Partner Webinar

Solving It Together:

Behavioral Health as a Total Cost of Care Strategy

October 27, 2026



In collaboration with:

ACHI
AHA Community Health Improvement

American Hospital Association™
Advancing Health in America

CredibleMind

Today’s Panel



Caitlin Gillooley, MS

Director, Quality & Behavioral Health Policy

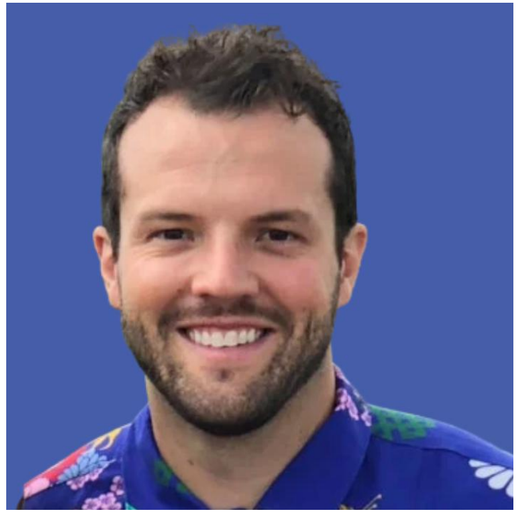
American Hospital Association



Clay Nicholas, MIS, MBA

Chief Commercial Officer

CredibleMind



Wren Withers

Digital Enablement Leader

Select Health, Intermountain

What we'll cover today

CredibleMind

1. **AHA perspective** Caitlin Gillooley, AHA
   State of the union for integrated systems
2. **From access to outcomes** Clay Nicholas, CredibleMind
   Engagement, precision and data that lead to outcomes
3. **Inside an integrated system** Wren Withers, Select Health
   One front door across plan and delivery system
4. **Moderated discussion** All panelists
   Governance, measurement and first steps
5. **Your questions** Moderator
   Audience Q&A

You'll leave with

- ✓ Behavioral health framed as a cost and quality lever, not just access
- ✓ A stepped-care model that routes people to the right level of care
- ✓ A measurement plan your clinical team and CFO can defend

Poll #1

CredibleMind

Where does behavioral health sit in your organization's total-cost-of-care strategy today?

- **A** Not yet an explicit part of our TCOC strategy
- **B** Managed mainly as an access and network-adequacy issue
- **C** Tracked in quality measures, but not tied to cost
- **D** Built into TCOC targets on one side (plan or delivery system)
- **E** Built into shared TCOC targets across plan and delivery system

Answer in the poll window

Results shared live

Section 1 · AHA perspective

State of the Union for Integrated Systems

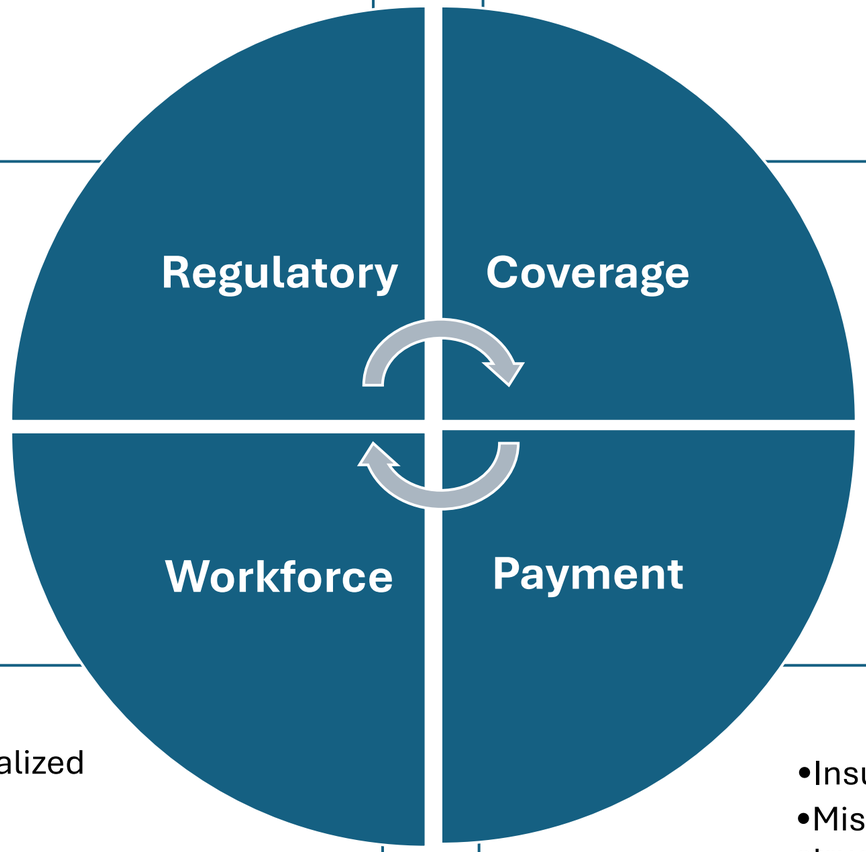
Caitlin Gillooley, MS · Director, Quality & Behavioral Health Policy, American Hospital Association

