Welcome!

Cheryl Larson

President and CEO

MBGH

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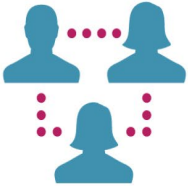# Catalysts for Change in Health Care & Benefits

Since 1980 – One of the nation's leading and largest non-profit coalitions of HR/health benefits professionals

4M+ Lives – Represent more than 145 mid, large & jumbo self-insured public & private companies

15B+ – Annual employer member spend on health care

Community of Your Peers – A sharing and friendly environment to help you collaborate, benchmark and learn

Trusted Source – Helping benefits professionals find solutions to better manage the cost of benefits and the health of employees and families

Upcoming 2022 Educational Events

MBGH
Midwest Business Group on Health

- March 23: Back to Basics: Driving Preventive Care Utilization

- May 4-5: 42nd Annual Conference: Beyond the Pandemic – Employers Uniting to Accelerate Change in Health Care & Benefits

- June 22: Employer Forum On Pharmacy Benefits & Specialty Drugs

- September 14: Future of Digital Health Technologies: Innovations in Patient Care to Treat and Manage Serious Diseases

Register at www.mbgh.org/events

Keynote Speakers

Rebuilding Health Care & Benefits While Navigating Disruption, Consolidation & Cost Pressures

Ford Koles, Jr.
Vice President & National Spokesperson
Advisory Board

Rebuilding Trust to Drive Health Care Value & Improve Employee Engagement

Jan Berger, MD, MJ
MBGH Medical Director & CEO
Health Intelligence Partners

Not an MBGH Member?

Join by March 1st and get two complimentary passes to this conference

Today's Program

Attending in person…

- Please silence your devices

- Ask questions!

Wifi: Uclub

Password: 3127262840

Participating virtually…

- Use the Q&A function to ask questions of the speakers

- Use the chat function to communicate with other virtual attendees and to notify staff of any technical issues

HR Certification Institute® (HRCI®) has pre-approved this activity

- Activity/Program ID: 583388

- Title: Mental Health: The Other Pandemic

- Credit Hours Awarded: 5.5

- Credit Type: HR (General)

For questions, contact Allison Larsen at
alarsen@mbgh.org

= No hugs or handshakes

FORUM

Big Health

vida

VBHS
BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

Thank You Sponsors!

EXHIBITOR

eden health

newtopia

novo nordisk®

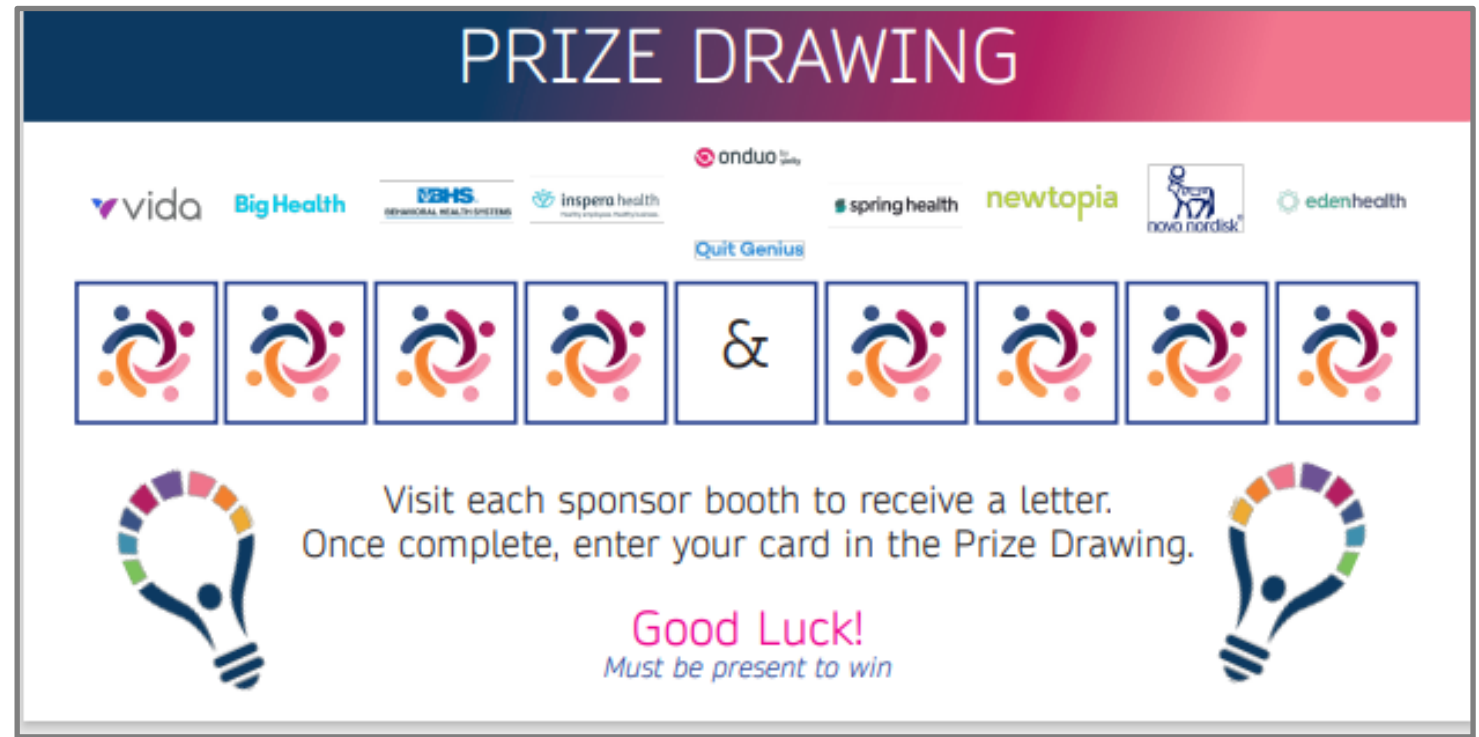inspera health
Healthy employees. Healthy business.

spring health

RESOURCE

onduo by verily

Quit Genius

Prize Drawing

Behavioral Health Systems	GoPro
Big Health	Yeti Coffee Mug & $50 Donation to BEAM
Eden Health	Fitbit
Inspera	Fitbit Inspire 2 & Fitbit Aria Air Connected Scale
Newtopia	Bluetooth Smart Scale
Onduo	Fitbit Inspire 2
Spring Health	Apple AirPods
Vida Health	Apple Watch SE
MBGH	(2) One-Year Employer MBGH Membership
MBGH	(2) Complimentary Passes to Annual Conference

Prize Drawing will be held at close of program

Must be present to win!

Turn in your completed card by 2:30 PM

PRIZE DRAWING

Visit each sponsor booth to receive a letter.
Once complete, enter your card in the Prize Drawing.

Good Luck!
Must be present to win

In-Person Participants
Return prize card to the registration table at end of afternoon break.

Virtual Participants
Use chat and Q&A functions to interact with other participants and ask questions of speakers.
Must interact least twice – once in morning and once in afternoon.
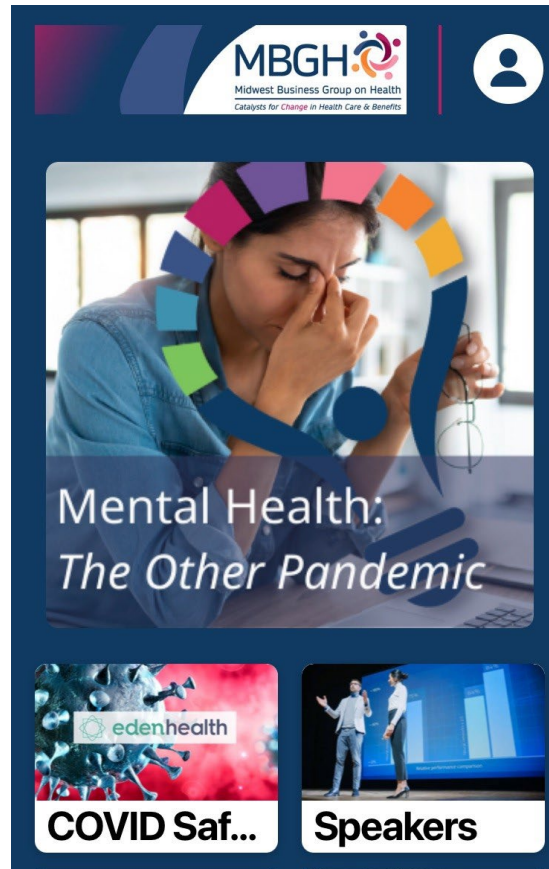
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Download our Event Mobile App!

Search "MBGH Events" in your App Store or scan a QR code below.

Login with the email address you used to register for the event.

Android:

Apple:

App includes:

- Agenda
- Speaker bios & presentations
- Sponsor information
- Attendee list
- Evaluation form
- Participate in audience polling questions
- Link to MBGH COVID Safety Partner

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Polling Questions

- We'll be asking for your input throughout today's event.

- All can participate – those attending in-person as well as virtually by using the MBGH Events Mobile App

- How to participate...

  1. Click on home icon at bottom of MBGH Events App
  2. Scroll down and click on the "Polling Questions" card
  3. Answer the poll, scroll down & click "send"

- First question!
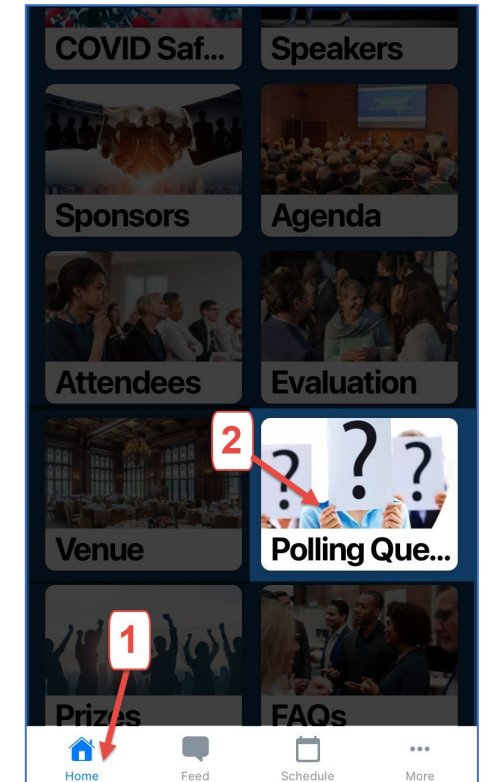
What would you like to do more of to manage your stress? (choose your top 2)

- ❑ Prioritize exercise
- ❑ Choose healthy foods
- ❑ Listen to music/podcasts
- ❑ Practice deep breathing
- ❑ Set limits
- ❑ Ask for help
- ❑ Less social media
- ❑ Practice positive self talk
- ❑ Seek professional help
- ❑ Schedule more unstructured time
- ❑ More time with family/friends
- ❑ Get outside more

15

What would you like to do more of to manage your stress? (Choose your top 2)

Prioritize exercise

47%

Practice deep breathing

37%

Less social media

16%

Get outside more

16%

Choose healthy foods

11%

16

What's Your Happy Place?

Virtual Participants

Share your happy place with other virtual attendees using the chat function!

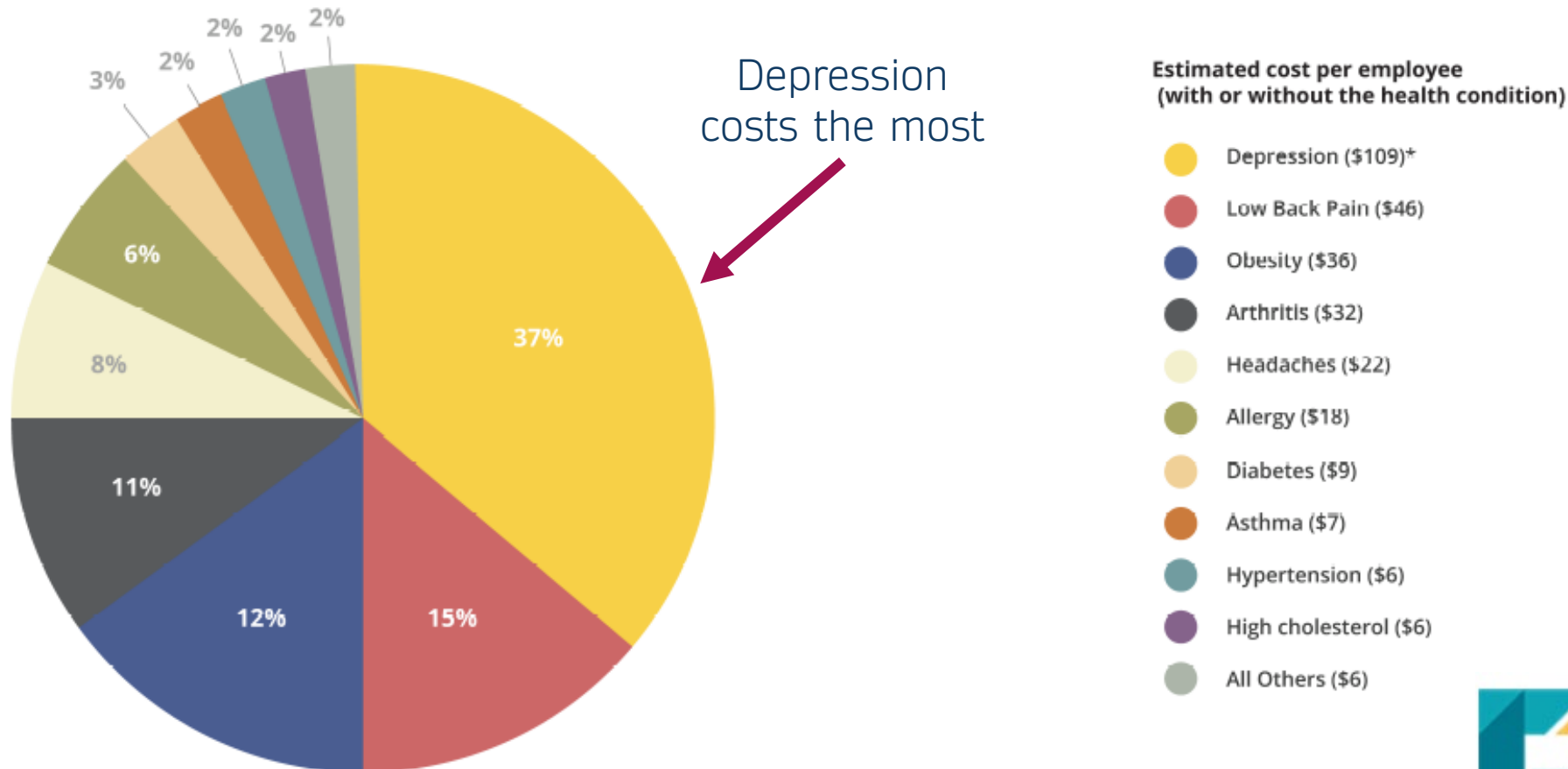# Mental Health Benefits: Employer Best Practices & Measuring Impact

Sam Hanna, PhD, MBA

Fellow, Thought Leadership & Innovation Foundation

Executive in Residence, American University

Founder & CEO – Potomac Strategies LLC

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Productivity Loss Due to Presenteeism

Depression costs the most

Estimated cost per employee
(with or without the health condition)

- Depression ($109)*
- Low Back Pain ($46)
- Obesity ($36)
- Arthritis ($32)
- Headaches ($22)
- Allergy ($18)
- Diabetes ($9)
- Asthma ($7)
- Hypertension ($6)
- High cholesterol ($6)
- All Others ($6)

*Costs per employee and percentages are based on an assumed annual salary of $50,000.
Data source: This data comes from seven different web-based health risk assessments conducted between 2003 and 2011.

