Background

Behavioral health issues are prevalent and costly.

- Nearly 1 in 5 U.S. adults lives with a mental illness (52.9 million in 2020).¹
- About 14.2 million adults lived with a serious mental illness (5.6% of all U.S. adults) in 2020.²
- Behavioral health conditions cost the economy about \$900 billion annually.³

There's a link between behavioral health and food insecurity.

- *Food insecurity is associated with an increased risk of mental illness.* A study among lowincome respondents found that food insecurity was associated with a 257% higher risk of anxiety and a 253% higher risk of depression during the pandemic.⁴
- *People with severe mental illness disproportionately suffer from food insecurity.* A study found a 71% prevalence of food insecurity and a 44% prevalence of severe food insecurity among people with severe mental illness—rates substantially higher than observed in other populations.⁵
- Food insecurity presents challenges not only for people with severe mental illness but also their family *members/caregivers*. Challenges include adhering to prescribed medications and other treatment regimens and attending medical appointments at specified times.

Objectives

Across the state of Wisconsin, the highest number of hospital readmissions were among members with a behavioral health diagnosis. UnitedHealthcare Wisconsin (UHC WI) and Mom's Meals® collaborated on a pilot program to support high-risk members with a behavioral health diagnosis by meeting their basic need for nutrition.

TARGET POPULATION

Members must:

- Have a primary diagnosis of behavioral health
- Participate in case management
- Stay compliant with medication and provider appointments
- Have contact with a care manager once per week

RECRUITMENT:

Case managers contacted 260 eligible members who received supplemental security income (SSI) and who were enrolled in the BadgerCare and MyConnections plan.

ENROLLMENT 74 members

Intervention

Program enrollees received three condition-appropriate, home-delivered meals for 90 days.

UHC WI additionally offered two shorter-term, value-added benefits meals programs to eligible members:

- 1. **Post-Discharge:** Medicaid SSI members with pneumonia, COPD or cardiac disease discharging from an inpatient (IP) hospital stay were eligible for home-delivered meals.
- 2. COVID-19 Support: Members impacted by COVID-19 were eligible for home-delivered meals.

Case managers contacted enrollees weekly to assess:

- Provider visits
- Medication adherence (also monitored report on fills)
- Satisfaction

Through home-delivered meals, UHC WI aimed to lower healthcare utilization and total cost of care.

MOM'S

MFALS

RESULTS

Sharp Reduction in Total Cost of Care

- Member satisfaction increased.
- Emergency department utilization decreased.
- Hospital admissions, inpatient days and inpatient costs decreased.
- Total cost of care decreased.
- Medication and provider appointments adherence increased.
- Members staved connected to their case managers.



DECREASE in inpatient costs

Total cost of care significantly decreased post-period by 44% for program membership.

Per member per month lowered from \$1.491 to \$837.



in inpatient admits



DECREASE in emergency department utilization



Outpatient costs decreased somewhat while outpatient visits increased.

Positive Utilization Changes Readmissions Decreased Outpatient Costs Inpatient Admits Decreased Significantly Decreased Somewhat Significantly Average Inpatient Visits 56 Per Member Per Year Pre-Period Outpatient $.9 \rightarrow .5$ 10% Costs 56 Pre-Period \rightarrow 28 Post-Period 11 Post-Period IP admits decreased in every 3% Outpatient category with most change **Procedures** among lower utilizers (1-3 admits) Readmits/Expected Readmits .96 Most members (41) had no inpatient Outpatient 59% visits pre-period and ended up with Visits an average of .3 per member per year post-period. .65

Feedback Highlights

"This program is a lifesaver!" — UnitedHealthcare Community Plan member from Waukesha, WI

"One of my clients told me the meals have been a lifesaver for her. She enjoys the variety and how easy it is to make the meals. She said she enjoys eating now rather than getting anxiety of not having enough food or the energy to make a good meal." — *Care Manager*

"Having these meals in place as an incentive has allowed me to stay engaged with members that I normally have trouble connecting with." — Community Health Worker

Discussion & Conclusion

Meeting the basic nutritional needs of members managing a behavioral health condition through a home-delivered meals program contributed to positive outcomes for both UHC WI and its members. The program impacted provider and case manager visits, inpatient hospital stays, readmissions and total cost of care.

Additional support to successfully transition members from receiving three meals per day to managing their own nutritional needs—such as through education and community supports—could be helpful. Not only could this promote ongoing, positive interaction among case managers and members, but it might also drive positive health outcomes for this high-risk group.



UnitedHealthcare

¹https://www.mckinsey.com/featured-insights/mckinsey-live/webinars/americas-behavioral-health-crisis-the-fallout-from-the-covid-19pandemic ²https://www.mckinsey.com/featured-insights/mckinsey-live/webinars/americas-behavioral-health-crisis-the-fallout-from-thecovid-19-pandemic ³https://www.nimh.nih.gov/health/statistics/mental-illness ⁴https://bmcpublichealth.biomedcentral.com/articles/10.1186/ s12889-021-10631-0 ⁵Mangurian C, Sreshta N, Seligman H. "Food insecurity among adults with severe mental illness." Psychiatr Serv. 2013 Sep 1: 64(9): 931-932. Doi: 10.1176/appi.ps.201300022