Innovations in supporting individual mental health needs

Medicaid is the largest source of national funding for mental health and substance use disorder (MH/SUD) services, with nearly $71 billion in estimated annual spending, according to a Government Accountability Office report released August 2017. An earlier report in 2015 highlighted that 5% of Medicaid-only enrollees consistently accounted for nearly half of total Medicaid expenditures for that same group—enrollees with mental health conditions and substance use disorders contributed most significantly to total expenditures.

Through innovations ranging from public-private partnerships to technology-based solutions, our focus remains on making mental health services more accessible. We have been a leader for over 27 years through our holistic approach to care and services that integrates behavioral, physical and social determinant health needs to improve individual outcomes, quality of care, and cost savings for our state partners.

Creating housing solutions as part of our holistic approach

In May 2017, our Indiana health plan affiliate launched a new initiative to address key health and social determinant risk factors for members experiencing homelessness, or at-risk of experiencing homelessness.

The program, named Blue Triangle, is a short-term, transitional initiative utilizing 50 single room occupancy units at the Blue Triangle Residence Hall in downtown Indianapolis. While working to connect members with long-term permanent housing, the program helps them stabilize their mental and physical health, providing recovery focused services through a low barrier, Housing First, harm reduction approach. Many of these services are offered onsite.

A certified Peer Recovery Specialist works with participants during the program and for a short time after they have been permanently housed, to ensure close coordination between onsite resources and case management.

The program remains at capacity and impact on several key areas is currently being measured, but some preliminary outcomes are available.

Before the program, for members at Blue Triangle:
- 4 years was average length of homelessness
- 50% were living unsheltered
- 20% were not receiving any social services
- 70% had not been assessed or put on a permanent housing waiting list

As of February 2018, there has been:
- 25 positive home placements
- 30% drop in ER utilization
- 40% drop in ER expenses

Peer supports provide empathy and hope

Several of our health plan affiliates launched a Peer Support program in 2016, offering members with at least one mental health inpatient admission the opportunity to have the additional support of a Peer Support Specialist, someone who is able to leverage lived experience to support members in their recovery. The program also offered community connections as a bridge for our members living in recovery and resiliency in the community.

In 2018, we’re updating our operational model to one that more directly supports our field based clinical initiative for Peer Support Specialists to meet face-to-face with members when needed, and not just interact telephonically. The program will initially focus on seven urban areas in six states, with eligibility focused on members showing as high risk and high utilization for more complex levels of care.
**Toolkit sparks community discussions about opioids**

Our parent company collaborated with the National Urban League, funded by the Anthem Foundation, to create an innovative campaign, “What’s Up with Opioids?” The website, www.whatsupwithopioids.org, provides education, community resources and tools that includes a free Workshop Kit with a step-by-step guide for hosting community discussions. The Kit features a video and slideshow designed to help people, especially young adults, learn about opioids, risk factors, and prevention strategies.

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**SUD Recovery Coach Program supports member in recovery and resiliency**

Alice, a 58-year-old woman, was hospitalized seven times for alcohol use disorder and depression in three years, using complex care management, but was not willing to engage in recovery efforts for her substance use disorder (SUD).

Her history of depression, anxiety, and mood instability had led to physical ailments and poor sleep, a significant trigger for her alcohol use. Our SUD recovery coach program identified her as a candidate, and as a result of repeated engagement strategies, she agreed to participate in the program.

With the assistance of Catherine, her care manager, Alice established working goals on reducing her alcohol use and developed a plan to manage her depression and anxiety. She and Catherine discussed her progress weekly. Although Alice was addressing her depression and anxiety, she refused to abstain from alcohol. Catherine encouraged her to work with her therapist to identify what would motivate her to make important changes in her life.

In identifying and applying her motivations, Alice reduced her consumption, sustained short periods of abstinence, and continued motivational discussions with Catherine and her therapist.

Four months in, Alice became hospitalized due to intoxication and suicidal ideation. Her length of stay, however, was much shorter as she rekindled her motivations, attributed to her outpatient supports structure. Following discharge, Alice fully embraced recovery and engaged with her treatment. Catherine maintained regular contact, focusing on sustaining her motivation, identifying where Alice saw potential roadblocks and strategizing how to build upon successes.

By engaging Alice where she was in her recovery, Catherine established a connection and trust that has led to a foundation for recovery. Alice continues on her path, reporting improved health and no use of alcohol.

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**LiveHealth Online expands access to care**

LiveHealth Online provides access to care

In Medicaid, the authorization and use of telehealth varies by state. Individual states have the option to determine whether to cover telehealth, what types of telehealth services to cover, and which types of providers can receive reimbursement for telehealth services, among other things.

As we continue to work with states, providers, community resources and private entities to implement telehealth options, we are also offering our own solution, LiveHealth Online (LHO) in several states in 2018. Already a success in our commercial business, LHO provides live, on-demand office visits via video on a smartphone, tablet or computer 24 hours a day, 7 days a week, including holidays. Members can voluntarily access LiveHealth Online for urgent care and mental health services. LHO offers a choice of board certified network doctors. Members can view the provider’s photograph, specialty, education, years of experience, accreditations, and credentials as well as languages spoken. Each LHO visit is delivered in a HIPAA compliant two-way live video chat.

**Average Rating of LHO** (scale 1-5, 5= best) 4.8

**Average Rating of Provider** (scale 1-5, 5= best) 4.9