Johns Hopkins, Meaningful Measurement Master Class

Key Themes from October

Awareness

Employee Resources

Leadership Engagement

Modeling the way

Addressing Stigma Directly

Repetition

Whole Person Health: Three Categories

Mental Wellness

Sleep Wellness

Nutrition

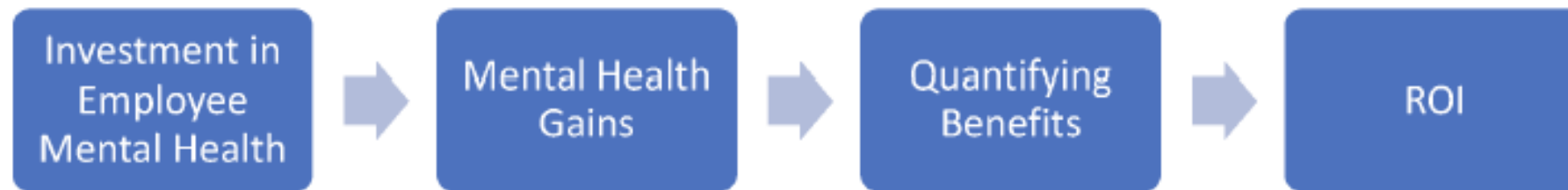# Driving Adoption

Consistent Training

Branding

Messaging in Forums, Meetings and Newsletters

It's OK not to be OK!

Measuring Utilization

According to Johns Hopkins University, there are tremendous benefits to employer's investment in employee mental health and wellness

Investment in Employee Mental Health → Mental Health Gains → Quantifying Benefits → ROI

$$ROI = \frac{\$Benefits - \$Costs}{\$Costs}$$

How do we Quantify Benefits?

Improvements in mental health have been shown to affect:

1. Soft Metrics
   - Absenteeism
   - Presenteeism
2. Health Care Expenditures
3. Other Metrics
   - Workplace Accidents
   - Retention Rates
   - Talent Attraction
   - Shareholder Priorities

Key is to tie metrics and ROI to approach so that benefits are realized, measured and used to drive further support and adoption.

Johns Hopkins, Meaningful Measurement Master Class

Measuring Impact

Agree on outcomes definitions

Agree on targets and timeframes

Establish baseline metrics

Determine frequency of ongoing measurement & reporting

Require transparent metrics

Require auditable process

Agree on how financial impact is measured

Mental Health & Well-Being Challenges in Measurement

Clinical Services Utilization

Pharmacology Adherence

Engagement/Participation Measures

Short-term Outcomes: Change 'Initiation'

Opaque Proprietary Impact Measures (Well-being)

Push Based Points of Contact:

- Materials sent
- Texts/E-mails sent

Measuring Impact

- Agree on outcomes definitions
- Agree on targets and timeframes
  - Short-term
  - Mid-term
  - Long-term
- Establish baseline metrics

Mental Health

Sleep Wellness

Nutrition
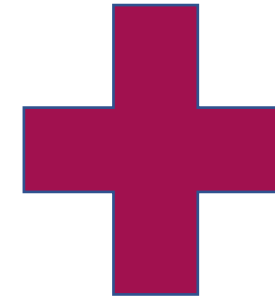
Activity Level

Social Needs (SDOH)

Readiness for Change

Pain Level

Trust Level

A Call to Action!

Know	Know what to measure
Improve	Improve trust
Understand	Understand why we collect the data
Accelerate	Improve wait times
Remove	Remove access barriers
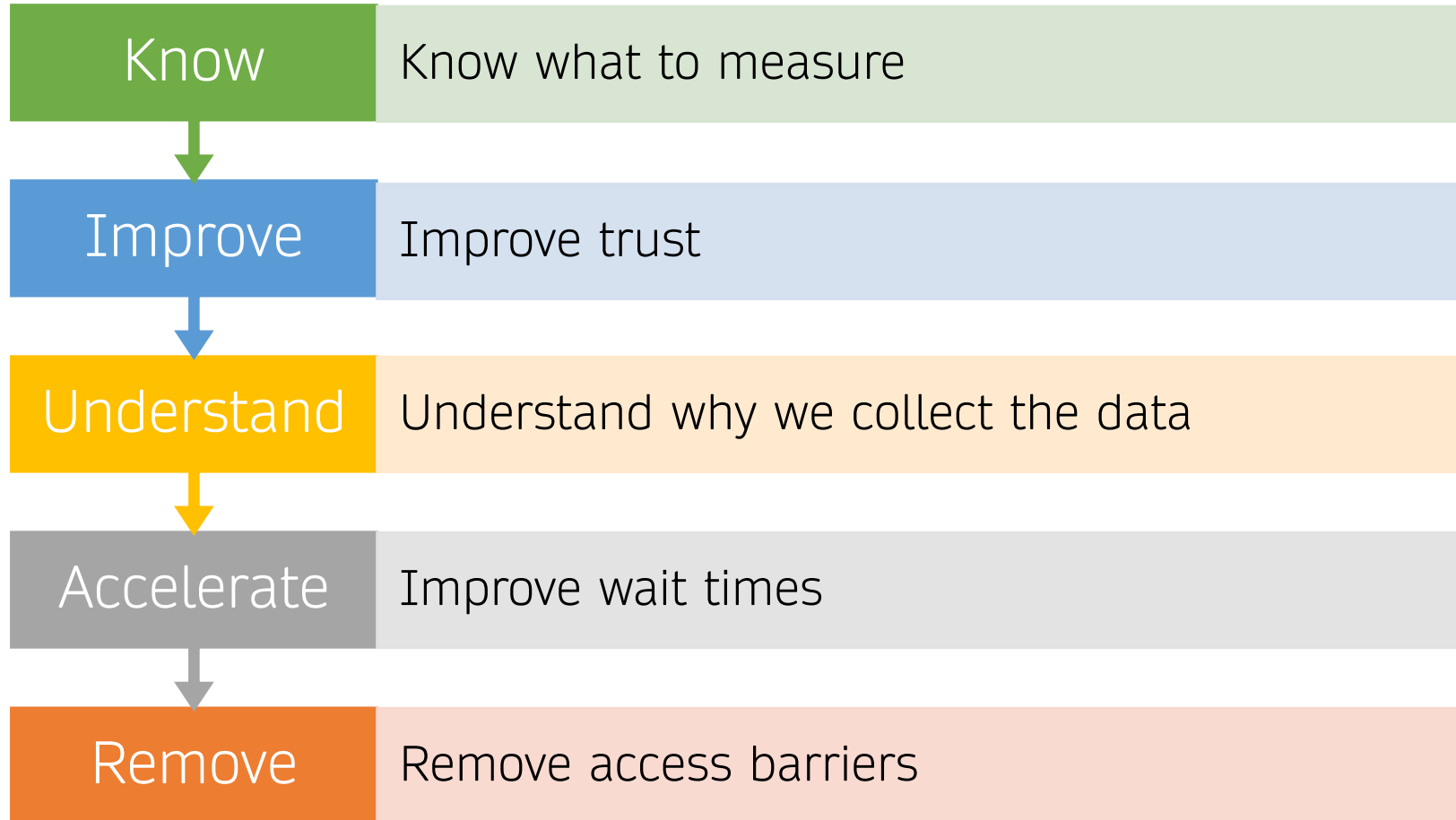
Next Steps:

For us to realize the promise of improved mental health outcomes, we need to create a roadmap to success via:

A journey map and a tool to help provide guidance and proven tactics

- Accelerates rollout and adoption
- Provides best practices
- Generates engagement and goodwill
- Provides key metrics and supporting tools to drive success

An assessment tool to validate existing practices and to benchmark against best practices

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Thank you

Sam Hanna, PhD MBA

Email: samhanna4476@gmail.com

Mobile: 617-794-0320

Questions?

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a word from our sponsor

Big Health

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Employer Stories from the Real World

Mohannad Kusti, MD, MPH

Regional Medical Director
Pivot Onsite Innovations

Medical Director

Pittsburg Business Group on Health

Total person health
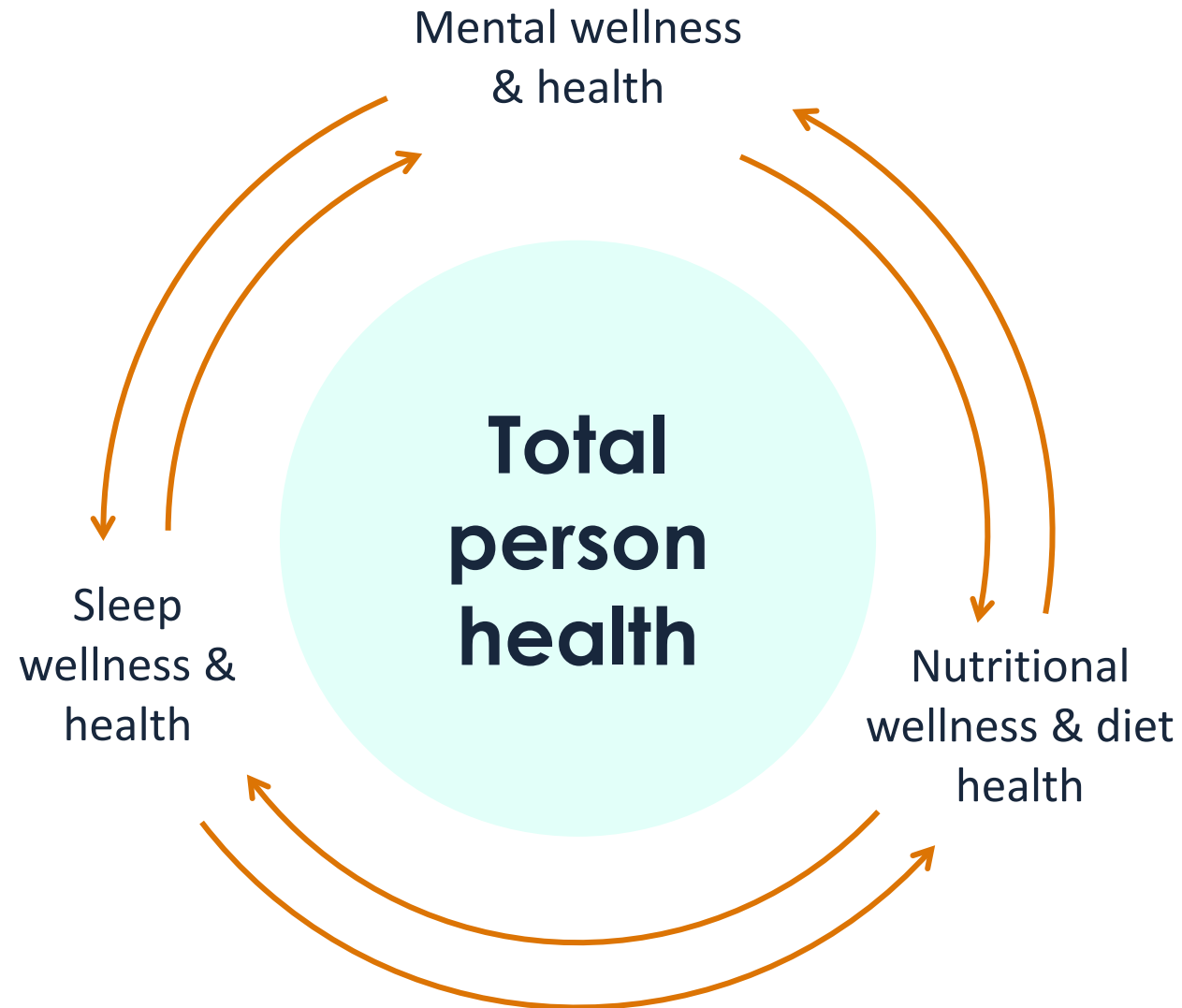
Employee trends

Employees were asked

How are you feeling?

more than half the time at work.

