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

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

Changes in member experiences from 2014 to 2016

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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 data from this survey captures a snapshot of the IHH program during a time of transition. 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.

For this report, structured telephone interviews were conducted with 770 adults and 754 parents/legal guardians of children who were enrolled in the IHH in 2016. Interviews were administered during the period from October 5, 2016 – January 12, 2017. These interview results reflect the experiences of IHH adults and parents in the IHH programs under the first several months of its new management by the three MCOs.

Adults in the IHH program

General Summary

Overall, the experiences of adults in the IHH program in 2016 were similar to adult IHH member experiences in 2015.

- IHH adults continue to have high levels of self-reported mental and physical health problems; with 56% of IHH adults reporting fair or poor physical health and 41% reporting fair or poor mental health in 2016 (Figure 1 & Figure 2). These findings are consistent with previous years.
- The most needed health services reported in 2016 included routine health care (81%), mental health counseling (70%), specialist care (59%), dental care (59%), preventive services (57%), assistance managing a chronic health condition (47%), and urgent care (42%). The need for specialist, dental, and preventive care and assistance managing a chronic health condition increased significantly from 2015 to 2016 (Table 4, Table 6, Table 8, & Table 10).
- Over one-half reported a need for transportation assistance (53%) and almost one-half had need for food or clothing assistance (45%) (Table 12).

The following are some of the programmatic successes and potential areas for improvement indicated from the 2016 findings.

Successes

Crisis management. The majority of IHH adults (83%) reported being better able to deal with a crisis since they began working with their IHH team.

IHH helped members to obtain many needed services. Assistance from the IHH continues to be important for adults in the IHH obtaining needed services. Specifically, the IHH was helpful to IHH adults in obtaining dental services, specialist care, and prescription medicines (Table 5); nutrition counseling, exercise/physical activity assistance, weight loss counseling, and smoking cessation (Table 7); mental health counseling and crisis assistance (Table 9); home health care (Table 11); and food or clothing and transportation assistance (Table 13).
Opportunities for improvement

- **Program Awareness.** Awareness of the IHH program and IHH team declined from 2015 to 2016 (Figure 3). In particular, awareness of being in the IHH program dropped from 88% in 2015 to 79% in 2016 and awareness of having a peer support counselor dropped from 76% in 2015 to 69% in 2016.

- **After-hours access.** Findings around after-hours access for IHH members have not changed over the years. In 2016, while the majority reported knowing how to access their IHH after regular business hours (70%), of those who tried to get help after hours, 59% reported usually or always getting help. Yet, “improved access” was a common suggestion given by members asked to provide ways to improve the help received by their IHH team (Table 15).

- **Care prior to going to an ED or a hospital.** Consistent with 2015 results, a relatively small proportion of members contacted the IHH prior to going to the ED or the hospital for care (Figure 6). This finding is particularly important since over one-third of the members in 2016 indicated that their ED care could have been provided outside of an emergency department.

- **Transitional Care (Emergency Room Visits & Hospital Stays).** The significant increase in post-emergency room visit and post-hospital visit follow-up noted from 2014 to 2015 did not continue into 2016 (Figure 6). In 2016, the findings remained consistent with 2015 (ER follow-up: 43% in 2015 to 41% in 2016; Hospital follow-up: 53% in 2015 to 59% in 2016).

- **Utilizing the Assistance of the IHH to obtain services.** For some services, there was increased need but the proportion of members using the IHH to help them get the service was low. This pattern is important because those who received assistance from the IHH were more likely to get the help they needed. For example,
  - **Proportion receiving dental services:** In 2016, the need for dental services was significantly higher than in 2015 with only 1 in 5 members in 2016 reporting being assisted by their IHH to get dental care. Yet, a significantly higher proportion of members got dental services when they were assisted by their IHH (91%) compared to those who did not have the assistance of their IHH (77%). (Table 5)
  - **Proportion receiving prevention assistance:** Less than half of IHH members who reported need for four key prevention activities (nutrition counseling, exercise/physical activity, weight loss counseling, and smoking cessation) received assistance from the IHH when trying to address those needs (Table 6). Yet, significantly more members got the service when assisted by their IHH compared to those who did not have the help of their IHH (Table 7).
  - **Proportion receiving food or clothing assistance:** Around one-third of IHH members who reported a need for food or clothing assistance received assistance from their IHH when trying to obtain that need. Yet, a significantly higher proportion of members got food or clothing assistance when they were assisted by their IHH (92%) compared to those who did not have the assistance of their IHH (71%). (Table 13)

*Parents of Children in the IHH*

**General Summary**

- Similar to IHH adults in 2016, children in the IHH have relatively high levels of mental health problems with 40% of parents reporting that their child had *fair* or *poor* mental health. But contrary to IHH adults, children in the IHH were reported to have much better physical health status with less than 10% in *fair* or *poor* physical health. (Figure 7 and Figure 8). These findings are consistent with previous years.

- The health and support services reported to be most needed by IHH children included routine health care (77%), dental care (74% - a significant increase from 2015), family or child counseling (73%), emotional support (63%), preventive care (53%), and school support (50% - a significant increase from 2015).

The following are some of the programmatic successes and potential areas for improvement indicated from the 2016 findings.
Successes

• **After-hours access.** The majority reported knowing how to access their child's IHH after regular business hours (70%), and of those who tried to get help after hours (n=85), 60% reported usually or always getting help.

• **Improved crisis management.** 82% reported that they (their child and family) were better able to deal with a crisis since working with their child's IHH team. This finding was reflected in the comments made by parents of IHH children.

• **Received needed health-related services.** Specifically for the medical services needed, the vast majority of parents reported that their children in the IHH were able to get the services.

• **IHH helped members to obtain many other needed services.** Assistance from the IHH continues to be important for children in the IHH obtaining needed services. For several service areas, when parents of children in the IHH needed a service and were assisted by their IHH, they were more likely to get the service for their child than if they were not helped by their IHH. Specifically, the IHH was helpful in obtaining nutrition counseling (Table 20); emotional support, social skills training for their child, and crisis assistance (Table 22); home health care (Table 24); and transportation assistance, support during school meetings, childcare assistance, and help with their child's extracurricular activities (Table 26).

Opportunities for Improvement

• **Program Awareness.** Overall familiarity with the IHH program and its staff roles significantly declined in 2016 (Figure 9). This finding was also evidenced for adults in the IHH program.

• **Follow-Up after an Emergency Room Visit or Hospital Stay.** Emergency room visits and hospital stays for children in the IHH were relatively infrequent in 2016 (30% had at least one emergency room visit and 10% had at least one hospital stay). From 2014 to 2015, there were notable improvements in post-ER visit and hospital visit follow-up. However, these improvements did not maintain from 2015 to 2016 (Figure 13). Parents of IHH children who received post-emergency room visit follow-up declined from 44% in 2015 to 35% in 2016 and while this was not a statistically significant difference, it does represent, at the least a stagnation. There was a statistically significant decline in the proportion of parents of IHH children who received a post-hospital stay IHH follow-up (from 90% in 2015 to 57% in 2016).

• **Utilizing the Assistance of the IHH to obtain services.** For many needed services, there was a greater ability for parents to obtain the needed service for their child if they were assisted by their IHH. For example,

  ◦ **Nutrition counseling:** In 2016, around 1 in 5 parents of IHH members reported being assisted by their IHH to get nutritional counseling for their children. Yet, a significantly higher proportion of children got nutritional counseling when they were assisted by their IHH (91%) compared to those who did not have the assistance of their IHH (57%). (Table 20)

  ◦ **Transportation assistance:** Need for transportation assistance increased from 2015 to 2016 (Table 25). A little over one-third of parents were helped by their child’s IHH to obtain transportation assistance; yet, a significantly higher proportion of parents got help with transportation when they got assistance from their child’s IHH (92%) compared to those who did not (70%). (Table 26).

  ◦ **Child or respite care assistance:** Reported need for child or respite care increased to 30% in 2016 (Table 25). Around two-thirds (64%) received respite care with almost half of the parents helped by their child’s IHH to obtain it. Yet, a significantly higher proportion of parents were able to get the needed respite care when they got help from their child’s IHH (81%) compared to those who did not have help from their child’s IHH (48%) (Table 26).
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. On July 1, 2013, the Iowa Integrated Health Home (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. The purpose of an IHH is to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). The aim of the IHH initiative was to create a singular point-of-access for individuals with a mental health diagnosis to obtain coordinated, comprehensive healthcare services across a spectrum of needs and conditions.

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, the management of members in the IHH initiative was transferred to three Managed Care Organizations (MCO), as part of statewide Medicaid Modernization efforts. Magellan was not one of the three MCOs chosen to manage Medicaid services in Iowa and therefore, Magellan ended its provision of behavioral health services on December 31, 2015. The three selected MCOs (AmeriHealth Caritas, Amerigroup, and United Healthcare) were projected to assume management on January 1, 2016. However, the transition to managed care was delayed until April 1, and Iowa Medicaid Enterprise (IME) was responsible for IHH member service coverage and payment of IHH providers during the interim (January 1 – March 31, 2016). During this interim period, IME uploaded known IHH members to the Iowa Medicaid Portal Access (IMPA) and directed IHH providers to enroll new IHH members in the IMPA in order to continue services with the members’ assigned MCO in April.

Although the management of the IHH initiative changed, the continuation of the Integrated Health Homes initiative was explicitly delineated in the MCO contracts. MCOs are 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.” The programmatic requirements for an IHH in Iowa have been described elsewhere. During the initial period of MCO management of the IHH program, the MCOs have been working with DHS/IME to comply with the requirements of the IHH, as indicated in the MCO Annual Performance Report (April 2016 – September 2016):

“The Department [The Iowa Department of Human Services] partnered with the MCOs to update the Integrated Health Home and Chronic Condition Health Home programs. This project has been actively working to evaluate the Health Home programs’ operation with the goal of improved processes, consistent alignment with state and federal requirements, and improved member outcomes.”

