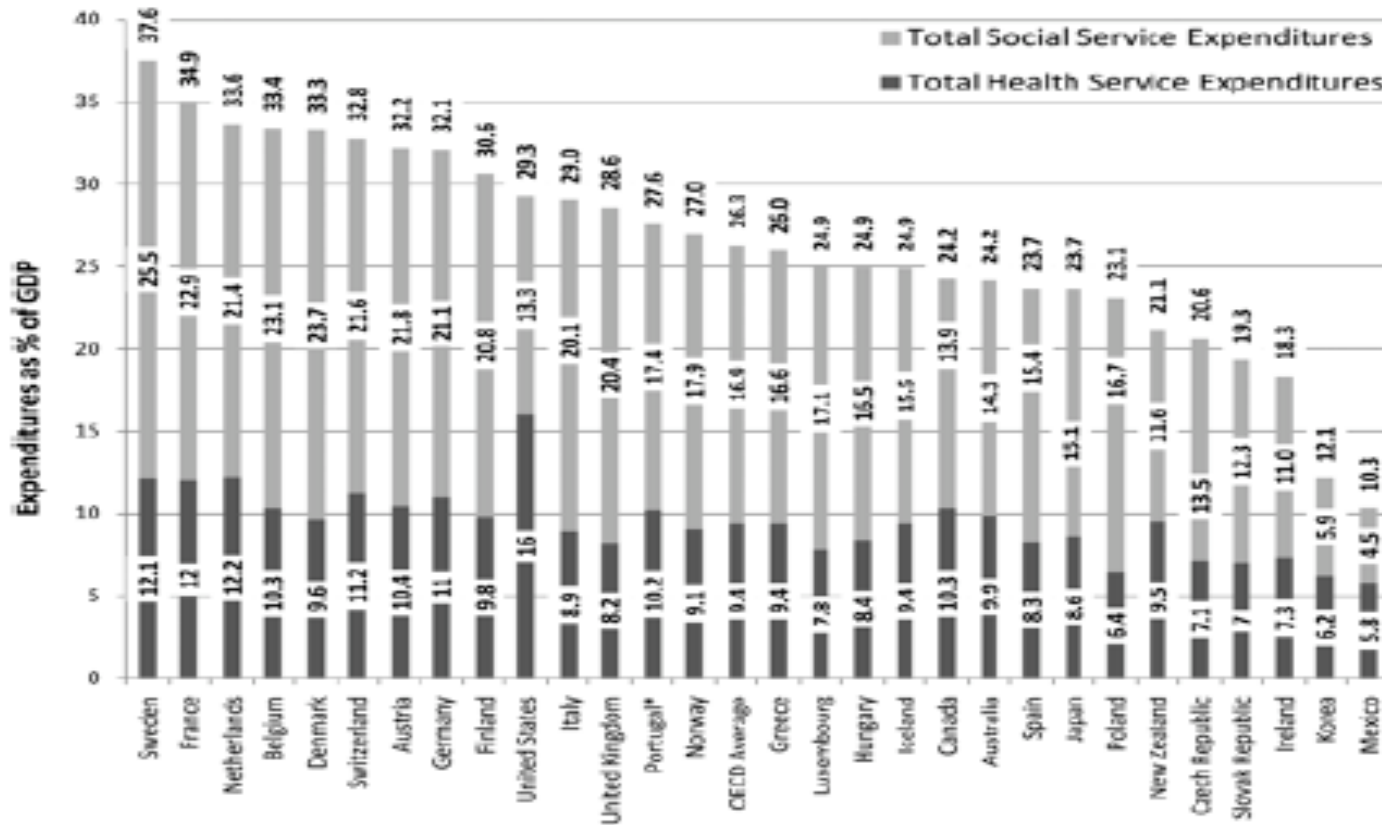
Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers. Source: OECD Health Data 2015.

# Life Expectancy and Health Care Spending



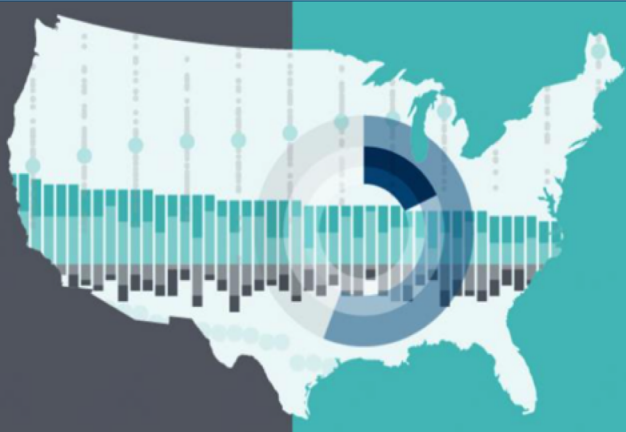
Source: OECD *Health at a Glance 2013*

# Health and Social Service Expenditures % of GDP



Source: EH Bradley et al. Health and social services expenditures: associations with health outcomes. *BMJ Qual Saf*, 2011;20:826-831.

# 2018 Scorecard on State Health System Performance

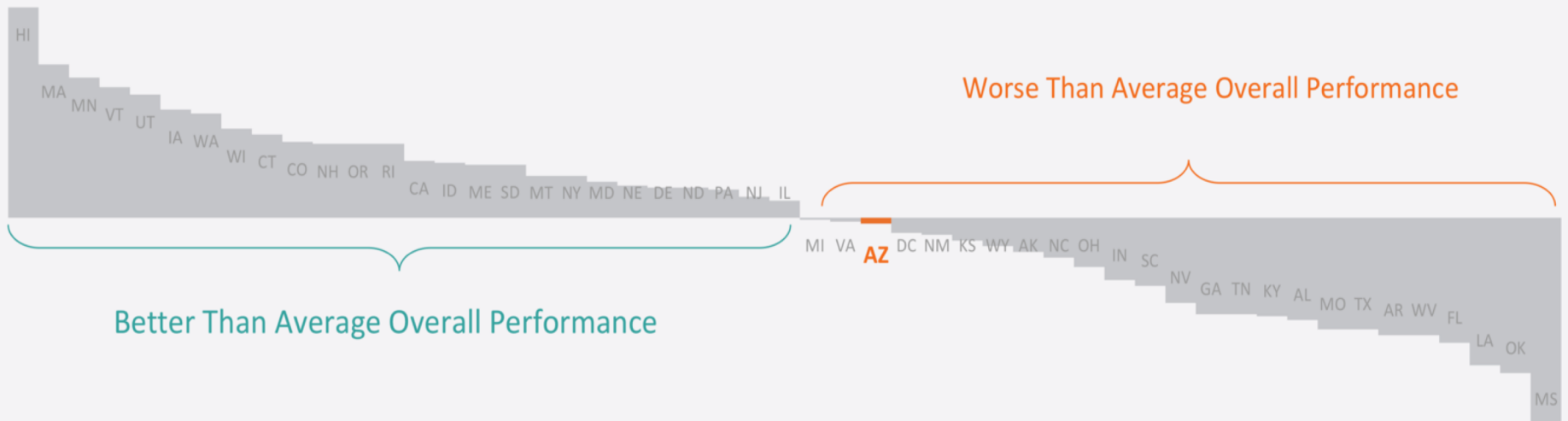


## 2018 Scorecard on State Health System Performance

May 18, 2018 | Scorecard

## Ranking Highlights

|                                 | 2018 RANK | CHANGE FROM BASELINE |
|---------------------------------|-----------|----------------------|
| Overall Ranking                 | 29        | +5                   |
| Access and Affordability        | 42        | +5                   |
| Prevention and Treatment        | 39        | +7                   |
| Avoidable Hospital Use and Cost | 17        | +3                   |
| Healthy Lives                   | 17        | +3                   |
| Disparity                       | 13        | +22                  |
| Medicaid Expansion              | Yes       |                      |





## Top Ranked Indicators

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Nursing home residents with a hospital admission

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Preventable hospitalizations, Medicare, ages 65–74

---

Home health patients with a hospital admission

## Bottom Ranked Indicators

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Uninsured children

---

Mentally ill adults who did not receive treatment

---

Children without a medical home

## Most Improved Indicators

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Mentally ill adults reporting unmet need

---

Uninsured children

---

Home health patients without improved mobility

## Indicators That Worsened the Most

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Adults who are obese

---

Avoidable emergency department visits, Medicare, age 65+

---

Hospital 30-day mortality

<http://datacenter.commonwealthfund.org/scorecard/state/4/arizona/>

# THE STATE OF MENTAL HEALTH IN AMERICA 2017

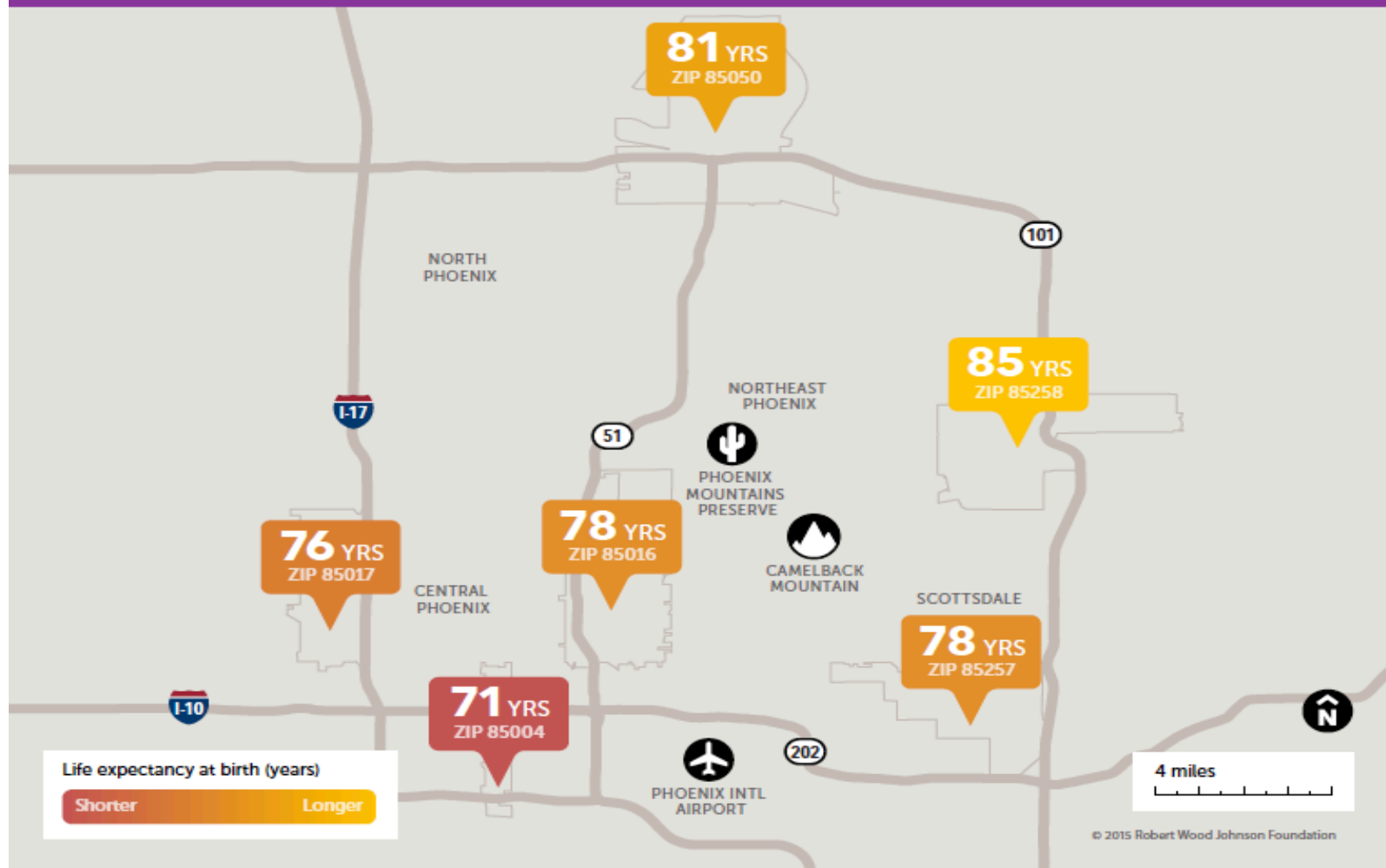


## Mental Health Prevalence & Access to Care

Overall Ranking - 50<sup>th</sup>

- ✓ 42<sup>nd</sup> – Adults Ranking
- ✓ 50<sup>th</sup> – Youth Ranking
- ✓ 49<sup>th</sup> – Prevalence
- ✓ 40<sup>th</sup> – Access to Care