Policy Context Driving Costs

- Admin burden and complexity
- Outdated, unaligned requirements

- Lack of meaningful parity
- Shifting environment under OBBBA

High operational and resource costs for regular services



Consistent care in the right setting inaccessible

Playing catch-up with capacity, burning out staff

Service line is perpetual loss-leader

- Inadequate numbers of specialized staff
- Misuse of staff time

- Insufficient valuation
- Misaligned incentives and structures

Poor outcomes for patients

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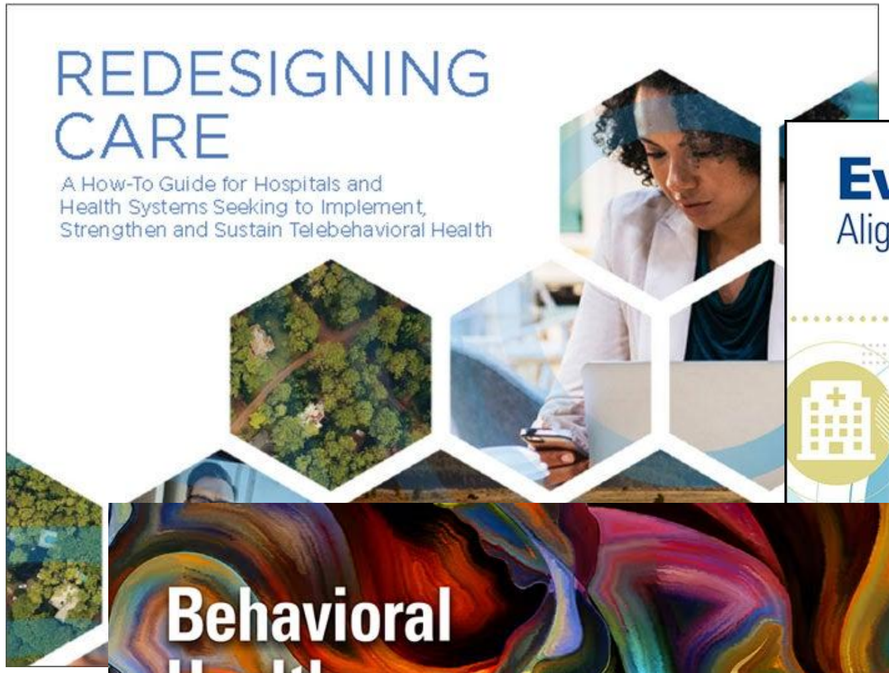
Integrated Systems' Approach

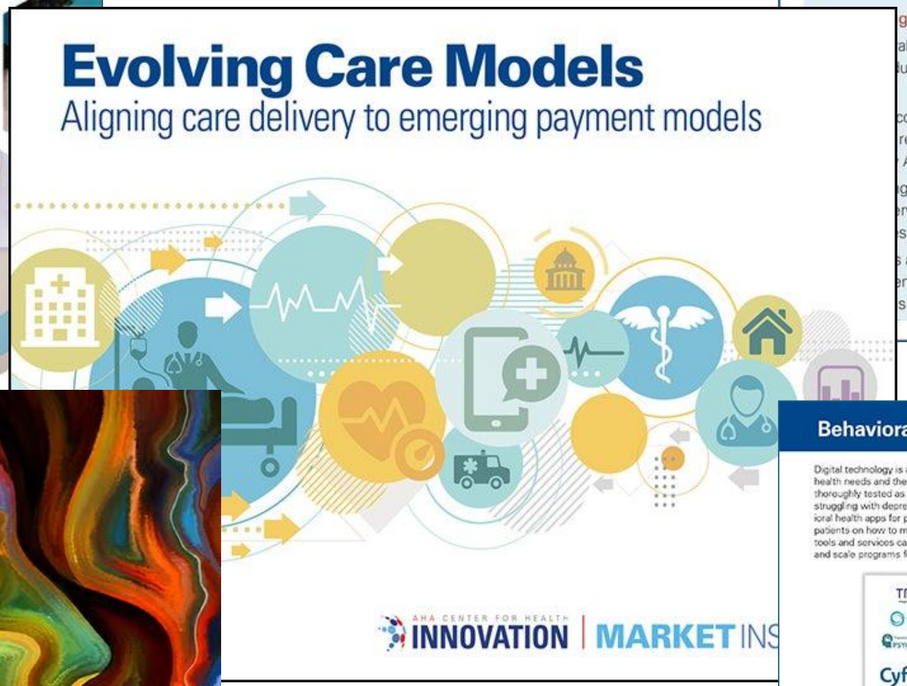


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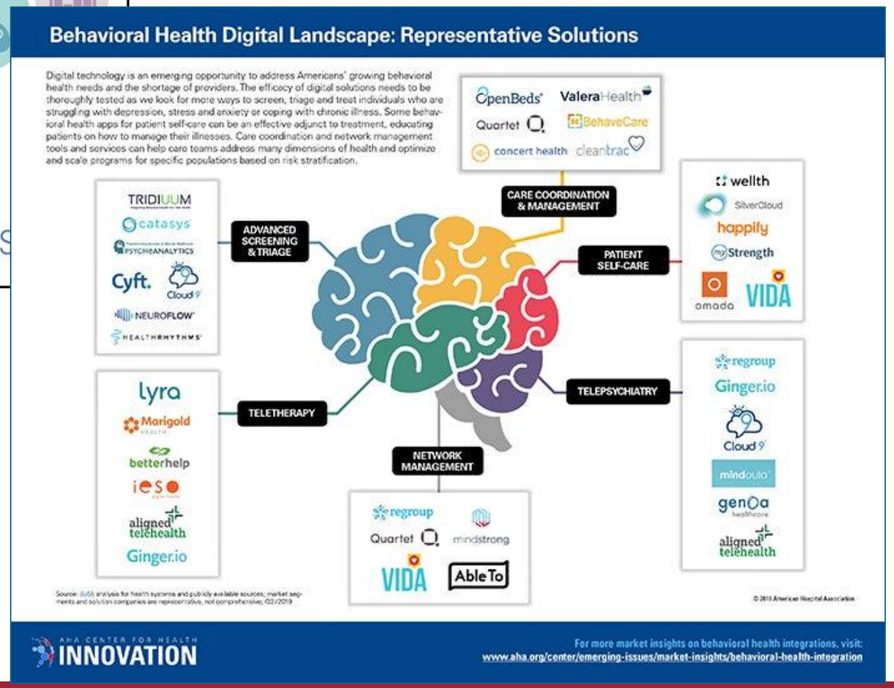
AHA Resources











Section 2

From access to outcomes: behavioral health as a total-cost-of-care strategy

...for integrated systems and ACOs

Clay Nicholas, MIS, MBA · Chief Commercial Officer, CredibleMind

About CredibleMind

The digital front door for behavioral health

Screening, routing, self-care and guided support in one place, so people reach the right care sooner.

>50M
Americans served

150+
customers

200+
communities

Serving **health plans · health systems · public sector · employers**

One platform, four capabilities

SelfCare
Trusted content, validated screening, tools and local resources

SmartScreen
Customized triage and acuity-matched routing

Guided Journeys
Structured digital support for rising and comorbid risk (Beta)

CareAdvocate
Tools for navigators and care teams

Our role: help people take the right first step, and help plans and systems see what works.

One mental health front door for every population you serve

CredibleMind

Workforce, community, patients and members on one trusted platform



One platform. Better outcomes. Shared value.

