

Affinity Forum

Advancing Population-Based Behavioral Health

Inside and Outside the Hospital Walls

Session 3:

Scaling Impact and Measuring Success

In collaboration with:



Welcome!

Moderator



Nancy Myers, PhD

Vice President of Leadership
and System Innovation

American Hospital Association

Today's Panel



Jonathan Adler, MD

Assistant Professor, UMass Chan
School of Medicine

Chief Medical Officer,
CredibleMind



Deryk Van Brunt, DrPH

Clinical Professor, UC Berkeley
School of Public Health

Founder and CEO,
CredibleMind



Debbie Zuerner, MS

Director of Community Engagement
Owensboro Health

What We'll Cover Today

Real world case examples and implementation strategies to:

- Scale behavioral health initiatives
- Define and measure success
- Sustain program growth
- What's next

In collaboration with:



Population Behavioral Health:

Session 1 & 2 Recap



Recap: What's driving the need for a new approach?

250K

clinicians short of
demand

122M

live in an area with a
mental health care
resource shortage

8 to 10

years from symptoms
to treatment

2X

readmission rate
with a mental health
comorbidity

4X

ED use in complex chronic
illness with mental health
comorbidity

5X

the cost in these cases

3 in 4 want to start with self-care

Recap: Which communities can be reached with a Population-based approach?



Recap: What roles does technology play?



**Lower
Access
Barriers**



**Identify
Risk Early**



**Personalize
Self-care &
Navigation**



**Capture
Real-world
Data**

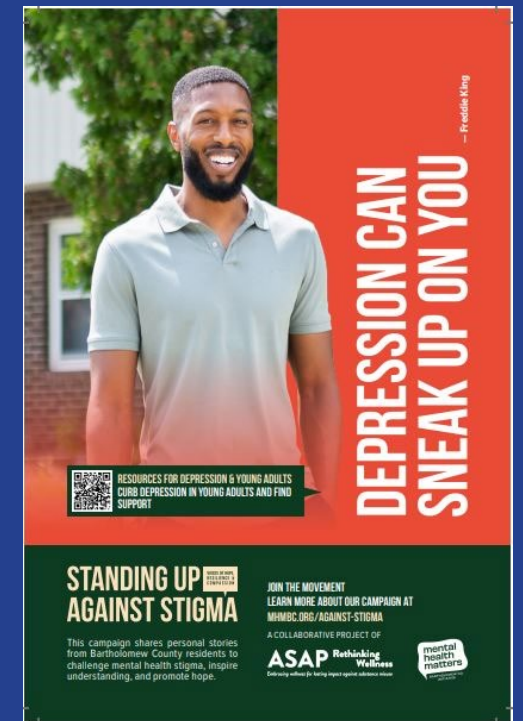
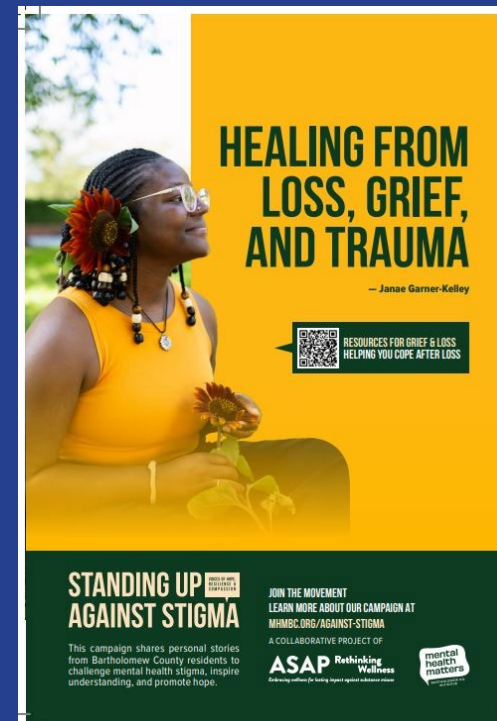
**Guided
Intervention
Pathways**

**Data
Driven Risk
Discovery
& Insights**

**Treatment
Decision
Support**

...+AI – safely and ethically applied – accelerates impact.

Recap: Technology helps scale real-world reach and coalition-building for community-wide deployment



Setting Key Success Indicators



Recap: Four Pillars of a Population Behavioral Health Model

JOURNAL OF MEDICAL INTERNET RESEARCH

Adler & Van Brunt

Viewpoint

It is Time to Realize the Promise of the Digital Mental Health Transformation: Application for Population Mental Health

