Happy One-Year Report: Prepared for Payer

Happy is pleased to provide this program report to [a large payer serving over 2M Medicaid and Medicare members ("Payer") in support of our collaboration with the ____ and ____ health plans. This report features key outcomes and successes from the past year performance period from August 1, 2020 through July 31, 2021. The report details several noteworthy aspects of Happy's program, which has established a new and trusted source of care for Payer members by:

- Proactively outreaching to members, with a focus on education, prevention, early intervention and a "whole person" approach to mental health and wellness

- Providing therapeutic-level behavioral care, with an emphasis on delivering the essential ingredient of mental health, emotional support, through an evidence-based, peer-based relational model

- Creating an innovative behavioral health model that has been well-received by AHCA

- Removing the barriers and stigma that prevent most people who need behavioral health care and services from accessing it

- Extending behavioral access directly into the community where members live, work and struggle

- Screening for depression, anxiety, substance use, loneliness, social determinants and chronic health conditions, significantly reducing time to care – and avoiding higher level, more costly care

- Addressing the significant impact that COVID-19 has had on many members' and their family's lives

- Enhancing the Payer member experience – increasing health plan benefit knowledge and brand visibility as a trusted partner in the community

Happy's Program Effectiveness

The most promising result of Happy's partnership with Payer are real and measurable improvements in the lives of the members we are fortunate to serve. This success, which Happy is replicating in numerous other settings (including with major health systems), can be attributed to the core features of Happy's model: 1) a high-qualified network of peers (with backgrounds in healthcare) delivering industry best, therapeutic care centered around emotional support and accompanying instrumental support; 2) reaching members in the community through multiple engagement channels and access points to care; and 3) screening for behavioral health and social care issues before they worsen and lead to more costly care.

Over the past year, compelling trends and outcomes include:

- **Happy Consistently generates therapeutic-level outcomes** and overwhelmingly **positive feedback** from members

- Strong correlation to **reducing longitudinal PHQ-2 and GAD-2 scores** (for members engaged with Happy for over 3 calls)

- **Significant reductions in time to care** by an average of **4 to 8 weeks** for critical healthcare and social services

- Consistent **improvement in mood and symptoms of loneliness**, even after a single engagement with one of Happy's Support Givers

- **Became a trustworthy access point for members to receive mental health support** and assistance with wide-ranging life issues

- Strong indicators that Happy's service generates **cost savings and improved access to care**

- Happy was able to facilitate **over 15,000 member engagements**

Program Objectives Revisited

As established at the outset of the engagement, Payer and Happy devised the general program criteria and objectives outlined below:

Program Objectives	
Objective	Design Elements
1. Improve access to non-clinical level behavioral health services	- Happy offers services 24/7, using a dedicated 1.800 number and mobile app - Happy proactively outreaches to members using criteria developed with the health plan team - Members offered the opportunity to have multiple calls as needed, to provide longitudinal and sustained support - Targets of up to 2,000 outbound and 1,000 inbound calls total per month (with adjustments based on the average call time)

2. Offer emotional support aimed at expanding each member's natural support system, centered around early intervention and mental health and wellbeing	- Happy's program is focused on offering the essential ingredient of mental health, emotional support, as a core competency and service - The program takes a strengths-based approach aligned with mental health and wellness principles, helping members develop insight, self-care skills and tools - Each member relationship is tailored to their personal life situation and needs - Show longitudinal improvement in mood, depression and anxiety while using Happy's service
3. Conduct appropriate screening for depression, anxiety, loneliness or related social determinant of health issues	- Happy will screen members for depression using the PHQ-2, anxiety using the GAD-2, loneliness based on the UCLA Index and a mini-SDOH screener for critical issues such as housing and food security - Additional questions will be asked where appropriate to guide access to essential primary care and behavioral health services - A key focus is to screen, make referrals to the health plan and reduce time to care
4. Provide education to members on health plan benefits and services	Happy will assist and guide members in helping them access health plan services or send them to the appropriate health plan resource to access care management, member services etc.

