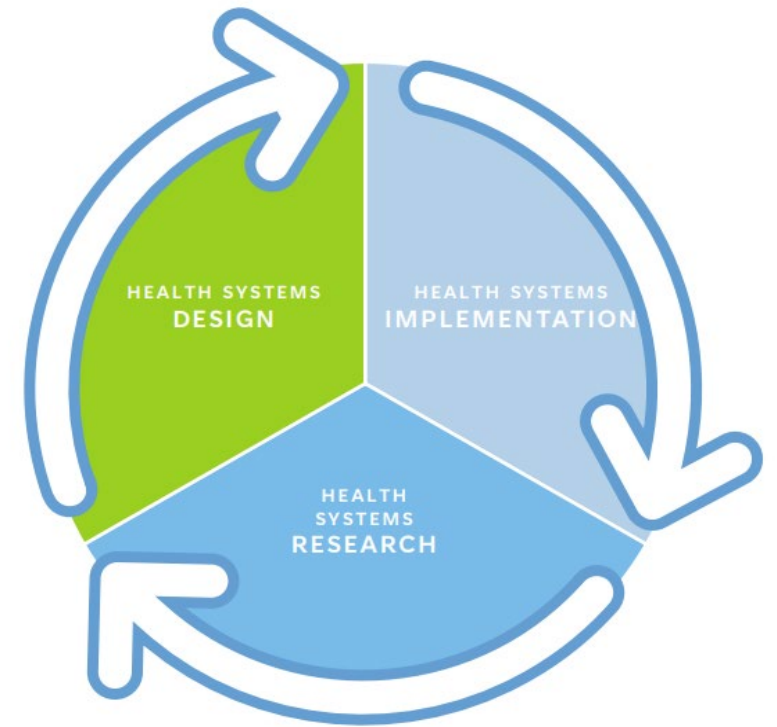


Measurement and Evaluation Committee

BLUEPRINT EXPANSION PILOT - YEAR TWO
MEETING 1 – FEBRUARY 21, 2024



Meeting Overview

1. (Re)introductions
2. Review Workgroup Scope and Timelines
3. Evaluation Framework Review
4. Evaluation Activities
 - Internal Evaluation
 - External Evaluation
5. Discussion

Workgroups and Timelines

Program Design Workgroup

- February 15th
- February 22nd

Evaluation & Measurement Workgroup

- February 21st
- March 6th
- March 13th

Year Two Attestation Deadline - April 2024

E&M Workgroup Scope

Year One – Define evaluation principles, evaluation framework, input on acceptable evaluation methods and data collection processes

Year Two – Incorporate program developments, considerations for planned evaluation activities, identify any gaps

Evaluation Framework Questions

1. Who was reached by this expansion pilot?
2. How effective was the expansion pilot?
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Evaluation

Internal

- Attestation Tracking
- Blueprint Portal Entry
- QI, Educational Records
- Chart Review
- Practice and Provider Survey

External

- Qualitative Evaluation
- Quantitative Evaluation

DULCE

- Family Specialist Data Collection
- Legal Partner Data Collection
- EC/Project Lead Biannual Report

Participation/Staffing

115/131 (88%) PCMHs Participated in Year One

39 individuals have been hired representing 25.5 FTE in 41 positions at different locations