# Short Distances to Large Gaps in Health



Life expectancy at birth (years)

Shorter

Longer

4 miles

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# CULTURE OF HEALTH ACTION FRAMEWORK



Action Area 1:  
***Making Health A  
Shared Value***

- ✓ **Mindset & Expectations**
- ✓ **Civic Engagement**
- ✓ **Sense of Community**

Action Area 3:  
***Creating Healthier  
Communities***

- ✓ **Built Environment**
- ✓ **Social & Economic  
Environment**
- ✓ **Policy & Governance**

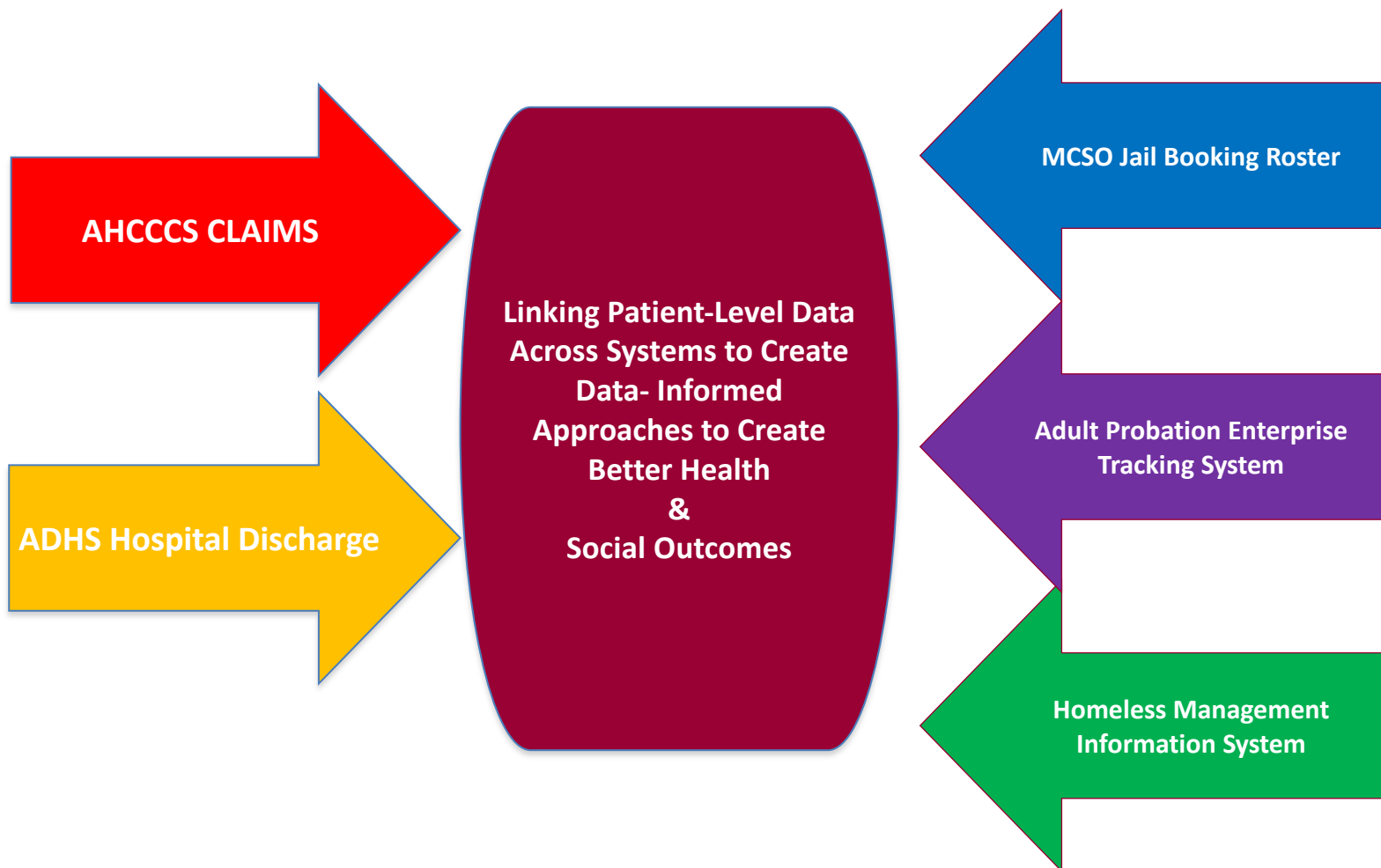
**Action Area 2:**  
***Fostering Cross-  
Collaboration to  
Improve Wellbeing***

- ✓ **Number & Quality of Partnerships**
- ✓ **Investment in Collaboration**
- ✓ **Policies that Support Collaboration**

**Action Area 4:**  
***Strengthening  
Integration of  
Health Services &  
Systems***

- ✓ **Access to Care**
- ✓ **Balance & Integration**
- ✓ **Consumer Experience & Quality**

# Strengthening Integration of Health Services & Systems through Multi-Sector Data Integration



# **Fostering Cross-Collaboration through Multi-Sector Stakeholder Engagement**



*Strengthening of multi-sector relationships  
through the sharing and co-mingling of data to  
create shared understanding of the multi-sector  
relationships*

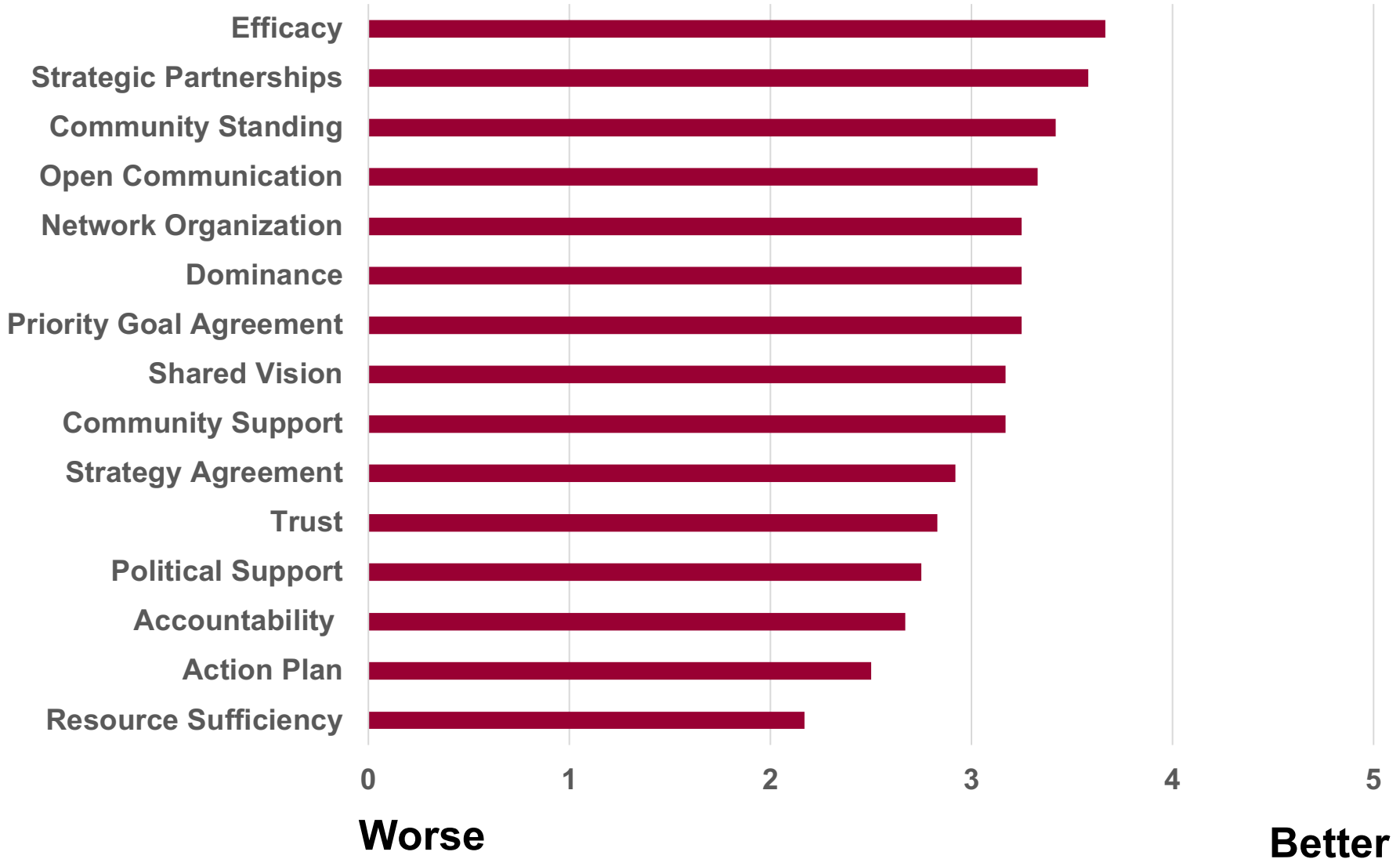


# ***Fostering Cross-Collaboration*** **through Multi-Sector Stakeholder Engagement**

| <b>Health</b>                                 | <b>Local Government</b>                                  | <b>Public Safety</b>  |
|---|--|---|
| <b>AHCCCS</b>                                 | <b>Maricopa County<br/>Managers Office</b>               | <b>Phoenix Policy<br/>Department</b>                          |
| <b>Mercy Care/MMIC</b>                        | <b>Maricopa County<br/>Office of Public<br/>Health</b>   | <b>Maricopa County<br/>Sheriff's Department</b>               |
| <b>Crisis Response<br/>Network</b>            | <b>Maricopa County<br/>Association of<br/>Government</b> | <b>Maricopa County<br/>Correctional Health<br/>Department</b> |
| <b>Connections AZ</b>                         |  | <b>Maricopa County<br/>Adult Probation</b>                    |
| <b>Providers (MARC PIR,<br/>RI Int.)</b>      |  |   |
| <b>Consumer Operated<br/>Service Programs</b> |  |   |