Behavioral health is a cost-of-care issue

CredibleMind

The spend shows up in medical claims, not the behavioral health budget



1 in 5

U.S. adults experience mental illness each year
NAMI

27% → 57%

27% of people have a behavioral health condition, and they drive 57% of total costs
Milliman, 2020

4.4%

of total spending goes to behavioral health treatment
Milliman, 2020

~$400B a year in excess U.S. medical spending tied to behavioral health comorbidity

The opportunity: manage behavioral health earlier, and medical costs follow.

Sources: NAMI, Mental Health by the Numbers. Milliman (Aug 2020), How do individuals with behavioral health conditions contribute to physical and total healthcare spending? Milliman (2018), Potential Economic Impact of Integrated Medical-Behavioral Healthcare.

Integrated and value-based systems feel it on both sides

CredibleMind

One member, one set of dollars, shared quality goals

Health plan or ACO

- Total cost of care: comorbid behavioral and chronic conditions
- Quality: HEDIS follow-up, plus HOS and Stars in Medicare Advantage
- Network spend rises with demand, not need

Same member. Same dollars. Same goals.

Delivery system

- Avoidable ED visits and boarding
- Primary care absorbs behavioral health demand
- Scarce specialists see needs a lower step could meet

The shift: The value is in engagement, the right level of care, and outcomes.

The value opportunity: ~$30M a year

For a health plan with 1M members

CredibleMind

ILLUSTRATIVE

~14,000

people engaged

≈ 1.4% of members

~$30M

addressable medical cost / yr

≈ $3M per 100K members

~7:1

ROI based on illustrative digital support pricing

for members with BH + chronic condition

Reach the right few, early: engaging ~1.4% of members addresses ~$30M a year.

Illustrative CredibleMind actuarial analysis (Oct 2026). Addressable cost = 50% of Milliman excess annual cost for members with behavioral health conditions, incl. those with diabetes (2020 Fig. 8; 2018 Fig. 11); commercial 2017 claims trended. Associations, not causal; Medicaid and Medicare differ.

Poll #2

CredibleMind

What is the biggest barrier to managing behavioral health as a total-cost-of-care lever in your organization?

- **A** Fragmented point solutions and vendors
- **B** Identifying rising-risk people early enough
- **C** Clinical capacity and workforce
- **D** Sharing data across the plan, the delivery system and partners
- **E** Alignment between the plan and the delivery system

Answer in the poll window

Results shared live

Stepped care: how access becomes engagement

CredibleMind

Triage starts at the front door and sharpens over time

Safe step-down: as needs ease, people return to steps 1–3

Step up: as risks escalate

1

Digital front door

One trusted place to start – awareness, education, triage and routing to the right level of care.

2

Self-care

Psychoeducation, engagement and self-guided digital content for low-to-moderate acuity.

3

Guided digital tools

Structured or semi-structured digital programs bridging self-care and clinical care for rising and comorbid risk.

4–6

Clinical care

The full clinical continuum, from outpatient therapy networks and virtual psychiatry through crisis, inpatient, and SMI care.

Digital tools: $3.6M - $8.7M net savings per 1M members a year (PHTI, 2025)

Source: Peterson Health Technology Institute, Virtual Solutions for Depression and Anxiety (May 2025). Commercial plans, one-year net impact.

Guiding members to the right level of care

Results from 10,000+ behavioral health screenings over one year

CredibleMind



ENGAGEMENT

77%[1]

of people at lower risk chose a lower cost self-care option

ENGAGEMENT

71%[1]

at elevated risk navigated to in-network clinical care

ENGAGEMENT

94%[2]

were satisfied with the resources

EARLY OUTCOME

57%[2]

reported positive behavior change

Screening plus routing sends each person to the least intensive step that fits.

Sources: (1) CredibleMind analysis of 10,000+ health plan participants acuity-screened over one year. (2) CredibleMind book-of-business analysis, 2026, self-reported.

Poll #3

CredibleMind

Where is your organization today in measuring behavioral health impact?

- **A** Measuring access (reach, utilization)
- **B** Measuring engagement (who gets which support)
- **C** Measuring clinical or quality outcomes
- **D** Measuring cost of care impact
- **E** Not yet measuring consistently

Answer in the poll window

Results shared live

Section 3 · Inside an integrated system

Select Health's experience

Wren Withers · Digital Enablement Leader, Select Health (Intermountain Health)

Select Health & CredibleMind

Wren Withers Digital Member Experience

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Why CredibleMind for Select Health?



- **Meaningful first step**
  - Support prevention and early intervention
- **Integrating behavioral health support into the member journey**
  - We’ve begun placing CredibleMind in common experiences that members utilize regularly
  - Fills gap between online searching and in person care
- **Added value to all products**
  - Ability to tailor the resources we promote and connect members & employers with

