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Mental health pilot program saves taxpayers \$9.2 million in 12 months

Other states look to replicate innovative Missouri program that focuses on disease management in people with severe mental illness

JEFFERSON CITY – It was pure luck that Tina Wideman found the letter she says saved her life.

She'd been evicted from her duplex, but her aunt still lived next door. When Wideman stopped by for a visit, she spotted a weathered envelope sticking out of her abandoned mailbox.

Wideman, 45, who was homeless and living in a tent on the bank of the Meramac River, tore it open and began to read: "It said, 'Hi Tina. This is Lizzie. I'd like to hear your story.'"

The letter was an invitation from a community support worker at Crider Health Center asking Wideman to participate in the Disease Management 3700 (DM3700) project, a collaboration between the Missouri Department of Mental Health (DMH) and MO HealthNet Division, which administers Medicaid.

Under the program, community support workers across Missouri have tracked down thousands of high-risk, high-cost clients like Wideman, who have serious medical problems complicated by mental illness but were not enrolled in mental health services. Wideman suffers from bipolar disorder, Parkinson's disease, chronic pain and a benign mass on her brain. In less than a year, her Medicaid and pharmacy bills had surpassed \$27,000, including 17 emergency room visits and three hospitalizations.



This innovative project represents a seismic shift in how Medicaid has traditionally been administered. Instead of waiting for mentally ill clients to use the health care system on their own (often inefficiently and with poor results), the state seeks them out and invites them to enroll in a Community Mental Health Center (CMHC) where they can find help managing both their physical and mental health care needs.

SAVINGS SIGNIFICANT

Three out of five people with mental illness die from a preventable disease because they have trouble managing their chronic illnesses such as diabetes, heart disease and asthma, says Dr. Joseph Parks, chief clinical officer for the Missouri Department of Mental Health.

“People with serious mental illness are much more likely to have multiple chronic medical conditions than the general population,” says Parks. “Many more people die of heart attacks than suicide among the mentally ill. The reason: They’re not being treated because their mental illnesses interfere with concentration, organization and persistence.

“Health care is confusing to most of us, and it gets much more complicated and difficult for someone with cognitive impairment.”

Parks and other Missouri mental health officials had hoped the program, now nearing the end of its two-year pilot phase, would reduce Medicaid costs by improving the quality of health care for people like Wideman.

They were right. DM 3700 has not only saved and dramatically improved lives, it has saved the state \$9.2 million in 12 months — an average of \$588 per month per enrollee.

A Kansas City client who’d been in two accidents and suffered severe pain was scheduled to have a \$300,000 procedure to implant a device in his back. The man’s mental health worker went to his doctor’s appointments with him and helped him to seek a second



opinion. The patient learned that the surgery posed more risks than potential good, so he decided against it, avoiding the dangerous and expensive procedure.

Key in reducing costs has been providing Wideman and others with a “healthcare home” that includes a primary care or behavioral health provider responsible for overall health coordination, such as help scheduling and keeping medical care appointments, offering prevention and wellness opportunities and assistance following medical advice and complex medication regimens.

According to Parks, DM3700 has shown that if given the proper information technology and training, community mental health providers “are extremely effective in improving care and the general medical conditions of this population. They can also save lots of money.”

OTHER STATES LOOK TO MISSOURI

In 2010, The Lewin Group, a health care policy research and management consulting firm, reviewed the state’s Medicaid program and found that 5.4 percent of the state’s Medicaid population had incurred more than half of all Medicaid costs.

The firm discovered that 23,823 Medicaid clients each had racked up at least \$25,000 in individual claims in 2008. Of these, 85 percent had at least one claim for a mental health diagnosis. The firm also reported that 80 percent of high-volume medical and surgery users had at least one behavioral health condition.

The state further analyzed Medicaid rolls and identified 3,700 people who fit a specific criteria: They had high Medicaid costs, a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder or recurrent depression, a co-occurring chronic medical condition and were not currently enrolled as DMH clients.

Identifying them on paper was the easy part. Finding and engaging them in services proved much more difficult. This group was simply hard to find. Letters were returned or



unanswered. Only 16 percent of these clients had a phone number listed, and many were disconnected or wrong numbers.

State mental health workers found that the best way to find this group was in person — at their medical appointments, or often in abandoned buildings or parks frequented by the homeless.

The effort proved challenging but successful. To date, more than 2,240 people have been helped by the program.

“We love the more aggressive outreach that this program is all about,” said Michael Keller, executive director of Independence Center, a CMHC in St. Louis, and a board member of the Missouri Mental Health Foundation, which supported the DM 3700 project. “Why wait until people are in extreme peril to start making a difference in their lives?”

Every four months, around 2,000 new people are identified by MO HealthNet and assigned to the Community Mental Health Centers for outreach under DM3700. The program is still being evaluated, but has already caught national attention.

“We have a lot of other states inquiring,” Parks says. “In Missouri, we’re just going to keep doing it even though the pilot program is ending. It’s too cool to stop. It saves lives and money. Why would we stop?”

Wideman says the letter she received changed her life. Her community support worker, Lizzie, helped her to obtain a housing voucher and convinced her to end a relationship with an abusive boyfriend. Wideman is now living in her own mobile home in St. Clair, learning how to budget her money and live independently. She has also been working with Lizzie on her medication regimen and communicating more effectively with her medical providers.

“Bless Lizzie’s heart,” Wideman says, choking up with emotion. “She fought so hard for me. I’ve never had anything in my life, besides my children, that was so lucky. She was

Missouri Mental Health Foundation



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Godsent.”

For more information, or to set up interviews with DM 3700 participants in your area, contact:

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