

Health Homes for Members with SMI

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

- Wellness coaching model
 - Self-management toolkits
- Targeted interventions
 - Member registry*
 - Case consultation
- Coordinated care
 - Wellness nurse
 - Case management
 - Peer specialists



Comparative Effectiveness Evaluation

BHH Approaches

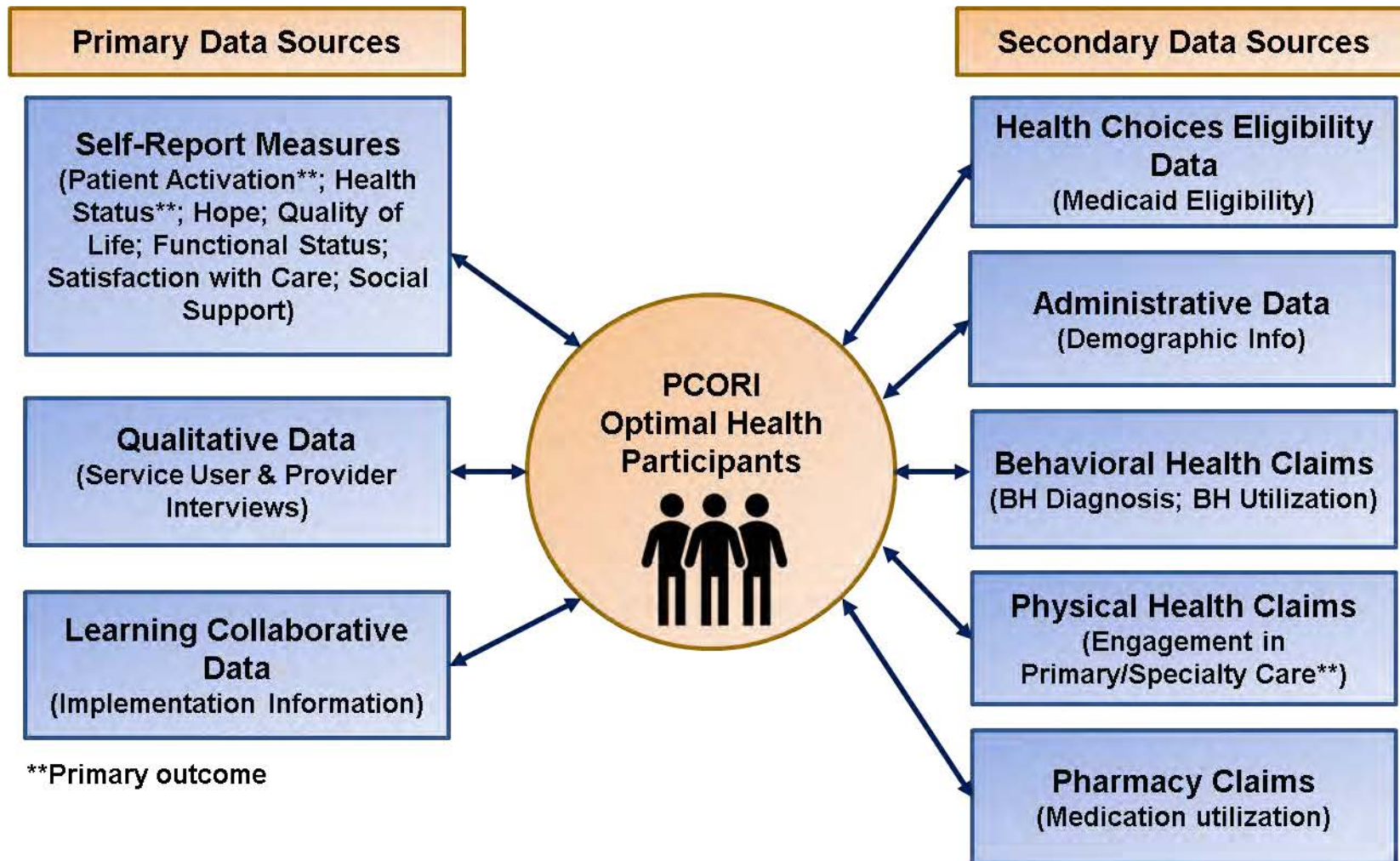
- Provider-Supported
 - Wellness nurse
- Self-Directed
 - Self-management tools and resources
- Common Elements
 - Wellness coaching & health navigation
 - PCP collaboration
 - Member registry