- 4 Care Coordination
- 3 Psychology
- 7 Social Work
- 27 Community Health Work

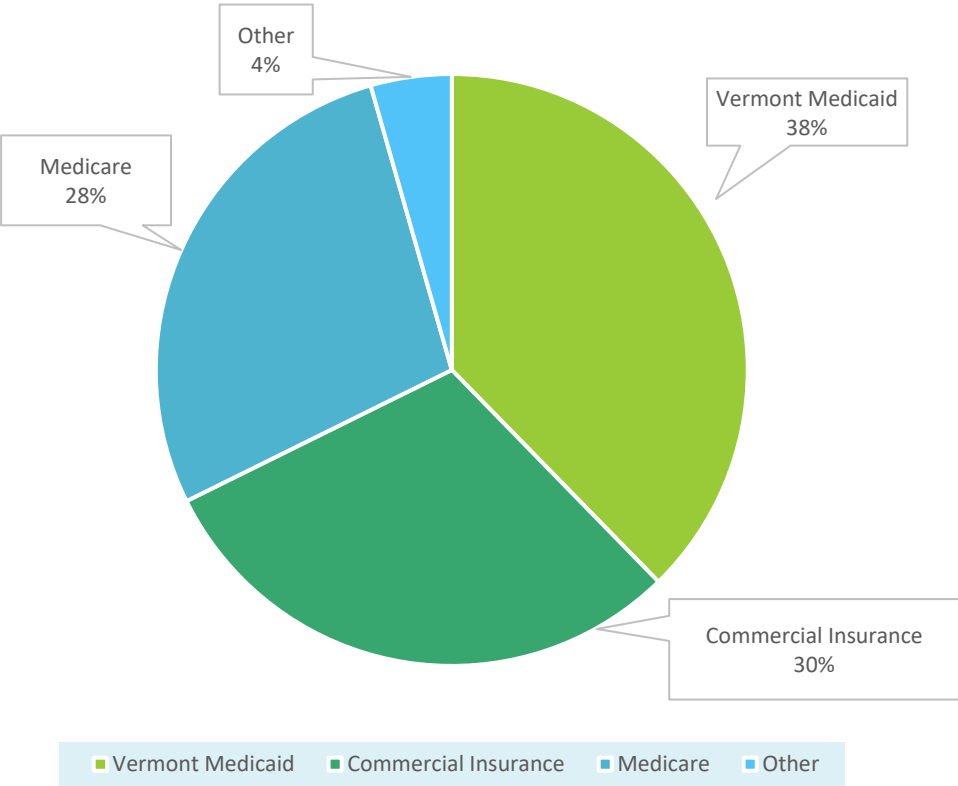
Consideration for Evaluation – “Can we evaluate how many of these positions were individuals who had their FTE allocations increased and how many were newly hired by the organization?”

Chart Review (Oct 2023)

- Baseline data collection - 5 chart reviews per participating practice