	2019 (pre-COVID)	2021
Stressed	34%	37%
Burned out	27%	34%
Depressed	17%	22%
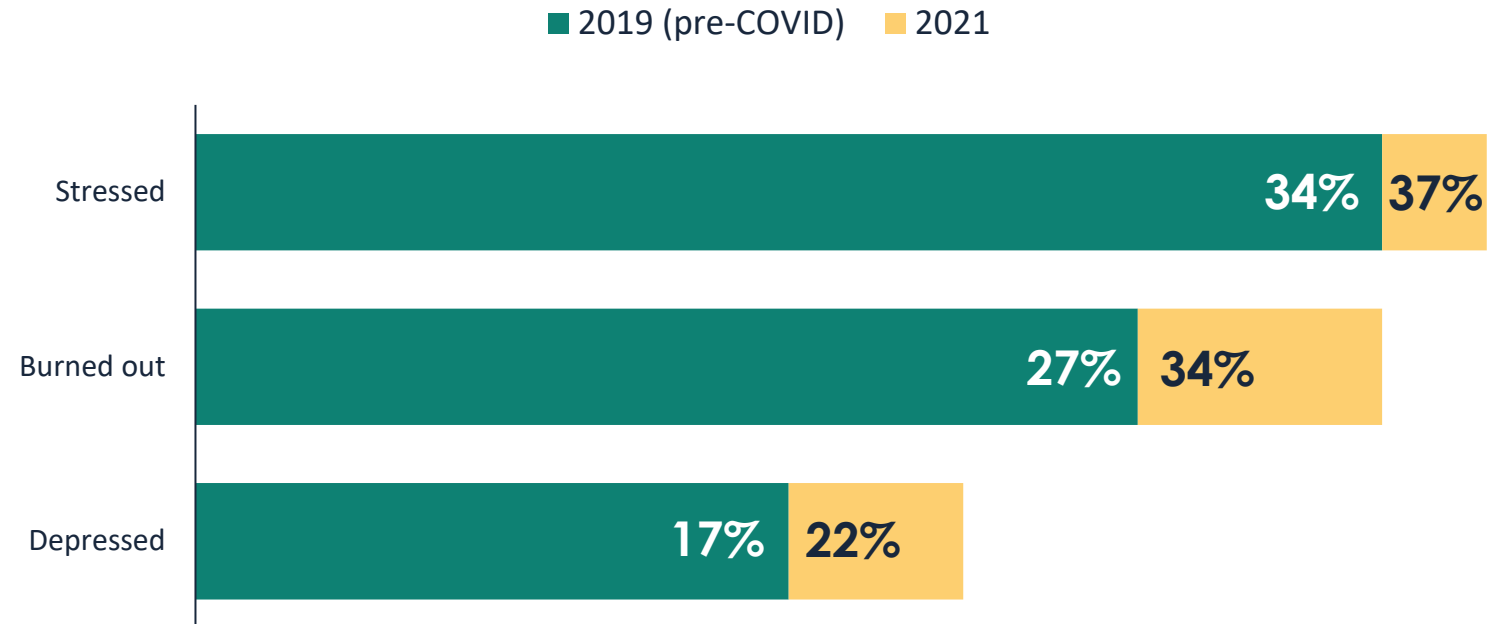
Heavier workloads, kids at home, elder care, a volatile political environment, COVID-19: stress, burnout and depression are on the rise.

MetLife Employee Benefit Trends Study 2019 and 2021.

Pivot Ahead to Better Behavioral Health

Pivot Onsite Innovations offers behavioral health programs that address environmental and population needs and include an array of resources, trainings and tools to assist clients in creating a culture of care and resilience.

Through our program, employees feel like they are in a safe, welcoming environment and are empowered to care for their own emotional health and wellbeing.

Behavioral Health Resources

Mental Health Resource Library
- Break the Stigma
- Stress Management
- Resilience
- Mindfullness
- Mind – Body – Safety Connections
- Common Mental Health Conditions
- Meditation & Deep Breathing
- Therapy Resources
- Overcoming Financial Stress
- Managing Workplace Conflict
- Coping Mechanisms

Mental Health Ambassadors
Training Pivot clinicians to handle crisis situations and behavioral interventions.

Care Connections
Partnering with HR to promote existing mental health resources. Connecting employees to the right resources at the right time.

24/7 Access to trusted clinicians for emergencies.

Pivot + Talkspace *(additional fees apply)*

Pivot Onsite Innovations has entered into a partnership with Talkspace who is a leading virtual counseling, therapy, and psychiatry service provider. The new partnership aims to offer Pivot clients increased access to virtual care for employees and their dependents. Using 24 clinical scaling methods, Talkspace helps members learn about their conditions and track progress overtime. Offering client reports that can help organizations benchmark their populations, analyze shifts, and inform internal wellness strategy development.

Therapy
Dedicated behavior health and emotional well-being support from a licensed clinician via unlimited messaging (text, voice, video) and video equipment

Psychiatry
Dedicated evaluation, prescription, and medication services from a licensed prescriber via video appointment only

Self-Guided Exercises
Exercises, such as meditation and journaling, are available to use anytime, whether or not members engage with a therapist

Relationship Tools
"Lasting" is a self-guided relationship counseling tool to improvement relationship satisfaction – featuring topical sessions, discussion guides, live workshops, and more

Real World Examples

- IT Tech Industry Company: Employee sending pictures of self-cutting, notifying HR that they feel depressed and want to end their life.

  - We partnered with a software tech vendor "Flairz Health" who partners with a major healthcare system psychiatry practice.
  - Created a four tier approach that includes proactive preventative screening and coaching, active management via the App using video telemedicine or algorithmic CBT, active chronic mental health disease management, and mental rehabilitation.

- Transportation/DOT regulated company: Employee having years of family issues in addition to stress at work, having undiagnosed clinical depression and now self medicating with Alcohol developing AUD.

- Employee at a major federal agency during COVID, committed suicide at work by hanging themselves.

Amanda Gebert

Benefits Manager

Sargento Foods

Supporting Employee Mental Health at Sargento Foods, Inc.

- **Mandatory Manager Training (ICU and B4Stage4)**
- **Optional Education/Training for Employees**
- **Company Communication and Resources**
- **Community Resources**
- **Care Coordination and Support Line**
- **EAP On-Site Pilot – Work Life Mentor On-Site**
- **Diversity, Equity and Inclusion Training**

Amy Katzoff

Senior Director, Benefits, HRIS, Mobility

Huron Consulting Group

Huron's Support for our Employees

- Living our values
- iMatters ERG circles of support
- Leadership encouragement for using Flexible PTO
- Fully remote work and flexible schedules
- Pets and kids on Zoom
- Virtual social events
- Leveraging our Six-visit EAP
- Addition of Behavioral Health Telemedicine at $0 copay (even in HDHP while allowed by regs.)
- Twelve-week customized mindfulness and stress reduction series
- Eight-week yoga and stress reduction series
- Calm app no-cost for one year
- Expanded family supports for virtual tutors, camps, etc.
- Back up childcare expanded to include paid-family/community support

Values

Our people are the heart and our culture is the foundation of our success.
We are grounded by our values in every client and team interaction.

Collaboration
We commit to working with respect and transparency and recognize we are better together than apart.

Excellence
We strive to excel and continually exceed the expectations of our clients and our people, holding each other accountable for our actions and outcomes.

Humility
While confident in our abilities, we realize that our current knowledge is but a fraction of what we have yet to learn, discover and create.

Impact
We are passionate about making a difference and take initiative to have a lasting impact on the organizations and communities we serve.

Inclusion
We embrace different perspectives and draw on the strength of our diversity.

Integrity
We value authenticity and honesty. We do the right thing regardless of the consequences.

Intellectual Curiosity
As lifelong learners, we explore and encourage new ideas, and challenge the status quo.

- Ongoing engagement surveys
- Manager touch base check-ins
- No meeting and summer Fridays
- Employee empowerment

Next step: Add additional virtual support programs to best address our younger population

Wendy McLaurin

Deputy Director of Human Resources

City of Gary

➢ How we Moved the EAP Needle

➢ Reducing the Stigma of Mental Health

➢ Signs and Symptoms of Employees in Crisis

➢ Employees Real Life Pandemic Stories

➢ Advantage/Disadvantage Working from Home

Questions?

a word from our sponsor

vida

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Break and Exhibits

a word from our sponsor

ΨBHS ®

BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

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How many point solution vendors and other partners are you working with to address the mental health of your workforce?

❑1
❑2
❑3
❑4
❑5
❑6
❑7
❑8+

53

How many point solution vendors and other partners are you working with to address the mental health of your workforce?

2

43%

1

14%

3

14%

8+

14%

4

7%

5

7%

6

Mental Health Redesign: Cultivating a Mind/Body Connection

Cheryl Irmiter, PhD, LCSW

One Priority, LLC &
Meridian Psychiatric Partners LLC

Overview

1. Define and describe **nature and nurture** and how it supports the **integration of mind and body**, including the social determinants that enhance their relationship.

2. Compose a fundamental **understanding of the resources and approaches** that psychological experts recognize as preferred for long-term wellbeing (i.e., mind and body) from an employee's perspective.

3. Consider how employers integrate **employee benefits to nurture the mental and physical health in this diversity and inclusion era.**

Define and describe nature and nurture

"Nature *is all that a man brings with himself into the world*

Nurture *is every influence from without that affects him [before] after his birth.*

Francis Galton, cousin of Charles Darwim,.(1874)

How mind and body are integrated

Every person has an innate motive to take care of oneself…

Every person has a starter supply of wanting to be cared for…

Heineman Pieper, M, and Pieper, W, 1990

How mind and body are integrated

Heineman Pieper, M, and Pieper, W. (2990)
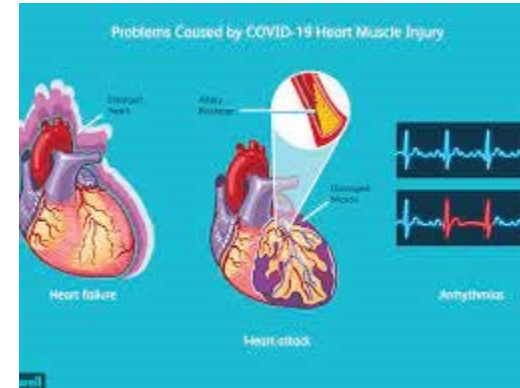
Epigenetics

study of heritable phenotype changes

bi-directional interchange between heredity and the environment

EPIGENETIC MECHANISMS
are affected by these factors and processes:
- **Development** (in utero, childhood)
- **Environmental chemicals**
- **Drugs/Pharmaceuticals**
- **Aging**
- **Diet**

CHROMOSOME

METHYL GROUP

CHROMATIN

DNA

HEALTH ENDPOINTS
- **Cancer**
- **Autoimmune disease**
- **Mental disorders**
- **Diabetes**

EPIGENETIC FACTOR

DNA methylation
Methyl group (an epigenetic factor found in some dietary sources) can tag DNA and activate or repress genes.

HISTONE TAIL

GENE

HISTONE TAIL

HISTONE

DNA inaccessible, gene inactive

DNA accessible, gene active

Histone modification
The binding of epigenetic factors to histone "tails" alters the extent to which DNA is wrapped around histones and the availability of genes in the DNA to be activated.

Histones are proteins around which DNA can wind for compaction and gene regulation.

Gottlieb G (1991).

How **nature and nurture supports** the integration of **mind and body**

ACHIEVING HEALTH & MENTAL HEALTH EQUITY AT EVERY LEVEL

Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.

HEALTHY PEOPLE

HEALTHY COMMUNITY

HEALTHY ENVIRONMENT

HEALTHY SOCIETY

Prevention

Mental Health Services

Culturally/Linguistically Appropriate and Competent Services

Income Security

Housing

Neighborhood Safety/Collective Efficacy

Environmental Quality

Health Care

Child Development, Education, and Literacy Rates

Food Security/Nutrition

Built Environments

Discrimination/Minority Stressors

Public Health Framework for Reducing Health Inequities (2015).

National movement for wellbeing

Public Health Framework for Reducing Health Inequities (2015).