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

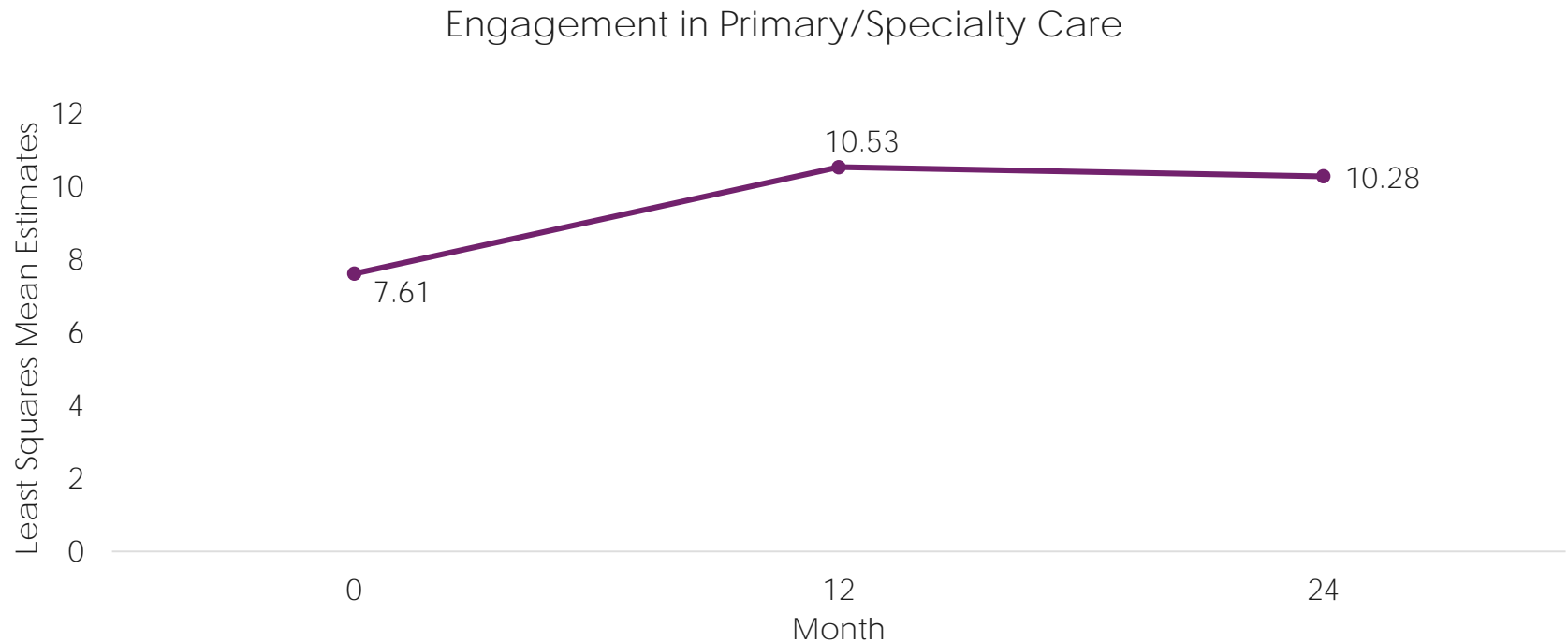


Patient-Centered Outcomes & Data



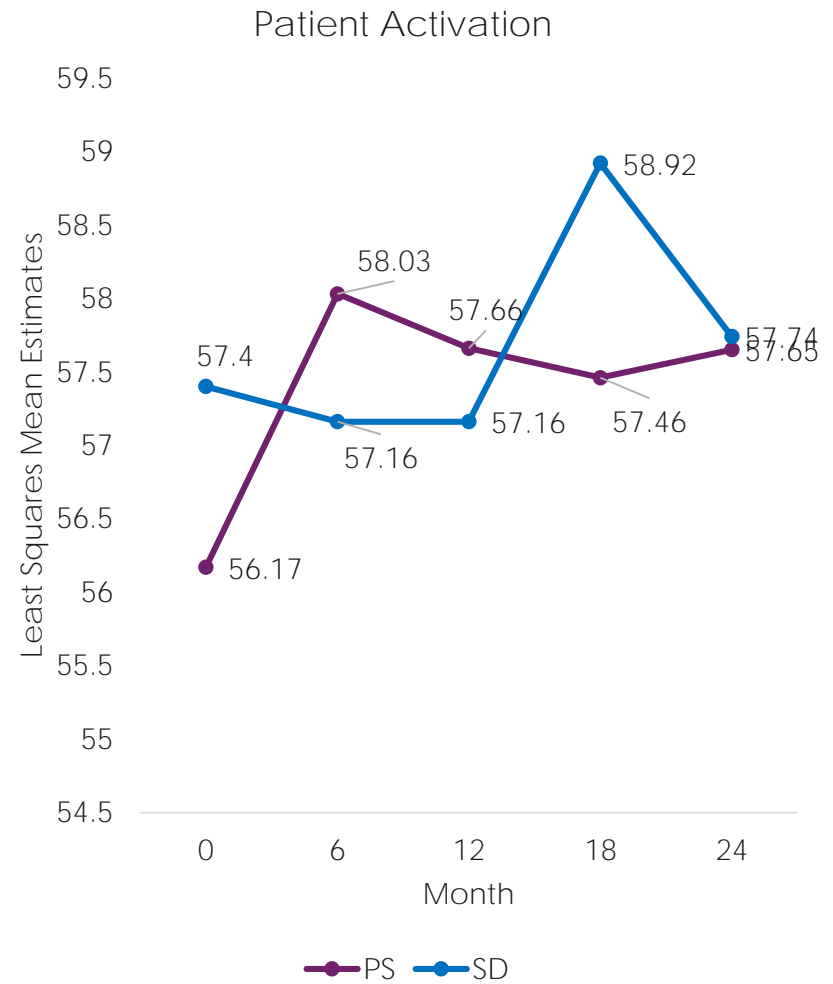
Engagement Increased Significantly

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