- 530 forms submitted (valid data rate of 98.1%)
- Insights into screening practices, CHT functions, and external referral patterns
- Practice and community results were conveyed via QI Facilitators
- Statewide results were presented to Field Staff Leadership and Executive Committee

Chart Review Insights

Insurance Types



Age Distribution

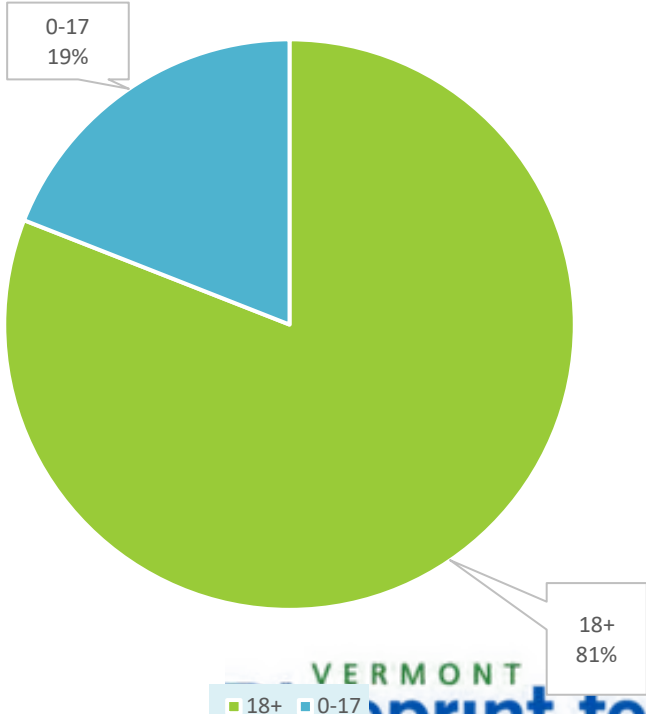
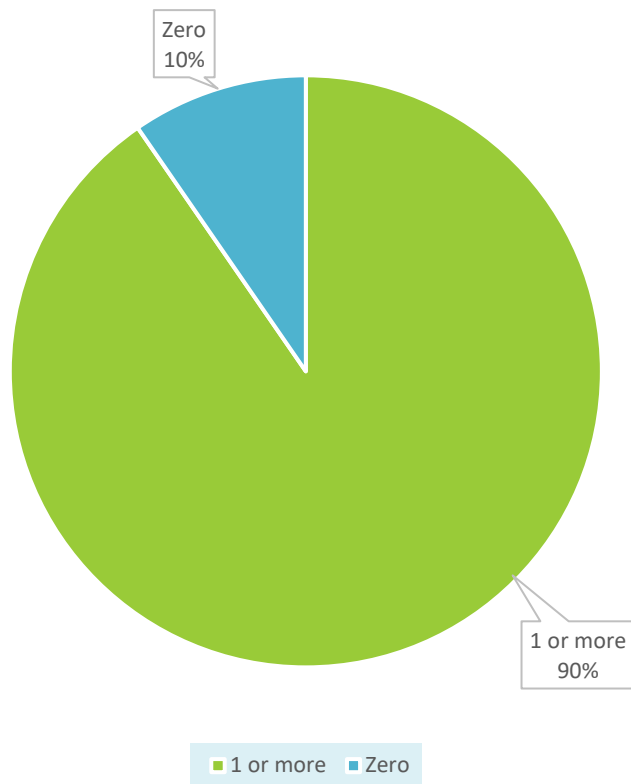