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Abstract

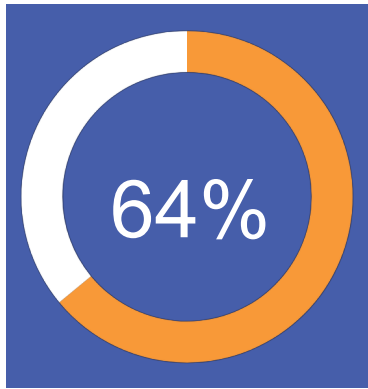
The past 25 years have seen the explosion of digital health care—from 1s and 0s initially serving most researchers for accomplishing their work, to the creation of smartphones, mHealth, and more recently artificial intelligence. The revolution for digital mental health is no longer in its infancy, as new tools are created to address mental health, sometimes even undergoing evaluation for adoption and efficacy. In fact, a recent study reporting on National Health Interview Survey data (annually conducted by the National Center for Health Statistics) indicated that, in 2024, 40% of adults reporting serious psychological distress used a digital health tool, which has increased from 21% in 2017 and 10% in 2013. Given the widespread access to digital tools and the potential of digital mental health, it is time for a new paradigm of care to address the mental health crisis in the United States. Reactive care, consisting largely of medication and counseling provided to those already experiencing severe or debilitating symptoms of mental anguish, is not adequate to address the needs of 22.8% of the US population (>55 million people) experiencing symptoms of a mental illness, and the larger number of people with preclinical mental health concerns. A population mental health approach is needed that includes early identification, intervention, and prevention, in addition to reactive care.

J Med Internet Res 2025;27:e63791; doi: [10.2196/63791](https://doi.org/10.2196/63791)



System-level KPIs

Meaningful Engagement with evidence-based resources



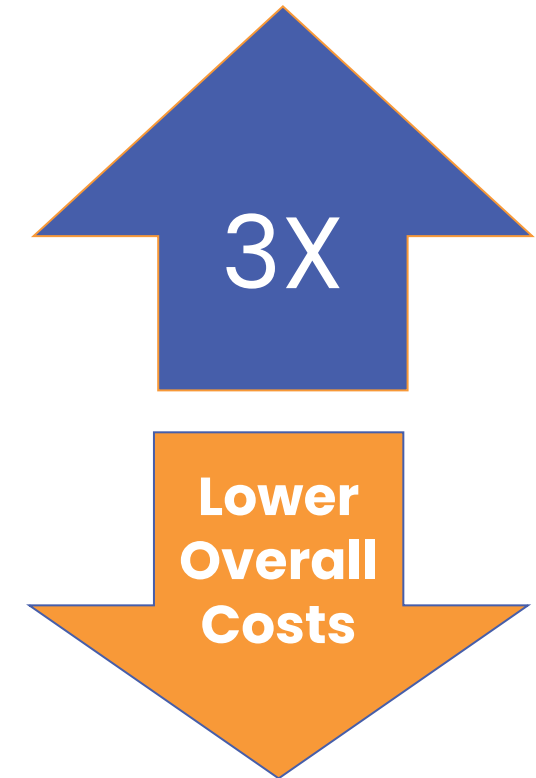
Examples

- ✓ Completed assessment
- ✓ Selected local resource
- ✓ Engaged a resource

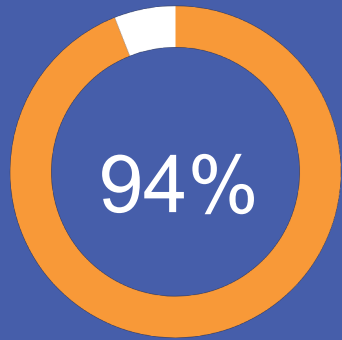
Assessment & Triage to the right level of care



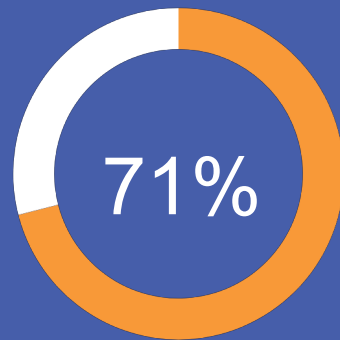
Cost-efficiency of screening-informed care



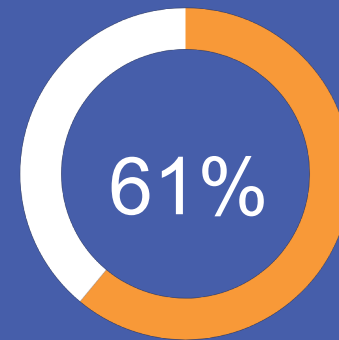
Patient-level KPIs



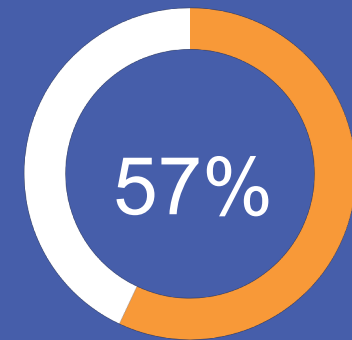
Like the
resources
("thumbs up")



Better
understand
their wellbeing



Learn a new skill
or practice



Make a positive
behavior
change

- 200+ Communities
- 446,000+ community members engaged
- 2.6M+ minutes of time spent on the site
- Over 50M with access, nationwide