See Exhibit B outlining the contract scope of work

Program Outcomes

Data from the last year (including the initial six-month pilot period) validate that Happy's program improves care access, enhances the care experience, and improves appropriate primary and behavioral care utilization with positive cost savings trends. Key program outcomes are described in detail below.

I. Member Engagement Successes

From the beginning of our partnership, **member engagement** has been the defining metric of success. Most Medicaid members struggle with physical and mental health issues and the basic

necessities of life – unless those members are engaged, a health plan is unable to detect and address these issues before their severity and cost escalate. COVID-19 exacerbated all of these struggles.

For our collaboration, we defined an ***engagement*** as a **substantive conversation with a member that lasted more than 5 -7 minutes** in which the member discussed a **personal need or a health issue**.

Happy's engagement and reach rates over the last year have been exceptionally high – Happy's Support Giver team consistently maintain **~ 30%** engagement rate with members.

The chart below offers more details on the **15,160** calls that Happy has made to, and received from, Payer members.

Call Metric	Metric Outcome
Total Members Outreached	10,833
Total Outbound Calls Made	14,658
Total Outbound Call to Active Phone	8,972
Total Inbound Calls (1.800 # or mobile app)	502
Total Members Engaged	3,708 (**41%** of members with correct info; **34%** of total members)
Total Members Interested in Service	1,832 (**49%** of engaged members)
Average Call Time Range	10 - 18 minutes

*For all numbers provided 433 had no phone service, 254 were wrong numbers and 112 hung upon being reached

Key Outcomes:

- **34%** engagement rate with first-time callers – an overall high number of members are receiving emotional and other support even with just one call

- Happy averaged **1,263** calls per month

- Average call time was around **10 - 18 minutes**
- Approximately **15%** of first calls lasted over **30 minutes**

Ongoing Calls and Engagement

Following Happy's successful initial outreach efforts, many members scheduled ongoing calls with Happy's Support Givers. These weekly or monthly engagements allowed Happy's Support Givers to

forge deep relationships with a subset of Payer members requiring the continual support of Happy's team during difficult times.

Call Metric	Metric Outcome
Total members outreached a second time	892
Total of those members scheduling 2 or more follow-up calls	595 **(67%)**
Average # calls for members receiving more than 1 call	5 calls*
Average Call Time Range for 2+ calls	45 minutes

*Average time period where a member scheduled 5 calls with a Support Giver was over 6-to-8-week time span.

Key Outcomes:

- **20%** of members engaged in more than one call over a 1-to-3-month period average; some of these members were transferred to care management
- Second calls are averaging **45 minutes**, showing deeper and more meaningful engagement with members
- Call durations on average increased with each call, suggesting increasing rapport between Payer members and Happy's Support Givers

Member Demographics:

Given the prevalence of TANF/CHP members, the calls skewed more to women. Approximately 80% of all successful outreaches were to women; 20% of calls were with men. With respect to those callers that required referral assistance, approximately 85% were women and 15% were men. We were not provided data on member ethnicity. Happy supported members ranging from ages 19 to 62.

II. Happy Value to Members

In order to assess the overall effectiveness of our program, Happy commonly asks users to share their feedback on the fundamental value of our service. Over the second half of our engagement, Happy conducted a random survey of 15 members engaged in ongoing calls, requesting feedback on the value of Happy's service and whether the member wanted to use the service in the future. While the sample size is small, the responses reveal an important first-person perspective of the high value to Happy members who use our service at least three times.

Key Outcomes:

- Every member we surveyed found Happy's service useful and valuable
- **100%** of members would view their health plan more favorably if they offered Happy's service as a standard benefit to you for free
- All members stated they would use Happy at least once over 6-month to a year period if it were provided by their health plan for free
- **100%** of members felt their Support Giver effectively supported them on their calls

Happy's ongoing interviews of members present similar results. We welcome working with Payer to develop a survey that assesses not only Happy's value but how best to coordinate Happy's service with other Payer benefits.