# Community Collaboration Attributes

Survey of 21 stakeholders, January 2016



# Building a Culture of *behavioral* Health through Multi-Sector Stakeholder Engagement



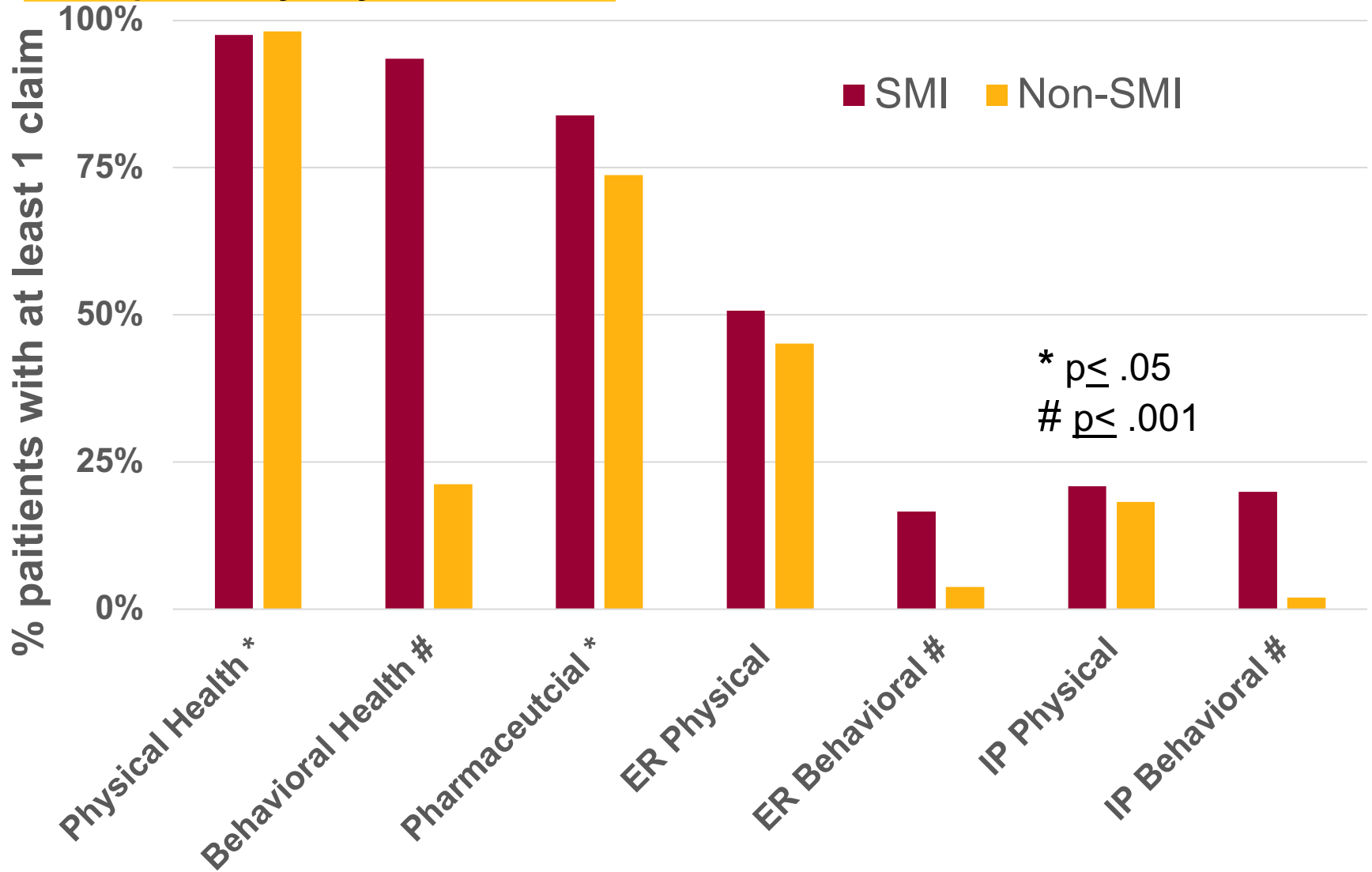
# Study Population

|                                       | <b>SMI</b>           | <b>Non-SMI</b>         |
|---------------------------------------|----------------------|------------------------|
| <b># Individuals in AHCCCS Claims</b> | <b>22,328</b>        | <b>615,822</b>         |
| <b># AHCCCS claims</b>                | <b>14,450,539</b>    | <b>106,369,623</b>     |
| <b>Total claim values</b>             | <b>\$276,026,641</b> | <b>\$1,835,921,843</b> |