Medical Treatment vs Psychological Treatment
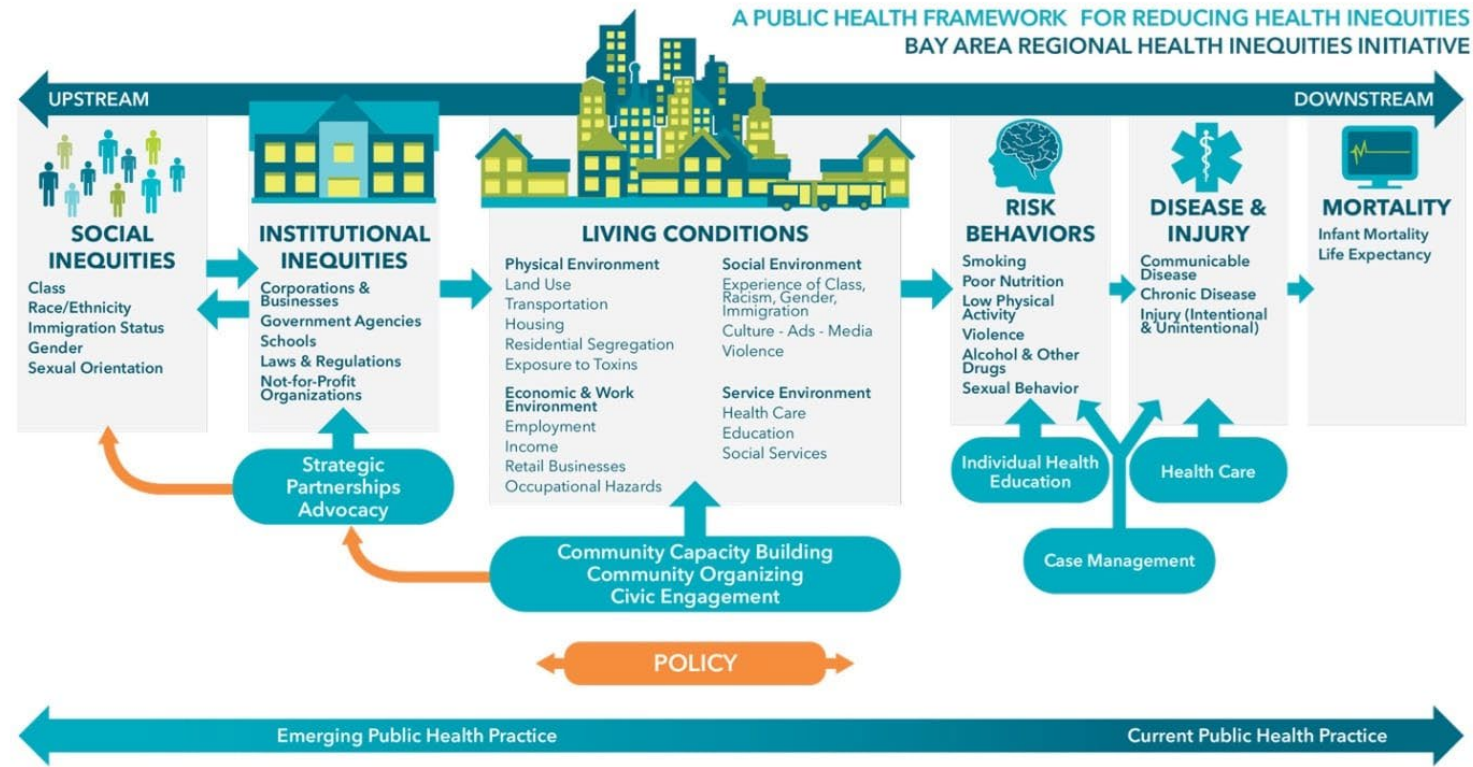
Resources and approaches that psychological experts recognize as preferred wellbeing (i.e., mind and body)

- Research vs Outcomes

- Quality Improvement

- Reimbursement

- Treatment Options (medication vs therapy)

  o Depth Psychology
    - Development - biological, psychological, social (relationships)
    - Pathology - the causes and effects of the issues/symptoms
    - Treatment - theoretical principles, concepts, assumptions to address nature and nurture **(strengthen and enhance)**

  o Non-Depth Psychology
    - Pathology - the causes and effects of the issues/symptoms
    - Treatment - theoretical principles, concepts, assumptions to address nature and nurture **(meta cognition)**

Palombo, J., (1996)

- Disease Model vs Wellbeing Model

A HISTORY LESSON

1870s Economic historians believe employer-sponsored insurance began in the 1870s, when railroad, mining and other industries operating in remote parts of the country began providing the services of company doctors to workers. The services were funded by wage deductions.

1920s In the 1920s, Baylor University Hospital in Dallas began offering a group plan to public school teachers to help them pay for hospital visits. This experiment in prepaid care eventually was named Blue Cross.

1940s During World War II, wage and price controls on the home front prevented employers from using wages to compete for scarce labor. Offering benefits like health insurance became a way to attract factory workers.

36 HR Magazine September 2014

Wells, S. (2014)

Employee benefits nurture the mental and physical health in this diversity and inclusion era.

1870 History of Employers Driving Employee Benefits to Nurture Individuals + Families

1990-2020 (Pre-Covid) Insurers Driving Employee Benefits

- ACA was driven by 5/6 bankruptcies due to chronic health conditions (policy-insurers)

- Disease Model –Cardiac/Obesity/Maternal (failed health care system)

(2021)

Covid and Post-Covid

All individuals baseline is wellbeing
- Mental
- Physical
- Social

All demand equity, inclusion, and diversity

All will benefit from financial wellbeing (Employers/Insurance)

Employers Nurture Employee Wellness/Diversity/Inclusion

Employee benefits **nurture** the mental and physical health in **this diversity and inclusion era**.

Audacious Goal - Flip the Model

Problem

- Individual and Family Members
  - Lives are shortened on average 1 year (2 for people of color)
  - Chronic diseases are on the rise due to delayed care and COVID's long-term impact
  - Social and Psychological are part of health care

- Costs
  - Individuals—co-pays/deductibles too costly
  - Insurers use yearly claims which is incommensurate with recovery/prevention
  - Employers' yearly savings require long-term vision and costs for yearly returns
  - Data can save money

Opportunity/Solution

- Employers
  - Nurture the nature of your employees by including mental health
  - Integrate data from all sources/vendors
  - Flip the disease model to a wellness model

Which would you prefer?

The
Disease
Model

(a CAUSAL model)
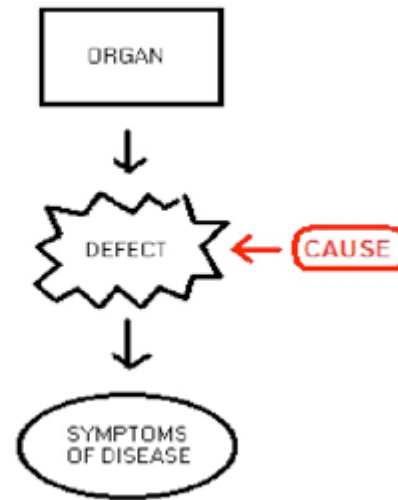
ORGAN

DEFECT ← CAUSE

SYMPTOMS
OF DISEASE

Physical

Emotional
Mental

Spiritual

Environmental

Intellectual

Financial

Social

Occupational

How many point solution vendors and other partners are you working with to address the mental health of your workforce?

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8+
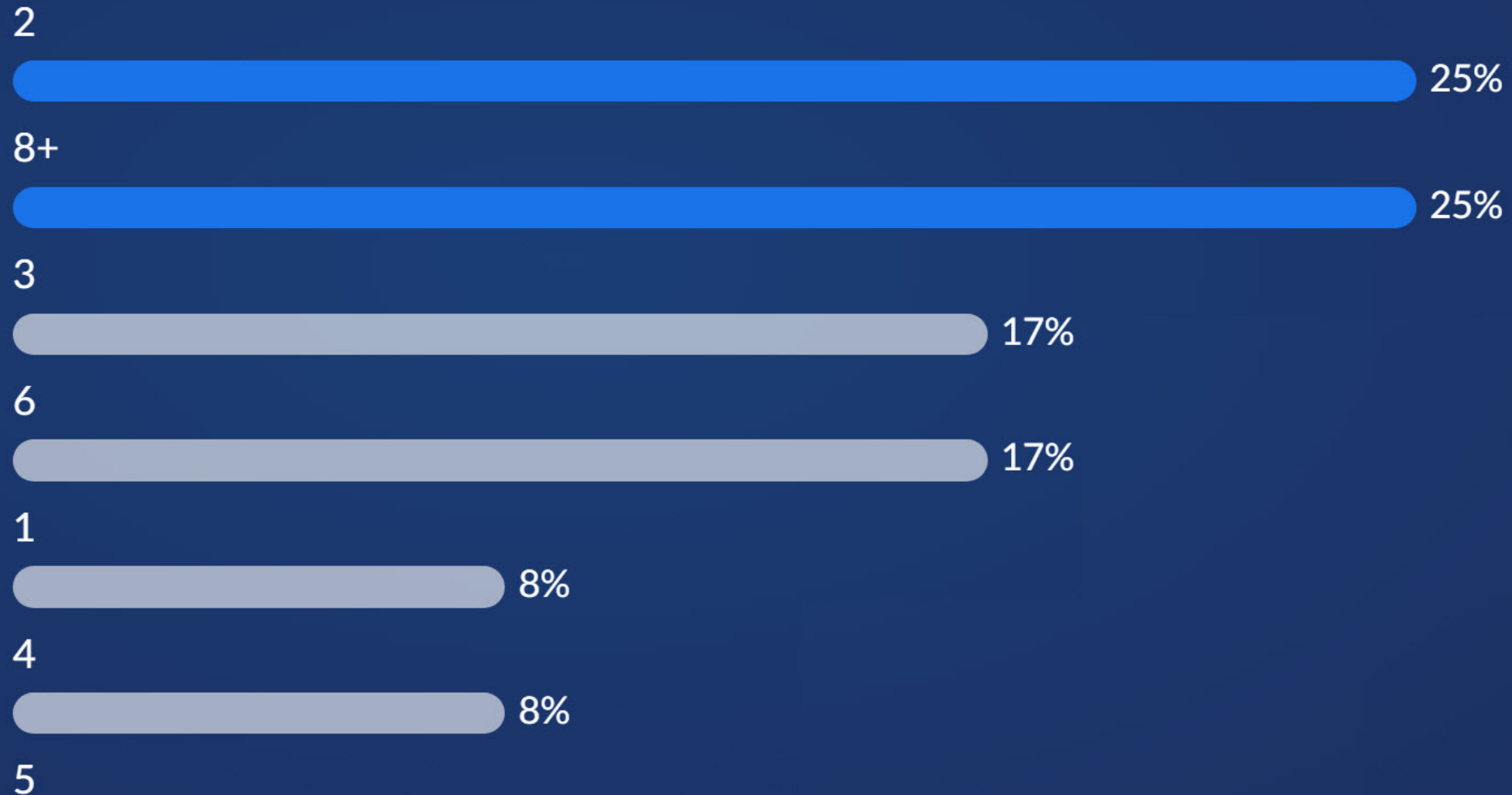
Thank You!!!

Cheryl Irmiter, PhD, LCSW

Cherylirmiter@gmail.com

773.677.6410

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Questions?

a word from our sponsor

inspera health

Healthy employees. Healthy business.

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MBGH Update

Cheryl Larson

President and CEO

MBGH

Employer Activities

2021 in Review

- Over 20 educational programs

- 6 action briefs

- 3 toolkits

- 4 benchmarking surveys

- 16 employer-directed research projects

- 20 new members

- All new branding strategy and updated website

Employer Members Benefits

- Monthly programs

- Employer only roundtables

- Advisory board meetings

- Employer benchmarking surveys

- Free Membership in WELCOA

- All materials archived at www.mbgh.org

- Online platform to network with peers, share best practices, benchmark with others

member connect

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2021 Employer Toolkits

Obesity

Obesity is an epidemic, impacting more than 4 out of 10 American adults nationwide, and is the most prevalent chronic condition in the U.S. As a metabolic disease with genetic, environmental and psychological factors, it is associated with poorer mental health outcomes and reduced quality of life. The economic burden for employers is significant and this toolkit offers tools and resources to help address this costly, multi-faceted chronic disease.

Fertility

The World Health Organization and the American Medical Association recognize infertility as a disease that impacts one in eight Americans. Many employers are now moving toward a more comprehensive fertility and family building benefit that supports an increasingly diverse employee population and offers a more holistic approach. In fact, a recent Willis Towers Watson survey showed that 63% of employers are expected to cover fertility services beyond the diagnosis of infertility by 2022.

Hemophilia

By taking a closer look at specialty drug spend related to bleeding disorders, employers may uncover significant cost savings. The Pharmacy Benefit Management Institute (PBMI) recognized this toolkit with an Excellence Award and applauded MBGH for our efforts to provide employers with education, awareness and turn-key resources to help manage the high cost of hemophilia and improve the lives of those impacted by this rare but serious disease.

Other Toolkit Topics Include:

- Addressing Pain Management & Opioid Use/Abuse
- Diabetes and Cardiovascular Disease
- Diabetes Management in the Workplace
- Eye Care Benefits
- Managing Specialty Drugs
- Migraine Management
- Osteoarthritis Management

MBGH
Midwest Business Group on Health

https://www.mbgh.org/resources/employertoolkits

Business Partnerships

Providing value-added resources for members

Top Threats to Affordability of Employer Provided Coverage

- **Significant**
- **Moderate**
- **Minor**
- **None**

Specialty drug spend: 87%, 13%
High cost claims: 76%, 24%
Specific diseases and conditions: 64%, 26%, 10%
Medical inflation: 38%, 45%, 18%
Pipeline for high-cost gene therapies: 39%, 41%, 15%, 5%
Hospital/inpatient care: 35%, 53%, 13%
Price transparency: 36%, 21%, 8%
Payment reform: 24%, 45%, 21%, 11%
Surprise medical bills: 23%, 31%, 36%, 10%
Waste, inefficiency, low value care: 23%, 44%, 23%, 10%
Industry consolidation: 13%, 45%, 32%, 11%
Intermediary conflicts of interest: 8%, 32%, 32%, 30%

2022 Health Benefit Priorities

Legend: ■ High Priority ■ Medium Priority ■ Low Priority ■ No Priority

Wellness and wellbeing
- High Priority: 73%
- Medium Priority: 24%
- Low Priority: 5%

Engagement in programs and use of benefits
- High Priority: 66%
- Medium Priority: 27%
- Low Priority: 7%

Health benefits communication
- High Priority: 66%
- Medium Priority: 22%
- Low Priority: 12%

Specialty drug management
- High Priority: 61%
- Medium Priority: 32%
- Low Priority: 5%
- No Priority: 2%

Preventive services
- High Priority: 55%
- Medium Priority: 25%
- Low Priority: 13%
- No Priority: 8%

COVID-19 initiatives
- High Priority: 49%
- Medium Priority: 42%
- Low Priority: 10%
- No Priority: 2%

Chronic condition management
- High Priority: 48%
- Medium Priority: 35%
- Low Priority: 18%

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Employer Role as Purchaser of Health Care

- ■ Follow the Leader
- ■ Early Adopter
- ■ Status Quo
- ■ Wait and See
- ■ Catalyst for Change