IHH member experiences

As one part of an overall evaluation of the IHH program in Iowa in 2016, phone interviews with IHH members were conducted during the period from October 2016 through mid-January 2017. This report provides a view of IHH member experiences (adults and the parents of children in the IHH) over the course of the three years of the IHH program (2014 & 2015 - two years prior to the current MCO management of the IHH program and 2016 – the period just after the IHH program transitioned to the current MCO management) and includes comparisons between the 2016 and 2015 findings. Comparisons between 2014 and 2015 can be found in a previous report. Also in this report, for each IHH population (adults and children) in 2016, we include a comparison of IHH member experiences by MCO, when appropriate.
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 5, 2016 to January 12, 2017. In this report, we also include data from a survey administered to IHH members during similar time periods in 2014 and 2015. The methods for prior studies were similar to those described here.7

Medicaid members were eligible for the survey sample if they were identified in the Medicaid eligibility files as having been in an IHH in April 2016. The Medicaid eligibility data from the MCOs after April 2016 did not include an IHH identifier. The research team assumes that members identified as IHH enrolled in April 2016 who remain enrolled in Medicaid continuously through September 2016 (end of sampling period) are continuously enrolled in the IHH. This is a variation from previous years and should be noted as a potential limitation for the interpretation of the 2016 results.

Similar to previous years, members eligible for the 2016 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 was selected for the telephone survey, while all parents/guardians of 3952 survey-eligible children were included. 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.

The Iowa Social Science Research Center call center began phone interviews on October 5, 2016. 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 63 structured questions and the parent interview included 67 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 the Appendix A and the interview script for parents can be found in Appendix B.

**Participation**

In 2016, phone interviews were completed by 770 adults and 754 parents/guardians of children enrolled in the IHH for unadjusted participation rates of 21% and 20% 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 34% and 29% respectively (Table 1). The rate of participation was satisfactory considering the difficulties of reaching this particular population.

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<tbody>
<tr>
<td><strong>Total Sampled</strong></td>
<td>1200</td>
<td>1200</td>
<td>1200</td>
<td>1200</td>
<td>3750</td>
<td>3790</td>
</tr>
<tr>
<td><strong>Not Eligible</strong></td>
<td>482</td>
<td>420</td>
<td>463</td>
<td>368</td>
<td>1466</td>
<td>1213</td>
</tr>
<tr>
<td><strong>Total Eligible Attempts</strong></td>
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<td>780</td>
<td>737</td>
<td>832</td>
<td>2284</td>
<td>2577</td>
</tr>
<tr>
<td><strong>Refused/Unable to Reach</strong></td>
<td>399</td>
<td>466</td>
<td>465</td>
<td>511</td>
<td>1515</td>
<td>1823</td>
</tr>
<tr>
<td><strong>Complete Interviews</strong></td>
<td>319</td>
<td>314</td>
<td>272</td>
<td>321</td>
<td>770</td>
<td>754</td>
</tr>
<tr>
<td><strong>Overall Participation Rate (Complete/Sampled)</strong></td>
<td>27%</td>
<td>26%</td>
<td>23%</td>
<td>27%</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td><em><em>Adjusted</em> Participation Rate</em>*</td>
<td>44%</td>
<td>40%</td>
<td>37%</td>
<td>39%</td>
<td>34%</td>
<td>29%</td>
</tr>
</tbody>
</table>

*Adjusted for ineligibles

The 2016 sample included a variable indicating in which MCO the member was initially enrolled (in April 2016). In this report, we identify the MCOs as MCO1, MCO2, and MCO3. Of the 770 adult participants in the IHH interview, 295 (38%) were enrolled in MCO1, 275 (36%) in MCO2, and 200 (26%) in MCO3. Of the 754 children in the IHH whose parent participated in the interview, 277 (37%) were enrolled in MCO1, 280 (37%) in MCO2, and 200 (26%) in MCO3.

Adult IHH members who completed an interview in 2016 were slightly older than those who did not. The mean age of adult participants was 46 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 (65%) than non-participants (57%). Participants and non-participants were comparable with regard to income and race/ethnicity.

For IHH children in 2016, there was no difference in the child’s gender (38% female), age (mean age = 12), or household income (mean = 44% Federal Poverty Level) between those whose parents/guardians completed the interview and those whose parents did not.

**Analyses**

Data was tabulated and bivariate analyses (i.e. chi-square or t-tests for group differences) were conducted using SPSS. In this report, statistical differences in outcomes (p<0.05) are noted in the text, tables, or figures for the comparison of 2015 and 2016 members. Changes between the first year (2014) and 2015 have been reported elsewhere. In addition, we present the 2016 findings by MCO (identified as MCO1, MCO2, and MCO3) noting any statistically significant differences (p<0.05) among the three organizations 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, the responses were categorized and coded using transcripts based on the audio responses from interview participants. A coder used NVivo software to systematically

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identify and analyze recurring themes across interview responses. Recurring subject areas in responses were defined and organized in a hierarchical format. For example, respondents repeatedly reported receiving services that fit under the main theme of “care coordination” as an example of how IHH made their lives better. This main theme included the subthemes “community resource referral” and “medication management.” 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

Surveys 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. These differences are outlined above. This survey also has an additional limitation related to the identification of those in an IHH. In the previous two surveys we were able to identify those in an IHH through the 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. Instead, we were required to assume that those enrolled in the IHH at the beginning of the Medicaid Modernization who remained in enrolled in Medicaid for the next 7 months (till the survey month of September) were in the IHH at the time of the survey.
Results
Experiences of Adults in the IHH (2014, 2015, 2016)

Demographics

Table 2 summarizes the demographic characteristics of IHH survey respondents from 2014, 2015, and 2016. Age of interview participants was comparable across all years with around half of participants between the ages of 35 and 54. The majority of participants in 2016 were female (65%) and this was comparable to 2015 (63%). There were somewhat more American Indian participants in 2016 (2%) when compared to 2015 (<1%) but race/ethnicity was comparable between 2015 and 2016 for all other categories. The educational make-up of the participants remained consistent from 2014 through 2016. As in previous years, the vast majority of participants in 2016 were white (92%) and reported completing high school and/or some college (76%).

Table 2. Demographics of Adult IHH members – 2014, 2015, 2016

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

*Race categories are not mutually exclusive; therefore, totals may not equal 100%.
* 2016 significantly different from 2015 at p<.05.

Table 3 summarizes the demographic characteristics of IHH survey respondents in 2016 by MCO. There were no significant differences in the age of participants by MCO. There were significantly fewer female participants in MCO1 (58%) when compared to MCO2 (68%) and MCO3 (71%). With one exception, the race/ethnicity of participants was comparable across all three MCOs. There were, however, significantly more Hispanic/Latino participants in MCO2 (5%) compared to MCO1 and MCO3 (each 2%). And, there was a significantly higher percentage of participants with a college degree or more in MCO3 (15%) compared to either MCO1 (9%) or MCO2 (8%).
Table 3. Demographics of Adult IHH members by MCO (2016)

<table>
<thead>
<tr>
<th></th>
<th>% of participants MCO1 (N=295)</th>
<th>% of participants MCO2 (N=275)</th>
<th>% of participants MCO3 (N=200)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-34</td>
<td>17%</td>
<td>25%</td>
<td>20%</td>
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<tr>
<td>35-54</td>
<td>53%</td>
<td>48%</td>
<td>51%</td>
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<tr>
<td>55+</td>
<td>30%</td>
<td>28%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>58%*</td>
<td>68%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
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<tr>
<td>White</td>
<td>94%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Black</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2%</td>
<td>5%**</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>16%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>High School/Some College</td>
<td>75%</td>
<td>79%</td>
<td>72%</td>
</tr>
<tr>
<td>College Degree or Higher</td>
<td>9%</td>
<td>8%</td>
<td>15%***</td>
</tr>
</tbody>
</table>

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

* Significantly fewer female respondents in MCO1 compared to MCO2 & MCO3 (p<.01)

** Significantly more Hispanic/Latino respondents in MCO2 compared to MCO1 & MCO3 (p=.04)

*** Significantly more respondents in MCO3 had at least a college degree compared to MCO1 & MCO2 (p=.04)

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 41% of participants in 2016 rated their mental health as fair or poor while over half (56%) rated their physical health as fair or poor. Self-reported mental and physical health status of adults in the IHH did not differ by MCO.
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, member awareness about the IHH program and its components declined from 2015 to
2016 after having increased from 2014 to 2015. Respondent awareness of IHH enrollment dropped from 88% in 2015 to 79% in 2016 and this was a statistically significant difference (p<.01). Also, awareness of an IHH peer support counselor dropped from 76% in 2015 to 69% in 2016 (p<.05).

**Figure 3. Awareness of IHH Components**

<table>
<thead>
<tr>
<th>Component</th>
<th>IHH 2014</th>
<th>IHH 2015</th>
<th>IHH 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment in IHH*</td>
<td>80%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>Nurse Care Manager</td>
<td>88%</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>Care Coordinator</td>
<td>78%</td>
<td>83%</td>
<td>79%</td>
</tr>
<tr>
<td>Peer Support Counselor*</td>
<td>85%</td>
<td>84%</td>
<td>83%</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p<0.05

Awareness about the IHH and its staffing components was similar regardless of MCO enrollment with the exception of knowledge of a peer support counselor. Three-quarters of IHH adults enrolled in MCO1 were aware of a peer support counselor which is significantly higher than reported by those enrolled in MCO2 (63%) or MCO3 (67%).

**Figure 4. Awareness of IHH Components by MCO (2016 only)**

<table>
<thead>
<tr>
<th>Component</th>
<th>MCO1</th>
<th>MCO2</th>
<th>MCO3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment in IHH</td>
<td>80%</td>
<td>87%</td>
<td>80%</td>
</tr>
<tr>
<td>Nurse Care Manager</td>
<td>78%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Care Coordinator</td>
<td>78%</td>
<td>81%</td>
<td>78%</td>
</tr>
<tr>
<td>Peer Support Counselor*</td>
<td>75%</td>
<td>63%</td>
<td>67%</td>
</tr>
</tbody>
</table>

* Statistically significant difference at p<0.05

**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 2016, over two-thirds (70%) of IHH members reported that they knew how to get help from their IHH after regular business hours which was almost the same as reported in 2015 (69%). In 2016, around 16% tried to get help from their IHH after hours which is also comparable to 2015 reports (13%). Of those who tried to receive care after hours in 2016, 59% reported that they usually or always got help after hours as soon as they wanted. This percentage closely resembles 2014 and 2015 findings, with no notable changes. In addition, there were no differences in access to the IHH depending on MCO enrollment.

Two questions were used to assess culturally sensitive care:
• Does your gender, language, race, religion, ethnic background, sexual orientation, or culture make any difference in the kind of help you need from your IHH team?
• If so, was the help you received from your IHH responsive to those needs?

In 2016, very few adults (n=40; 5%) reported a need for culturally sensitive help from their IHH team. Of these, 80% reported that their IHH was responsive to their needs. These results did not differ by MCO and are comparable to what was reported in previous years.