III. Screening for and _Directly Addressing_ Depression and Anxiety

Happy successfully screened numerous members for anxiety (GAD-2), depression (PHQ-2), loneliness (UCLA Loneliness Survey). The following is a high-level summary of those screens:

Screen	Results
Total Members Screened (PHQ, GAD, Loneliness)	1068
PHQ-2 positive screen	274 positive (**26%**)
GAD-2 positive screen	653 positive (**61%**)
Feeling isolated and social alone	97 positive (**9%**)

While Happy's screening protocols have successfully identified numerous members in acute need of services, **Happy's most significant accomplishment is providing a core service that consistently achieves clinical-level outcomes directly addressing a member's anxiety and depression through the timely and effective provision of emotional support**. The use of Happy's service over time leads to demonstrable reduction in depression over time, as evidenced by members' PHQ scores.

A review of our PHQ-2 screenings for a cohort of members who had 3 or more calls showed a consistent trend reduction. **Members who used Happy 3 or more times experienced a ~ 40% reduction in symptoms during the course of their engagements with Happy's Support Givers**. This strongly suggests that Happy's service is not only effectively promoting mental health and wellness, but also preventing deterioration in physical health, which often begins with mental health struggles. It is also noteworthy that these scores continue to decrease as our engagements continue, suggesting that as Happy's service became more engrained with members, adoption and clinical outcomes improved with each successive month of the roll-out. This suggests there is plenty of room to grow Happy's service across all lines of business as a valuable service.

**HAPPY EFFECTIVELY REDUCES DEPRESSION ACROSS ALL USERES**
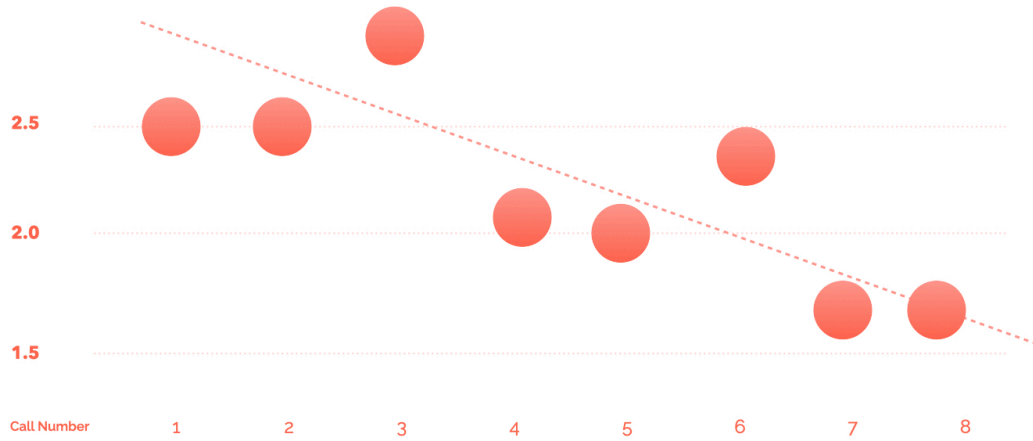
*Both female and male callers of all ages showed **a consistently decreasing trend in PHQ-2 score**, which demonstrates decreased depression symptoms over time in the program.

Members also showed consistent mood improvement, even over short periods of time – less than 2 to 3 weeks. Almost every engagement with Happy led to decreased loneliness, decreased anxiety, decreased depression and improved mood. **These outcomes demonstrate therapeutic value for members using Happy's service** and highlight the importance of **not only screening for mental health issues, but also effectively and directly addressing these issues at an early stage.**