46%

32%

10%

7%

5%
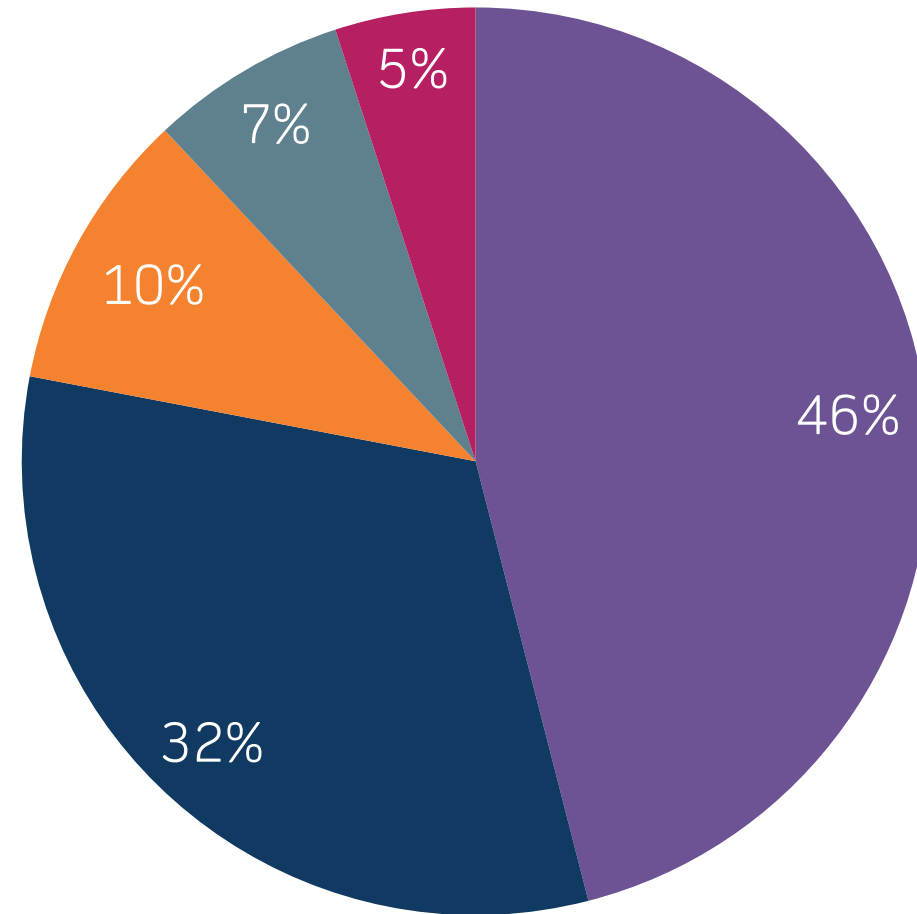
MBGH Team

Cheryl Larson
President & CEO

Dawn Weddle
Director of Member
Engagement

Kathy Foulser
Director of Membership
Development

Lori Hurtt
Director of Finance
& Operations

Mindy McBee
Sr. Manager of Marketing
& Programs

Allison Larsen
Manager, Events & Marketing

Jan Berger, MD
Medical Director

Cary Conway
Media Consultant

Kathleen Thompson
Writer & Researcher

86

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newtopia

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Lunch and Exhibits

Bruce Henry

Vocalist, composer, educator

www.bruceahenry.com

Congratulations on your Retirement!

Judy Hearn, Director of Member Initiatives

MBGH – January 2017 to February 2022

Thank you for your hard work, years of dedication as a member, board member and part of the MBGH team!

a word from our sponsor

novo nordisk®

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Employer Panel: Ways to Effectively Approach Mental Health in the Workplace

Dawn Weddle

Director of Member Engagement

MBGH

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Ben Davidson

Sr. VP of HR & Training

Idaho Central Credit Union

95

Our Goals

1) Engage our people with a solution that delivers sustainable weight loss results

2) Find a solution that focuses on improving both mental and physical health

3) Provide a virtual-first offering that is accessible to employees across all of our locations

4) Drive better employee retention with more attractive benefits
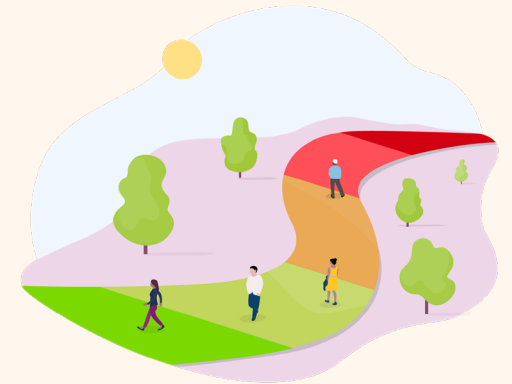
Our Solution

Virtual-first, human-led, and AI-enabled healthcare for the mind and body through Vida

ICCU employees are more engaged in their health than ever before

24%

of eligible employees are enrolled

16%

of members began in a physical health program and started a mental health one after

25%

of members are super users*

65%

member retention at six months

82

NPS

*engages 7+ times per week

Comprehensive benefits make it easy for us to attract and retain top talent

1) The quality of the benefits offered to your people directly impacts your retention and employee experience

2) Virtual care solutions can help break down the mental health stigma

3) Untreated mental health fatigue can lead to serious and chronic physical health conditions
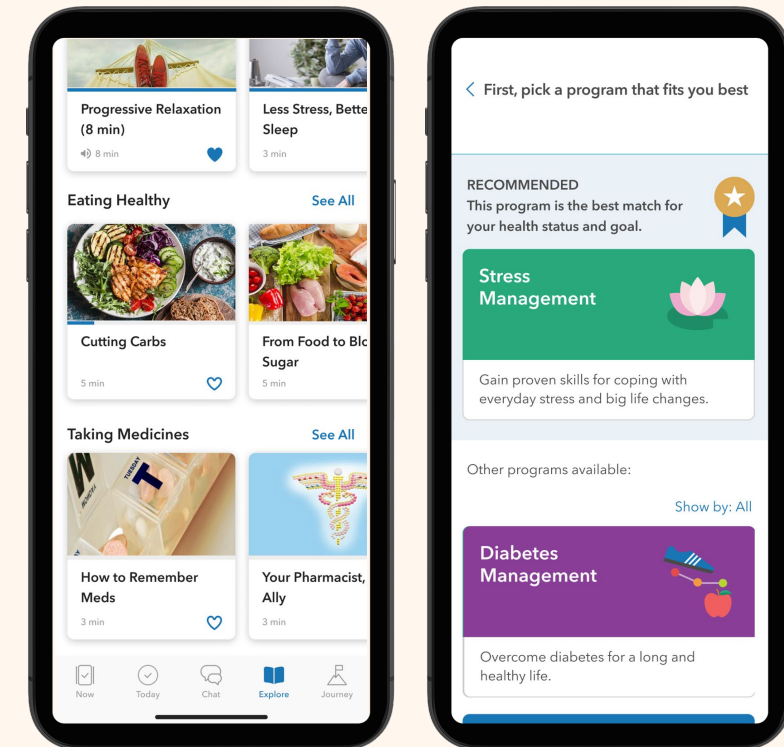
Rick Finch

Industry Consultant

Director of HR (retired), Drummond Company

100

Mental Health in the Workplace

76%

78%

85%
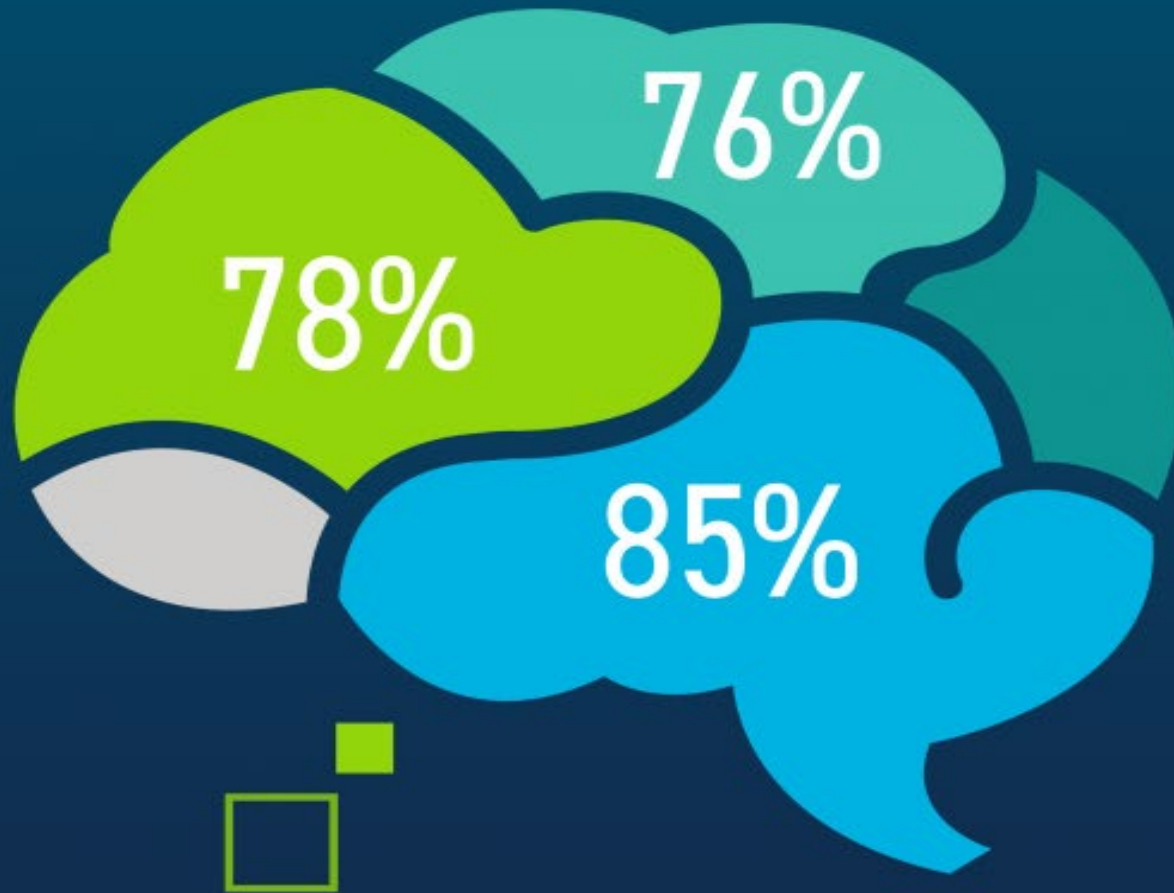
76% of workers believe their company should be doing more to support the mental health of their workforce

78% of the workforce say the pandemic has negatively affected their mental health

85% of people say their mental health issues are causing sleep deprivation, poor physical health, reduced happiness at home, suffering family relationships or isolation from friends

SOURCE: ORACLE

Meet Employees Where They Are

DIGITAL
Apps and other technology platforms to replace face-to-face interaction

IN-PERSON
Traditional model involving face-to-face therapy/med management and onsite involvement with nurses

VIRTUAL
Telehealth therapy via web-based platforms

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Drummond: Problems & Solutions

Problem

- A global pandemic
- An in-person health model
- A lack of digital options
- A fear of claims increases
- An aging population
- A lack of digital education
- A desire to speak with "real people"
- A long-standing EAP with in-person care only

Solutions

▶ Integrating in-person and virtual care options within mental health/substance abuse

▶ Connecting our nurses digitally as well as face-to-face with employees

▶ Managing acute conditions (bipolar, substance abuse, child/adolescent)

▶ Keeping the designated clinician with our EAP

Drummond: Actions & Results

The Bottom Line: ROI & Employee Engagement

▸ **Established** digital options and saw measurable results on effectiveness of these practices in certain areas (aging population / retirees)

▸ **Recognized** that promoting digital options lead to virtual options that provided a "real person" contact

▸ **Realized** a significant increase in calls to the dedicated Clinical Care Coordinator (within our EAP model) as a result of proactive benefit communication efforts

In 2021, virtual health represented 54% of outpatient claims

Note: this is the first year of telehealth being available through the EAP/behavioral health carve-out