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)

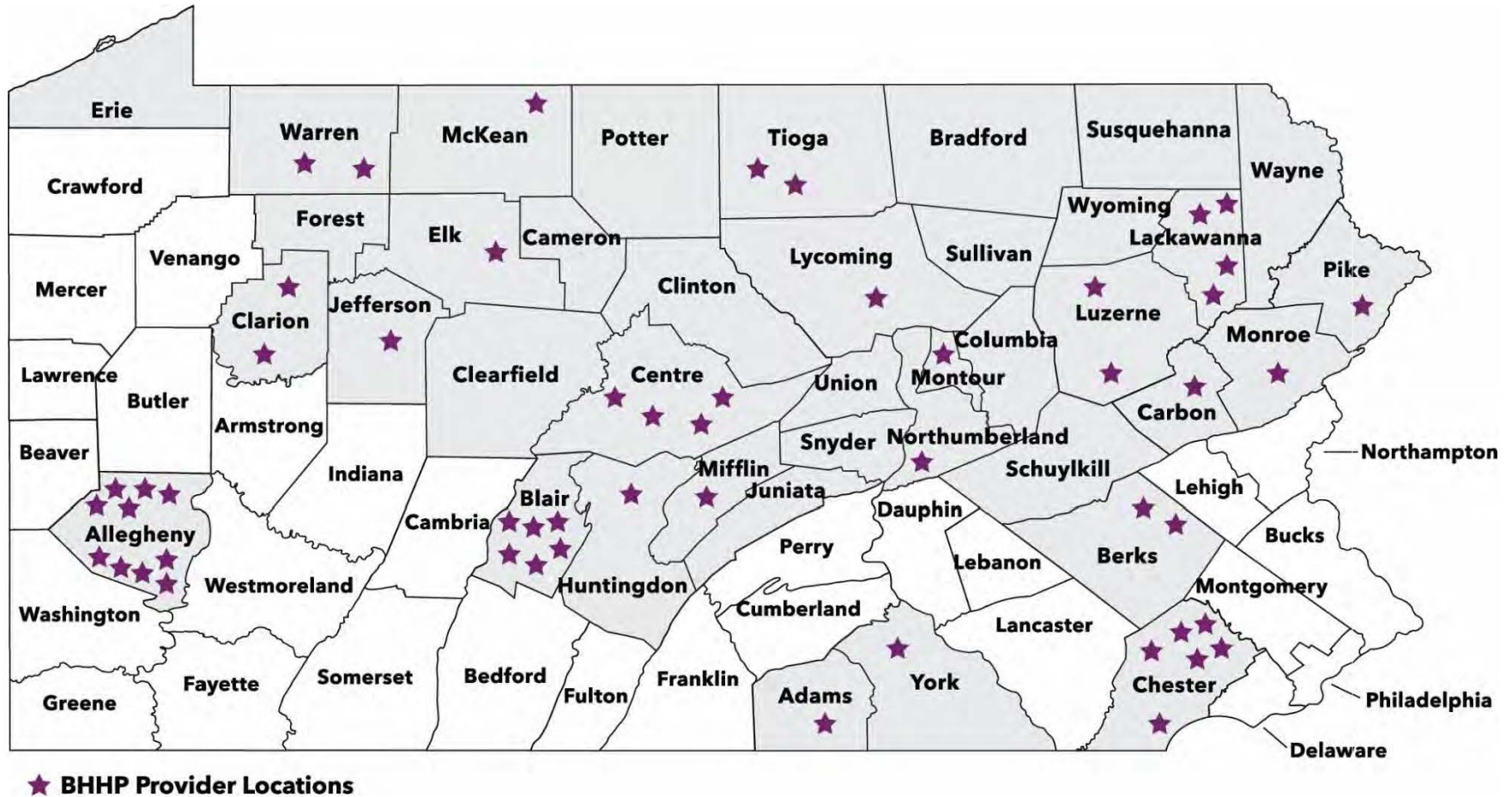


Expansion of BHHP

- 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



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