HAPPY'S USERS SHOW CONSISTENT MOOD IMPROVEMENT OVER TIME
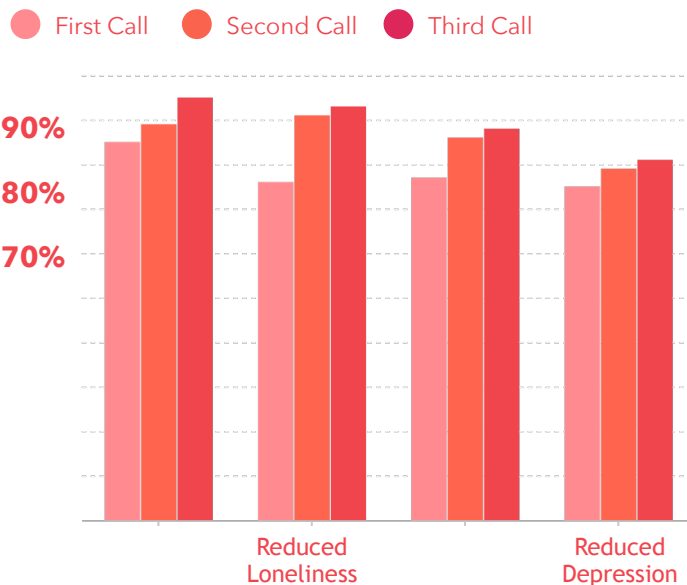
- Overall mood improvement rates were very high: **90%** of calls, resulting in mood improvement in at least one measured category.
- Mood improvement success rates of **75 - 85%** during the first call.
- Mood improvement rates increased with each subsequent call.
- By the third call and after, mood improvement success rates in the individual categories increased to **81-95%.**

● < 10 mins   ● 10 - 20 min   ● 21 - 30 min

● 31 - 45 min   ● 45 min+
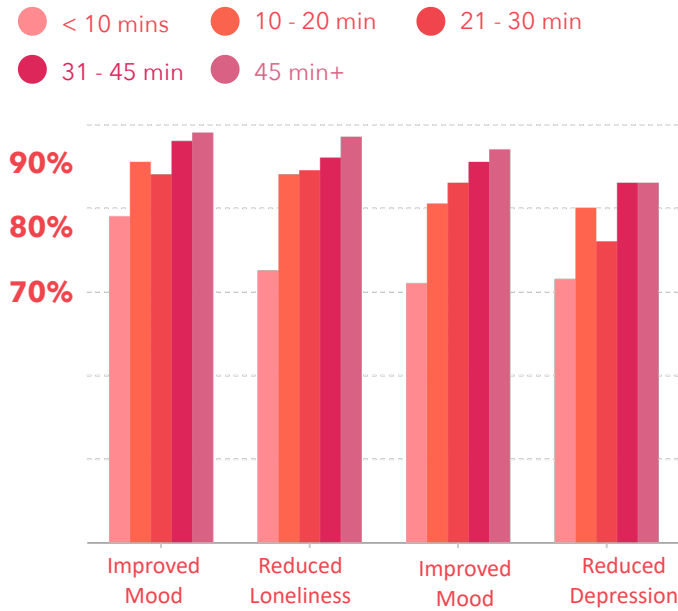
- Mood improvement rates increased with increasing call duration.
- **98%** of calls over 45 minutes resulted in improved mood.
- **97%** of calls over 45 minutes resulted in reduced loneliness.
- **94%** of calls over 45 minutes resulted in decreased anxiety.

IV. Overall Screening and Referral Successes

In addition to the successes screening for depression and anxiety, our Support Giver team was also effective at screening for and identifying social care needs (SDoH) and making appropriate referrals to the health plan.

Happy's ability to uncover previously undetected behavioral health and SDoH issues, and make timely referrals to address them, has enabled Happy to **reduce time to critical care and services for members by an average of 4 - 8 weeks** – i.e., if a member had not received an intervention from Happy, they would have either waited to engage for several weeks or would not have engaged at all, increasing the likelihood of costlier care.

Key Outcomes:

Happy identified and made referrals for several acute struggles facing Payer members. Below we describe the specific types of referrals Happy continues to make in real-time.