Jen Paisley

VP Total Rewards & Operations
Valmont Industries

About Us
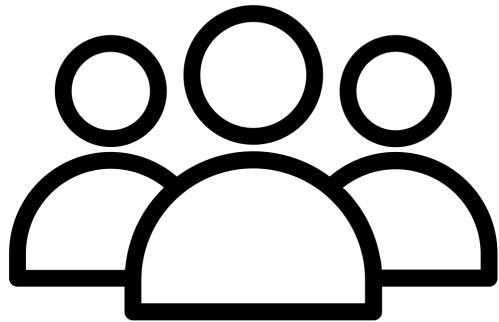
10,000+ Employees

Global Population

Field Workers Manufacturers

valmont

Our Challenge

Challenges

- Low EAP utilization

- Global population

- Stigma

- No access to evidence/clinical based solutions

- Sleep & safety

Goal

Identify a safe and effective

mental health solution that was

destigmatized to maintain a

high level of workplace safety

Our Solution

Partner with Big Health to Launch Sleepio & Daylight

- Destigmatized approach to mental health care
- Multi- channel communications strategy to drive engagement
- Programs are easily accessible
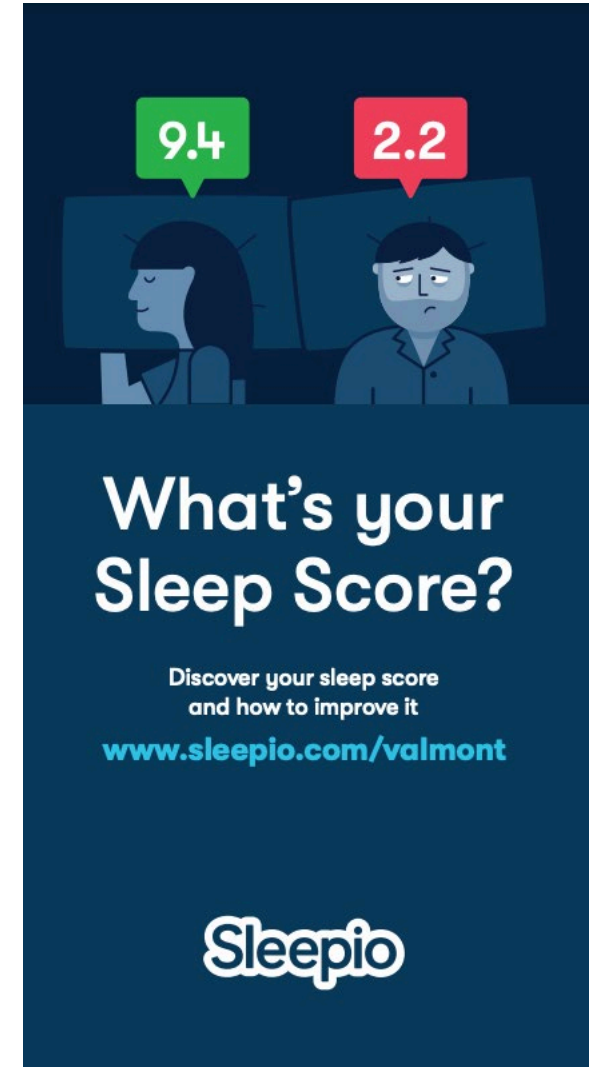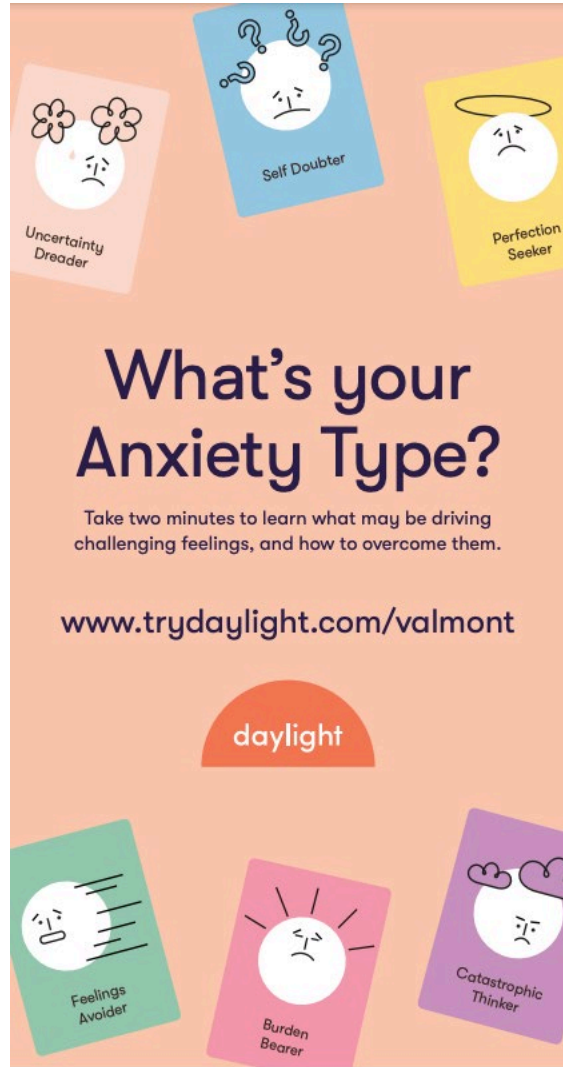
Expanding to a Global Population

- Piloted digital solutions in US & Malaysia

- Message and address unique stigmas across different populations

- Multichannel communication approach- we know not everyone is at a computer

- Share factual statistics to bring health care into new light

- Get safety message across

valmont

Lessons Learned & Key Take Aways

Stigma still exists.

Get creative with communications.
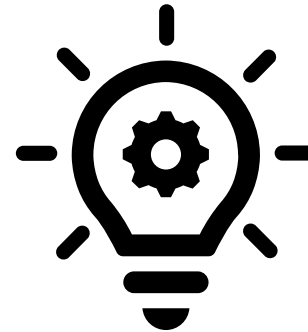
Continue to learn from your employees.
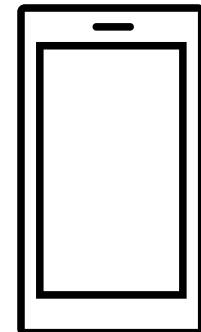
Low-lift digital solution

Questions?

a word from our sponsor

spring health

Click Here to View Video

Employer Strategies for the Ongoing Mental Health Crisis

Kelly McDevitt

President

Integrated Benefits Institute

The Mental Health Crisis

Research and Guidance from IBI

Kelly McDevitt
President, Integrated Benefits Institute

Polling Question

Have you or a family member experienced stress, anxiety, depression or burnout in the last 12 months?

1) Most days
2) Some days
3) Not sure
4) Very few days
5) Not at all

Have you or a family member experienced stress, anxiety, depression or burnout in the last 12 months?

Some days

53%

Most days

34%

Not sure

6%

Very few days

3%

Not at all

3%

117

Perspective:

The mental health crisis is real, and it came to my home...

IBI

Background & Context

- Mental health was challenging prior to the pandemic as employers and employees alike struggled with stigma and access
- The effect of COVID-19 on the mental health and productivity of the workforce was the highest ranked priority project from our member surveys
  - Poor mental health is related to absenteeism and presenteeism

- The CDC reported a 3-fold increase in depression and anxiety after the pandemic began: from 10.8% to 33.9%

- Our aim is to look at how challenges due to the pandemic, such as work disruptions and health care, have affected employee mental health
  - Employer guidance to determine how employers assess and mitigate mental health issues and address challenges

IBI

Data & Sample

- Household Pulse Survey
  - ➢ US Census Bureau
  - ➢ Sample size = 1,032,730
- Ongoing weekly survey that began April 2020 to determine how the COVID-19 pandemic affected US households.
- Sample:
  - ➢ Adults under 65 years of age
  - ➢ Responded that they have worked over the past 7 days or that they are on leave for a potentially temporary reason
  - ➢ Completing the survey across 3 phases totaling 27 weeks (April 23, 2020 - March 29, 2021)
- Modeled sociodemographic, state, week, workplace disruptions, mental health and medical health care

Impact of COVID-19 on Employee Mental Health
Demographic Differences, Work Disruptions, and Access to Care

EMPLOYEE MENTAL HEALTH DURING THE PANDEMIC

Percent of US employees who reported symptoms of depression or anxiety

4x increase

2021 — **39.5%**

2019 — **8.7%**

Women were more likely to have anxiety and depression.

43%   34%

Young adults (18-24 yrs) had the highest likelihood of experiencing mental health issues.

Overall	39.5%
18-24 yrs	48.2%
25-34 yrs	44.4%
35-44 yrs	39.7%
45-54 yrs	34.9%
55-64 yrs	34.9%
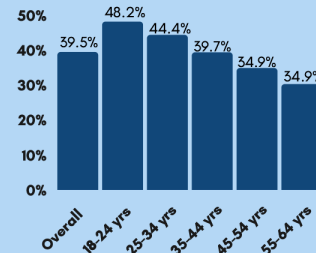
Employees residing in southern and western states reported worse mental health outcomes.

% of employees in state who reported anxiety/depression symptoms

- Lowest <39.5%
- 39.6%-41.2%
- 41.3%-42.2%
- Highest >42.2%
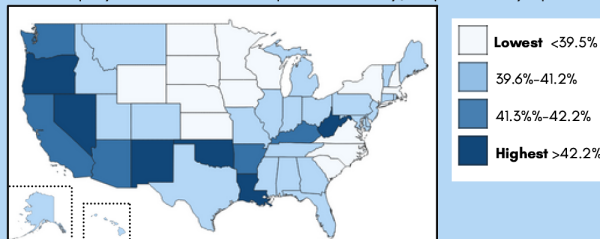
WORK DISRUPTIONS

Employees with work disruptions were more likely to report anxiety and depression.

49% — On Leave   **VS**   38% — Currently Working

38% — Had Kids Home from School   **VS**   34% — Had Kids Continue Going to School

Had to Change to Telework — **41%**

Continued to Work in Person — **36%**

Was Already Teleworking — **35%**
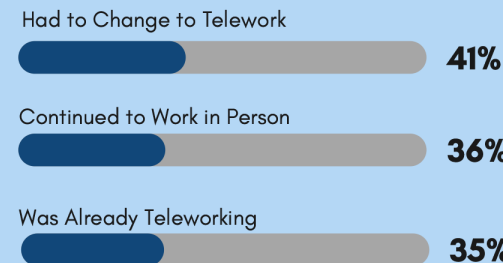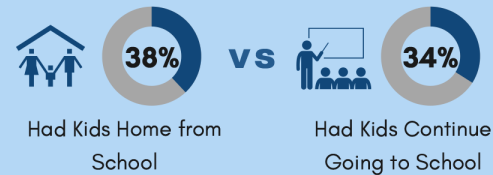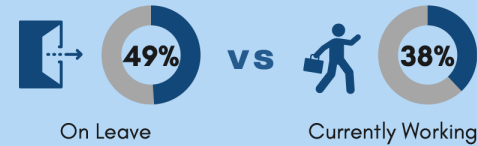
Transitioning to telework _AND_ having kids at home had negative compounding effects on mental health - particularly for women.

46%   38%

ACCESS TO CARE

A higher proportion of employees, especially those on leave or working in person, reported mental health issues when their counseling needs were unmet.

Ensuring employees receive counseling when needed reduces the likelihood of experiencing anxiety and depression symptoms by 8%-36% depending on how well counseling needs are met.

% of employees who reported anxiety/depression symptoms

	0%	20%	40%	60%	80%
No Counseling Needs					
Counseling Needs Fully Met					
Counseling Needs Partially Met					
Counseling Needs Unmet					

Legend:
- Currently Working
- On Leave
- Kids Home From school
- Kids Going to School
- Changed to Telework
- Working In Person
- Already Teleworking
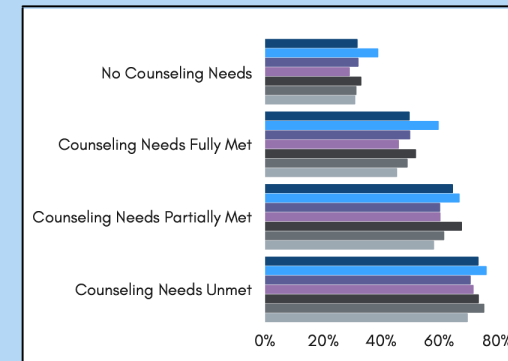
LEARN MORE

Details on this analysis as well as employer guidance to address mental health needs can be found **HERE**.

IBI INTEGRATED BENEFITS INSTITUTE

Employer Guidance

Measuring and assessing mental health status and employee needs:

- ➤ Analytics (Claims and EAP utilization)

- ➤ Employee survey (pulse to HRA)

- ➤ Screening surveys (Perceived Stress Scale)

Varying mitigation strategies to improve mental health:

- ➤ Changing behavioral health plan design

- ➤ Improving communications and resources

- ➤ Increasing awareness

Most orgs made changes to their mental health strategies during the pandemic and measured impact via:

- ➤ Employee feedback mechanisms

- ➤ Available claims data

- ➤ Vendor reported outcomes data

Employer Guidance Continued

- Challenges:
  - Access
  - Employee engagement
  - Stigma reduction
  - Communication effectiveness

- General Considerations
  - Ensure all your mental health resources are easy to find and in one place
  - Remove all barriers to care – physically and financially
  - Now is the time to use the momentum from the pandemic to bring actual change

Learn More
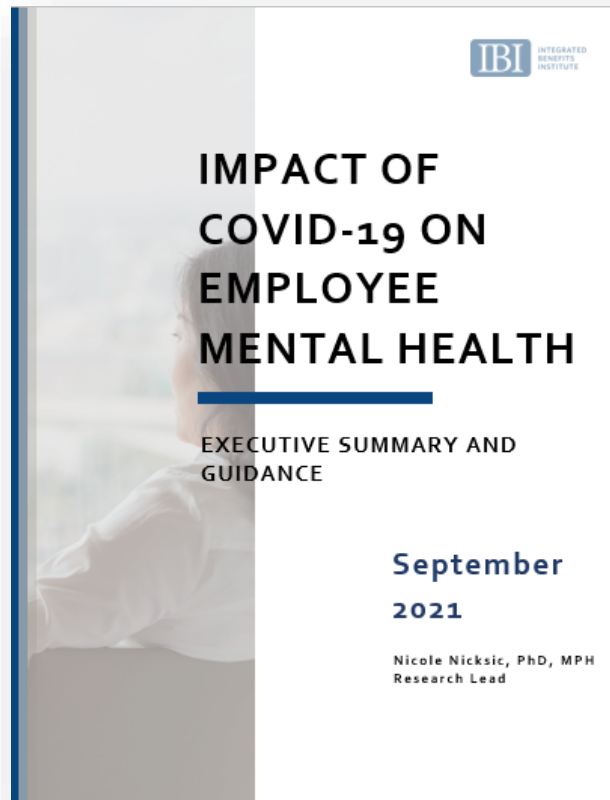
Visit https://www.ibiweb.org/resource/impact-of-covid-19-on-employee-mental-health-report/
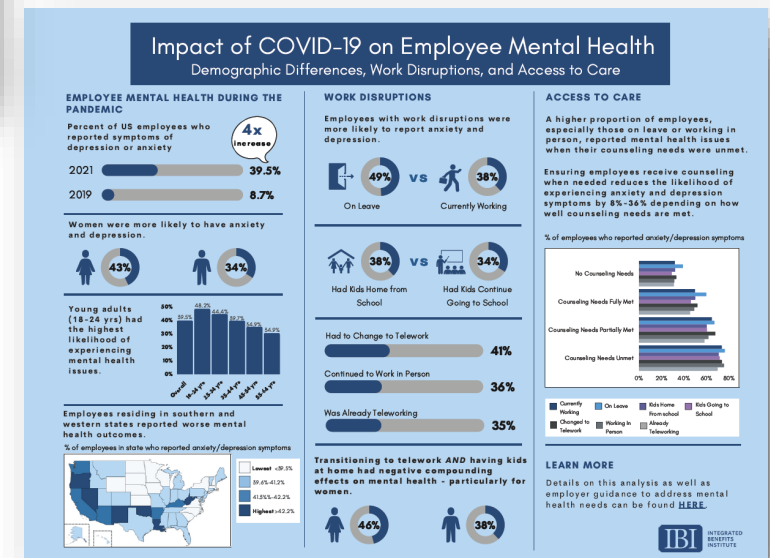
Appendix

Additional Data

Summary of Findings

- Reported anxiety and depression have skyrocketed for employees during the pandemic.