Intermountain Integration

Intermountain Health

+

Select Health

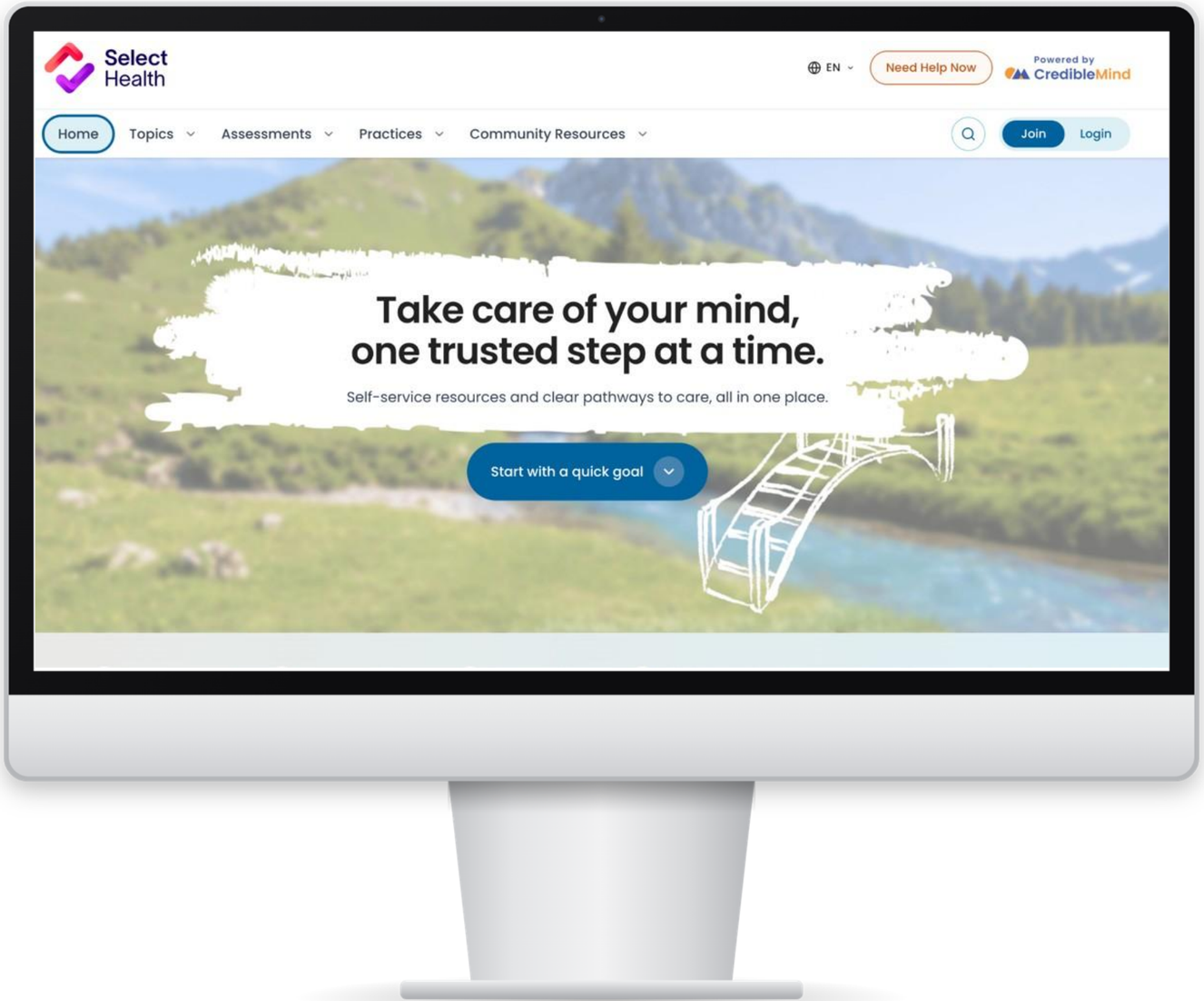
- **Expands IH behavioral health strategy to Select Health members**
  - Provides opportunity for coordinated delivery and messaging
- **EAP program support**
  - IH administers an EAP program to several Select Health large groups and CredibleMind is widely promoted and utilized

Engagement & Quality



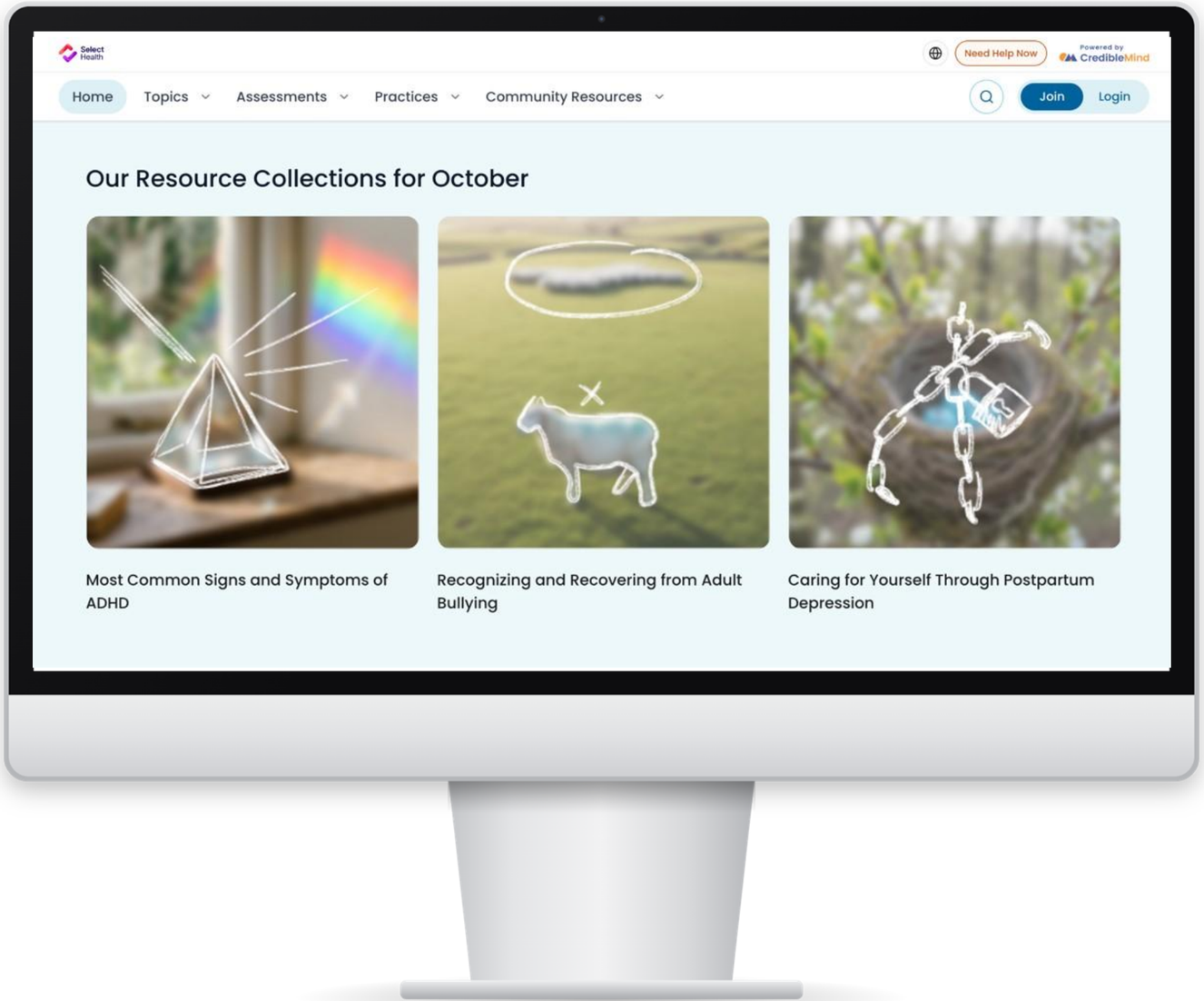
- **Current Touchpoints**
  - Next best action marketing campaigns
  - Member account and website
  - Sales and open enrollment events
- **Intended Outcomes**
  - Improve overall mental health and provide a 24/7 resource
  - Positive influence on related HOS and Stars measures over time