**Study Period: April 2014 – March 2015**

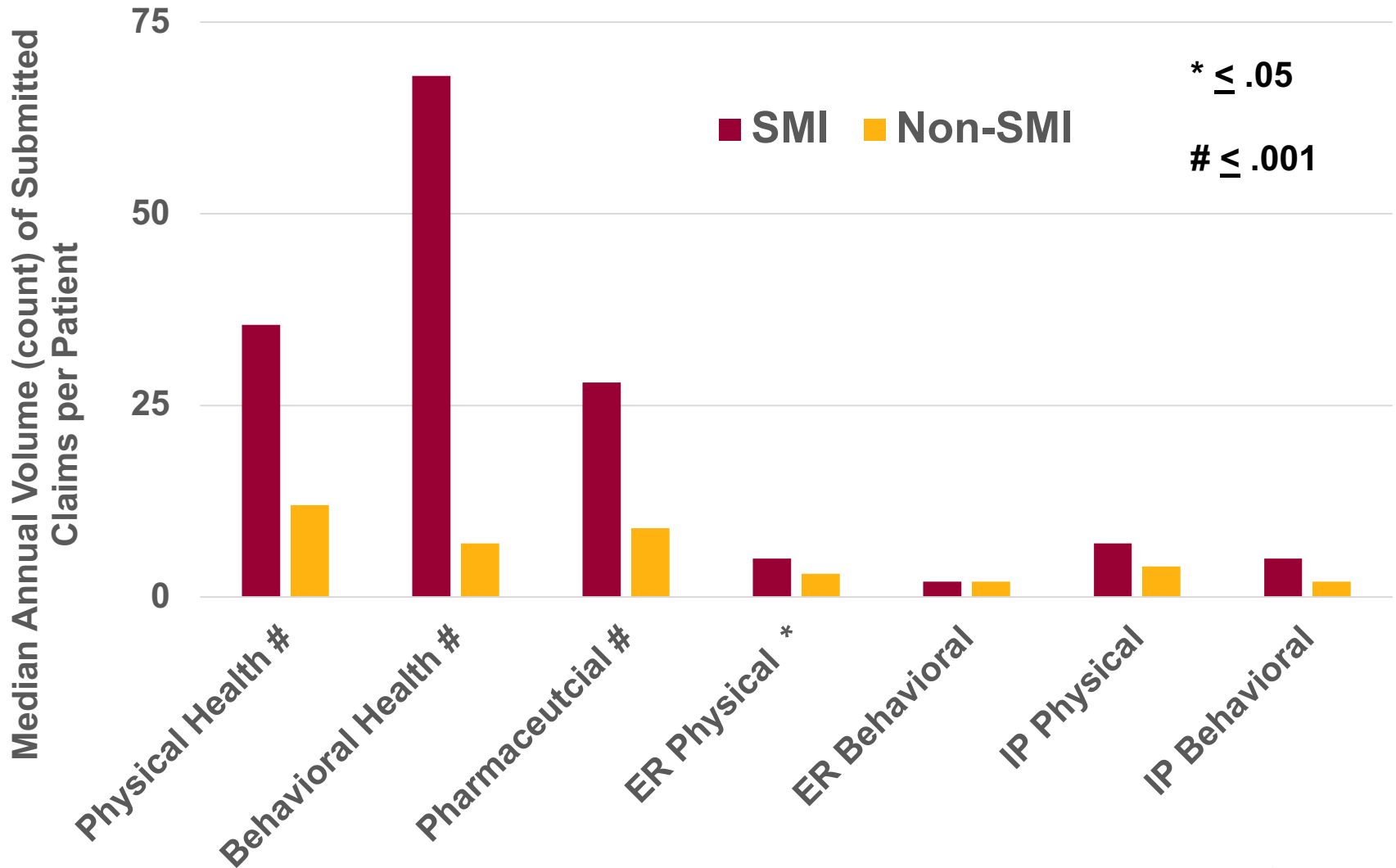
# Penetration

Maricopa County only, 4/2014-5/2015



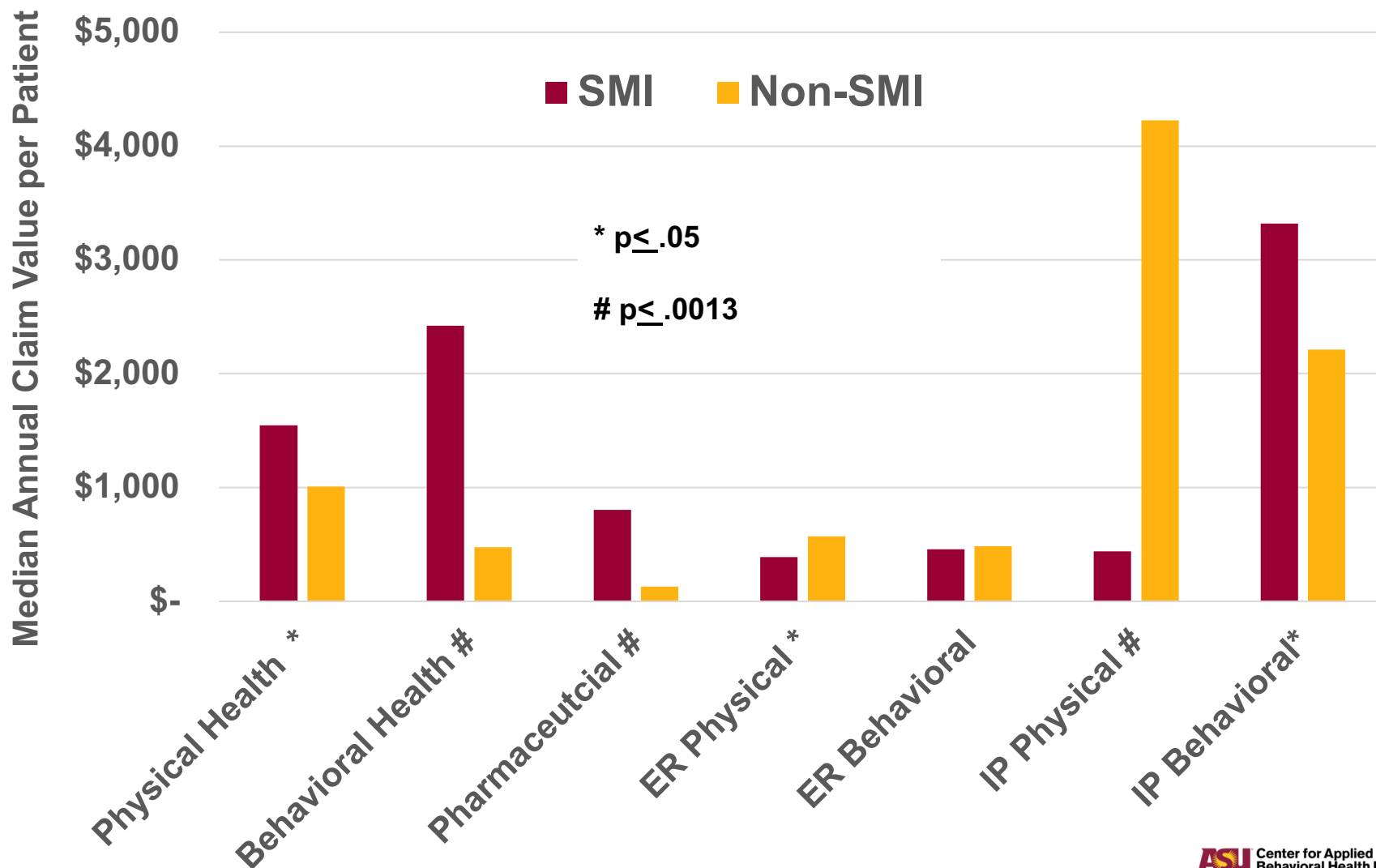
# Volume

Maricopa County only, 4/2014-5/2015



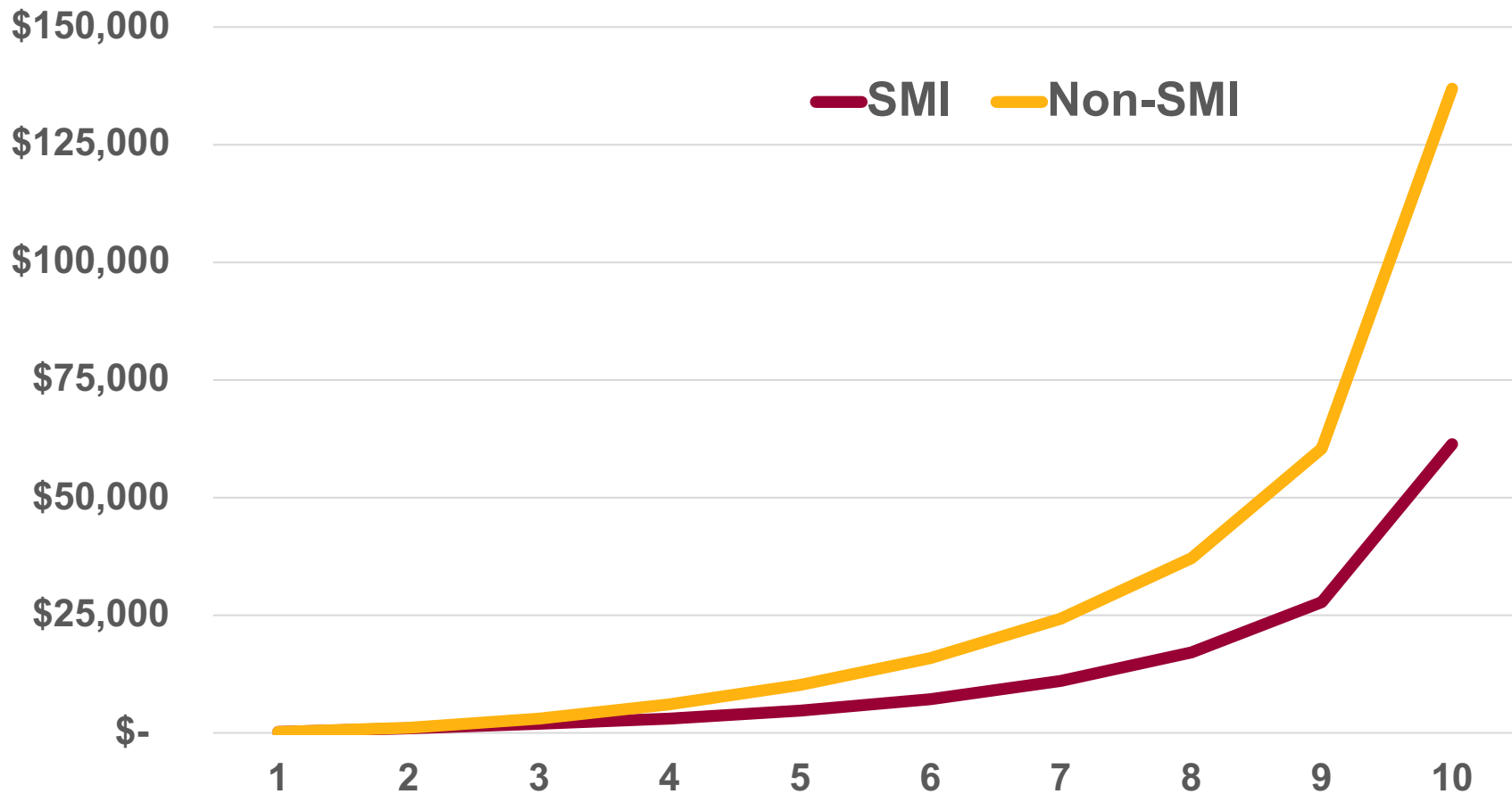
# Value

Maricopa County only, 4/2014-5/2015



# Health Claim Value

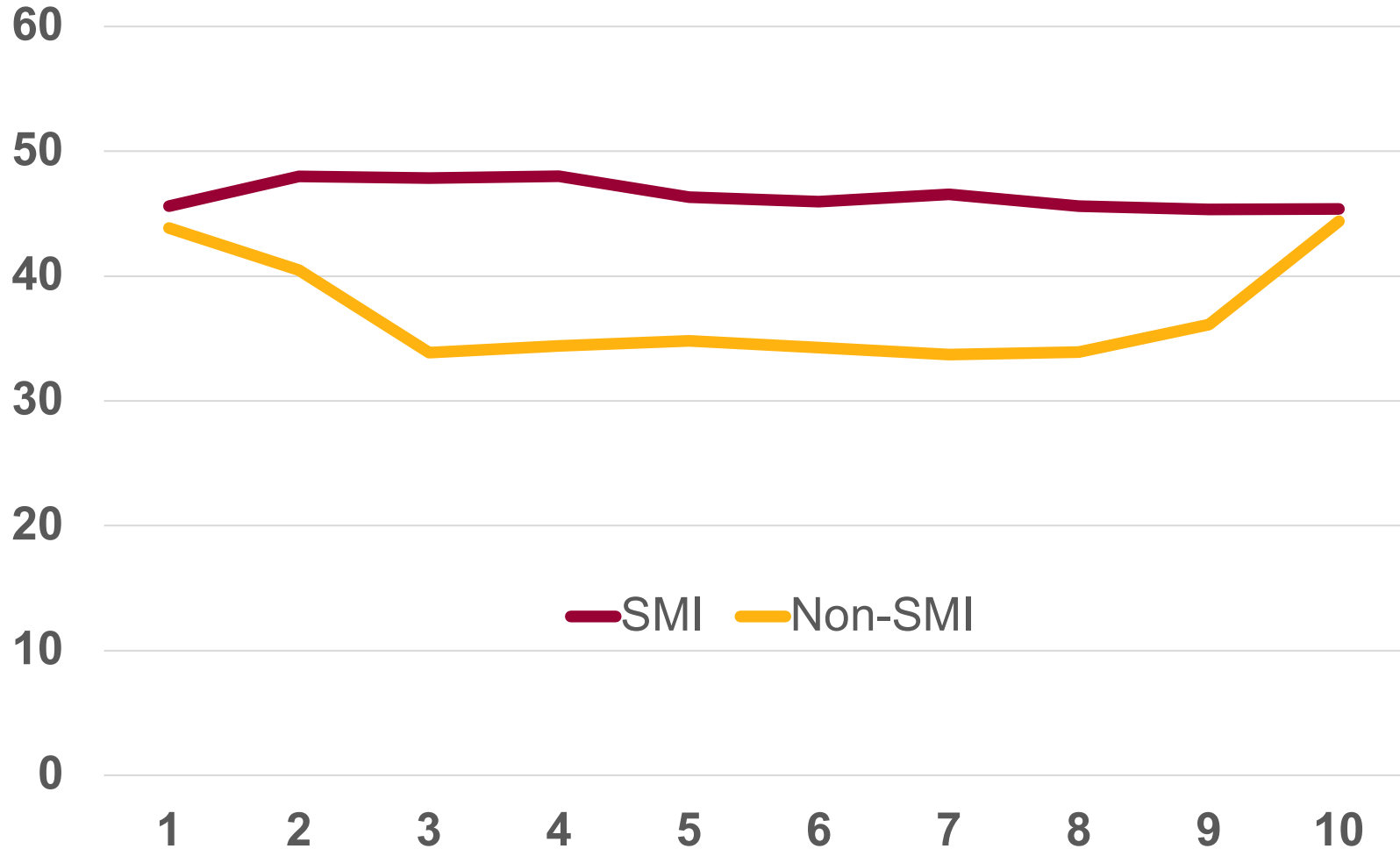
Maricopa County only, 4/2014-5/2015, *median* per patient