**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 in 2014, 2015, and 2016 to assess care coordination and the need for health care, preventive care and health promotion, mental health/substance abuse, chronic disease management and long-term care supports, as well as social support services:

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

**Health Care Services**

Table 4 depicts the need for particular health care services reported by IHH members and how their IHH assisted them in receiving those services. There was a high need for routine health care (81%) but most of the IHH adults in 2016 were able to receive that care (95%) with around one-third (29%) getting help from their IHH to get the care. These results were comparable to what was reported in 2015.

From 2015 to 2016, there was a significant increase in reported need for dental services, from 49% to 59% (p<.01). In 2016, the need for dental services was somewhat lower for IHH adults in MCO1 (53%) when compared to MCO2 (63%) and MCO3 (62%), p=.04. In 2016, the reported receipt of dental services (80%) and getting help from the IHH to get dental services (20%) was comparable to what was reported in 2015. However, significantly more IHH adults in MCO1 reported being assisted by their IHH in getting needed dental services (26%) compared to MCO2 (19%) and MCO3 (14%), p=.03.
Also from 2015 to 2016, there was a significant increase in reported need for specialist care, from 50% to 59%, p<.05. As with dental services in 2016, the reported receipt of specialist care (93%) and getting help from the IHH to get specialist care (26%) was comparable to what was reported in 2015. Significantly fewer IHH adults in MCO3 reported being assisted by their IHH in getting needed specialist health care (15%) when compared to MCO1 (30%) and MCO2 (31%), p=.004.

The need for, receipt of, and assistance by the IHH to obtain urgent care and prescription medicine remained similar from 2015 to 2016 with no differences among MCO enrollment type for these two service types.

Table 4. Need for, Receipt of, and Assistance with Health Care Services

<table>
<thead>
<tr>
<th>Service</th>
<th>2014 Needed</th>
<th>2015 Needed</th>
<th>2016 Needed</th>
<th>2014 Received</th>
<th>2015 Received</th>
<th>2016 Received</th>
<th>2014 Assisted</th>
<th>2015 Assisted</th>
<th>2016 Assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Care</td>
<td>83% (263)</td>
<td>81% (219)</td>
<td>81% (617)</td>
<td>96%</td>
<td>97%</td>
<td>95%</td>
<td>31%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>54% (172)</td>
<td>49% (133)</td>
<td>59%** (450)</td>
<td>77%</td>
<td>86%</td>
<td>80%</td>
<td>17%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>54% (171)</td>
<td>50% (135)</td>
<td>59%* (448)</td>
<td>97%</td>
<td>93%</td>
<td>93%</td>
<td>28%</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>43% (137)</td>
<td>39% (104)</td>
<td>42% (318)</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
<td>27%</td>
<td>29%</td>
<td>22%</td>
</tr>
<tr>
<td>Prescription Medicine</td>
<td>38% (122)</td>
<td>27% (72)</td>
<td>32% (243)</td>
<td>93%</td>
<td>90%</td>
<td>88%</td>
<td>63%</td>
<td>61%</td>
<td>55%</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01

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

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

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

Table 5 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. But in 2016, with regard to dental services, specialist care, and 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. This result is a change from what was reported for these services in 2015.
Table 5. Assistance from the IHH in Obtaining Needed Health Services
(For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Received Service/Assisted by IHH %</td>
<td>Received Service/Not Assisted by IHH %</td>
</tr>
<tr>
<td>Routine Care a</td>
<td>97% (60/62)</td>
<td>97% (149/153)</td>
</tr>
<tr>
<td>Dental Services</td>
<td>82% (22/27)</td>
<td>87% (88/101)</td>
</tr>
<tr>
<td>Specialist Care b</td>
<td>93% (28/30)</td>
<td>93% (95/102)</td>
</tr>
<tr>
<td>Urgent Care c</td>
<td>97% (29/30)</td>
<td>96% (69/72)</td>
</tr>
<tr>
<td>Prescription Medicine</td>
<td>95% (40/42)</td>
<td>82% (22/27)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between assisted and not assisted by IHH (p-value < 0.05)
** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)
a Routine health care from a doctor (such as a check-up or physical exam)
b Specialist health care (from doctors who specialize in one area of health care such as a surgeon or heart doctor)
c Urgent health care (care needed on the same day for an illness, injury, or other condition)

Preventive Services

Table 6 depicts the need for particular preventive services reported by IHH members and if their IHH assisted them in receiving those services. In 2016, more than half of IHH adults reported a need for preventive care (57%) and most (91%) received that care. Significantly more adults in 2016 reported the need for preventive care when compared to 2015.

Reported need for nutrition counseling, exercise/physical activity assistance, weight loss counseling, or smoking cessation services was comparable between 2015 and 2016. Results were comparable between 2015 and 2016 with regard to receipt of and assistance by the IHH in obtaining nutrition counseling, exercise/physical activity assistance, and smoking cessation services. However, there was a significant decrease in the receipt of weight loss counseling from 2015 (70%) to 2016 (45%) and in the reports of IHH assistance in obtaining weight loss counseling services, from 42% in 2015 to 25% in 2016. For this particular preventive service, this is a departure from the upward trend seen from 2014 to 2015.
Table 6. Need for, Receipt of, and IHH Assistance with Preventive Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Needed Service % (# who needed service)</th>
<th>Received Service % (of those who needed service)</th>
<th>IHH Assisted % (of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Preventive health care such as a flu shot or mammogram</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td>25%</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>Physical Activity Assistance</td>
<td>24%</td>
<td>29%</td>
<td>28%</td>
</tr>
<tr>
<td>Weight Loss Counseling</td>
<td>22%</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>14%</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01

Table 7 provides a look at how the IHH impacted receipt of needed preventive care services. For IHH adults in 2016 who needed nutrition counseling, assistance with physical activity, weight loss counseling and help with smoking cessation, those who received help from their IHH were more likely to report having received the service than those who were not assisted by their IHH and these results are comparable to what was reported in 2015.

Table 7. Assistance from the IHH in Obtaining Assistance with Preventive Services (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
</table>
|                                   | 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% (30/30) | 95% (86/91) | 94% (96/102) | 90% (290/321) |
| Nutrition Counseling             | 100%** (24/24) | 67% (24/36) | 89%** (66/74) | 55% (73/134) |
| Physical Activity Assistance     | 89%** (25/28) | 57% (27/47) | 84%** (76/90) | 50% (59/119) |
| Weight Loss Counseling           | 92%** (23/25) | 55% (18/33) | 82%** (36/44) | 33% (46/139) |
| Smoking Cessation                | 88%* (7/8) | 43% (13/30) | 70%** (30/43) | 45% (33/74) |

* Statistically significant difference between assisted and not assisted by IHH (p-value < 0.05)
** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)

Table 8 and Table 9 display the need for particular mental health and substance abuse services and how the IHH assisted members in receiving those services. With the exception of a decreased need
for drug treatment or prevention services from 2015 (12%) to 2016 (3%), the need for, receipt of, and assistance from the IHH in obtaining mental health counseling, crisis assistance, and help managing alcohol use remained comparable between 2015 and 2016.

Mental health counseling was needed at the highest rate (70% in 2016) of all mental health services. Yet, while overall the receipt of needed mental health counseling was generally high for all adults in the IHH in 2016 (91%), fewer adults in MCO2 (87%) reported receiving mental health counseling when needed compared to adults in MCO1 (95%), p=.03.

Table 8. Need for, Receipt of, and Assistance with Mental Health/Substance Abuse Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Needed Service % (who needed service)</th>
<th>Received Service % (of those who needed service)</th>
<th>IHH Assisted % (of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Counseling</td>
<td>78%   (248)</td>
<td>70%   (189)</td>
<td>70%   (538)</td>
</tr>
<tr>
<td>Crisis Assistance</td>
<td>29%   (92)</td>
<td>24%   (66)</td>
<td>24%   (183)</td>
</tr>
<tr>
<td>Drug Treatment or Prevention</td>
<td>15%   (46)</td>
<td>12%   (33)</td>
<td>3%** (25)</td>
</tr>
<tr>
<td>Managing Alcohol Use</td>
<td>3%    (11)</td>
<td>3%    (8)</td>
<td>2%    (16)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01

With regard to needed mental health services in 2016, those IHH adults who were assisted by their IHH were more likely to receive mental health counseling (97%) and crisis assistance (94%) compared to those who were not assisted by their IHH (83% and 66%, respectively). These results are similar to what was found in 2015 for these service categories.

Table 9. Assistance from the IHH in Obtaining Needed Mental Health/Substance Abuse Services (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Given</td>
<td>Given</td>
</tr>
<tr>
<td>Mental Health Counseling</td>
<td>97%* (99/102)</td>
<td>87% (74/85)</td>
</tr>
<tr>
<td></td>
<td>(99/102)</td>
<td>(74/85)</td>
</tr>
<tr>
<td>Crisis Assistance</td>
<td>94%** (32/34)</td>
<td>67% (20/30)</td>
</tr>
<tr>
<td></td>
<td>(32/34)</td>
<td>(20/30)</td>
</tr>
<tr>
<td>Drug Treatment or Prevention</td>
<td>93% (13/14)</td>
<td>95% (18/19)</td>
</tr>
<tr>
<td></td>
<td>(13/14)</td>
<td>(18/19)</td>
</tr>
<tr>
<td>Managing Alcohol Use</td>
<td>100% (2/2)</td>
<td>100% (8/8)</td>
</tr>
<tr>
<td></td>
<td>(2/2)</td>
<td>(8/8)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between assisted and not assisted by IHH (p-value < 0.05)
** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)
Chronic Disease Management and Long Term Services and Supports (LTSS)

Table 10 displays the need for, receipt of, and IHH assistance with chronic disease management, medical supplies, and home health care services. In 2016, 47% of IHH adults reported a need for help managing a chronic condition which is significantly higher than reported in 2015 (37%). All other results were comparable to 2015 reports. The vast majority of adults who needed these types of services received them.

Table 10. Need for, Receipt of, and Assistance with Chronic Disease Management and LTSS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of a Chronic Condition</td>
<td>45%</td>
<td>37%</td>
<td>47%*</td>
<td>84%</td>
<td>91%</td>
<td>88%</td>
<td>37%</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>Medical Equipment or Supplies b</td>
<td>28%</td>
<td>28%</td>
<td>32%</td>
<td>91%</td>
<td>87%</td>
<td>89%</td>
<td>21%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>Home Health Care c</td>
<td>25%</td>
<td>26%</td>
<td>31%</td>
<td>82%</td>
<td>87%</td>
<td>82%</td>
<td>56%</td>
<td>54%</td>
<td>51%</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01
a Including long-term care services and supports
b Such as a cane, wheelchair, oxygen equipment, etc.
c Health services one would receive at home

Table 11 provides a look at how the IHH impacted receipt of needed chronic disease management and LTSS. IHH adults who needed help obtaining home health care services and who were assisted by their IHH were more likely to receive home health care services (93%) compared to those who were not assisted by their IHH (71%) and this result was similar to 2015.