Member Referrals	Total Referrals
Total Member Referrals	232 (13%)
Outbound Call Member Referrals	193
Inbound Call Member Referrals	46

Member Referral Need Identified*	Referrals Types
Immediate Behavioral Health	30
Housing Security + Utilities	40
Food Security	38
Transportation	11
Personal Safety/Isolation	2
Parenting Support/Services	1
Vision/Hearing	10
Primary Care/Medication f/u	40

HAPPY IS REDUCING TIME TO CARE FOR THE FOLLOWING CRITICAL AREAS

PCP Support Needs 25%

Housing Security 23%

Food Security 23%

Behavioral Health Issues 19%

Medication Security 13%
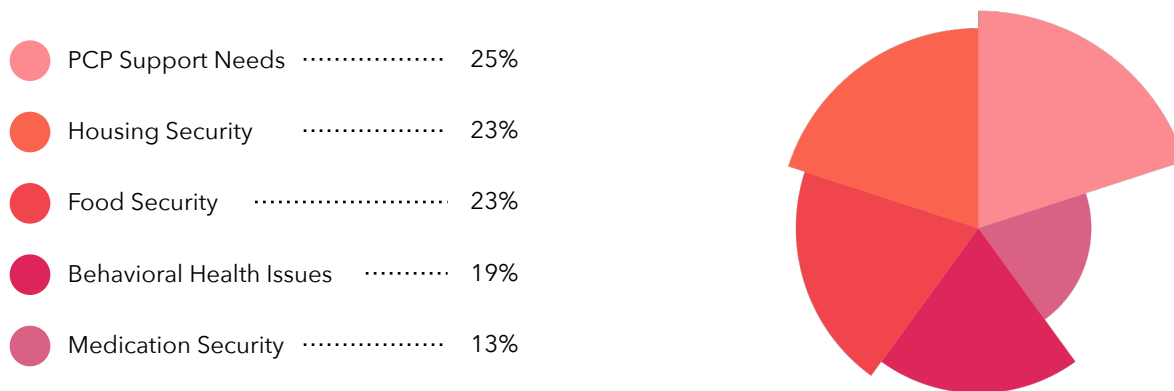
- Happy is reducing time to care **5x** through proactive outreach and screening for depression, anxiety

- Housing and food security, needing PCP support, behavioral health issues and medication security were among the most frequent reasons for referrals.

In addition to the outcomes noted below, a noteworthy takeaway from the last year was the number of Payer members struggling with housing and food security issues. Happy's Support Givers consistently identified housing and food security as a top area of concern requiring additional assistance. While these issues persisted for many members prior to COVID-19, a number of members noted that

COVID-19 had made it more difficult to access to care and services, increasing anxiety, confusion (members did not know where to turn for help) and desperation to secure basic needs for their families.

Key outcomes:

- Happy identified a critical SDoH or healthcare need for **~22%** of members engaged.
- PHQ-2: **26%** of all members and **82%** of members screened were assessed as positive on the PHQ-2 scale.
- GAD-2: **61%** of all members and **85%** of members screened were assessed as positive on the GAD-2 scale.
- Loneliness: **9%** of all members and **76%** of members screened were assessed as positive on the PHQ-2 scale.
- PCP Support Needs: **25%** of members with a critical SDoH identified had PCP support needs.
- Housing Security: **23%** of members with a critical SDoH identified had housing security needs.
- Food Security: **21%** of members with a critical SDoH identified had food security needs.
- Behavioral Health Issues: **19%** of members with a critical SDoH identified had behavioral health issues.
- Medication Security: **12%** of members with a critical SDoH identified had medication security needs.
- Over **80%** of members did know about or understand their plan benefit offering
- Several members were aligned back to care management services

V. Hearing and Honoring the Member Voice

One of the most rewarding aspects of our relationship with Payer has been the opportunity of our Support Giver team to interact with numerous Payer members across many walks of life – in most cases lives that have been made substantially more difficult by COVID-19.

We provided our service to a diverse membership struggling with common life issues, including parenting, finances, the death of family members, making ends meet, accessing basic healthcare and social services, and just finding a way to get through the day. Our Support Givers demonstrated that, regardless of the member's life situation, we were able to walk beside and support each member we were fortunate to serve.