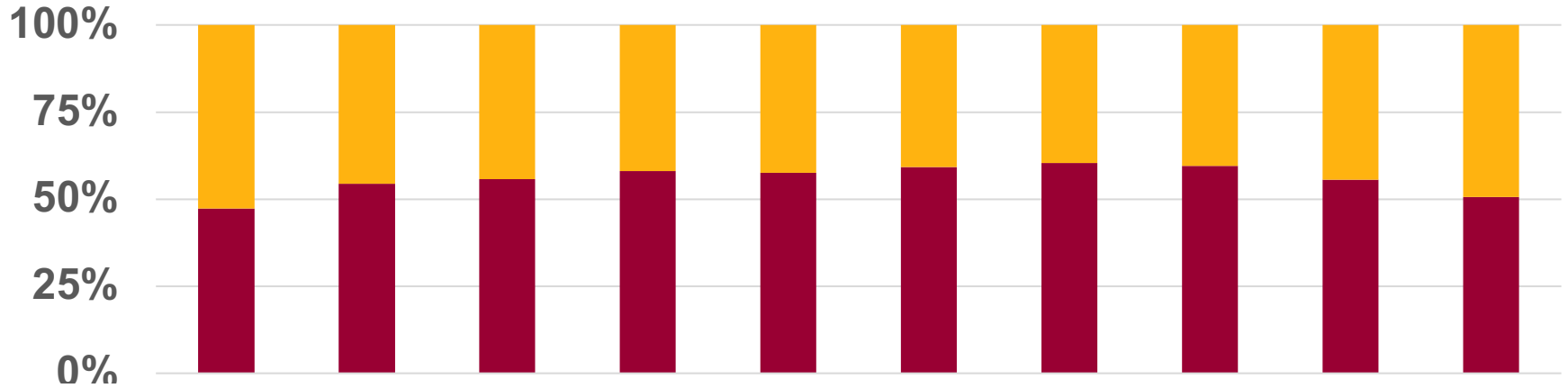
# Age by cost band

Maricopa County only, 4/2014-5/2015, *percent* by cost band

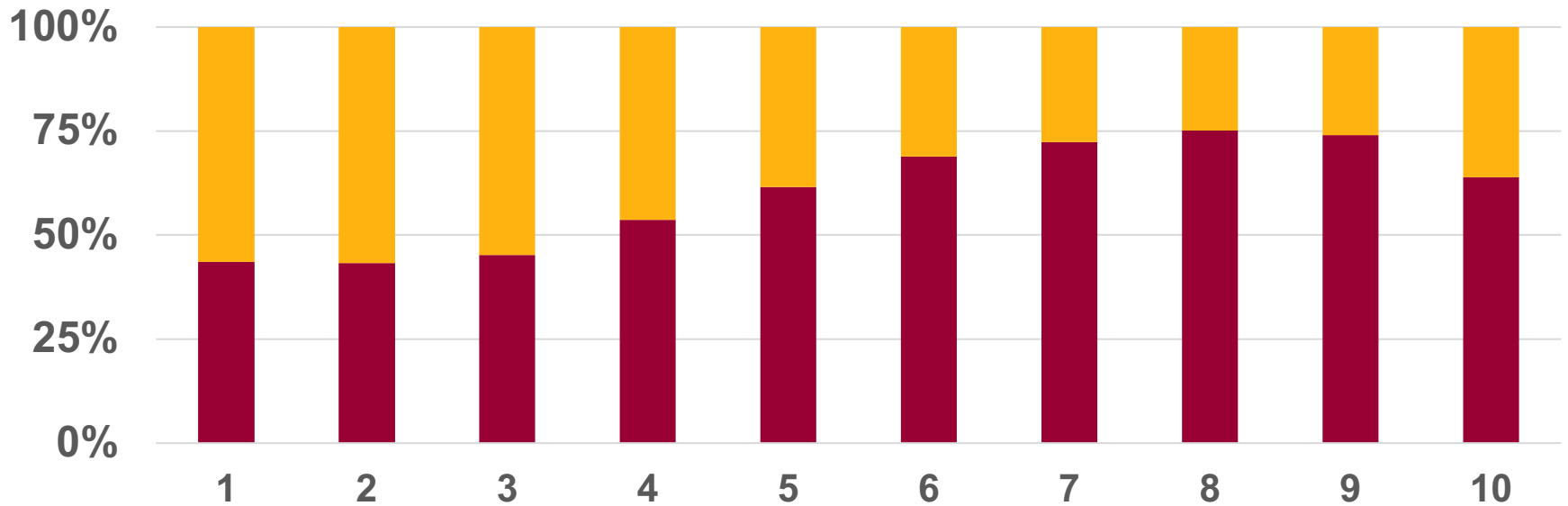


# Gender by Cost Band

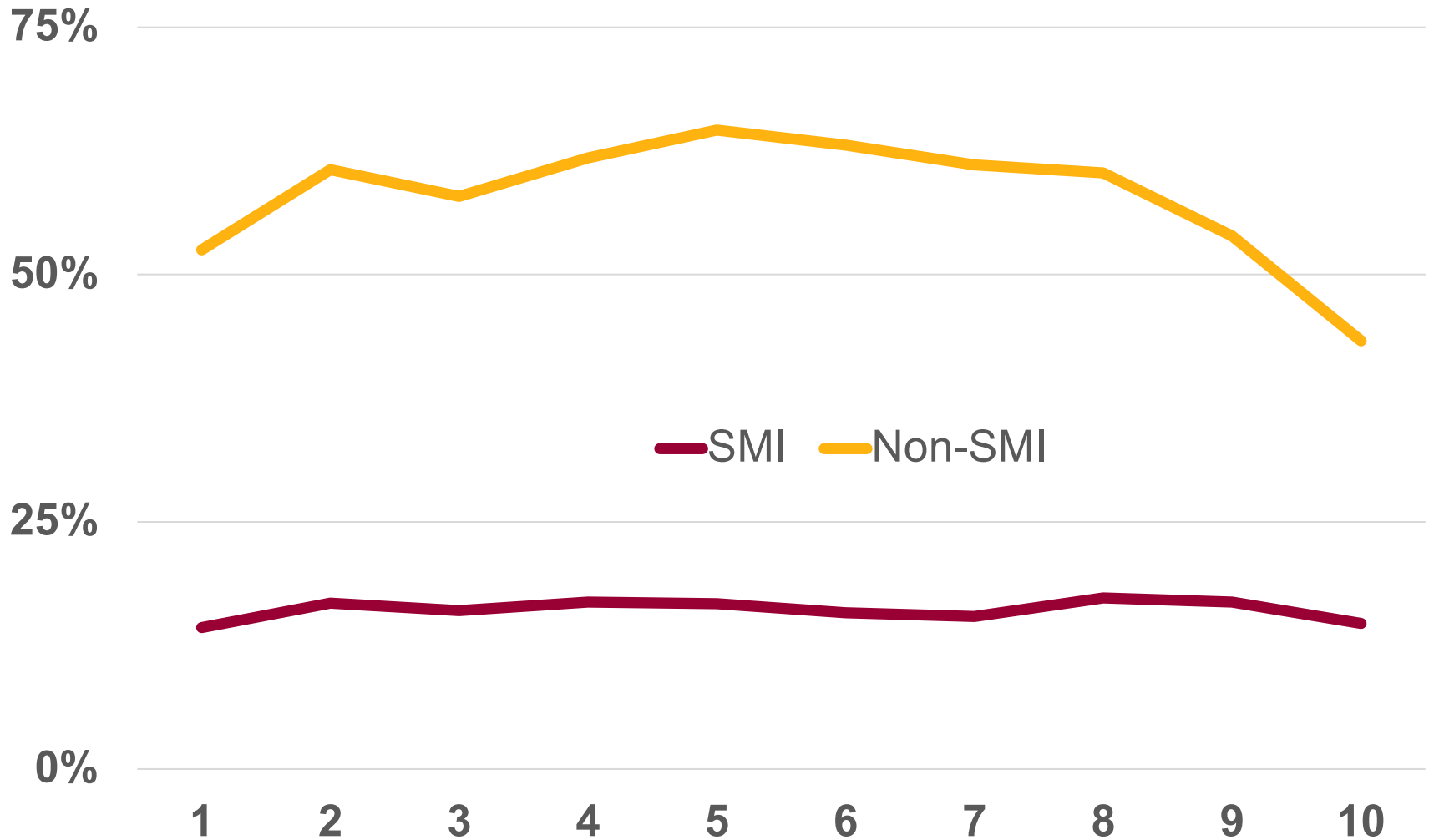
## SMI



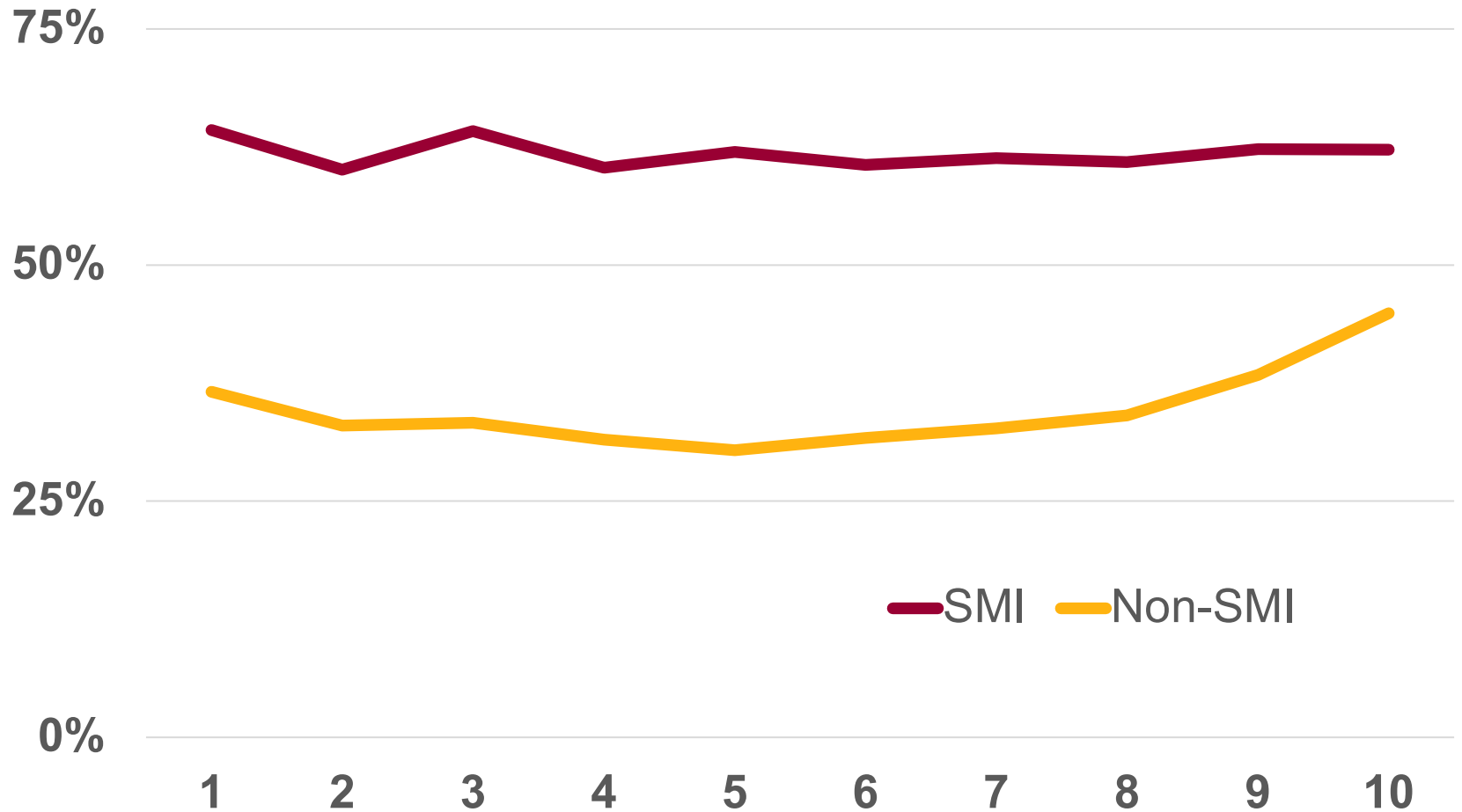
## non-SMI



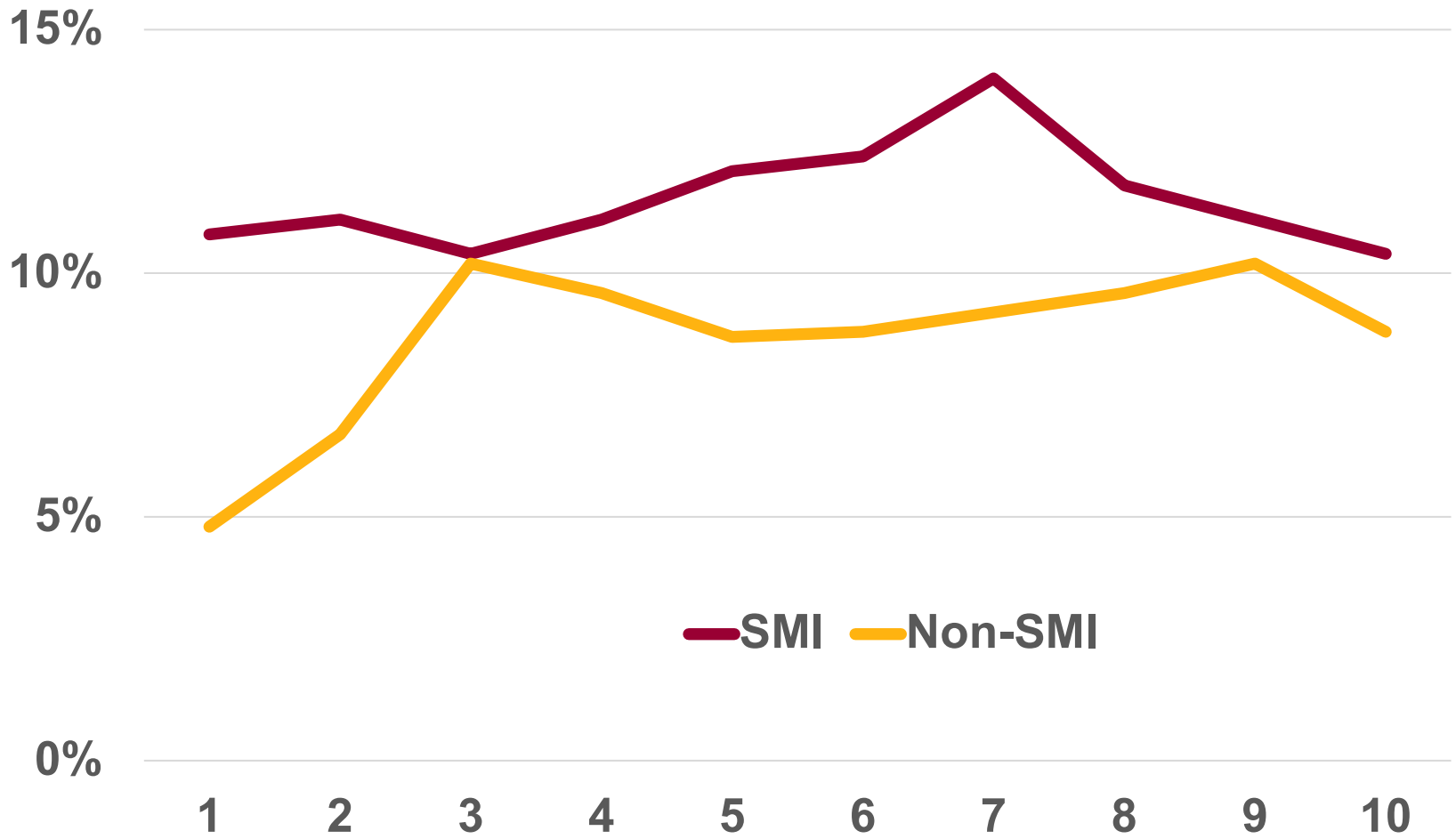
# Hispanics, by cost band



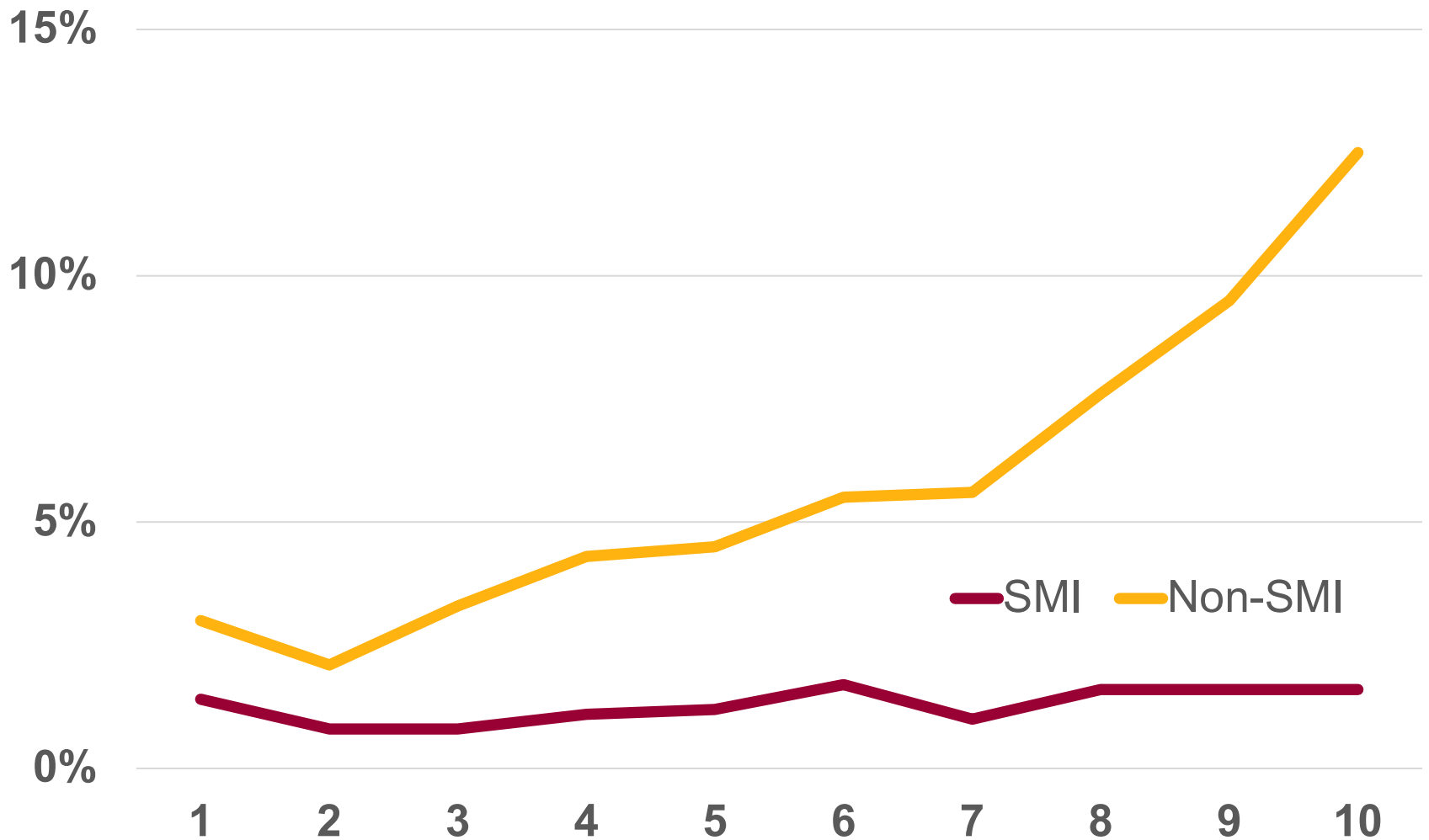