Table 11. Assistance from the IHH in Obtaining Needed Chronic Disease Management and LTSS (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th></th>
<th>2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Received Service/ Assisted by IHH %</td>
<td>Received Service/Not Assisted by IHH %</td>
<td>Received Service/ Assisted by IHH %</td>
<td>Received Service/Not Assisted by IHH %</td>
</tr>
<tr>
<td>Management of a Chronic Condition</td>
<td>92% (33/36)</td>
<td>90% (54/60)</td>
<td>93% (116/125)</td>
<td>86% (195/227)</td>
</tr>
<tr>
<td>Medical Equipment or Supplies b</td>
<td>81% (13/16)</td>
<td>88% (53/60)</td>
<td>91% (42/46)</td>
<td>89% (172/194)</td>
</tr>
<tr>
<td>Home Health Care c</td>
<td>97%** (35/36)</td>
<td>73% (22/30)</td>
<td>93%** (107/115)</td>
<td>71% (79/111)</td>
</tr>
</tbody>
</table>

** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)
a Including long-term care services and supports
b Such as a cane, wheelchair, oxygen equipment, etc.
c Health services one would receive at home

Social Support Services

Table 12 depicts the need, receipt, and IHH assistance for particular social support services. Overall
reported need for social support services in 2016 was comparable to 2015. In 2016, 45% of respondents reported a need for food or clothing and 28% reported a need for housing assistance. Over half (53%) reported a need for transportation assistance and this need differed by MCO. The need for transportation assistance was significantly higher for IHH adults in MCO2 (60%) when compared to MCO1 (49%) and MCO3 (48%), p=.01.

Reported receipt of social support services generally remained constant from 2015 to 2016 with the exception of receipt of childcare assistance which decreased from 100% in 2015 to 44% in 2016. Fewer adults in the IHH reported having IHH assistance with housing needs in 2016 (43%) compared to 2015 (56%).

Table 12. Need for, Receipt of, and Assistance with Social Support Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Needed Service % ( # who needed service)</th>
<th>Received Service % ( of those who needed service)</th>
<th>IHH Assisted % ( of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food or Clothing Assistance</td>
<td>42% (133)</td>
<td>39% (106)</td>
<td>45% (348)</td>
</tr>
<tr>
<td>Transportation Assistance</td>
<td>39% (124)</td>
<td>46% (125)</td>
<td>53% (404)</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>27% (85)</td>
<td>30% (80)</td>
<td>28% (218)</td>
</tr>
<tr>
<td>Legal Assistance</td>
<td>17% (53)</td>
<td>12% (32)</td>
<td>14% (107)</td>
</tr>
<tr>
<td>Childcare Assistance</td>
<td>3% (9)</td>
<td>2% (6)</td>
<td>2% (16)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01

Table 13 provides a look at how the IHH impacted receipt of social support services. In 2016, for IHH adults with need who reported getting help from their IHH, more reported receiving food or clothing (92%) and transportation assistance (89%) compared to those who did not work with their IHH to obtain that help (71% food/clothing, 81% transportation). These results are similar to 2015 findings.

Table 13. Assistance from the IHH in Obtaining Needed Social Support Services (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015 Received Service/Assisted by IHH %</th>
<th>2015 Received Service/Not Assisted by IHH %</th>
<th>2016 Received Service/Assisted by IHH %</th>
<th>2016 Received Service/Not Assisted by IHH %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food or Clothing Assistance</td>
<td>100%** (45/45)</td>
<td>75% (43/57)</td>
<td>92%** (105/114)</td>
<td>71% (162/227)</td>
</tr>
<tr>
<td>Transportation Assistance</td>
<td>92%* (65/71)</td>
<td>77% (41/53)</td>
<td>89%* (198/222)</td>
<td>81% (141/174)</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>85% (35/41)</td>
<td>68% (21/31)</td>
<td>80% (71/89)</td>
<td>71% (86/121)</td>
</tr>
<tr>
<td>Legal Assistance</td>
<td>71% (5/7)</td>
<td>88% (21/24)</td>
<td>77% (23/30)</td>
<td>62% (45/73)</td>
</tr>
<tr>
<td>Childcare Assistance</td>
<td>100% (2/2)</td>
<td>100% (4/4)</td>
<td>20% (1/5)</td>
<td>50% (5/10)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between assisted and not assisted by IHH (p-value < 0.05)
** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)
Chronic Condition Management

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

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

The vast majority of respondents in 2016 (96%) reported that they took prescription medications to treat either a physical or mental health condition, which was similar to prescription medication need reported in 2015 (95%).

As shown in Figure 5, the percentages of IHH adults who reported working with their IHH to manage medications, set up goals to improve health (mental or physical), and receive support to become more independent were comparable in 2015 and 2016. As in previous years, for those who did work with their IHH in 2016 to set up goals to improve their health, the vast majority reported that the IHH provided them with as much information as they wanted to be able to meet their goals to improve their mental (94%) and physical (92%) health.

For all of the outcomes in Figure 5, the percentages in 2016 were comparable across MCOs.

Figure 5. IHH support with chronic condition management

Comprehensive Transitional Care

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

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

In 2016, 83% percent of IHH members reported that they were better able to deal with a crisis since they began working with their IHH team, which is essentially the same as reported in 2015 (83%). Almost half (46%; n=345) of IHH adults in 2016 reported having gone to the ER at least once in the past six months, while one-quarter (22%; n=171) reported any hospital stays in the same period. The percentage of IHH adults reporting ER visits and hospital stays are similar to 2015 findings (47% and 27% respectively). The percentage of IHH adults who reported that the care they received in the ER could have been provided in a doctor’s or therapist’s office was almost equivalent between 2014 (37%), 2015 (38%), and 2016 (36%).

Figure 6 provides a summary of the transitional care experiences of IHH adults in 2014, 2015, and 2016. In 2016, few IHH members who had an ER visit (16%) tried to contact their IHH team before going to the ER for care which is comparable to previous years. Post ER follow-up in 2016 was comparable to 2015, with 41% of IHH members in 2016 and 43% in 2015 reporting that their IHH tried to get in touch with them within a week of their ER visit. There was a notable difference in post ER follow-up depending on MCO enrollment. Almost half (49%) of adults in the IHH in 2016 enrolled in MCO1 reported post-ER follow-up by their IHH which is significantly higher than reported by adults in MCO2 (35%) and MCO3 (36%), p=.04.

In 2016, 32% of members who had a recent hospital stay reported having tried to contact their IHH before going to the hospital which is comparable to 2015 (33%). Follow up after hospital visits followed a similar trend as follow up after an ED visit, with 59% of members in 2016 and 53% of members in 2015 reporting follow up.
In their own words – Feedback from Adults in the IHH, 2016

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

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

How IHH made life better (2016 only)

Members of the IHH program reported satisfaction with IHH affiliated providers and services they received. The table below outlines the main themes of respondents’ comments, with more detailed descriptions and examples in the following text.
Table 14. Summary of IHH strengths, as reported by respondents

<table>
<thead>
<tr>
<th>Improved Quality of Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Independence</td>
</tr>
<tr>
<td>Supportive and Consistent Relationships</td>
</tr>
<tr>
<td>Peer Support Specialists</td>
</tr>
<tr>
<td>Regular IHH outreach</td>
</tr>
<tr>
<td>Community Involvement</td>
</tr>
<tr>
<td>Shared decision-making</td>
</tr>
<tr>
<td>Improved outcomes for physical and mental health</td>
</tr>
<tr>
<td>Care coordination</td>
</tr>
<tr>
<td>Assistance with paperwork and appointments</td>
</tr>
<tr>
<td>Physical health alignment</td>
</tr>
<tr>
<td>Comprehensive mental health care</td>
</tr>
<tr>
<td>Crisis management</td>
</tr>
<tr>
<td>Goal setting</td>
</tr>
<tr>
<td>Individual therapy</td>
</tr>
<tr>
<td>Group therapy</td>
</tr>
<tr>
<td>Medication management</td>
</tr>
<tr>
<td>Referral to community-based resources</td>
</tr>
<tr>
<td>Social determinants of health</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Housing</td>
</tr>
<tr>
<td>Assistance with food access and preparation</td>
</tr>
<tr>
<td>Employment</td>
</tr>
<tr>
<td>Money management</td>
</tr>
</tbody>
</table>

Respondents described the benefit of **supportive relationships** established through their IHH providers and services. This theme was mentioned most frequently throughout responses, with nearly half (338/770) of respondents citing supportive relationships as a way IHH made their lives better.

“I have to be honest with you… I like the people over there [IHH agency]. They aren’t just in it for a paycheck and they do genuinely care about the people. They are there if I need the help and that means a lot.”

“They are positive. They just kinda give positive feedback and acknowledge the success I’ve had and promote things getting better. And it feels good to have that acknowledgement from them.”

The comprehensive services and care coordination available to IHH members were integral to improving outcomes. The most frequently cited services that improved the lives of IHH members were **counseling, medication management**, and navigating **social determinants of health** (e.g. transportation, housing, food assistance, and employment).

“They help me control my medications and they’ve gotten me to be more organized. They make sure I go to my appointments. I used to miss them a lot and now I never miss them.”

“I get advice for transportation. [IHH provider] helps me with a lot of things. If I wasn’t with them I wouldn’t have my job and I would have just been sitting at home. [It is a] big positive impact on my life.”

Of the 770 responses included in this analysis, 101 were not satisfied with the services received through IHH or could not think of an example of ways IHH had improved their lives.
Opportunities for IHH to improve (2016 only)

Nearly half of respondents (365/770) had no suggestions for improvements to the IHH program. The remaining 405 respondents recommended improvements, which are outlined in the following table.