- There are statistically significant characteristics of employees who are worse off than the national average:
  - ➢ Regional differences exist with the hardest hit locations in the west and south
  - ➢ Those who shifted to telework or were on leave
  - ➢ Those who are female, younger, less educated, White or another race/multiracial, and not married
  - ➢ Those with unmet mental health counseling needs and taking a mental health Rx

Anxiety or Depression Increased More for Employed Adults

Before the Pandemic[1]

8.7%

During Pandemic[2]

39.5%

More than 4x as many employed adults have anxiety or depression compared to before the pandemic

Percentage of employed adults reporting feelings of anxiety or depression during the pandemic

Overall
39.5%

Currently Working	On Leave
37.6%	**49.4%**

Kids Going to School	Kids Home from School
34%	**38%**

Already Teleworking	Working In Person	Change to Telework
35.1%	**36.1%**	**40.9%**

Employees with work disruptions were more likely to report anxiety and depression.

IBI

128
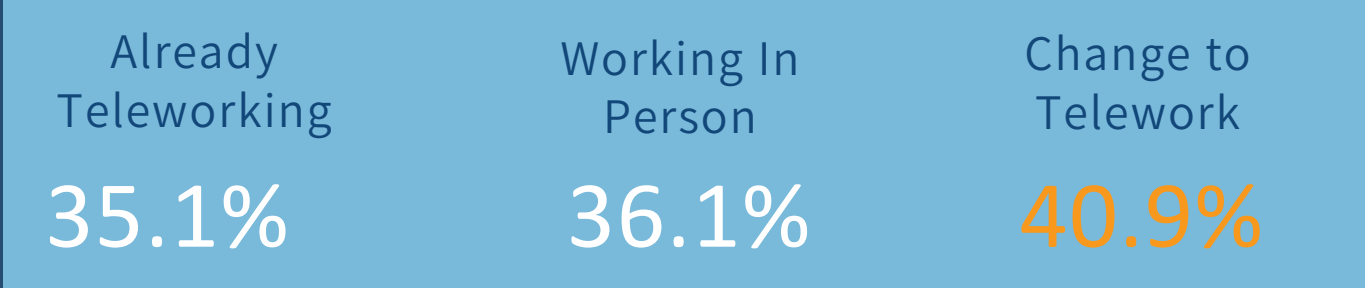
Employees more likely to report anxiety or depression were:

- ➢ Women
- ➢ Younger
- ➢ White or Other/Multi-Racial
- ➢ Some College Education
- ➢ Never Married or Widowed, Divorced, or Separated

Percentage of employed adults reporting feelings of anxiety or depression during the pandemic

Overall
39.5%

Female	**42.9%**
Male	34%

18-24 yrs	**48.2%**
25-34 yrs	44.4%
34-44 yrs	39.7%
45-54 yrs	34.9%
55-64 yrs	30.3%

White	**40.5%**
Black	32.5%
Asian	30.9%
Other/Multiracial	**41.1%**
Hispanic	36.1%

High school or less	37.4%
Some college	**40.8%**
Associate's	38.3%
Bachelor's	37.9%
Graduate's	38%

Married	35.4%
Widowed, divorced, separated	**42.1%**
Never Married	**43.0%**

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Those who transitioned to telework AND had children at home from school had the highest likelihood of anxiety or depression; AND women were more impacted than men

a word from our sponsor

eden health

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Break and Exhibits

Turn in your completed prize card by end of break!

The State of Mental Health and Addiction Services in IL

Teresa Garate, Ph.D.

Interim Executive Director

The Kennedy Forum Illinois

OUR MISSION

END STIGMA AND DISCRIMINATION AGAINST MENTAL HEALTH AND SUBSTANCE USE DISORDERS. OUR AIM IS NOT JUST TO CHANGE THE CONVERSATION - BUT TO ALSO CHANGE THE SYSTEM.

OUR VISION

A FUTURE WHERE ALL PERSONS ARE TREATED WITH DIGNITY AND RECEIVE THE PERSON-CENTERED MENTAL AND PHYSICAL CARE AND SUPPORT THEY NEED TO THRIVE AND ACHIEVE THEIR GOALS; WITH A HEALTH SYSTEM THAT FULLY RECOGNIZES THAT THE BRAIN IS PART OF THE BODY.

SESSION OBJECTIVES
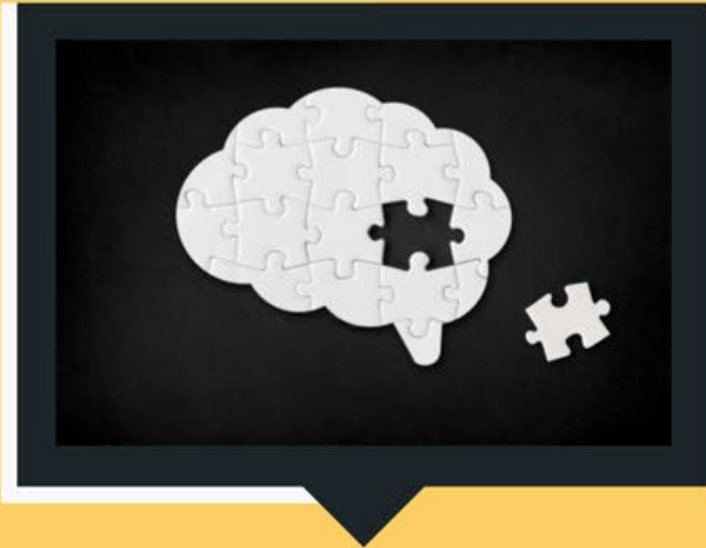
UNDERSTAND

MENTAL HEALTH PARITY AND ITS IMPORTANCE TO THE POLICY LANDSCAPE

REVIEW

RECENT CHANGES IN ILLINOIS LEGISLATION REGARDING MENTAL HEALTH AND SUBSTANCE USE POLICY
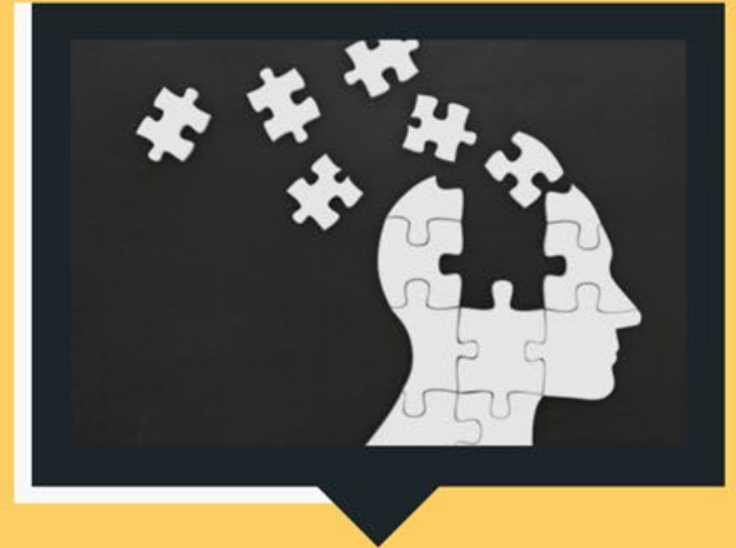
LEARN

ABOUT PENDING LEGISLATION IN ILLINOIS LEGISLATION THAT MAY FURTHER MENTAL HEALTH AND SUBSTANCE USE POLICY PARITY

MENTAL HEALTH & ADDICTION PARITY

- ENSURING EQUAL ACCESS TO TREATMENT SERVICES UNDER BOTH THE BEHAVIORAL HEALTH AND MEDICAL BENEFITS OFFERED BY A HEALTH PLAN

- HEALTH PLAN POLICIES AND PRACTICES CANNOT BE MORE RESTRICTIVE FOR BEHAVIORAL HEALTH SERVICES THAN FOR MEDICAL OR SURGICAL SERVICES

LEGAL FOUNDATIONS FOR PARITY

MHPA | MENTAL HEALTH PARITY ACT OF 1996

APPLIED TO LARGE EMPLOYER-SPONSORED HEALTH PLANS, BOTH FULLY AND SELF-INSURED

PROHIBITED HIGHER ANNUAL OR LIFETIME DOLLAR LIMITS ON MENTAL HEALTH BENEFITS THAN MEDICAL

MANY GAPS: DID NOT APPLY TO SUBSTANCE USE DISORDER TREATMENT SERVICES AND DID NOT ADDRESS TREATMENT LIMITS, TYPES OF FACILITIES COVERED, OR COSTS-SHARING DIFFERENCES

LEGAL FOUNDATIONS FOR PARITY

MHPAEA | MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

Increased parity requirements for substance use disorder treatment
- Parity must occur within each of six separate classifications of care and generally applies to:
  - Commercial health insurance plans (individual and group)
  - Medicaid managed care / Medicaid Alternative Benefit Plans / CHIP
  - Self-funded non-federal government plans (unless opt out)
- Does NOT apply to:
  - Medicare; Traditional Medicaid; TRICARE

Plans generally CANNOT:
- Charge higher co-payments or other out-of-pocket expenses for behavioral health than for physical health. (Financial Requirements)
- Limit more stringently the number of visits or days for behavioral health services than they do for physical health. (Quantitative Limitations)
- Use more restrictive managed care practices for behavioral health than for physical health. (Non-Quantitative Treatment Limitations)

THE ROLE OF THE STATES

STATES HAVE ENFORCEMENT RESPONSIBILITY OVER MANY PLANS:

- Group health insurance and marketplace/individual plans
  - If state insurance departments refuse to, or claim they cannot, enforce, federal government can step in
  - In Illinois, the Dept. of Insurance has authority to enforce

- Medicaid MCOs, Alternative Benefit Plans, and CHIP
  - States have unambiguous enforcement responsibility (IHFS)

PARITY IN ILLINOIS

TRANSPARENCY

- IL SB1707 (2018) is the foundation for parity law in Illinois. It requires:
  - ○ Health plans to submit parity compliance analyses to Illinois Department of Insurance (IDOI) and Illinois Department of Healthcare and Family Services (HFS)
  - ○ Health plans to identify and describe MH/SUD benefits compared to medical / surgical benefits regarding:
    - ▪ Medical necessity determinations
    - ▪ Lifetime and annual limits
    - ▪ Financial requirements and Quantitative Treatment Limits
    - ▪ Non-Quantitative Treatment Limits (NQTLs)
- Health plans to make their parity analyses available to beneficiaries via website

PARITY IN ILLINOIS

ENFORCEMENT

IL SB1707 (2018) requires regulators to take enforcement action:

- Proactively ensure compliance of each plan before sale/offering

- Requires IDOI and HFS to conduct market examinations and parity compliance audits

- Evaluate and investigate all MH/SUD consumer and provider complaints for potential parity violations

PARITY IN ILLINOIS

PROVISIONS

IL SB1707 (2018) also:

- Prohibited prior authorization and step-therapy requirements for FDA-approved medications for substance use disorders

- Requires generic medications for substance use disorders to be on lowest tier of prescription formularies

- Prohibits exclusions for court ordered substance use disorder prescription coverage and support services

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IMPLEMENTATION PROGRESS

KFI has supported the implementation of IL SB1707 (2018)

- Led the Mental Health and Substance Use Disorder (MH/SUD) Parity Workgroup
- MH/SUD Parity Data Workgroup ("Data Workgroup") has completed 2 of 3 phases for health plan parity compliance reporting

PHASE I

NQTLS EXPLICITLY DEFINED IN ILLINOIS PARITY STATUTE

PHASE II

ADDITIONAL UTILIZATION MANAGEMENT, MEDICAL POLICIES, & COVERAGE

PHASE III

PROVIDER NETWORKS AND CONTRACTING

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WIT V. UNITED BEHAVIORAL HEALTH (UBH)

- Federal court ruled that UBH's coverage practices and medical necessity criteria were inconsistent with Generally Accepted Standards of Behavioral Health Care.

- The court ruled that the criteria were improperly focused on limiting coverage to "acute" episodes rather than ongoing care needed to treat oftentimes chronic conditions.

- Ordered UBH to reprocess 67,000 claims for 50,000 members nationwide (half of whom were children / adolescents).