# Caucasian/white by cost band



# African American by cost band

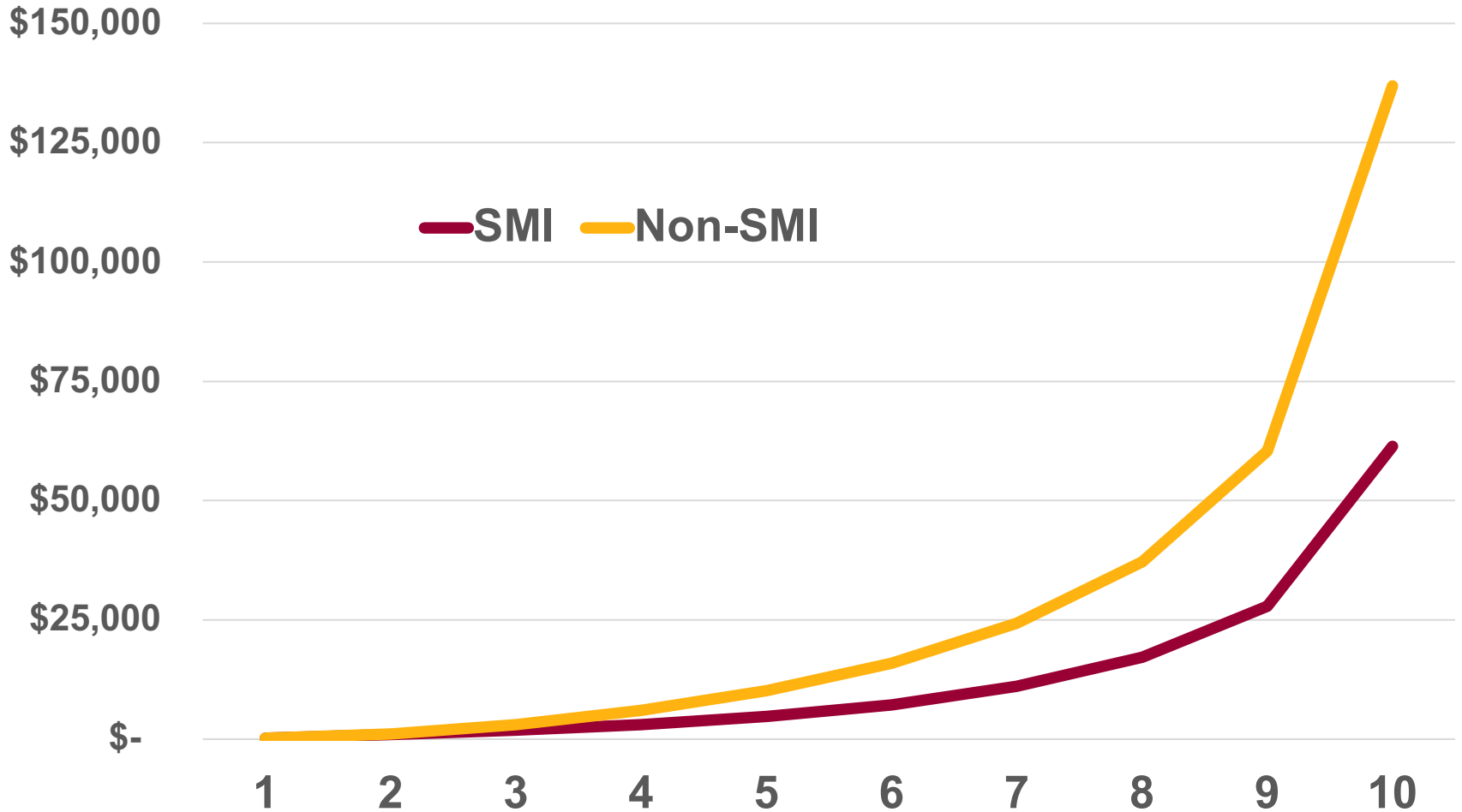


# Native American by cost band



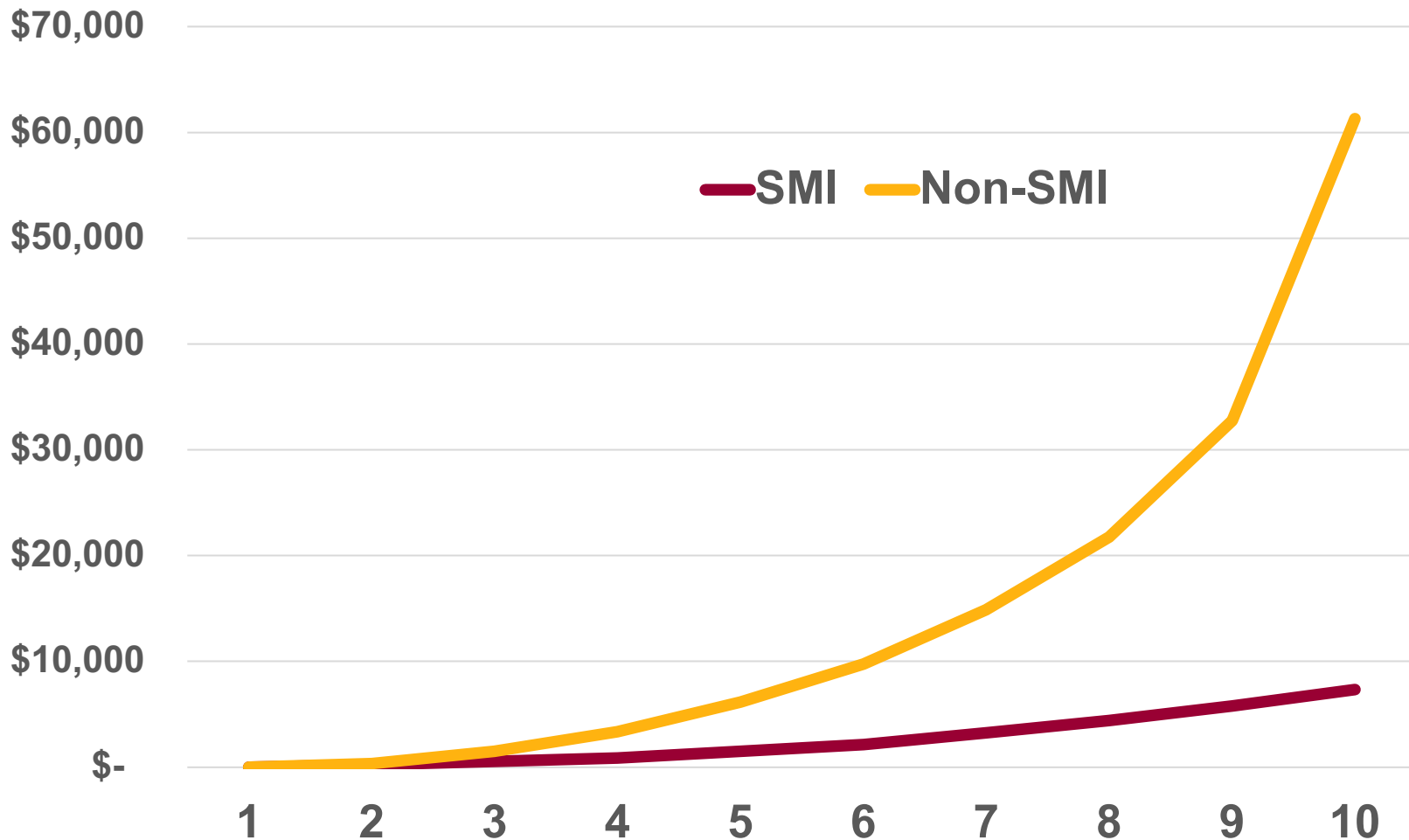
# Health Claim Value

Maricopa County only, 4/2014-5/2015, median per patient



# Physical Health Claim Value

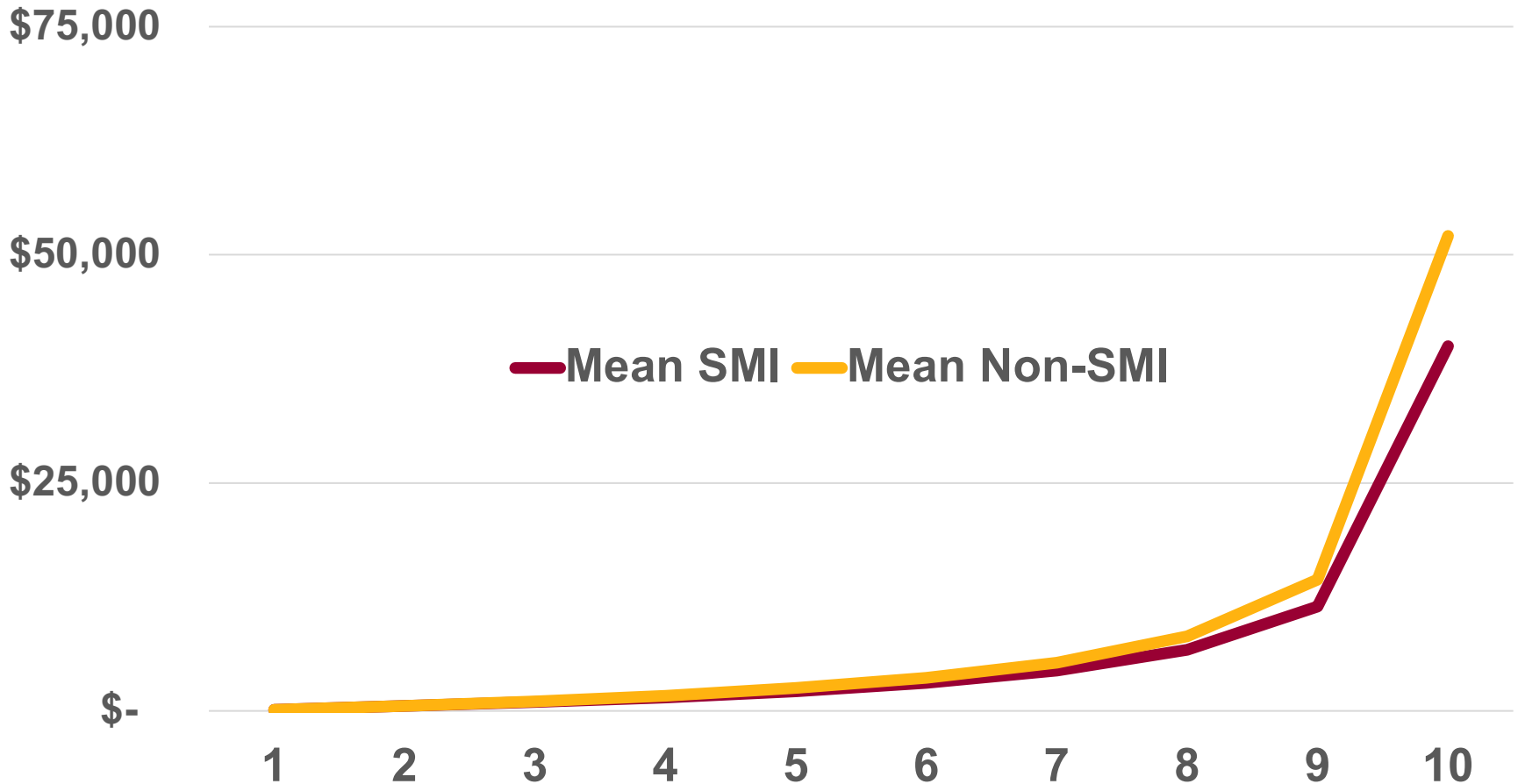
Maricopa County only, 4/2014-5/2015, median per patient