Table 15. Summary of IHH areas for improvement, as reported by respondents

<table>
<thead>
<tr>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Access</td>
</tr>
<tr>
<td>Night and weekend hours</td>
</tr>
<tr>
<td>Locally based care</td>
</tr>
<tr>
<td>Reduce waiting lists for services</td>
</tr>
<tr>
<td>Expand Services</td>
</tr>
<tr>
<td>Improve Continuity</td>
</tr>
<tr>
<td>Communication with IHH</td>
</tr>
<tr>
<td>Clarify services available</td>
</tr>
<tr>
<td>Improve responsiveness and follow-up</td>
</tr>
<tr>
<td>Culturally competent care</td>
</tr>
<tr>
<td>Develop collaborative decision making</td>
</tr>
</tbody>
</table>

The most frequent suggestion for changes to the IHH program was improving communication. IHH members reported a lack of responsiveness from IHH agencies, which obstructed or delayed receipt of services.

“They [IHH agency] are really hard to get a hold of them when you call to change an appointment or talk to a nurse. You get put on hold and get a recording. I’ve been trying to get a hold of them for a week. I left a message as they said and they didn’t call me back and still haven’t. I don’t know why. I left my phone number like they said and they haven’t called me back.”

Another frequently cited opportunity for improvement was the lack of continuity. IHH members reported negative experiences because of frequent staff turnover, which led to interruptions in care and contributed to ineffective communication.

“They [IHH agency] go through a lot of workers, that’s frustrating. It makes me tell my life story over and over again. You get close with some of the workers, and then they’re gone.”

“Retain the staff they have, they’re such a flip flop on employees. Give them some initiative to stay. Hire more to make sure members are not forgotten or overbooked, very overwhelmed over there.”

IHH members reported needs for additional services, which included legal assistance, gym memberships, and specialty care. Many IHH members reported unmet needs by their IHH agency in providing culturally responsive care, especially among members who were English language learners, transgender, and deaf. Some members wanted to have more input in their health decisions and case management, such as having appointments over the phone or computer, medication changes, and active consent regarding health information sharing.
Experiences reported by Parents/Guardians of Children in the IHH (2014, 2015, 2016)

Demographics

The IHH program includes children with a serious emotional disturbance. In this study, children in the IHH were included in the study with parents/guardians (referred to as parent from this point forward) serving as a proxy for reporting their child’s experience in the IHH program. Table 16 summarizes the demographic characteristics of children and their parent representative from 2014 through 2016.

Similar to 2015, a majority of children in the IHH study in 2016 were male (61%) and white (90%). Compared to children from the 2015 survey, the 2016 cohort was comparable with regard to age, gender, and race/ethnicity. Similarly, the parent respondents in 2016 were similar to those in 2015 with regard to age, gender, and education with the majority of parent respondents being female (92%), between the ages of 35 and 54 (62%), and with around 1 in 5 having a college degree (22%).

Demographic characteristics of the children and parent respondents of children in the IHH did not vary by MCO.

Table 16. Demographics of Children and the Parent Respondents of Children enrolled in IHH

<table>
<thead>
<tr>
<th></th>
<th>% of Participants 2014 (n=314)</th>
<th>% of Participants 2015 (n=321)</th>
<th>% of Participants 2016 (n=757)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of Child</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-7</td>
<td>20%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>8-12</td>
<td>43%</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>13-18</td>
<td>37%</td>
<td>45%</td>
<td>47%</td>
</tr>
<tr>
<td><strong>Gender of Child: Female</strong></td>
<td>40%</td>
<td>35%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Race of Child</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>89%</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>Black</td>
<td>12%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>12%</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Parental Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-34</td>
<td>34%</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>35-54</td>
<td>56%</td>
<td>66%</td>
<td>62%</td>
</tr>
<tr>
<td>55+</td>
<td>10%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Parental Gender: Female</strong></td>
<td>89%</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td><strong>Parental Education: College degree</strong></td>
<td>17%</td>
<td>20%</td>
<td>22%</td>
</tr>
</tbody>
</table>

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

Mental and Physical Health

Figure 7 and Figure 8 show results of IHH parent ratings of their children’s mental and physical health, using a standard excellent to poor response scale. Overall, parental ratings of their children’s health remained very similar across the years. In 2016, 40% of parents rated their child’s mental health as fair or poor, which is consistent with 2015 reports (35%). Reported mental health status of children in the IHH did not vary by MCO.
Unlike the adults in the IHH program, the children in the IHH program were reported to have good physical health, with around 10% of parents rating their child’s physical health as fair or poor in both 2015 and 2016. Reported physical health status of children in the IHH did not vary by MCO.

Figure 8. Physical Health Status of Children Enrolled in IHH

Familiarity with IHH Program

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

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

Overall, familiarity with the IHH program and its dedicated staff roles declined in 2016. In 2016, 82% of parents were knowledgeable about their child’s enrollment in an IHH which is significantly lower
Parental awareness of the IHH nurse care manager, care coordinator, and family peer support specialist roles all declined in 2016 when compared to 2015 (nurse care manager – 81% 2015 v 75% 2016, p=.05; care coordinator – 94% 2015 v 87% 2016, p=.002; family peer support specialist – 78% 2015 v 66% 2016, p<.001). Awareness of the IHH did not vary by MCO.

Figure 9. Parental Awareness of IHH Components

![Parental Awareness Bars](image)

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 2016, 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 2015 (72%). However, in 2016, only 11% (n=85) actually tried to get help for their child after hours. Of those, 60% reported that they usually or always got help for their child after hours as soon as they wanted. Reports did not vary by MCO.

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?

In 2016, 3% of parents reported a need for culturally sensitive help for their child from their IHH team. Of those who reported a need, 19 parents (80%) reported that the IHH was responsive to their child’s needs, which is comparable to 2015, in which 83% of parents reported receiving culturally responsive help. Reports did not vary by MCO.

Care Coordination

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

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

Health Care Services

Table 17 displays the need for particular health care services reported by the parents of IHH children and how their IHH assisted them in getting those services for their children. In 2016, the majority of IHH children needed routine care (77%) and dental (74%) services. The need for dental services increased from 2015 (67%) to 2016 (74%), p<.05.

Almost all of the children in the IHH received the services they needed in 2016 and this is comparable to 2015 results. Most were not assisted by their IHH to get the services they received. There was a significant decrease from 2015 (66%) to 2016 (48%) in parents reporting that the IHH helped them to get prescription medicine for their children, p<.05.

Table 17. Need for, Receipt of, and Assistance with Health Care Services

<table>
<thead>
<tr>
<th>Service</th>
<th>% Needed Service (# who needed service)</th>
<th>% Received Service (of those who needed service)</th>
<th>% Assisted by IHH (of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Care&lt;sup&gt;a&lt;/sup&gt;</td>
<td>78% (244)</td>
<td>99.5% (580)</td>
<td>15% (2014) 8% (2015) 10% (2016)</td>
</tr>
<tr>
<td>Dental Services</td>
<td>61% (190)</td>
<td>93% (556)</td>
<td>11% (2014) 12% (2015) 9% (2016)</td>
</tr>
<tr>
<td>Specialist Care&lt;sup&gt;b&lt;/sup&gt;</td>
<td>33% (104)</td>
<td>92% (268)</td>
<td>27% (2014) 26% (2015) 20% (2016)</td>
</tr>
<tr>
<td>Urgent Care&lt;sup&gt;c&lt;/sup&gt;</td>
<td>33% (101)</td>
<td>97% (236)</td>
<td>15% (2014) 15% (2015) 10% (2016)</td>
</tr>
<tr>
<td>Prescription Medicine</td>
<td>20% (63)</td>
<td>100% (122)</td>
<td>57% (2014) 66% (2015) 48%* (2016)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01
<sup>a</sup> Routine health care from a doctor (such as a check-up or physical exam)
<sup>b</sup> Specialist health care (from doctors who specialize in one area of health care such as a surgeon or heart doctor)
<sup>c</sup> Urgent health care (care needed on the same day for an illness, injury, or other condition)

As evidenced in Table 18, for those in need of specific health care services, there were no significant differences in receipt of services between those who were assisted by their IHH team and those who were not.
Table 18. Assistance from the IHH in Obtaining Health Care Services (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015 %</th>
<th>2016 Percentage</th>
<th>2015 %</th>
<th>2016 %</th>
<th>2015 %</th>
<th>2016 %</th>
<th>2015 %</th>
<th>2016 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Health Care a</td>
<td>100% (18/18)</td>
<td>97% (217/223)</td>
<td>100% (57/57)</td>
<td>99% (517/521)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>92% (23/25)</td>
<td>96% (183/190)</td>
<td>91% (42/46)</td>
<td>94% (477/507)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Care b</td>
<td>100% (28/28)</td>
<td>95% (77/81)</td>
<td>98% (50/51)</td>
<td>96% (203/212)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care c</td>
<td>100% (12/12)</td>
<td>96% (66/69)</td>
<td>100% (23/23)</td>
<td>96% (202/211)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Medicine</td>
<td>86% (32/37)</td>
<td>84% (16/19)</td>
<td>95% (55/58)</td>
<td>87% (55/63)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Routine health care from a doctor (such as a check-up or physical exam)
b Specialist health care (from doctors who specialize in one area of health care such as a surgeon or heart doctor)
c Urgent health care (care needed on the same day for an illness, injury, or other condition)

Preventive Services

Table 19 summarizes the need for preventive care and wellness services reported by the parents/guardians of IHH children. In 2016, over half (53%) of these parents reported that their children needed preventive services and this is comparable to 2015. Although the need for nutrition counseling in 2016 was similar to 2015, significantly more parents reported that their child received nutrition counseling in 2015 (83%) compared to 2015 (64%). Around 10% of parents in 2016 reported that their child needed weight loss counseling which is significantly higher than reported in 2015 (3%). Reports of receiving assistance from the IHH team in obtaining needed preventive services were comparable from 2015 to 2016. For parents whose children had needs for nutrition and weight loss counseling, receipt of IHH assistance in obtaining those services declined from 2015 to 2016, but the decrease was not statistically significant.

Parents with children in the IHH in MCO3 were significantly less likely to have received assistance from their IHH in obtaining preventive care services (2%) when compared to MCO1 (13%) and MCO2 (11%), p=.004. But, parents with children in the IHH in MCO1 were significantly less likely to have received assistance from their IHH in obtaining nutrition counseling (9%) when compared to MCO2 (20%) and MCO3 (38%), p=.02.

Table 19. Need for, Receipt of, and Assistance with Preventive Services

<table>
<thead>
<tr>
<th>Service</th>
<th>% Needed Service (# who needed service)</th>
<th>% Received Service (of those who needed service)</th>
<th>% Assisted by IHH (of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care a</td>
<td>43% (134)</td>
<td>47% (151)</td>
<td>53% (396)</td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td>9% (28)</td>
<td>10% (33)</td>
<td>13% (100)</td>
</tr>
<tr>
<td>Weight Loss Counseling</td>
<td>6% (20)</td>
<td>3% (11)</td>
<td>10%** (74)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01

a Preventive health care such as a flu shot or vaccinations
Table 20 summarizes how helpful the IHH was to parents trying to obtain preventive services for their children in the IHH program. As was the case in 2015, parents who were assisted by their IHH were more likely to obtain nutrition counseling for their child (91%) when compared to those who were not assisted by their IHH (57%).