- Ordered UBH to use criteria from non-profit professional associations (e.g., The ASAM Criteria)

LANDMARK DECISION

GENERALLY ACCEPTED STANDARDS

THE WIT COURT IDENTIFIED 8 STANDARDS FOR BEHAVIORAL HEALTH CARE

ONE

TREAT UNDERLYING CONDITION, NOT ONLY CURRENT SYMPTOMS

TWO

TREAT CO-OCCURRING CONDITIONS

THREE

TREAT AT THE LEAST INTENSIVE LEVEL OF CARE THAT IS SAFE AND JUST AS EFFECTIVE AS HIGHER LEVEL OF CARE [CANNOT SACRIFICE EFFECTIVENESS B/C A TREATMENT IS EQUALLY SAFE]

FOUR

ERR ON THE SIDE OF CAUTION BY USING A HIGHER LEVEL OF CARE WHEN THERE IS AMBIGUITY

FIVE

EFFECTIVE TREATMENT INCLUDES SERVICES TO MAINTAIN FUNCTION

SIX

DETERMINE DURATION BASED ON THE INDIVIDUAL'S NEEDS, WITHOUT ARBITRARY LIMITS

SEVEN

ADDRESS UNIQUE NEEDS OF CHILDREN/ADOLESCENTS

EIGHT

USE A MULTIDIMENSIONAL ASSESSMENT TO DETERMINE LEVEL OF CARE (E.G., LEVEL OF CARE UTILIZATION SYSTEM [LOCUS], ASAM CRITERIA)

RECENT PROGRESS

ILLINOIS HB2595

- Passed Illinois House in 2021 on 114-0 vote

- Requires Illinois health plans to follow generally accepted standards of care when making medical necessity determinations

- Requires use of transparent, publicly available guidelines from nonprofit clinical societies for these determinations (e.g., LOCUS)

- Similar legislation has passed in California (SB855) and Oregon (HB3046)

RECENT PROGRESS

988 IMPLEMENTATION

- Transitioning 10-digit National Suicide Prevention Lifeline to a 3-digit code, 988

- Investments from SAMSHA, American Rescue Plan, and national budget

- To be nationally available for call, text, or chat in July 2022

- Illinois Department of Mental Health (DMH) leading implementation planning efforts

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PENDING LEGISLATION

REBUILD ILLINOIS' BEHAVIORAL HEALTH WORKFORCE | HB4238

$130M

COMMUNITY MENTAL HEALTH

VIA RATE ADD-ON AND DIRECTED PAYMENTS

$41M

SUBSTANCE USE SERVICES

VIA 47% INCREASE WITH ANNUAL INFLATION ADJUSTMENT

PENDING LEGISLATION

ILLINOIS

SB1623

- AIMS TO END PRIOR AUTHORIZATION REQUIREMENTS AND UTILIZATION CONTROLS ON FDA- APPROVED MEDICATIONS FOR SERIOUS MENTAL ILLNESS IN ILLINOIS MEDICAID PLANS
- WITH ILLINOIS SENATE APPROPRIATIONS COMMITTEE AS OF JANUARY 2022

HB4317

- WOULD CREATE THE COMMISSION ON MENTAL HEALTH REFORM
- WOULD ESTABLISH MEMBERSHIP REQUIREMENTS AND DUTIES FOR THE COMMISSION
- COMMISSION WOULD PRODUCE AN ANNUAL REPORT ABOUT MH SERVICES IN THE STATE, INCLUDING CHALLENGES, DEFICIENCIES, AND RECOMMENDATIONS FOR IMPROVEMENT

PENDING LEGISLATION

ILLINOIS

SB2910

- WOULD CREATE A MENTAL HEALTH AND SUBSTANCE USE DISORDER OVERSIGHT OFFICER WITHIN DHS IN THE STATE
- CALLS FOR THE COLLECTION OF DATA ON MENTAL HEALTH SERVICES AVAILABLE IN ILLINOIS

HB3438

- CREATES MENTAL HEALTH ASSESSMENT REFORM ACT
- ILLINOIS MEDICAID MENTAL HEALTH ASSESSMENT (IM+CANS) CREATES A MAJOR BARRIER TO CARE
  - LENGTH (2+ HOURS, WITH 800 FIELDS IN THE ELECTRONIC RECORD); NOT STRENGTHS-BASED; MAY RE-TRAUMATIZE INDIVIDUALS
- MANY BELIEVE THAT IM+CANS VIOLATES MHPAEA, AS NO COMPARABLE ASSESSMENT EXISTS FOR MEDICAL / SURGICAL CARE
- CALLS FOR CLEAR DELINEATIONS OF FIELD REQUIRED TO MAKE MEDICAL NECESSITY DETERMINATIONS

IN CONCLUSION...

FEDERAL PARITY LAWS REQUIRE STATE ENFORCEMENT

ILLINOIS IS AT THE FOREFRONT OF PARITY RULES AND ENFORCEMENT THANKS TO THE WORK OF MANY ADVOCATES

MUCH WORK REMAINS AT BOTH THE FEDERAL AND STATE LEVEL TO ENSURE PARITY COMPLIANCE AND FAIR ACCESS TO MH/SUD SERVICES

questions?

thank you.

CONNECT WITH ME

tere@thekennedyforum.org

SOURCES

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SOURCE: MOSS ADAMS - BEHAVIORAL HEALTH TRANSFORMATION AND PAYMENT REFORM
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INCREASING ACCESS TO MENTAL HEALTH & ADDICTION CARE THROUGH PARITY LAW COMPLIANCE
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SB1623 SOURCE: HTTPS://WWW.ILGA.GOV/LEGISLATION/BILLSTATUS.ASP?DOCNUM=1623&GAID=16&DOCTYPEID=SB&SESSIONID=110&GA=102

HB110 SOURCE: HTTPS://WWW.ILGA.GOV/LEGISLATION/BILLSTATUS.ASP?DOCTYPEID=HB&DOCNUM=110&GAID=16&SESSIONID=110&LEGID=127922

HB4317 SOURCE: HTTPS://LEGISCAN.COM/IL/COMMENTS/HB4317/2021

SB2910 SOURCE: HTTPS://LEGISCAN.COM/IL/BILL/SB2910/2021

Mental Health: In and Out of the Office

Cheryl Potts

Executive Director

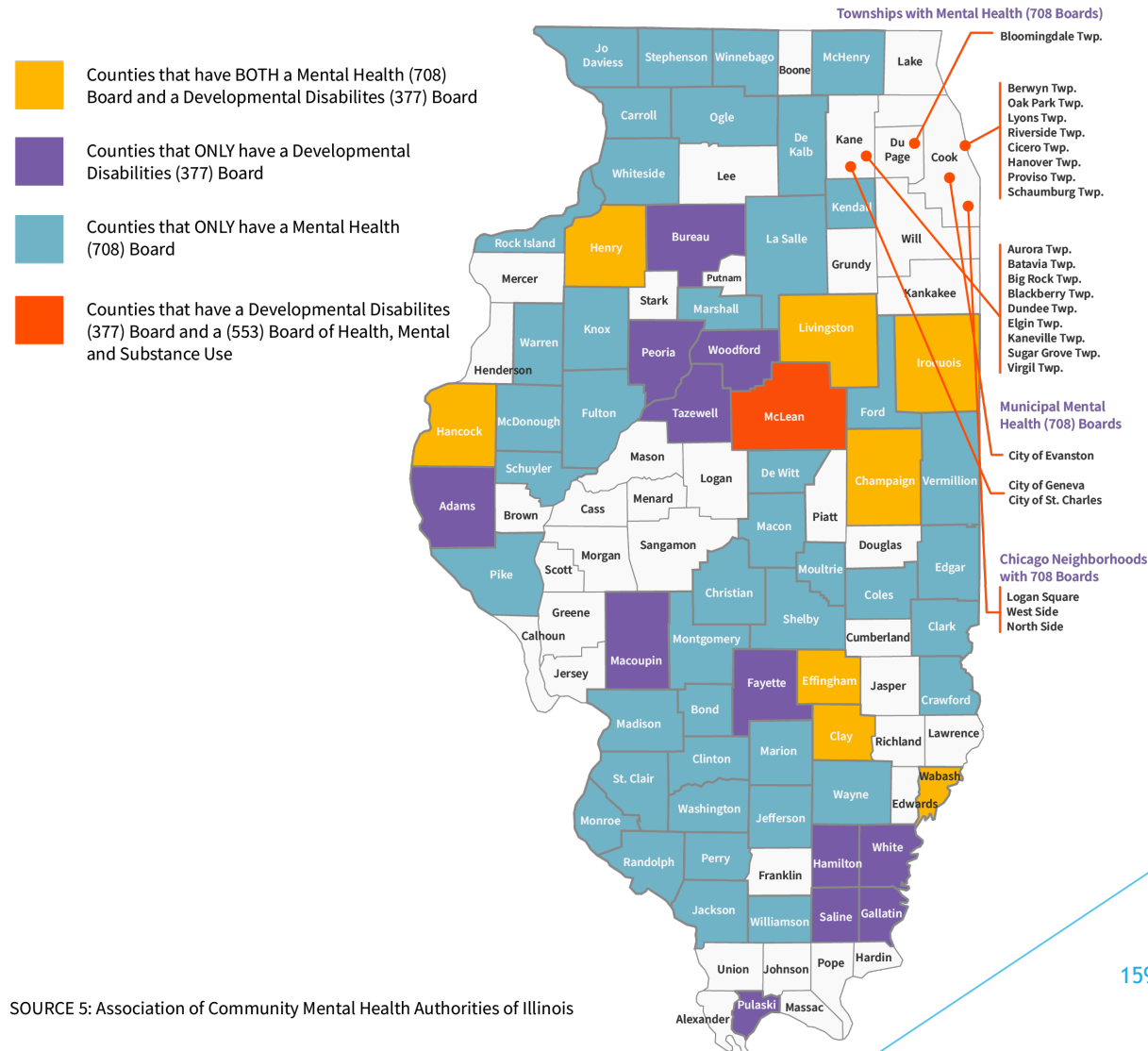Community Mental Health Board of Oak Park Township

Brief Snapshot

▶ What is a Community Mental Health Board?

▶ What trends are we seeing in the community related to mental health?

▶ Why should employers care?

▶ What can employers do?

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Community Mental Health Board

- ► 708 Act
- ► Local Municipality
- ► Established by Referendum
- ► Property Tax Levy
- ► Planning and Funding Local Service

Townships with Mental Health (708 Boards)

- Bloomingdale Twp.

- Berwyn Twp.
- Oak Park Twp.
- Lyons Twp.
- Riverside Twp.
- Cicero Twp.
- Hanover Twp.
- Proviso Twp.
- Schaumburg Twp.

- Aurora Twp.
- Batavia Twp.
- Big Rock Twp.
- Blackberry Twp.
- Dundee Twp.
- Elgin Twp.
- Kaneville Twp.
- Sugar Grove Twp.
- Virgil Twp.

Municipal Mental Health (708) Boards

- City of Evanston
- City of Geneva
- City of St. Charles

Chicago Neighborhoods with 708 Boards

- Logan Square
- West Side
- North Side

Counties that have BOTH a Mental Health (708) Board and a Developmental Disabilites (377) Board

Counties that ONLY have a Developmental Disabilities (377) Board

Counties that ONLY have a Mental Health (708) Board

Counties that have a Developmental Disabilities (377) Board and a (553) Board of Health, Mental and Substance Use

Community Mental Health Board of Oak Park Township

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SOURCE 5: Association of Community Mental Health Authorities of Illinois

The Before Times

- 1 in 5 adults have a mental health disorder
- Suicide rates increased by 35% between 1999-2020
- Drug overdose deaths more than tripled since 1990
- 90% of people with a substance use disorder do not receive treatment
- 55% of adults with mental illness do not receive treatment
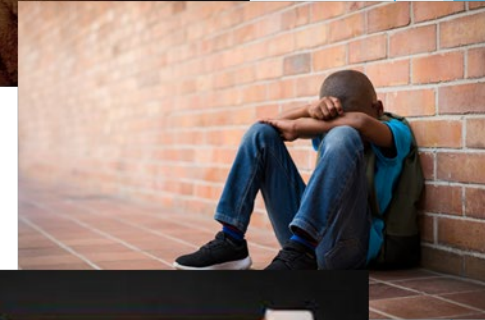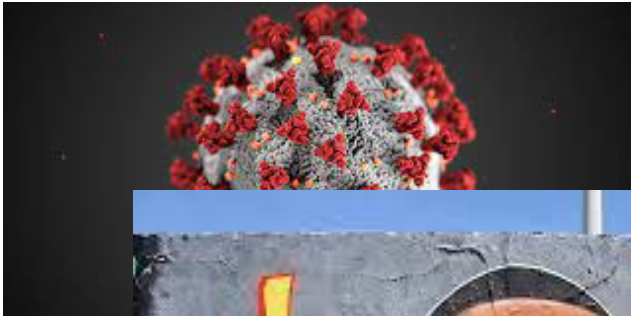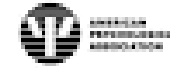
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The Now Times

Drinking alcohol

Depression and anxiety

Difficulty sleeping

Irregular eating

Domestic violence

Interruption in care

Drug overdose deaths

Women leaving workforce

Distrust of systems

Learning loss of students

Understand the Mental Health Continuum

IN CRISIS	STRUGGLING	SURVIVING	THRIVING	EXCELLING
Very anxious	Anxious	Worried	Positive	Cheerful
Very low mood	Depressed	Nervous	Calm	Joyful
Absenteeism	Tired	Irritable	Performing	Energetic
Exhausted	Poor performance	Sad	Sleeping well	High performance
Very poor sleep	Poor sleep	Trouble sleeping	Eating normally	Flow
Weight loss	Poor appetite	Distracted	Normal social activity	Fully realising potential
		Withdrawn		

Look Inward

- Culture change

- Flexible work environments

- Reward and recognition

- Autonomy and control

- Mental health ambassadors

- Adequate health insurance coverage – a family affair

Ask Questions

- Out-of-Network Use

- In-Network Reimbursement Rates for Providers

- Denial Rates for Services

- Network Adequacy and Participation for Psychiatrists

Cheryl Potts
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Mental Health:

The Other Pandemic

Thanks for attending!

Let's give out some prizes!

Behavioral Health Systems	GoPro
Big Health	Yeti Coffee Mug & $50 Donation to BEAM
Eden Health	Fitbit
Inspera	Fitbit Inspire 2 & Fitbit Aria Air Connected Scale
Newtopia	Bluetooth Smart Scale
Onduo	Fitbit Inspire 2
Spring Health	Apple AirPods
Vida Health	Apple Watch SE
MBGH	(2) One-Year Employer MBGH Membership
MBGH	(2) Complimentary Passes to Annual Conference

Mental Health:

The Other Pandemic

Thanks for attending!

Midwest Business Group on Health