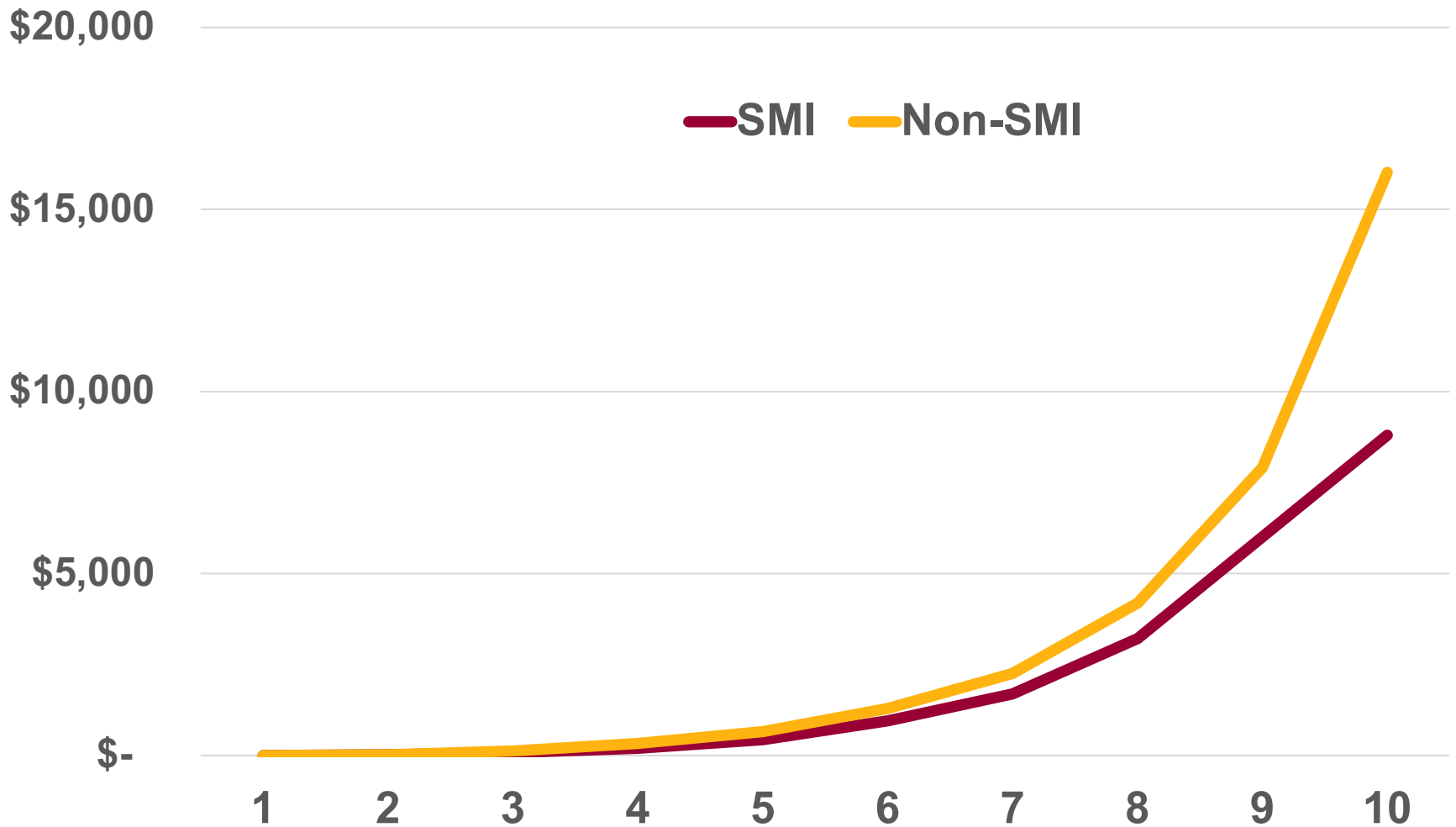
# Behavioral Health Claim Value

Maricopa County only, 4/2014-5/2015, average per patient



# Pharmaceutical Claim Value

Maricopa County only, 4/2014-5/2015, *median* per patient

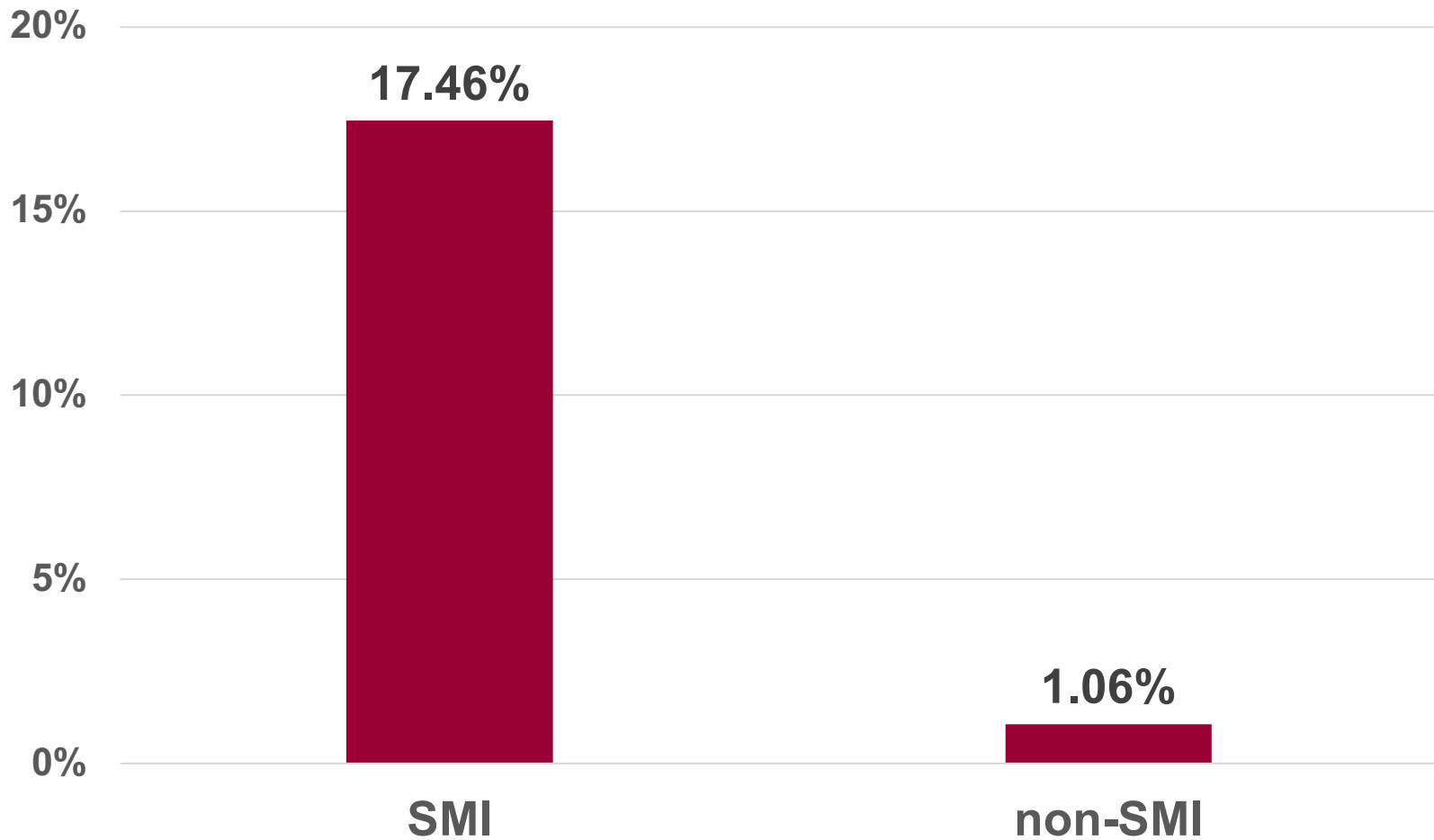


# Odds Ratio Claims by ICD Cluster

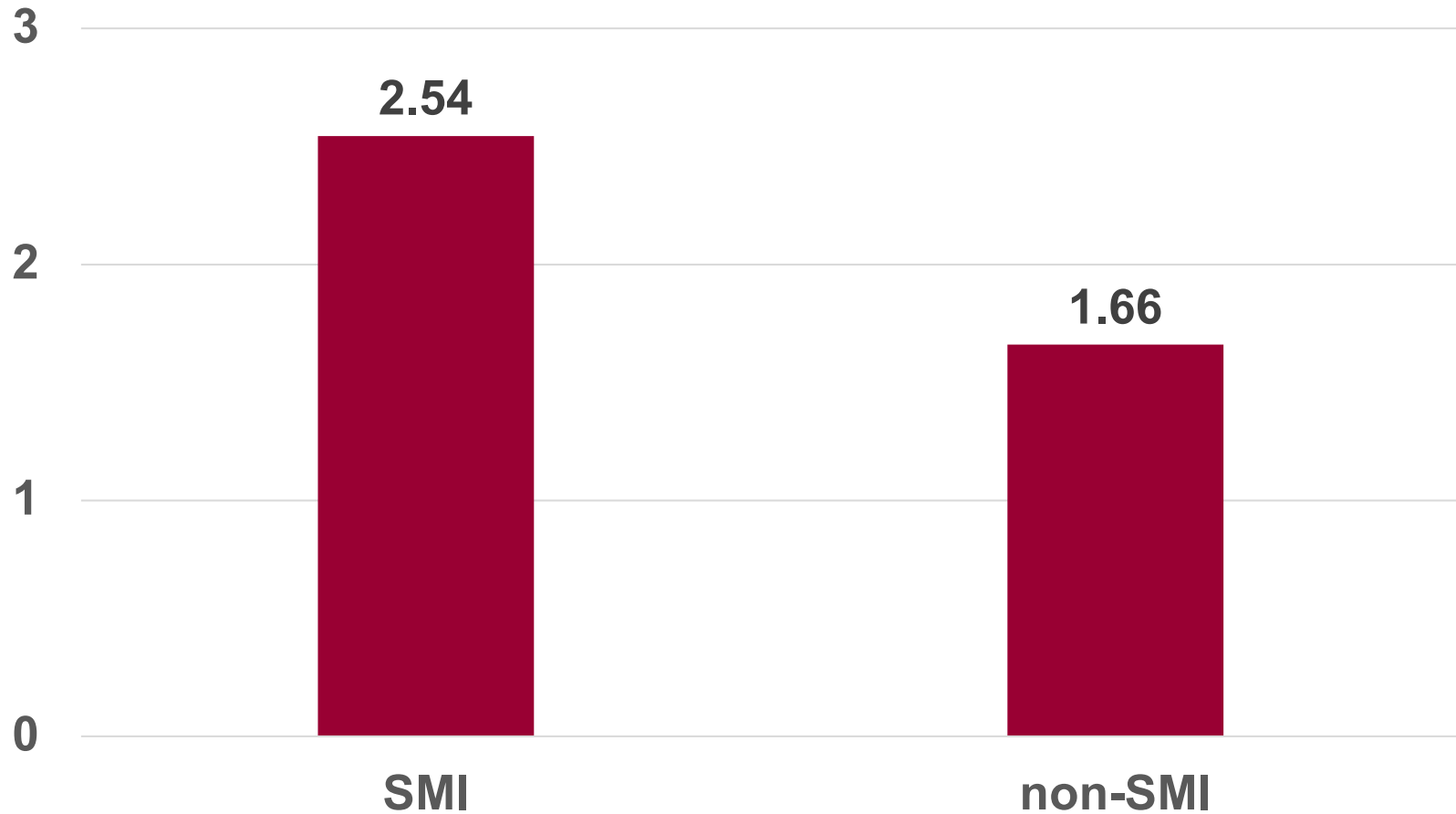
## SMI to non-SMI

| ICD Code                | OR             | Confidence Interval |         | p                |
|-------------------------|----------------|---------------------|---------|------------------|
| <b>Mental/Psychosis</b> | <b>105.719</b> | 85.171              | 131.224 | <b>&lt;.0001</b> |
| <b>Neurotic</b>         | <b>3.484</b>   | 2.973               | 4.081   | <b>&lt;.0001</b> |
| <b>Substance</b>        | <b>2.033</b>   | 1.661               | 2.489   | <b>&lt;.0001</b> |
| <b>Injury/Poisoning</b> | <b>1.330</b>   | 1.143               | 1.548   | <b>.0002</b>     |
| <b>Endocrine</b>        | <b>1.303</b>   | 1.121               | 1.515   | <b>.0006</b>     |
| <b>Digestive</b>        | <b>1.296</b>   | 1.104               | 1.521   | <b>.0015</b>     |
| <b>Nervous</b>          | <b>1.237</b>   | 1.067               | 1.435   | <b>.0047</b>     |
| <b>Circulatory</b>      | <b>1.232</b>   | 1.044               | 1.454   | <b>.0134</b>     |
| <b>Musculoskeletal</b>  | <b>1.079</b>   | .936                | 1.244   | <b>.2949</b>     |
| <b>Genitourinary</b>    | <b>.789</b>    | .668                | .932    | <b>.0052</b>     |
| <b>Neoplasms</b>        | <b>.506</b>    | .374                | .685    | <b>&lt;.0001</b> |

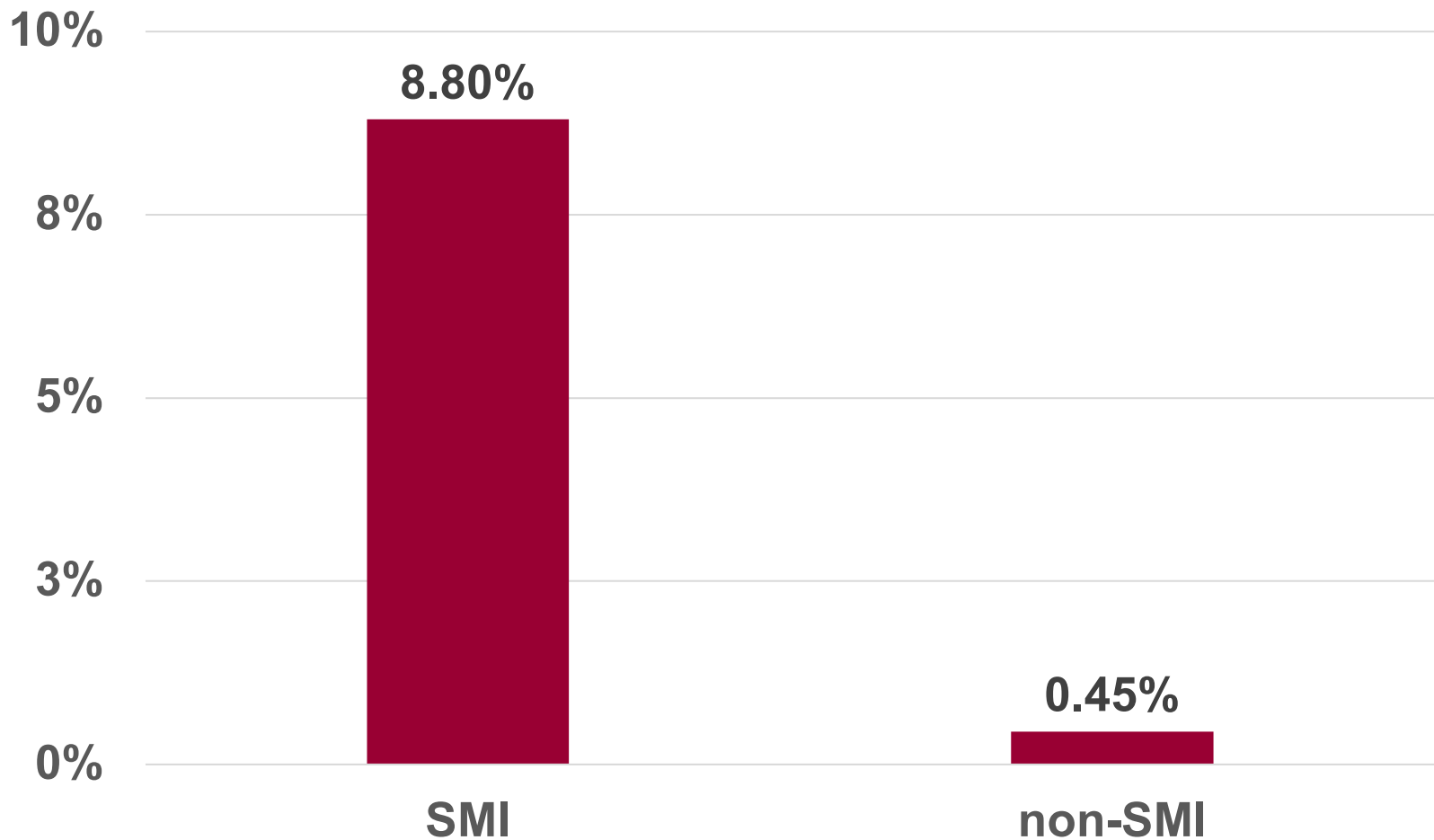
# Patients with Jail Booking



# Bookings per Patient



# Patients on Probation


















# So What?


Patients served through AHCCCS funded services for SMI in Maricopa County, compared to patients served through the non-SMI program:

- ✓ Older
- ✓ Less female
- ✓ Less Hispanic
- ✓ More Caucasian/White
- ✓ More Criminal Justice Involvement

# So what?

|                   | Penetration   | Volume  | Value   |
|-------------------|---|---|---|
| Physical Health   |    |  |    |
| Behavioral Health |    |  |    |
| Pharmaceuticals   |    |  |    |
| ER Physical       | N.S.  |  |    |
| ER Behavioral     |    | N.S.  | N. S.   |
| IP Physical       | N.S.  | N.S.  |   |
| IP Behavioral     |  | N.S.  |  |

  $p \leq .05$

  $p \leq .001$



*“...when people present to ERs because they are medically unstable, that if they've got a behavioral health condition, a lot of times their stuff gets written off as behavioral...”*

*“I've had ER doctors yelling at me saying they are behavioral health they don't belong here. Really?”*



▼ About Us