Table 20. Assistance from the IHH in Obtaining Preventive Services (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015 Received Service/Assisted by IHH %</th>
<th>2015 Received Service/Not Assisted by IHH %</th>
<th>2016 Received Service/Assisted by IHH %</th>
<th>2016 Received Service/Not Assisted by IHH %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>100% (14/14)</td>
<td>94% (129/137)</td>
<td>97% (34/35)</td>
<td>94% (336/357)</td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td>100%** (12/12)</td>
<td>57% (12/21)</td>
<td>91%** (20/22)</td>
<td>57% (43/76)</td>
</tr>
<tr>
<td>Weight Loss Counseling</td>
<td>75% (3/4)</td>
<td>38% (3/8)</td>
<td>60% (6/10)</td>
<td>31% (19/62)</td>
</tr>
</tbody>
</table>

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

* Preventive health care such as a flu shot or vaccinations

Mental Health/ Substance Abuse Services

Table 21 and Table 22 summarize the need for mental health and substance abuse counseling reported by the parents of IHH children and how their IHH assisted them in getting those services for their children. The reported need for mental health/substance abuse services in 2016 was similar to the need reported by parents in 2015. However, fewer parents reported receiving family or child counseling (91%) and emotional support (88%) in 2016 when compared to 2015 (95% and 96%, respectively). Fewer parents were assisted by their IHH in obtaining family or child counseling (60%) or emotional support (59%) in 2016 when compared to 2015 (68% and 71%, respectively). In addition, for obtaining social skills training and help managing alcohol issues, fewer parents reported being assisted by their IHH in 2016 (54% and 27%, respectively) when compared to 2015 (65% and 78%, respectively).

Table 21. Need for, Receipt of, and Assistance with Mental Health/Substance Abuse Services

<table>
<thead>
<tr>
<th>Service</th>
<th>% Needed Service (# who needed service)</th>
<th>% Received Service (of those who needed service)</th>
<th>% Assisted by IHH (of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or Child Counseling</td>
<td>71% (221)</td>
<td>96%</td>
<td>54%</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>58% (178)</td>
<td>95%</td>
<td>68%</td>
</tr>
<tr>
<td>Social Skills Training</td>
<td>35% (111)</td>
<td>89% (362)</td>
<td>59%</td>
</tr>
<tr>
<td>Crisis Assistance</td>
<td>18% (55)</td>
<td>100% (198)</td>
<td>67%</td>
</tr>
<tr>
<td>Drug Treatment or Prevention</td>
<td>6% (17)</td>
<td>50%</td>
<td>41%</td>
</tr>
<tr>
<td>Managing Alcohol Abuse or Prevention of Use</td>
<td>1% (2)</td>
<td>50%</td>
<td>0%</td>
</tr>
</tbody>
</table>
As seen in Table 22, in 2016, the percentage of parents reporting their children received emotional support services, social skills training, or crisis assistance was higher for those who received IHH assistance (95%, 88%, 98%, respectively) compared to those who did not receive help from their IHH (77%, 58%, 71%, respectively).

Table 22. Assistance from the IHH in Obtaining Mental Health/Substance Abuse Services (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>2015 Received Service/Assisted by IHH</th>
<th>2015 Received Service/Not Assisted by IHH</th>
<th>2016 Received Service/Assisted by IHH</th>
<th>2016 Received Service/Not Assisted by IHH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or Child Counseling</td>
<td>95% (158/167)</td>
<td>93% (74/80)</td>
<td>91% (295/323)</td>
<td>91% (196/216)</td>
</tr>
<tr>
<td>Emotional Support a</td>
<td>95% (131/138)</td>
<td>89% (50/56)</td>
<td>95%** (261/274)</td>
<td>77% (146/190)</td>
</tr>
<tr>
<td>Social Skills Training</td>
<td>79% (77/97)</td>
<td>72% (38/53)</td>
<td>88%** (162/184)</td>
<td>58% (94/163)</td>
</tr>
<tr>
<td>Crisis Assistance</td>
<td>90% (35/39)</td>
<td>84% (26/31)</td>
<td>98%** (91/93)</td>
<td>71% (70/99)</td>
</tr>
<tr>
<td>Drug Treatment or Prevention b</td>
<td>100% (4/4)</td>
<td>75% (3/4)</td>
<td>100% (4/4)</td>
<td>92% (11/12)</td>
</tr>
<tr>
<td>Managing Alcohol Abuse or Prevention of Use c</td>
<td>86% (6/7)</td>
<td>50% (1/2)</td>
<td>67% (2/3)</td>
<td>50% (4/8)</td>
</tr>
</tbody>
</table>

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

a Emotional support for concerns, frustrations, and crises

b Only asked if child was 12 or older

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

Table 23 and Table 24 summarize the need for services related to the management of chronic conditions reported by the parents of IHH children and how their IHH assisted them in getting those services for their children. Generally, in 2016, need for these services was relatively low (the highest need was 23% for management of a chronic condition) and was consistent with 2015. Also consistent with 2015 reports, the majority of parents in 2016 reported their child received the needed services.
Table 23. Need for, Receipt of, and Assistance with Chronic Disease Management and LTSS\(^a\)

<table>
<thead>
<tr>
<th>Service</th>
<th>% Needed Service (# who needed service)</th>
<th>% Received Service (of those who needed service)</th>
<th>% Assisted by IHH (of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of a Chronic Condition</td>
<td>17%</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Speech, Occupational, or Physical Therapy</td>
<td>16%</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Home Health Care(^b)</td>
<td>8%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Medical Equipment or Supplies(^c)</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05
** Statistically significant difference between 2015 and 2016 at p-value < 0.01
\(^a\) Including long-term care services and supports
\(^b\) Health services one would receive at home
\(^c\) Such as a wheelchair, etc.

As seen in Table 24, significantly more parents reported obtaining home health services for their children when assisted by their IHH (89%) compared to not having the assistance of their IHH (56%). Otherwise, there were no differences in receipt of services depending on whether the parent was assisted by their child’s IHH or not.

Table 24. Assistance from the IHH in Obtaining Chronic Disease Management and LTSS\(^a\) (For those reporting a need for the service; 2015 & 2016)

<table>
<thead>
<tr>
<th>Service</th>
<th>Received Service/Assisted by IHH %</th>
<th>Received Service/Not Assisted by IHH %</th>
<th>Received Service/Assisted by IHH %</th>
<th>Received Service/Not Assisted by IHH %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of a Chronic Condition</td>
<td>88%</td>
<td>97%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Speech, Occupational, or Physical Therapy</td>
<td>82%</td>
<td>97%</td>
<td>92%</td>
<td>86%</td>
</tr>
<tr>
<td>Home Health Care(^b)</td>
<td>90%</td>
<td>88%</td>
<td>89%**</td>
<td>56%</td>
</tr>
<tr>
<td>Medical Equipment or Supplies(^c)</td>
<td>100%</td>
<td>85%</td>
<td>100%</td>
<td>95%</td>
</tr>
</tbody>
</table>

** Statistically significant difference between assisted and not assisted by IHH (p-value < 0.01)
\(^a\) Including long-term care services and supports
\(^b\) Health services one would receive at home
\(^c\) Such as a wheelchair, etc.

Social Support Services

Table 25 and Table 26 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. As indicated in Table 25, over time, the need for social support services has increased for children in the IHH. In particular, the need for school services (such as homework help at school) increased from 38% in 2015 to 50% in 2016; the need for support during school meetings increased from 22% in 2015 to 32% in 2016; the need for childcare assistance increased from 24% in 2015 to 30% in 2016; the need for transportation assistance increased from 14% in 2015 to 19% in 2016; and the need for housing assistance increased from 7% to 12%.

At the same time, the reported ability to receive social support services decreased from 2015 to 2016. In particular, the receipt of school support services decreased from 89% to 81%; after-school help (help with extracurricular activities) decreased from 68% to 46%; childcare assistance from 84% to 64%; food and clothing assistance decreased from 98% to 86%; and housing assistance decreased from 95% to 53%.

There was also a decline from 2015 to 2016 in parents reporting receiving help from their IHH to get social support services for their children. In particular, IHH assistance with getting needed school services decreased from 41% to 28%, after-school help decreased from 47% to 28%, and IHH assistance with getting childcare decreased from 68% in 2015 to 51% in 2016.

Yet, as seen in Table 26, for some social support services, 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 (92%) compared to not having the assistance of their IHH (70%). This is also true for obtaining support during school meetings (93% with IHH help, 76% without), childcare assistance (81% with IHH help, 48% without), and help with their child’s after-school activities (77% with IHH help, 35% without).