Tying KPIs to the Communities You Serve

Community Members

The Health Workforce

In / Out Patients

Value Drivers

- Community access
- Reach at-risk groups
- Impact CHNA findings

- Staff resilience
- Clinician retention
- Patient satisfaction

- BH-related ED admits
- Reduced readmissions
- Better quality scores

Sample KPI

Over 20,000 community members engaged. 40% with SDOH needs

Voluntary turnover in clinical staff is reduced by 5%

Readmits among BH-comorbid cases are reduced by 10%

Perspectives from the field

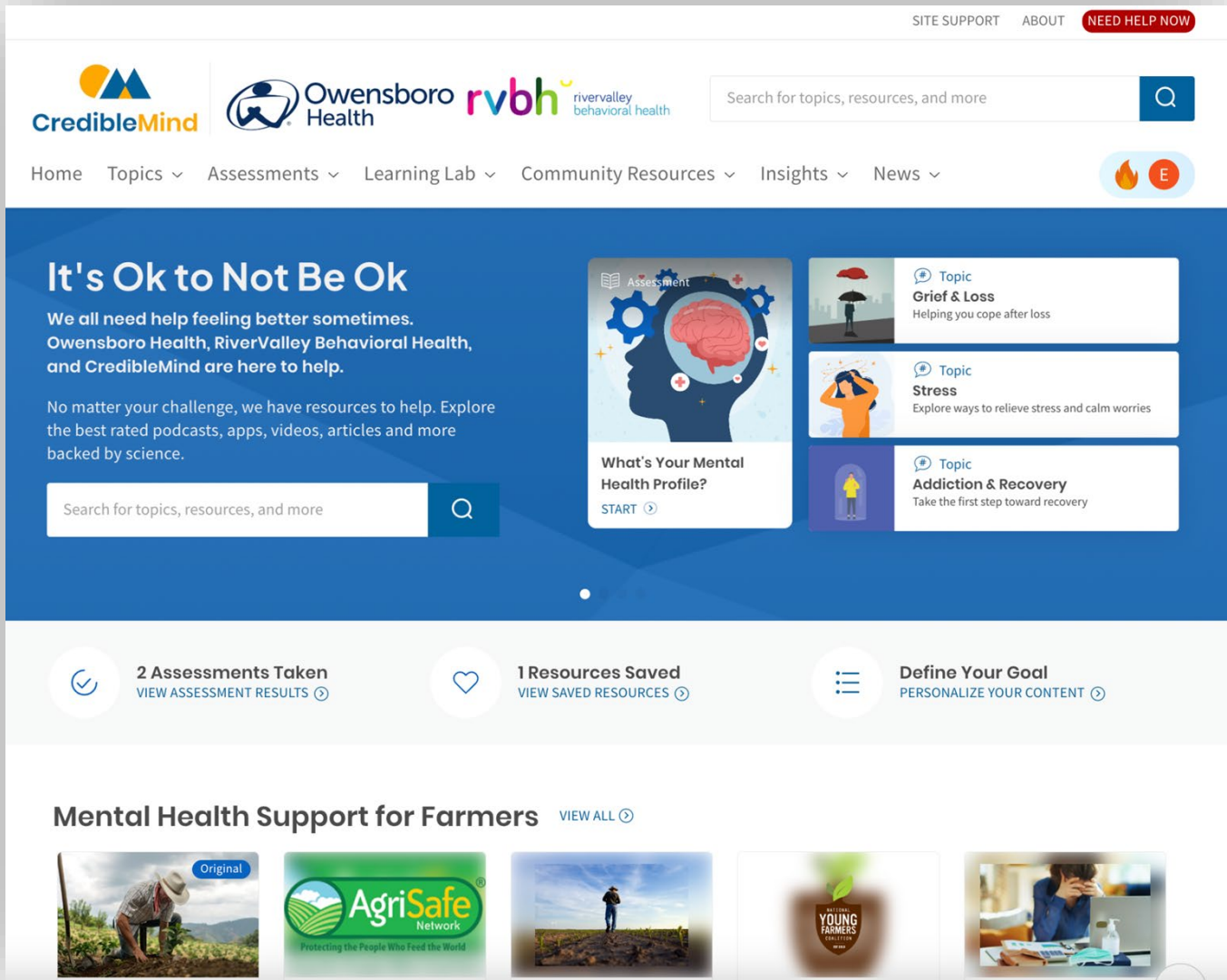


Debbie Zuerner, MS



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Assistant Professor,
UMass Chan School of
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Chief Medical Officer,
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Population Behavioral Health Pillar	Sample Key Performance Indicator	Sample Metrics
Digital Access	Engagement Stigma reduction Reach	% accessing platform ; repeat usage, time spent Usage by demographics Reach to underserved groups
Community Screening	Screening uptake Risk Identification Stigma reduction	% completing screenings Screening distributions Severity distribution % engaging in help-seeking
Evidence-based Self-care	Engagement Clinical outcomes Functional outcomes	Engagement/activation rates Distribution of topics Self-reported outcomes Absenteeism, work satisfaction
Connection to Care	Care coordination Follow-through System impact	% at high risk who access care % referred accessing EAP % in treatment in 30 days Reduced ED visits crisis episodes

Discussion



Next steps

Let's talk.

Scott Dahl
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Learn more.



healthycommunities.org/community-behavioral-health-solutions

Join us.

HCC Academy
Live Virtual Workshop
Thursday, Jan. 29, 2026
11 to 3 CT

aha.org/center/hcc/academy



healthiertogether.aha.org

Thank you!

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