▲ Initiatives

Home

AHCCCS Complete Care

Care Coordination & Integration



Targeted Investments

Payment Modernization



Health Information Technology

Private Sector Partners

Electronic Visit Verification

Public Notices

Program Planning

▼ Healthcare Advocacy

Committees & Workgroups

Transparency

# AHCCCS Complete Care: The Future of Integrated Healthcare

AHCCCS Complete Care (ACC) begins on October 1, 2018. This new integrated system will join physical and behavioral health services together to treat all aspects of our members' health care needs under a chosen health plan. AHCCCS Complete Care encourages more coordination between providers within the same network which can mean better health outcomes for members.

## Here's what members need to know

### Who Does AHCCCS Complete Care Affect?

- Most adults on AHCCCS \*
- Most children on AHCCCS \*

*\*With a few exceptions for members who are also eligible for CRS services, AHCCCS Complete Care will not affect: Arizona Long Term Care System (ALTCS) members, members determined to have a Serious Mental Illness, or children in foster care enrolled in the Comprehensive Medical and Dental Program (CMDP).*

English



# Targeted Investments Program



Pediatric Ambulatory Primary Care and Behavioral Health

Hospital Project

Adult Ambulatory Primary Care & Behavioral Health

Adult Ambulatory Justice Area of Concentration



Report and Recommendations of  
the Fair Justice Task Force's  
Subcommittee on Mental Health  
and Criminal Justice System

May 2018

23-person statewide  
stakeholder subcommittee  
of the  
***Justice For All Task  
Force***

# Major Recommendations

- ✓ Expands Rule 11 capacity to limited jurisdiction courts
- ✓ Development of a Rule 11 central repository
- ✓ Expands qualifying criteria of mental disorder for Title 36 orders
- ✓ Focus on enhanced competency evaluation rigor and restoration program fidelity
- ✓ Sequential Intercept Model recognized as best practice

*“...a very touchy kind of a relationship and one that we have to be kind of careful of, but it does not feel to me as though it’s a true partnership. It’s a one-way requirement, and the burden is all on us.”*

SMI is a program

...not a diagnosis

# Mental Illness & Substance Use Disorders are Public Health Concerns



# Access to Employment and Educational Attainment Remain Elusive

# Onset of Mental Illness and Substance Use Disorders Begins when Most are in School

- ✓ Parity
- ✓ Pre-existing Exclusions
- ✓ Coverage to 26

Remain Unchallenged  
&  
Un-enforced in the Private  
Market



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Leading with Solutions



*Alison M. Douglas*  
Superintendent of Public Instruction