One front door, from MyChart to the plan portal



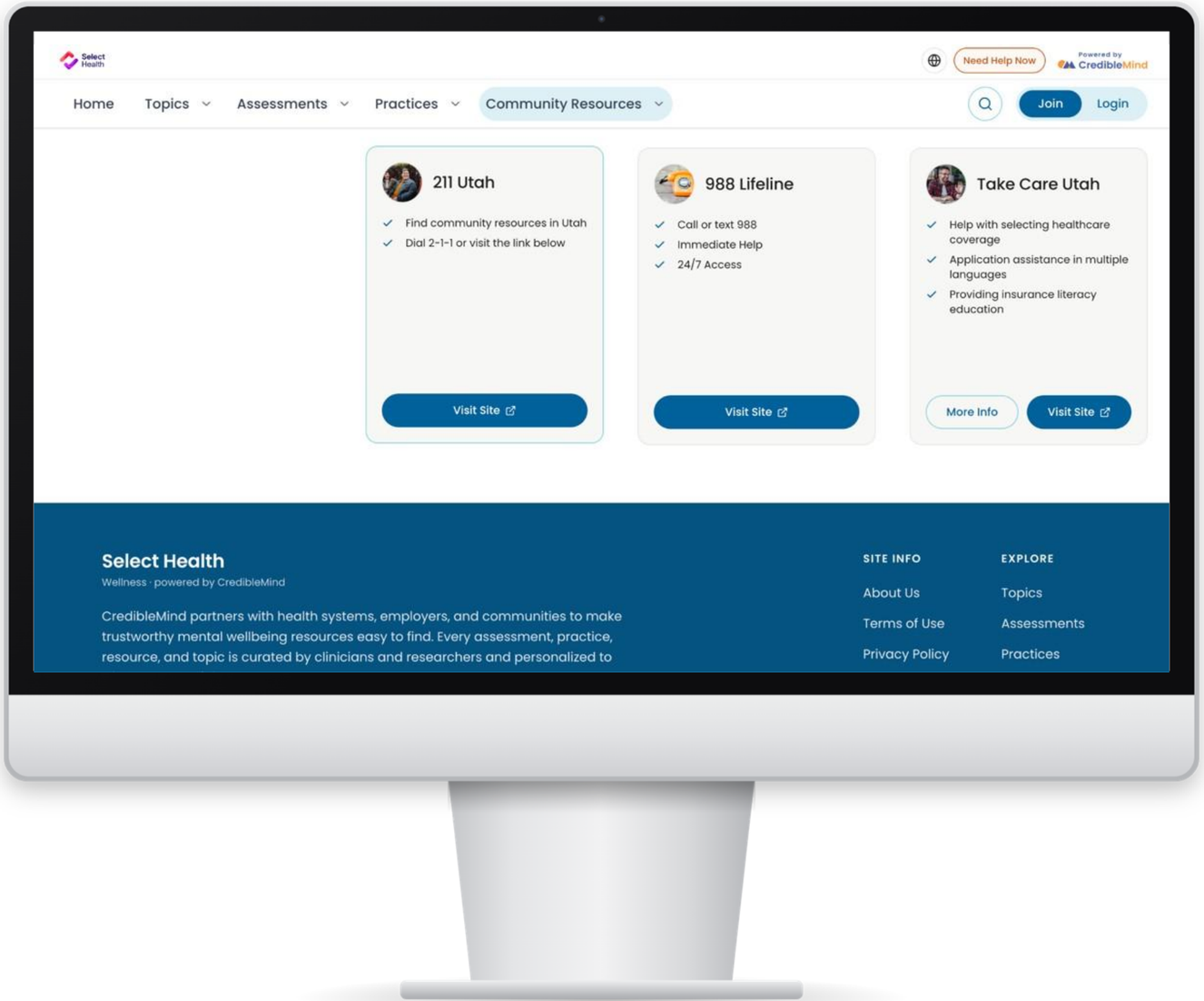
- Same experience in MyChart, our member portal, and online
- Start anonymously; sign in to save and personalize
- Help Now is always one click away

Timely and relevant, so people come back



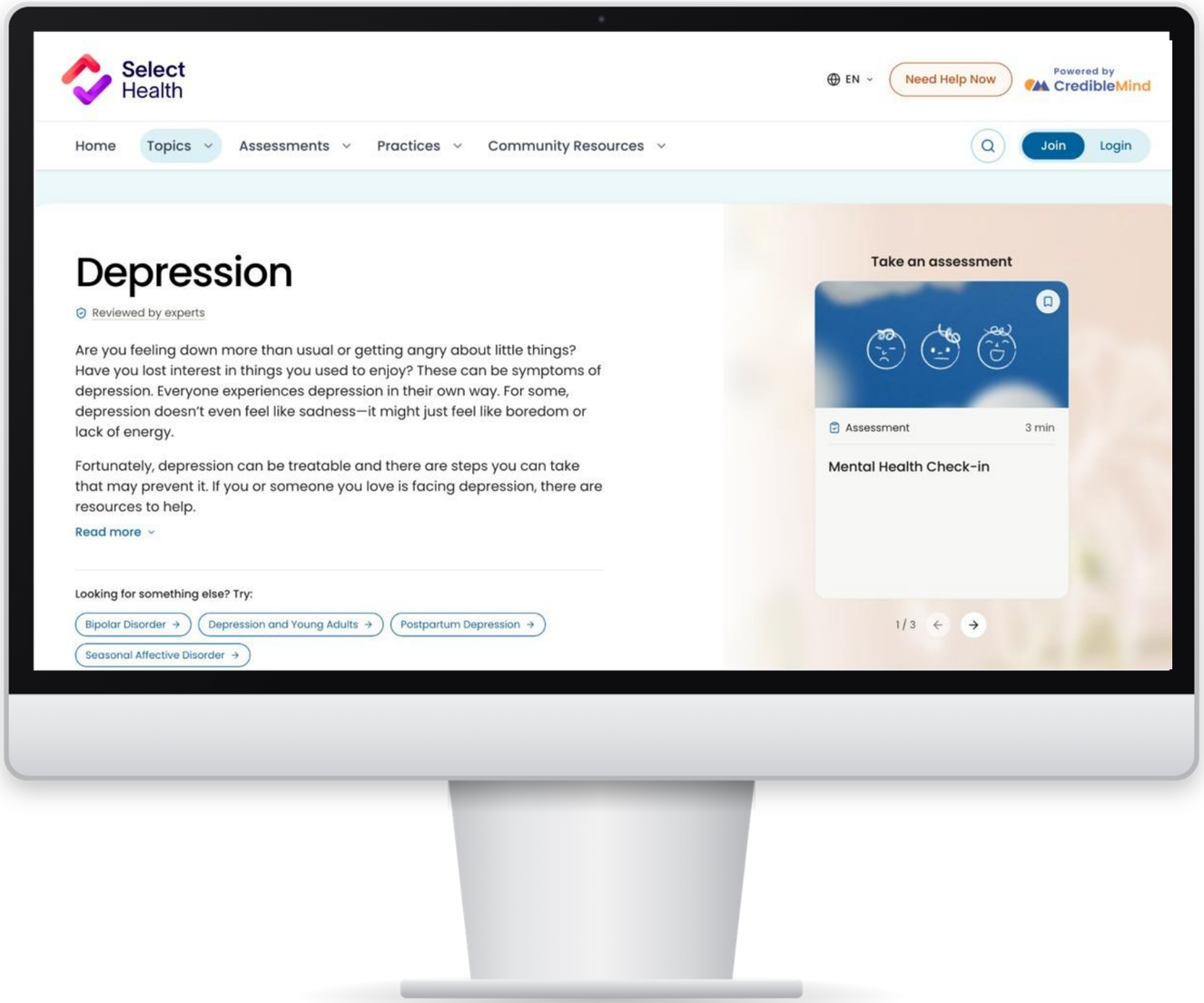
- Monthly collections tied to our priorities
- Lines up with our clinical and community campaigns
- Fresh reasons to return, not a one-time visit