As an example, one of our Payer-dedicated Support Givers, "Nancy," connected with "Anne," a 30-year-old woman with two children, eight months ago through our proactive outreach effort. Their relationship continues to this day. Below is a summary of the supportive relationship Nancy (and Happy) have forged with Anne:

Anne struggles with anxiety, back pain and asthma. Most of our team's efforts have focused on providing Anne with emotional support to ease her anxiety and motivate her to keep taking care of herself. Our conversations frequently focus on Anne's recurring anxiety, her back pain concerns, the challenges of parenting and her fears of COVID-19. On multiple occasions, Anne has thanked us for providing our service to her for free.

Sometimes when Anne meets with her Support Giver she is experiencing an acute crisis, but even in these moments she has been comforted to know she is not alone. As our conversations have progressed, our Support Giver team has helped Anne move to future, proactively preparing for challenges ahead of her and developing a better sense of control over her life.

Our interactions with Anne have also focused on educating her about Payer services. We have helped Anne and her children get connected to needed health and social services, including a referral for counseling services, scheduling a visit with her PCP, an assessment for her back and transportation to appointments.

Anne has made significant progress over the last eight months. She is on track with her physical health, adhering more consistently with her medications, and learning and utilizing strategies to help with her anxiety. This, in turn, has made Anne feel better about her parenting.

Anne communicates frequently how much she appreciates Happy's service. She tells Happy's Support Givers on almost every call, "I no longer feel alone" and "Thank you for always being there for me."

Even when Payer members engaged Happy's service only once, they consistently reaffirmed to Happy's Support Givers how much they appreciated **simply having someone to talk to**. Members vocalized that they needed and wanted to receive mental health support in a setting that felt warm, friendly, confidential and non-clinical. This feedback validates the necessity of a health plan offering members an easy access point to receive the essential component of mental health, emotional support, and feel heard, appreciated and reassured that their struggles are important and worthy.

Since the program's inception, member feedback on Happy's service has been overwhelmingly positive, as illustrated by the following sentiments captured in our conversations:

- *"It's been hard since I lost my mom and two best friends in 2020. I'm so thankful to have someone to talk to."*

- *"I trust you. That's the most important thing to me."*

- *"Thank you for trying to help me get food – I'm in a really bad place and very worried."*

- *"Thank you for sorting out my transportation referral – I've been overwhelmed and needed the assistance."*

- *"I feel much better about my future after talking to Happy."*

- *"Today is the anniversary of my son's death. I'm heartbroken but so grateful someone out there cared enough to call me and talk."*

- *"I feel much more confident and stronger after I speak with my Support Giver."*

- *"Thank you for listening because I can't share this with anyone else."*

- *"I'm so grateful for the support I've received through Happy. My life is in a better place. Thank you."*

- *"Thank you for calling. I can't wait to talk again."*

- *"I'm so grateful to have a safe place to share my worries and discuss things without judgement."*

- *"I'm so thankful I was able to talk to Happy – I don't know where else I might have such a handy, helpful resource."*

- *"Thank you for the call and the opportunity to talk through my challenges. I don't know who or where else I could talk about these things . . . it feels like a conversation with a really, good friend."*

- *"My check-ins with Happy are so helpful. Thank you."*

- *"I appreciate being given space to simply vent!"*

- *"I'm so thankful to have Happy as an extension to my regular mental health care. I need someone who I can speak safely to about my troubles and feel less alone."*

- *"I'm so thankful Happy is available for me and that I can reach out to a caring person whenever I need to speak to someone."*

- *"I'm feeling much less anxious. Thank you for listening to me."*

- *"I always feel better after I call Happy – I wish I had called sooner."*

Even members who engaged in only one call consistently reaffirmed how much they appreciated a single conversation focused on emotional supporting them, where Happy asked nothing of the member – other than the opportunity to hear their story and support them. Members were also pleased to know that Happy's service was available for future use. All of this positive feedback translated into **an extremely favorable impression of the health plan,** as members developed an increased conviction that **their health plan, by offering an accessible service focused on mental health and wellbeing, genuinely cares about them**.

Key Takeaways: Recommendations for Growing Our Partnership

Over the past year, Happy has been fortunate to work with a supportive Payer team equally dedicated to exploring new opportunities to expand access to preventive behavioral health services. Both Happy and Payer share a commitment to ensuring members have the support they need, consistent with a "whole person" model tied to prevention and wellness. Building upon the success of the first six-month pilot period, Happy's service quickly yielded numerous positive outcomes and trends.