Table 25. Need for, Receipt of, and Assistance with Social Support Services

<table>
<thead>
<tr>
<th>% Needed Service (# who needed service)</th>
<th>% Received Service (of those who needed service)</th>
<th>% Assisted by IHH (of those who needed service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Services a</td>
<td>40% (125)</td>
<td>38% (122)</td>
</tr>
<tr>
<td>Food or Clothing Assistance</td>
<td>30% (94)</td>
<td>26% (83)</td>
</tr>
<tr>
<td>Transportation Assistance</td>
<td>17% (54)</td>
<td>14% (45)</td>
</tr>
<tr>
<td>Support During School Meetings</td>
<td>17% (53)</td>
<td>22% (70)</td>
</tr>
<tr>
<td>Childcare Assistance b</td>
<td>13% (39)</td>
<td>24% (77)</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>9% (29)</td>
<td>7% (21)</td>
</tr>
<tr>
<td>Legal Assistance</td>
<td>8% (25)</td>
<td>5% (17)</td>
</tr>
<tr>
<td>After-school Help c</td>
<td>8% (24)</td>
<td>11% (36)</td>
</tr>
</tbody>
</table>

* Statistically significant difference between 2015 and 2016 at p-value < 0.05; ** Statistically significant difference between 2015 and 2016 at p-value < 0.01

a School services such as homework help or other accommodations during the school day
b Childcare or respite care assistance; so that the child is cared for while parent/guardian can take care of other things
c Extracurricular activity assistance
<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Received Service/Assisted by IHH</td>
<td>Received Service/Not Assisted by IHH</td>
</tr>
<tr>
<td>School Services</td>
<td>92% (45/49)</td>
<td>82% (59/72)</td>
</tr>
<tr>
<td>Food or Clothing Assistance</td>
<td>90% (26/29)</td>
<td>98% (52/53)</td>
</tr>
<tr>
<td>Transportation Assistance</td>
<td>91% (19/21)</td>
<td>83% (20/24)</td>
</tr>
<tr>
<td>Support During School Meetings</td>
<td>89% (42/47)</td>
<td>74% (17/23)</td>
</tr>
<tr>
<td>Childcare Assistance</td>
<td>87% (45/52)</td>
<td>75% (18/24)</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>67% (4/6)</td>
<td>93% (14/15)</td>
</tr>
<tr>
<td>Legal Assistance</td>
<td>71% (5/7)</td>
<td>78% (7/9)</td>
</tr>
<tr>
<td>After-school Help</td>
<td>77% (13/17)</td>
<td>53% (10/19)</td>
</tr>
</tbody>
</table>

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

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

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

c Extracurricular activity assistance

### 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 and goal setting:

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

Similar to 2015, most IHH parents (81%) reported that their child took prescription medications to treat a chronic condition. As shown in Figure 10, in 2016, about a third (34%) reported working with their IHH to manage their child’s medications which was essentially the same as reported in 2015 (34%). Around 59% worked with their child’s IHH to set up goals to improve their child’s mental or behavioral health which was similar to 2015 (62%). And, 23% worked with the IHH to set up goals to improve their child’s physical health which was also similar to 2015 (21%). Similar to the 2015 findings, in 2016, for those who did work with their child’s IHH to set up goals to improve their health, the vast majority reported that their child’s IHH provided them with as much information as
they wanted to be able to meet these goals to improve their mental (94%) and physical (99%) health. The 2016 findings did not vary by MCO.

Figure 10. Parent/Guardian experience with chronic condition management

<table>
<thead>
<tr>
<th></th>
<th>Medication management</th>
<th>Goals to improve mental health</th>
<th>Goals to improve physical health</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHH 2014</td>
<td>44%</td>
<td>62%</td>
<td>28%</td>
</tr>
<tr>
<td>IHH 2015</td>
<td>34%</td>
<td>62%</td>
<td>21%</td>
</tr>
<tr>
<td>IHH 2016</td>
<td>34%</td>
<td>59%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Experiences with School

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

The mean number of days missed was 3.7 in 2014, 4.9 in 2015, and 5.20 in 2016. Around one-third of IHH children did not miss any days of school in the six months prior to the interview and this was comparable across all years (32% in 2014, 38% in 2015, 32% in 2016). Yet, significantly more parents reported their children missing 4 or more days in 2016 (35%) when compared to 2015 (25%) and 2014 (28%). Overall, around 48% of parents reported that their child's school situation has improved since their child started working with an IHH and this was consistent across all years. In 2016, 44% reported no difference compared to 47% in 2015 but the difference was not statistically significant. In 2016, 8% of parents reported their child had worse experiences with school which is comparable to 2015 (6%) (Figure 11).
Figure 11. Child’s School Experience since Working with IHH Team (2014, 2015, 2016)

Figure 12 provides a view, by MCO, of the school experiences of children in the IHH since working with their IHH team. There were some differences in school experience by MCO. Significantly more parents with children in MCO2 (55%) reported their children to have had better experiences in school since they started working with their IHH when compared to MCO1 (45%) and MCO3 (41%), p=.01. There were no other statistically significant differences by MCO.

Figure 12. Child’s School Experience since Working with IHH Team (2016 only – by MCO)

Comprehensive Transitional Care

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

- Since your child started working with your IHH team, is your child and family better able to deal with a crisis [A crisis was explained as meaning a difficult situation needing attention right away]?

- In the last six months, how many times did your child go to an emergency room to get health care?
  - Before taking your child to the emergency room, did you try to contact someone from your IHH to let them know?
Do you think the care your child received at his/her most recent visit to the emergency room could have been provided in a doctor’s or therapist’s office if s/he could have been seen there at that time?

After your child’s emergency room visit, did someone from the IHH get in touch with you within the next week, either by phone or face-to-face visit, to follow-up with you about your child’s visit?

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

A majority of parents (82%) in 2016 reported that they (their child and family) were better able to deal with a crisis since they began working with their IHH team. This is essentially equivalent to reports from 2014 (81%) and 2015 (82%). The 2016 results did vary by MCO with significantly more parents with children enrolled in MCO2 (87%) reporting being better able to deal with a crisis after working with their IHH team when compared to those enrolled in MCO1 (78%) or MCO3 (80%), p=.02.

In 2016, 30% of IHH parents reported having taken their child to the ER at least once in the past six months, which is comparable to 2015 (28%). Under half (43%) thought that the care their child received in the ER could have been provided in a doctor’s or therapist’s office which is comparable to 2015 (44%). In 2016, 13% of parents whose child had an ER visit tried to contact their IHH team before going to the ER for care, which is statistically equivalent to the 18% reported in 2015. This finding did vary by MCO, with significantly fewer parents with children enrolled in MCO3 (3%) reporting having tried to contact their IHH team before going to the ER for care when compared to MCO1 (18%) and MCO2 (15%), p=.02. Regarding follow up, around 35% of parents reported that their IHH tried to get in touch with them within a week of their child’s ER visit which is comparable to 2015 (44%) (Figure 13). Again, significantly fewer parents with children enrolled in MCO3 (22%) reported that their IHH tried to follow-up with them after their child’s ER visit when compared to those enrolled in MCO1 (42%) and MCO2 (39%), p=.04.

Relatively few (10%; n=72) IHH parents reported that their child had any hospital stays in the six months prior to the survey interview, which is similar to 2015 reports. Of children who were hospitalized, 75% (n=54/72) were hospitalized due to a behavioral or emotional problem which is similar to 2015 (74%; n=23/31). Around 35% (n=25/72) of parents whose child had a hospital stay in the six months prior to the survey reported having tried to contact their IHH before going to the hospital which is not statistically different from 2015 (48%, n=15/31). With regard to follow-up after a hospitalization, the findings change significantly. In 2016, somewhat over half (57%, n=39/68) reported that their IHH tried to contact them within one week of their child’s hospital discharge to talk to them about how to care for their child after leaving the hospital, which is a significant decrease from 2015 (90%, n=28/31) and much closer to what was reported by parents in 2014 (57%, n=20/35) (Figure 13). Results on transitional care with regard to hospitalizations did not vary by MCO.
In Their Own Words – Feedback from Parents of Children in the IHH, 2016

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

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

How IHH made life better (2016 only)

Parents of IHH children identified a variety of ways that their IHH was improving their lives and the lives of their children. Along with themes similar to those identified by IHH adults, such as improved mental health and consistent support from providers affiliated with the IHH agency, IHH parents also identified respite services, coaching in parenting skills, improved behavioral outcomes and assistance with school services as strengths of the program.

Table 27. Summary of IHH strengths, as reported by parents of children in the IHH

<table>
<thead>
<tr>
<th>Improved Quality of Life</th>
<th>Supportive Relationships</th>
<th>Improved Mental Health outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better communication with teachers and school staff</td>
<td>Better informed about mental health</td>
<td></td>
</tr>
<tr>
<td>Establishment of Individualized Education Plans (IEPs)</td>
<td>Regular IHH outreach</td>
<td></td>
</tr>
<tr>
<td>Improved academic outcomes</td>
<td>Community Involvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shared decision-making</td>
<td>Caregiver Respite</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 27. Summary of IHH strengths, as reported by parents of children in the IHH
Improved behaviors
Demonstrated social and coping skills

Care coordination

Assistance with paperwork and appointments
Community-Based Children’s Mental Health Waiver
Comprehensive mental health care
Family Counseling
Goal setting
Behavioral Health Intervention Services (BHIS)
Medication management
Referral to community-based resources
Social determinants of health
Transportation
Housing and rent assistance
Clothing
Food Assistance

The most frequent response to how the IHH program improved lives was the receipt of mental health services and Behavioral Health Intervention Services (BHIS) services. Regular receipt of mental health and behavioral services anecdotally led to improved outcomes in family relationships, school performance, and community involvement.

"Well, one thing is that when the BHIS worker would come in on a weekly basis to work with her coping skills, it has helped her immensely at school. She has done a total 360 and it’s incredible. Any time we needed food or any kind of help, they have gone out of their way to make sure me and my kids are helped, even with Christmas gifts."

“He [IHH participant] is able to have more self-control, especially dealing with difficult situations when he starts getting upset. We are now starting to have him interact with his brothers. He is doing better in school in regards to physical outburst, the aggression has gone down.”

A common theme specific to the child IHH program was the supportive relationships with the client, parents, and family in learning about and managing the mental illness of their children.

"Redirecting his behavior into positive choices for him; to have a third party, to have a more objective viewpoint, to catch things that I don’t catch; the counseling...it’s helpful. I don’t feel so alone. She’s [counselor] very helpful. Him and I having a moment to play a game together and have a support system there. Having a schedule, more structure. I can’t imagine being without it. It keeps me and my son out of trouble.”

Parents reported positive impacts from the comprehensive care coordination IHH provided, receiving services which included medication management, referral to community resources, and assistance with clothing, food, transportation, and housing.

Relatively few parents (99/754) were either not satisfied with the services from their IHH or were unable to think of an example of ways IHH has improved their lives or the lives of their children.

Opportunities for IHH to improve (2016 only)

More than half of respondents (379/754) had no suggestions for improvements to the IHH program that served their children. The remaining 375 respondents recommended improvements, which are outlined in the following table.
Table 28. Summary of IHH areas for improvement, as reported by parents of children in the IHH

<table>
<thead>
<tr>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Access</td>
</tr>
<tr>
<td>Night and weekend hours</td>
</tr>
<tr>
<td>Locally based care</td>
</tr>
<tr>
<td>Expand Services</td>
</tr>
<tr>
<td>Improve Continuity</td>
</tr>
<tr>
<td>Communication with IHH</td>
</tr>
<tr>
<td>Clarify services available</td>
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<tr>
<td>Improve responsiveness and follow-up</td>
</tr>
<tr>
<td>Collaborative decision making</td>
</tr>
</tbody>
</table>

The most frequent suggestion for changes to the IHH program was **improving access**. About one third of IHH parents expressed dissatisfaction with the hours of availability of their IHH agency, distance from services, and system level obstacles to receiving services, such as delayed insurance authorization.