Connected to our care and our community



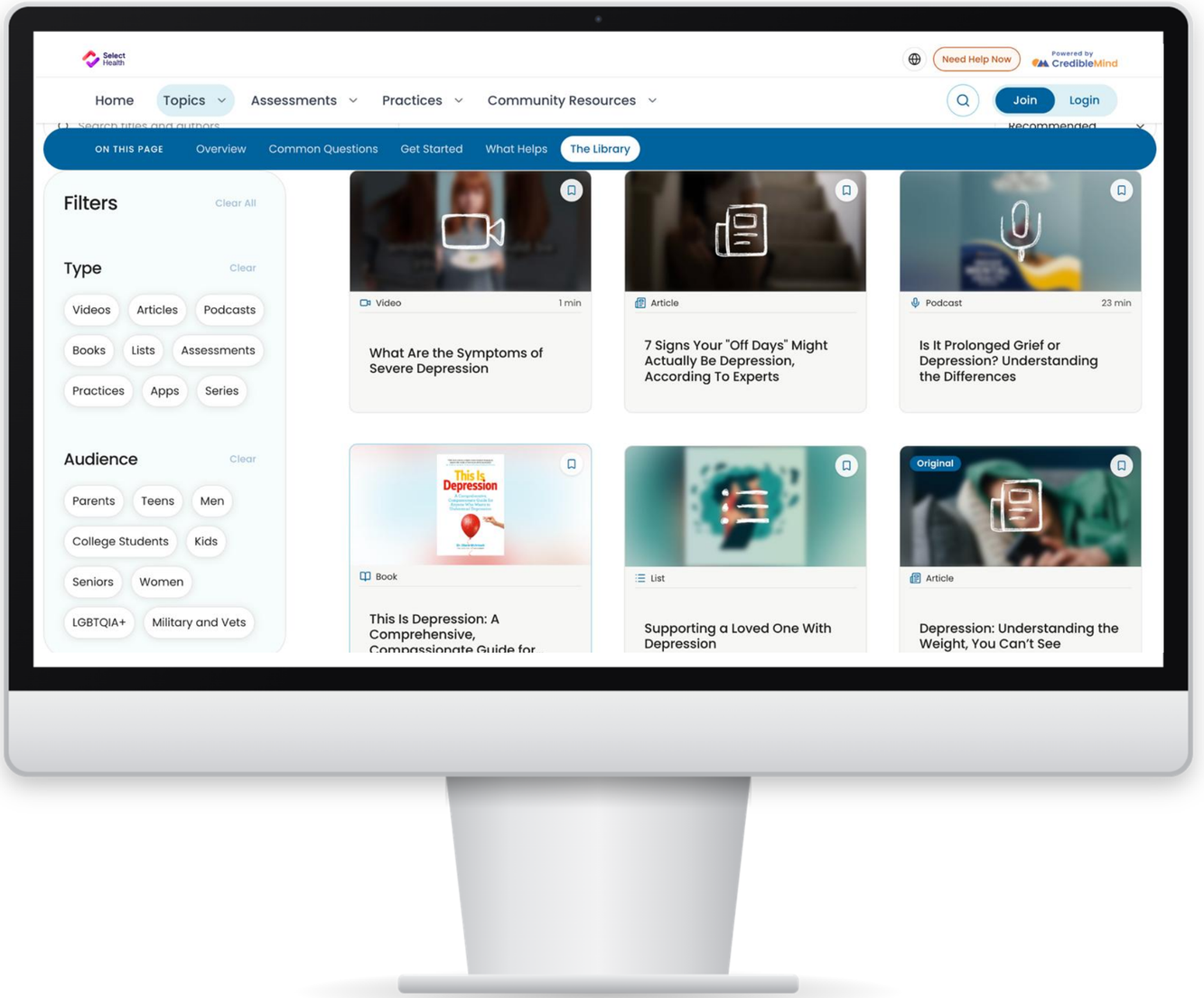
- 211 Utah, 988, and Take Care Utah alongside our own services
- Clear paths from self-care to our clinicians
- Keeps people inside our system of care