As we look to extend and expand Happy's relationship with Payer and continue to improve member engagement around mental health and wellness, we note key takeaways and opportunities to build an even stronger program.

Key Takeaways:

- Happy's proactive outreach, in combination with being available for inbound calls 24/7, has greatly increased access to behavioral health services for members who otherwise might not have been engaged by the plan

- Happy's service quickly scales and can easily be administered to tens of thousands of members

- Engagement rates consistently above **30%**

- Screening outcomes show **strong trends in reduction in PHQ-2 and GAD-2 scores**, improved move and decreased feelings of emotional and physical isolation

- Members appreciate that Happy's service is destigmatized, simple to use, confidential and available 24/7

- Support Givers are quickly building rapport with members and also building **life-changing longitudinal relationships**

New Opportunities to Expand Payer/Happy's Program:

- Expand alignment to the Case Management and Member Services teams, with defined workflows to improve service alignment with closed loop referrals

- Increase data sharing between organizations to better monitor and measure program efficiencies, including therapeutic value, cost effectiveness and value to members

- Share fuller member data sets that include key demographic data such as ethnicity to ensure Happy's program is properly tailored to engage women and men across the entire community, especially Black and Latino members who are universally underserved by behavioral health services

- Design additional screening capabilities to assist Payer with gaining deeper understanding of membership needs

- Examine opportunities to coordinate with other behavioral health services, including traditional behavioral health and primary care providers (PCMH) and health systems, to offer Happy as a complementary service

- Improve referral and warm hand-off process to ensure member needs are met in near real time

- Explore common workflows to proactively reach more members – consider advanced marketing campaigns – call, text and through Payer staff

- Revisit broader marketing and communications of service to members to expand access and inbound calls

- Education of Payer team members on the service to increase referrals

- Conduct shared evaluation between the organizations with a cohort analysis tied to claims data

- Provide deeper stakeholder analysis to design a more intensive program with service expansion to deliver community-based services virtually or consider in-home models of service

With a strong foundation and successes to build upon from the first year of the partnership, Happy is excited about the possibilities to continue to provide and expand services to Payer's members. Happy will be expanding new virtual visit functionality and also offering additional services that will further enhance engagement opportunities with Payer members. Finally, we welcome co-designing new program elements to continue offering innovative approaches tailored across the Medicaid lines of business. Additionally, with the merger of health plans nearing completion, we welcome examining a Medicare offering and opportunities in other Payer markets.

Exhibit A

ROI Trends and Program Value:

While a complete ROI and cost-benefit analysis requires full data insights including Payer claims, cost and utilization data not yet available, there are very promising trends resulting from the last twelve months. For this evaluation, an ROI framework was developed to examine limited PMPM potential cost savings, noting the limitations in claims data access. The evaluation contemplates Happy both as an independent intervention and as part of a comprehensive engagement model tightly aligned with Payer's health plan programs, workflows and services (e.g., case management). Further, the analysis is only for a twelve-month performance period. Over a longer timeframe, increased ROI and efficiencies are expected as the program matures, new features are added and as Happy's service is further integrated into the health plan's workflows. For the last twelve months, it should be noted that a primary objective was to simply introduce Happy's services and examine utilization and engagement tied to a perceived need.

Happy clearly demonstrated its services, focused on wellness, prevention and early identification, are needed for the population served.

Other considerations in completing the analysis are examining members that used the service only once compared with members who used the service multiple times. It is likely that a more compelling argument can be made where individuals have an ongoing relationship with a Happy Support Giver over time. Further, where Happy aligns a member back into the health plan's ecosystem of services, primary care services etc., there will be an increased likelihood of improved care outcomes and reduced cost for those receiving Happy's service.

