

Consumer & Family Engagement Committee  
Health Home Recommendations  
November/December 2011

- Establish a specific process for tracking and following up on consumer and family input
- Use consumer advocates who attend regional conferences to obtain community input for distribution of information about health homes and collecting feedback from consumers
- Keep information distributed about health homes simple and easy to understand
- Persons with SPMI based on diagnoses, treatment history, and functional scores will benefit from health homes.
- Provide welcoming atmosphere in which consumers feel appreciated and valued in health homes
- Name for health homes should include “Ohio” – suggestions also included using words such as “wellness hub” and “navigator” in the title; need to convey that it is not a physical location, but a concept
- Information sharing should be a high-level, standardized approach; education is key and can involve drop-in centers, recovery community, child care training sessions, meetings, school nurses, guidance counselors, psychologist offices
- Train all levels of staff in the health home to engage and educate consumers
- Use peer specialists to engage clients
- Use brochures to explain what a health home is to mental health service patients; ask if they have primary care doctor; ask if they are interested in receiving behavioral and physical health services in the same location
- Use automatic enrollment process with option not to accept; make choice clear to consumers
- Use phone surveys to obtain consumer feedback about health homes; focus on the overall experience, while being specific enough to find areas that can be improved; do not focus on which treatment was received but how the consumer was treated
- Obtain necessary forms and signatures to meet HIPAA requirements during the enrollment process
- Incorporate recovery elements more clearly in the health homes SPA
- Peer support should not be over-regulated; the peer-to-peer aspect must not be lost.
- Use Cuyahoga County program for addicted mothers who lost custody of their children as a resource for guidance related to financing of the peer support service
- Follow up on concept of using affiliation agreements to ensure that peer support specialists are available.
- Although consensus was not reached, the majority of the group recommended that while a site-specific feedback process is ideal, this will not be required on day one.
- Implement a communication plan in each health home that requires signatures, possibly part of the treatment plan.
- Outcomes measures should focus on reductions in lengths of stay and the number of placements in residential care.
- Other suggestions for outcomes measures include: life expectancy, number of ER visits, number of consumers visiting multiple providers, number of incidences in which consumers are over-medicated, quality of life indicators (GAF, MISSIP, consumer satisfaction), and prevention outcomes (dental, wellcare).
- Case studies should focus more on behavioral health, weaving recovery throughout examples, and should specifically describe what the CPST worker does and does not do.