Evidence-based content our clinicians trust



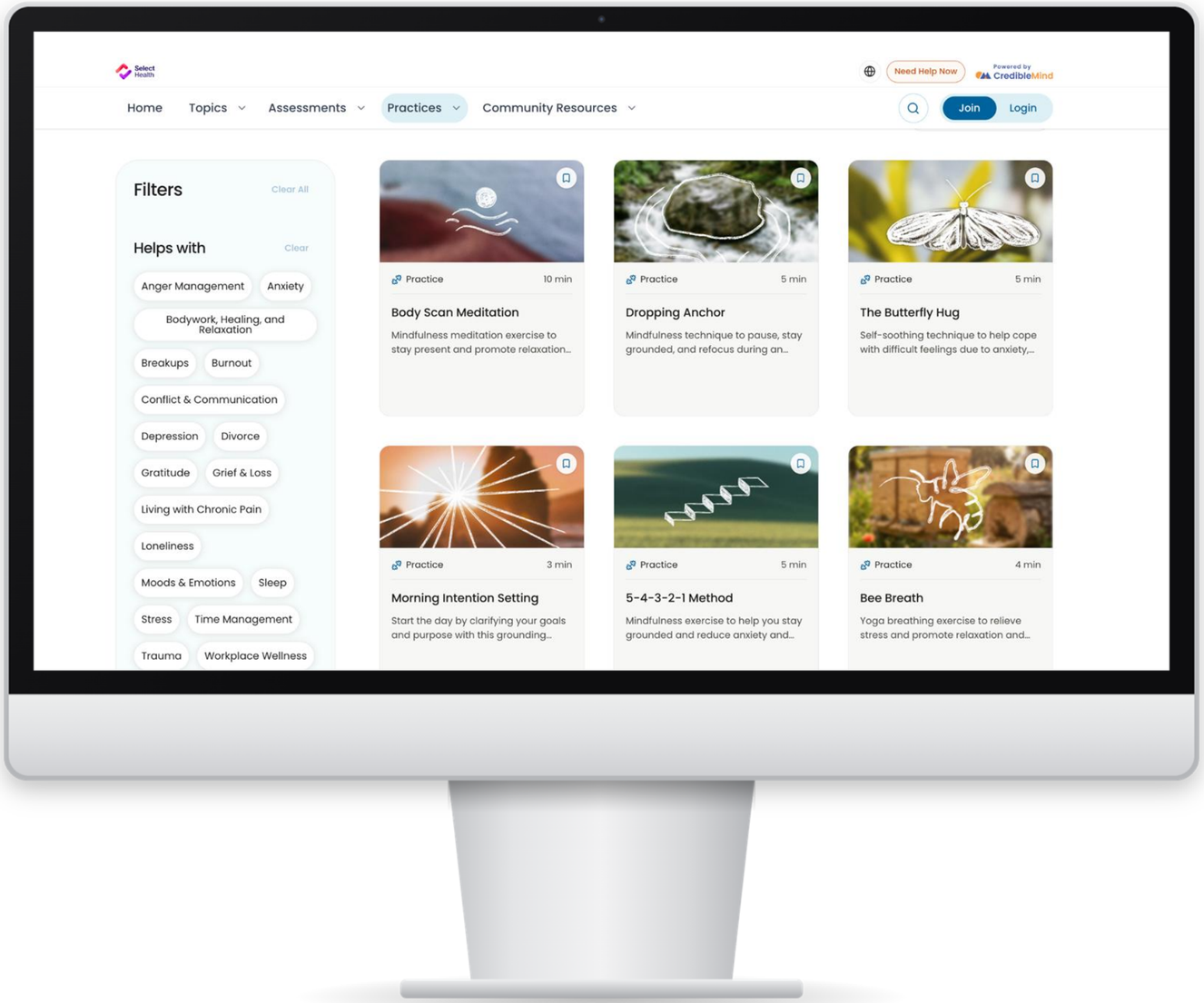
- 100+ topics, each with a “start here”
- Built-in check-ins point to the right next step
- Self-care blended with our own resources

Personalized for every population we serve



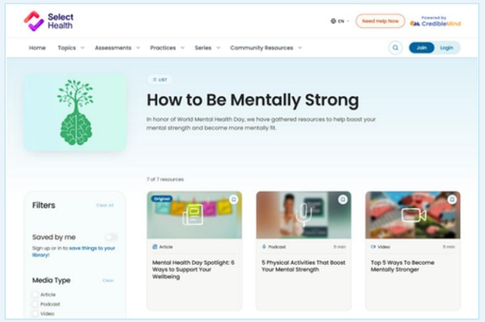
- Choose a format: video, audio, articles, practices
- Focus by audience: parents, teens, seniors, veterans
- One platform for members, patients, and employees

Guided practices build skills between visits



- Evidence-based techniques, demonstrated
- Extends our care teams between appointments
- Builds confidence and resilience

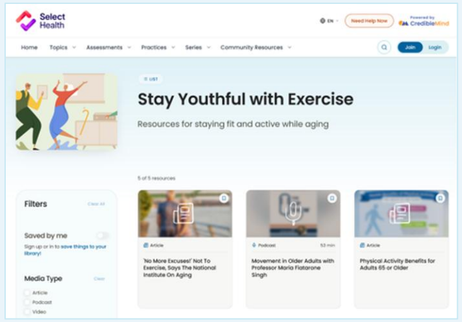
Supporting Medicare Advantage members' health outcomes



HOS OUTCOME MEASURE

Improving or Maintaining Mental Health

Supported by (sample): "How to Be Mentally Strong" collection
Resilience, coping, and connection



HOS OUTCOME MEASURE

Improving or Maintaining Physical Health

Supported by (sample): "Stay Youthful with Exercise" collection
Strength, mobility, and fall-risk factors

Also mapped: fall risk, physical activity, bladder health, sleep, nutrition, stress, caregiving

