Health Homes for Members with SMI

Enhancing capacity of behavioral health providers to serve as health homes (BHH)

- Wellness coaching model
  - Self-management toolkits

- Coordinated care
  - Wellness nurse
  - Case management
  - Peer specialists

- Targeted interventions
  - Member registry*
  - Case consultation

Comparative Effectiveness Evaluation

BHH Approaches
• Provider-Supported
  – Wellness nurse
• Self-Directed
  – Self-management tools and resources
• Common Elements
  – Wellness coaching & health navigation
  – PCP collaboration
  – Member registry

Study Design
• Cluster-randomized design with mixed methods approach
• Research participant inclusion criteria:
  – Medicaid enrolled
  – 21+ years of age
  – Diagnosed with SMI
  – Receiving case management or peer services at community mental health provider
Patient-Centered Outcomes & Data

Primary Data Sources

- Self-Report Measures (Patient Activation**, Health Status**, Hope; Quality of Life; Functional Status; Satisfaction with Care; Social Support)
- Qualitative Data (Service User & Provider Interviews)
- Learning Collaborative Data (Implementation Information)

Secondary Data Sources

- Health Choices Eligibility Data (Medicaid Eligibility)
- Administrative Data (Demographic Info)
- Behavioral Health Claims (BH Diagnosis; BH Utilization)
- Physical Health Claims (Engagement in Primary/Specialty Care**)
- Pharmacy Claims (Medication utilization)

**Primary outcome
Engagement Increased Significantly

While the two interventions did not differ significantly in their impact on utilization of primary/specialty care, both showed improvement over time ($p<0.0001$)

![Engagement in Primary/ Specialty Care](image)

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Patient Activation Improved

- Provider-Supported led to more immediate and stable improvement in patient activation
- Male gender associated with a greater improvement in Self-Directed arm and female gender associated with greater improvement in the Provider-Supported arm
- Change of 2 points associated with decreased inpatient utilization
Utilization and Cost Impact

• Total spending 15% lower when compared to a comparison group, in 2nd year, including cost of the nurse

• Enhanced engagement with PH community services while decreasing inpatient use (PH and BH)
Expansion of BHHP

- 61 provider organizations in 27 counties implementing BHHP
  - 40 adult CBHC sites
  - 10 adolescent providers – 3 CBHCs and 8 school-based sites
  - 10 opioid treatment programs
  - 7 RTFs for youth

- Population health management focused on smoking cessation and hypertension

- BHHP recognized by SAMHSA’s Program to Achieve Wellness

BHHP Program Expansion

BHHP Provider Locations
Additional Expansion of BHHP in Youth Residential Treatment Programs

- Supported by PCORI Dissemination Grant
- Impact outcomes include Body mass index (BMI) monitoring with 6 residential treatment facilities (RTFs)
- 12-month learning community to improve BMI screening and intervention in RTFs
- Results: All youth were assessed for BMI, 100%
  - On average, almost half (48%) had a BMI at or above the 85th percentile
  - The majority of youth (86%) with a high BMI engaged with RTF staff on a wellness goal
  - RTF staff changed policies to incorporate healthier behaviors as a result of this initiative
  - Over half of youth with a high BMI (59%) showed some improvement in BMI over time
  - Full evaluation pending