“I would change their hours. I think that they should have something 24/7, especially with children. They close early on Fridays so, you’re stuck if you need help after then. If something goes wrong with the meds, you have to wait till Monday to figure it out. When a kid goes into crisis, it doesn’t matter to them that it’s the weekend. There should be a hotline or something like that.”

“There are many services that my child is not getting. If I could change something to help the care that he receives it would be that he could get more services that he needs. Since they switched to the MCO’s it is terrible. We are getting several claims denied now because the MCO is saying the provider did not submit them in time. The providers are saying that they have been submitting them for the past 6 months. It is like not having any insurance. Then I spend 4 hours on the phone trying to get this resolved and nobody will call me back. Then I get a collection letter for a doctor bill from 2 years ago and the insurance is saying that Medicare should have paid that.”

Along with improving access, parents expressed unmet need for more frequent and personalized services. Some parents attributed the infrequent and impersonal services to high staff turnover.

“Consistency [regarding staff]. Change is a whole other issue with him, so just having consistency would be nice. I would like one person to be able to stick around long enough to know the family and him to get to know him and help.”

“I can only get him in once every two weeks. I’ve asked many of them if I could get him in every week because he is in crisis and really, really, needs help and I’m not getting anywhere. There is not enough people. I just wish there were more people out there that were willing to work in †mental health and Brandstand [Governor Brandstad] shouldn’t close our facilities. It’s not a fix. I don’t know what the heck he is thinking.”

Another theme that was repeated from the IHH adult interviews, was the suggestion to improve communication between the IHH providers and families.

“It would be the contact. If you say you’re going to call someone back and they’re having an emergency, which I did, they need to get back to you whether they can help or not. It just kind of felt like we got pushed off to the side or forgotten about.”

Less frequent themes included suggestions to have more IHH involvement with school issues, more respite and parent support services, and assistance accessing more services, like community mentorship programs.
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...

<table>
<thead>
<tr>
<th>Service</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Routine health care from a doctor (such as a check-up or physical exam)</td>
<td></td>
<td></td>
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<tr>
<td>10.2 Urgent health care (care you needed on the same day for an illness, injury, or other condition)</td>
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<tr>
<td>10.3 Preventive health care (such as a flu shot or mammogram)</td>
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<tr>
<td>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)</td>
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<tr>
<td>10.5 Crisis assistance</td>
<td></td>
<td></td>
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<tr>
<td>10.6 Counseling</td>
<td></td>
<td></td>
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<tr>
<td>10.7 Illegal or prescription drug treatment or prevention</td>
<td></td>
<td></td>
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<tr>
<td>10.8 Assistance quitting smoking</td>
<td></td>
<td></td>
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<td>10.9 Assistance managing alcohol use</td>
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<tr>
<td>10.10 Nutrition counseling</td>
<td></td>
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<tr>
<td>10.11 Weight loss counseling or assistance</td>
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<td></td>
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<tr>
<td>10.12 Management of a chronic health condition</td>
<td></td>
<td></td>
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<tr>
<td>10.13 Assistance obtaining prescription medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.14 Home health care (health care services you receive in your home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.15 Medical equipment or supplies (such as a cane, wheelchair, oxygen equipment, CPAP, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>10.16 Dental services</td>
<td></td>
<td></td>
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<tr>
<td>10.17 Housing assistance</td>
<td></td>
<td></td>
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<tr>
<td>10.18 Exercise or physical activity assistance</td>
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<td></td>
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<tr>
<td>10.19 Food or clothing assistance</td>
<td></td>
<td></td>
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<tr>
<td>10.20 Transportation assistance</td>
<td></td>
<td></td>
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<tr>
<td>10.21 Childcare assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.22 Legal assistance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FOLLOW-UP Questions If “YES” for any responses from Question 10:

10a. Did your IHH team assist you in getting [Name of service]?
   1. Yes
   2. No ➔ IF NO, GO TO QUESTION 10c

10b. How helpful was your IHH team in getting you [Name of service]?
   1. Very helpful
   2. Somewhat helpful
   3. Not very helpful

10c. Were you able to get the [Name of service] that you needed?
   1. Yes
   2. No

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

11. In the last 6 months, did you take any prescription medicines as part of your treatment for your physical or mental health condition?
   1. Yes
   2. No ➔ IF NO, GO TO QUESTION 13

12. In the last 6 months, did someone from [IHHAGENCY] help you manage your prescription medicines?
   1. Yes
   2. No

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

13. In the last 6 months, did anyone from [IHHAGENCY] help you set up goals to improve your mental health?
   1. Yes
   2. No ➔ IF NO, GO TO QUESTION 15

14. Were you given as much information from [IHHAGENCY] as you wanted to meet your goals to improve your mental health?
   1. Yes
   2. No
15. In the last 6 months, did anyone from [IHHAGENCY] talk with you about specific goals to improve your physical health?
   1. Yes
   2. No ➔ IF NO, GO TO QUESTION 17

16. Were you given as much information from [IHHAGENCY] as you wanted to meet your goals to improve your physical health?
   1. Yes
   2. No

17. In the last 6 months, did anyone from [IHHAGENCY] help support your efforts to become more independent?
   1. Yes
   2. No

18. Since you started working with your IHH/IHP team at [IHHAGENCY], are you better able to deal with a crisis?
   1. Yes
   2. No

19. Does your gender, language, race, religion, ethnic background, sexual orientation or culture make any difference in the kind of help you need from your IHH/IHP team at [IHHAGENCY]?
   1. Yes
   2. No ➔ IF NO, GO TO QUESTION 21

20. In the last 6 months, was the help you received from {IHHAGENCY] responsive to those needs?
   1. Yes
   2. No

21. Are you currently employed?
   1. Yes
   2. No ➔ IF NO, GO TO QUESTION 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

Finally, I have some questions about you.

34. In general, how would you rate your overall mental health now?
   1. ☐ Excellent
   2. ☐ Very good
   3. ☐ Good
   4. ☐ Fair
   5. ☐ Poor

35. In general how would you rate your overall physical health now?
   1. ☐ Excellent
   2. ☐ Very good
   3. ☐ Good
   4. ☐ Fair
   5. ☐ Poor
36. What is your age?
1. □ 18 to 24
2. □ 25 to 34
3. □ 35 to 44
4. □ 45 to 54
5. □ 55 to 64
6. □ 65 to 74
7. □ 75 or older

37. What is your gender?
1. □ Male
2. □ Female
3. □ Other

38. What is the highest grade or level of school that you have completed?
1. □ 8th grade or less
2. □ Some high school, did not graduate
3. □ High school graduate or GED
4. □ Some college or 2-year degree
5. □ 4-year college degree
6. □ More than 4-year college degree

39. Are you of Hispanic or Latino origin or descent?
1. □ Yes
2. □ No

40. What is your race [Choose all that apply]
1. □ White
2. □ Black or African-American
3. □ Asian
4. □ Native Hawaiian or other Pacific Islander
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] at night or on the weekend when your child needed help right away?

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 [IHHAGENCY]?

1. ☐ Never  
2. ☐ Sometimes  
3. ☐ Usually  
4. ☐ Always

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

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

<table>
<thead>
<tr>
<th>Service</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Routine health care from a doctor (such as a check-up or physical exam)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.2 Urgent health care (care your child needed on the same day for an illness, injury, or other condition)</td>
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<td></td>
</tr>
<tr>
<td>10.3 Preventive health care (such as a flu shot or vaccinations)</td>
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<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5 Speech, Occupational, or Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.6 Crisis assistance</td>
<td></td>
<td></td>
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<tr>
<td>10.7 Family or child counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.8 Emotional support for concerns, frustrations, and crises</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.9 Illegal or prescription drug treatment or prevention (age 12 or above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.10 Alcohol use or prevention (age 12 or above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.11 Social skills training</td>
<td></td>
<td></td>
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<tr>
<td>10.12 Nutrition counseling</td>
<td></td>
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</tr>
<tr>
<td>10.13 Weight loss counseling or assistance</td>
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<td></td>
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<tr>
<td>10.14 Management of a chronic health condition</td>
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<td></td>
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<tr>
<td>10.15 Obtaining prescription medicines</td>
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<tr>
<td>10.16 Home health care (health care services your child receives at home)</td>
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<tr>
<td>10.17 Medical equipment or supplies (such as a wheelchair, etc.)</td>
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<tr>
<td>10.18 Dental services</td>
<td></td>
<td></td>
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<tr>
<td>10.19 School services such as homework help or other accommodations</td>
<td></td>
<td></td>
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<tr>
<td>10.20 Support during meetings with your child's school</td>
<td></td>
<td></td>
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<tr>
<td>10.21 Extracurricular activity assistance</td>
<td></td>
<td></td>
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<tr>
<td>10.22 Housing assistance for the family</td>
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<tr>
<td>10.23 Food or clothing assistance</td>
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<tr>
<td>10.24 Transportation assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.25 Childcare or respite care (your child is cared for while you can take care of other things)</td>
<td></td>
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<tr>
<td>10.26 Legal help (such as support during juvenile court order meetings or court appearances)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 \rightarrow 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 \rightarrow 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 \rightarrow IF NO, GO TO QUESTION 33
   2. 1 time
   3. 2 times
   4. 3 or more times
30. Before taking your child to the emergency room, did you try to contact someone from [IHHAGENCY] to let them know?

1. Yes
2. No  ➔ WHY NOT?

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

1. Yes
2. No

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

1. Yes
2. No

Now, I have some questions about your child.

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

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

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

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

35. What is your child’s age?

__________ years
36. What is your child’s gender?
   1. Male
   2. Female
   3. Other

37. Is your child of Hispanic or Latino origin or descent?
   1. Yes
   2. No

38. What is your child’s race [Choose all that apply]
   1. White
   2. Black or African-American
   3. Asian
   4. Native Hawaiian or other Pacific Islander
   5. American Indian or Alaskan Native
   6. Other: _______________

And finally, I have a few questions about you.

39. What is your gender?
   1. Male
   2. Female
   3. Other

40. What is your age?
   1. 18 to 24
   2. 25 to 34
   3. 35 to 44
   4. 45 to 54
   5. 55 to 64
   6. 65 or older

41. What is the highest grade or level of school that you have completed?
   1. 8th grade or less
   2. Some high school, did not graduate
   3. High school graduate or GED
   4. Some college or 2-year degree
   5. 4-year college degree
   6. More than 4-year college degree
Great, these are all the questions we had for you. Do you have any additional comments about the IHH/IHP or the [IHHAGENCY] that you would like to share?