Chart Review Insights

Number of Screenings Given



Screening Type	% Screened
Mental Health	78.7%
Substance Use - Other	78.7%
Substance Use - Alcohol	62.6%
Food Security	50.4%
Housing Insecurity	46.2%
Substance Use - Opioids	42.6%
Safety (Interpersonal, IPV, Abuse...)	21.5%
Transportation	20.9%
Suicide	20.4%
Financial	16.2%



Chart Review Insights

REASON FOR CHT INVOLVMENT	% WITH REASON
Existing mental health concerns	26.5%
Medical concerns (chronic, complex, or otherwise)	23.5%
Care coordination (medication management, care transitions, new patient, referrals, etc.)	21.2%
Financial concerns (includes insurance concerns)	20.8%
Mental health concerns - new	13.3%
Housing insecurity	11.9%
Food insecurity	11.3%
Nutrition and Weight management	10.0%

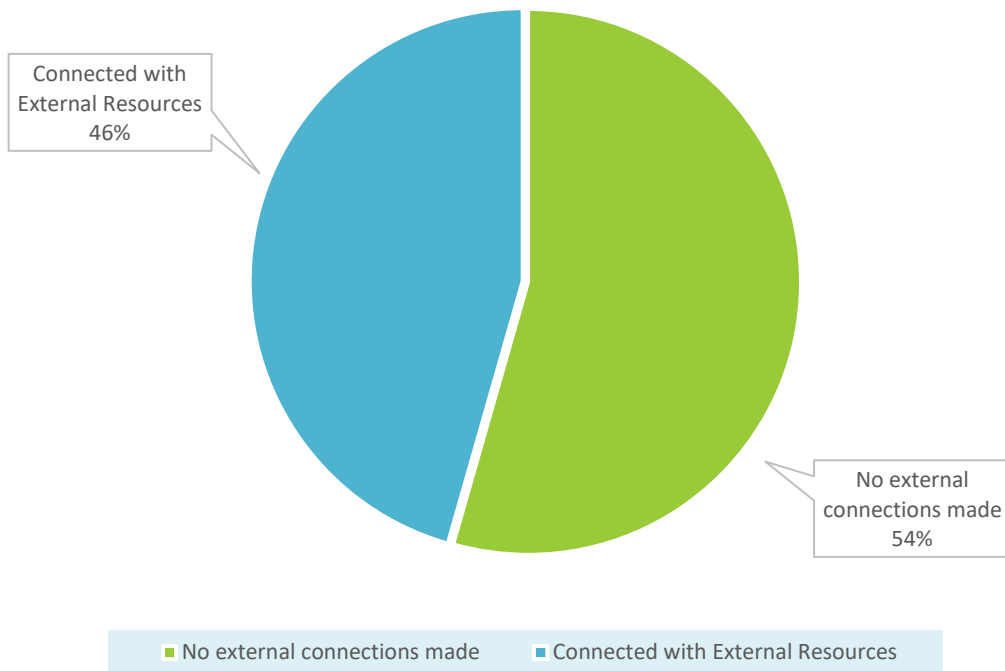


Chart Review Insights

TYPE OF CHT INTERVENTION	% PATIENTS EXPERIENCING
Assessment	36.5%
Brief Therapy	36.5%
Care Coordination	65.7%
Care Management	31.8%
Education	41.2%
Outreach	59.0%
<i>Peer Support</i>	<i>4.3%</i>
Resources	34.5%
Self Management Skills	34.5%

Chart Review Insights

External Connections Made



CONNECTION TYPES	
Mental Health provider	36.7%
Financial or Public assistance	26.2%
Housing provider	19.0%
Family Service Organization	14.3%
Food agency	14.8%
Specialty provider - medical or dental	13.9%
Transportation Organization	12.7%
Area Agency on Aging	13.1%
Education or Employment provider	8.0%
Legal Services	7.2%
Home Health	5.5%
Substance Use disorder provider	3.4%
Utilities	2.1%

Chart Review

Plan to repeat in Year Two

- Similar timeframes (Q3 review in October 2024)
- Similar process
- (Mostly) same questions to allow for longitudinal descriptive analysis

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2. How effective was the expansion pilot? ✓
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7. What impact did the program have on other Mental Health, Substance Use Disorder, and Social Service Providers? ✓
8. What impact did the pilot have on patients, families, caregivers, and their local communities? ✓
9. What changes have occurred in MH/SUD need, prevalence, and treatment? ✓
10. What supports and resources will be needed to maintain the initiative over time?

Practice and Provider Survey (Nov 2023)

- 48 responses (representing 70+ practices)
- 90% expansion participants, 10% no and unsure
- Participation status, hiring status, factors that influence feasibility of participation, access to CHT services, satisfaction with CHT services, and Patient and Family involvement and acceptance of CHT services

Practice and Provider Survey Insights

How will the new staff associated with the expansion funding be hired? (Select all that apply)

Our practice is responsible for hiring new CHT staff (55%)

Our Blueprint Administrative Entity is responsible for hiring new CHT staff (10%)

A third party (e.g. Designated Agency) is responsible for hiring new CHT staff (14%)

Unknown (8%)

Other (12%)

Practice and Provider Survey Insights

Concerns of Practices for Implementation

Workforce Availability/Recruitment/Hiring (19%)

Knowledge/Competency to Address Mental Health, Substance Use, and Social Needs (11%)

Time/Schedules (15%)

Physical Space (12%)

Screening Requirements (6%)

Electronic Medical Record Modifications (7%)