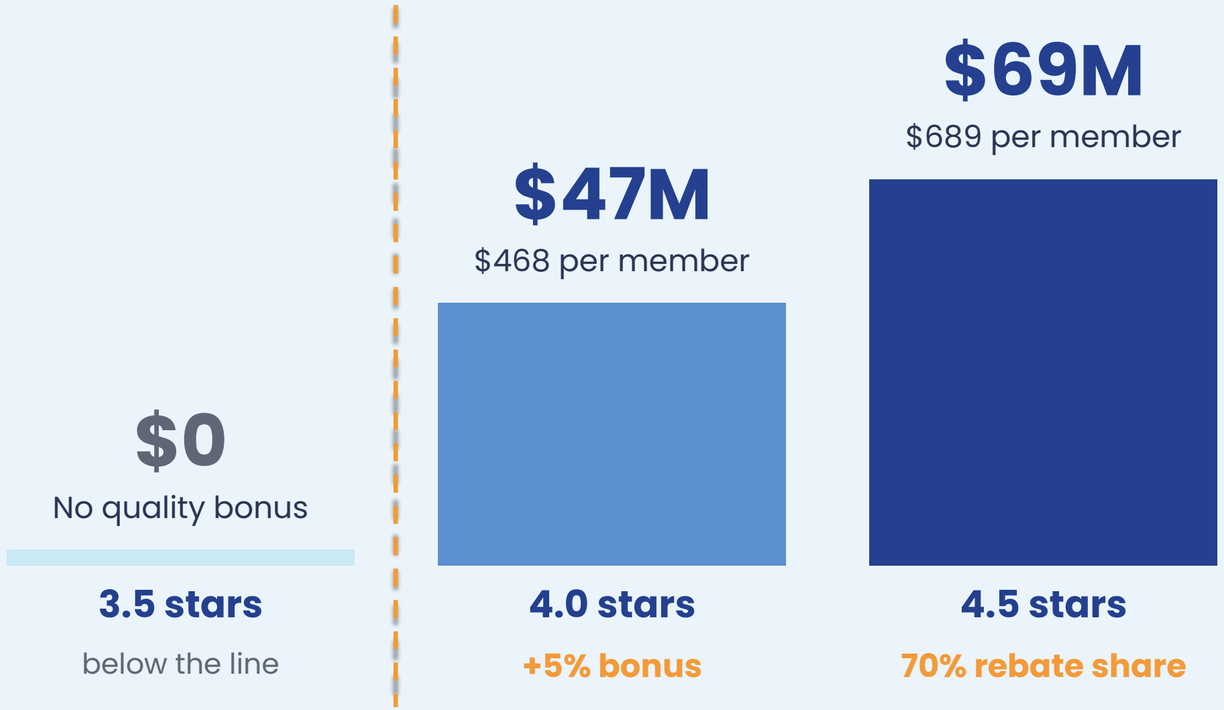
Integrated value: the plan earns the Stars outcome; the delivery system sees healthier patients.

What Stars are worth: the 4-star line

CredibleMind

Illustrative 100K-member Medicare Advantage plan at an integrated system

Annual value vs. a 3.5-star plan



How Stars pay

1. **4+ stars:** 5% quality bonus on the benchmark
2. **4.5+ stars:** rebate share rises from 65% to 70%
3. **Below 4:** no bonus at all

Why behavioral health matters here

In 2027 Stars, members' self-reported mental and physical health outcomes count 3× (up from 1×).

~$47–69M a year rides on the 4-star line for a 100K-member plan.

Illustrative: $1,200 PMPM benchmark, $3,700 PMPY benchmark–bid gap, 100K members. Rebates fund benefits and premiums, not margin. Actual benchmarks, bids and cut points vary. Sources: CMS, KFF (2026).

Poll #4

CredibleMind

Which next step is most realistic for your organization in the next 12 months?

- **A** Map behavioral health spend and utilization across plan and delivery system
- **B** Stand up a Digital Front Door with shared screening and routing
- **C** Add guided digital support between self-care and therapy
- **D** Build a behavioral health TCOC measurement plan
- **E** Not a priority in the next 12 months

Answer in the poll window

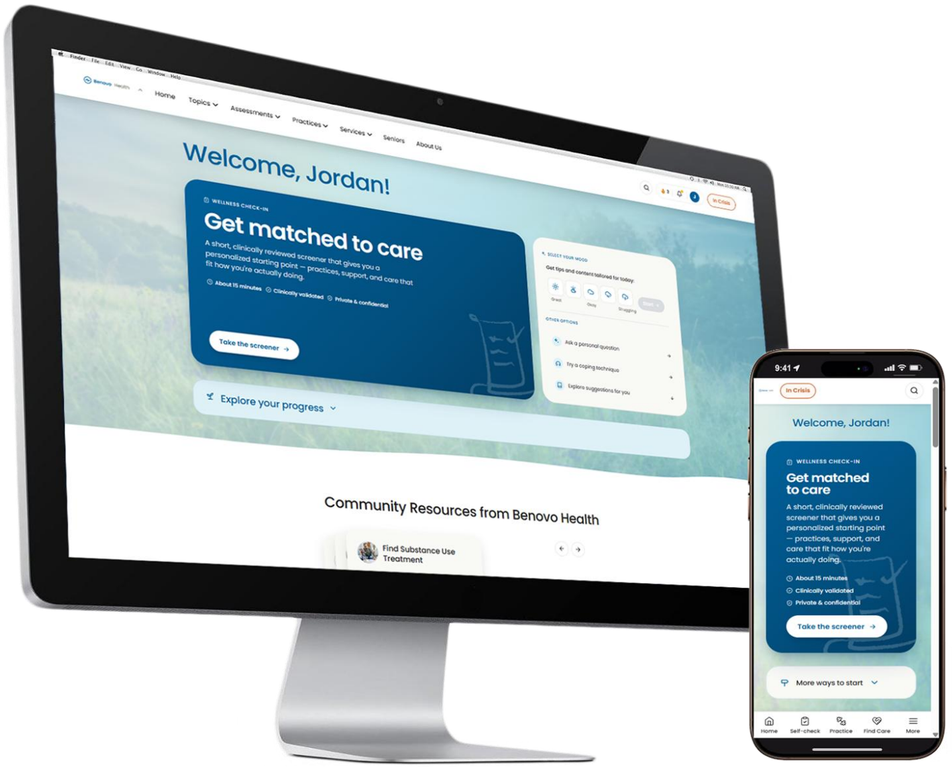
Results shared live

Your questions

CredibleMind

Audience Q&A

Type your question in the Q&A box. We'll take as many as time allows and follow up on the rest.



Caitlin Gillooley · AHA

Clay Nicholas · CredibleMind

Wren Withers · Select Health

Three takeaways

CredibleMind

1

Access is the start, not the strategy

Behavioral health cost shows up in medical claims and hospital capacity, on both sides of an integrated system or ACO.

2

Data-informed Engagement does the work

Match people to the least intensive step that works, and protect clinical time.

3

One front door multiplies value

One platform for every population. Value compounds, from cost of care to quality.

From access to outcomes: one front door, the right level of care, and results you can measure.

CredibleMind

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Questions?

Clayton Nicholas
Chief Commercial Officer
clayton@crediblemind.com

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