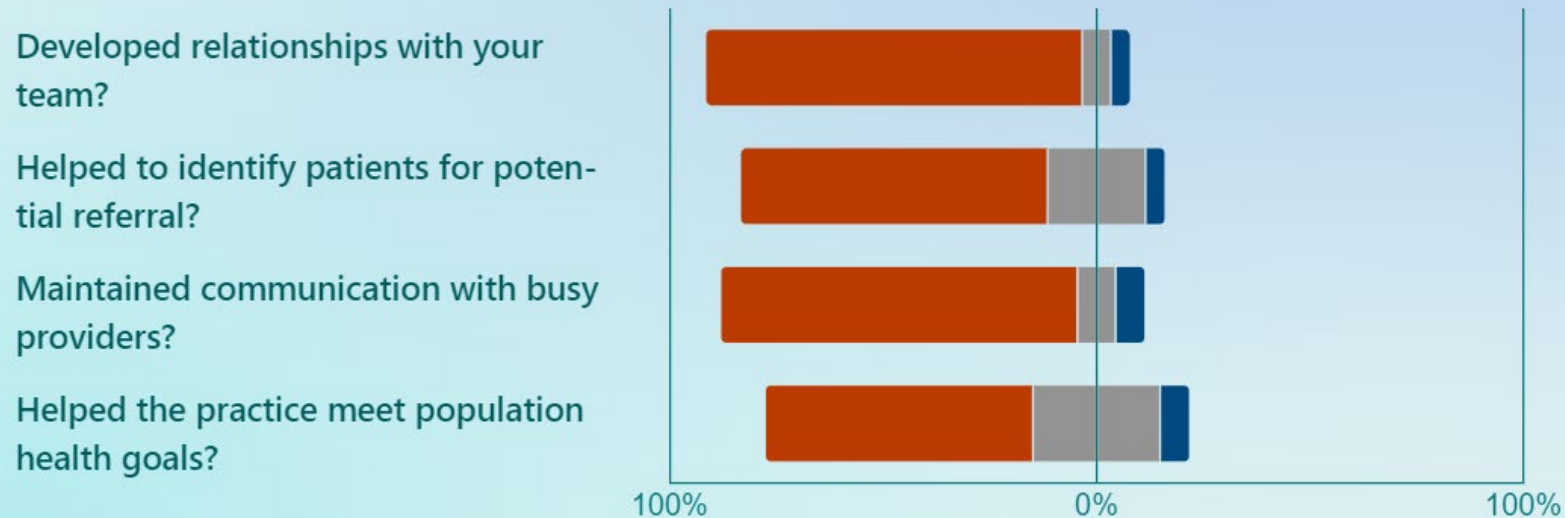
Community Health Team Member Integration (7%)

Availability and Access Specialty/Community Services (17%)

Practice and Provider Survey Insights

How satisfied are you with how your CHT has: (Select all that apply)

■ Satisfied ■ Neutral ■ Not Satisfied



Practice and Provider Survey

Plan to modify approach in Year Two

- Collect practice, provider, patient, and other program perspectives from external qualitative evaluator.

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External Evaluations

Qualitative Evaluator Successful Bidder: **Market Decisions Research**

Cecelia Stewart, PhD, MPH
Research Director

Allison Tippery
Qualitative Research Manager

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External Evaluations

Quantitative Evaluator Successful Bidder: MedicaSoft

- Statewide rates of MH/SUD diagnoses and treatment.
- Average total cost of care (claims) for MH/SUD conditions.
- Geographic variation in MH/SUD health care needs and treatment.
- Crude trends in MH/SUD occurrence and treatment over time (from pre-pandemic to current)
- Practice-level variation in MH/SUD health care needs and treatment.
- Co-occurring MH/SUD conditions.
- Rates of use of various MH/SUD treatment settings – primary care, telehealth, outpatient, emergency department, inpatient.
- Rates of follow up after ED visit for Mental Illness and Substance use, after hospitalization for mental illness, and initiation and engagement of Alcohol and Other Drug Treatment
- Mortality rates associated with drug overdose, suicide, chronic physical illness.
- Morbidity associated with MH/SUD diagnoses, particularly diabetes, stroke, and myocardial infarction.

External Evaluations

Contractor shall also produce the following standardized measures and data, categorized by practice, insurer, age group (12-17, 18+) and Health Service Area:

Initiation and Engagement in Treatment – Alcohol
Initiation and Engagement in Treatment – Opioid
Initiation and Engagement in Treatment – Other
30 Day Follow Up after discharge from ED Visit Mental Illness (FUM)
30 Day Follow Up after discharge from ED Alcohol and Other Drug Abuse or Dependence (FUA)
Follow Up after Hospitalization for Mental Illness (FUH)
Follow Up after High-Intensity Care for Substance Use Disorder (FUI)
Patient count by practice & HSA with General BHI CPT 99484 code (Assessment, monitoring, care plan revision)
Patient count by practice & HSA with Behavioral Health Care Management HCPCS G0323 code
Patient count by practice & HSA with CoCM codes 99492, 99493, 99494, G2214

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Discussion

Questions and comments?

Anything missing?

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Next Meeting

Meeting 2 – March 6th:

Review of program changes for Year Two
Year Two Chart Review

Meeting 3- March 13th:

Addressing any gaps between evaluation framework and
planned activities