The "ROI Considerations" below summarize the components underlying the ROI value equation necessary to examine the full impact on reducing appropriate cost trends, improving the member experience, improving access to behavioral health services and driving membership retention and growth:

ROI Considerations

ROI Component	Comment on Potential Impact
Reduced time to care	▪ Numerous members were referred to the health plan for assistance with multiple care or service needs that otherwise would have gone unmet ▪ Utilization/cost/claims assessment needed to ascertain the value of reducing time to care/service that otherwise would have gone unmet

PCP/PCMH and Behavioral Healthcare alignment + Medication Security	- Multiple members were aligned back to their PCP/PCMH or BH health home- some had not seen their provider in over a year, others had never seen their PCP and others were unable to schedule an appt. - Several members needed medications and had missed doses or refills - Utilization and cost data to assess value of alignment to primary care services
Contract - HEDIS/STAR	- By assisting members with getting into their PCP, there are likely increased numerator hits tied to improving HEDIS (e.g., immunizations etc.) – support for success on value-based contracts - Value of service to improve member retention and meet other contract requirements - Utilization, claims information to assess improvement in gaps in care closure
Reduced Cost (prevention, wellness, early identification reducing higher cost care settings)	- Due to Happy's intervention, members were identified as having needs that allowed for earlier intervention, thereby reducing higher cost care (need to assess short and long-term ramifications) - Reduced ED utilization - Reduced inpatient utilization - Reduced avoidable readmissions - Reduced specialty utilization - Need additional utilization/claims review to establish trends for the population receiving the Happy intervention - Assess value of early identification and intervention
Value of Service to member	- Assessment needed to establish value of service to members and impact on: net promoter scores, CAHPS scores, meeting other contract or policy requirements to address social isolation, screen for anxiety, depression - Value of expanding a community-based behavioral health program and service to a high-risk population - Improved member mood leading to engagement with healthcare system and self-management
SDOH	- Identifying members who are in urgent need of social care/ community services to address housing/food security, transportation - Assess those in care management or those who used the health plan services for the first time or after a long period of disengagement

Member Complexity	▪ Identifying members who are "rising risk" or in a lower risk stratification but were identified to need a higher level of care or a candidate for care management
Staff Efficiencies	▪ Expanded the health plan's outreach capabilities to members who would otherwise not engage with the health plan ▪ Created efficient referral process focused on immediate intervention on active acute issue
Pilot Cost/Call Targets	▪ $17,500 – 500 calls/month contracted – actual calls made: 1,050 calls per month
Members Engaged	▪ 3,708 (15,160 total calls made 8,972 calls with active phone service, correct #)
PMPM Potential*	▪ $1.50 - $2.00 avg, PMPM projected for members engaging in the service

*Additional cost, claims and other appropriate utilization data needed to fully assess ROI and program value

Exhibit B

General Program Framework:

Happy's Support Giver program framework is described below.

Program Focus	Program Components
Target Population	▪ All active members will be eligible to receive services; the health plan may elect to focus on specific population subsets (e.g., specific risk stratification for integrated care management, readmission etc.)
Performance Period	▪ 6-month performance period (recommended minimum of nine months for adequate data to support a successful pilot evaluation) ▪ Additional one-year contract was added in February, 2021
Interventions	▪ Direct member service featuring social isolation and emotional support expertise ▪ Depression & anxiety screening and assessment (PHQ-2, GAD-2) ▪ SDOH risk screening and issue identification ▪ Resource referral, alignment and plan benefits education
Targeted Outcomes	▪ Program and service value to members ▪ Member satisfaction with the service ▪ Member engagement – at least 10% of those reached by phone ▪ Decrease total cost of care – (e.g., ED/inpatient utilization, readmits) (per claims data) ▪ Timely referral for care management; primary care services/PCMH to cover HEDIS/STAR metrics or other gaps in care (per claims data and referral reports) ▪ Improved member retention and plan satisfaction ▪ Improved member engagement and experience (CAHPS) ▪ Enhanced risk identification of physical, behavioral health and SDoH needs ▪ Improved member self-management
Evaluation Design	▪ Pre/post cohort-controlled study; Intervention group with similarly situated control group (includes access to health plan claims and other utilization data)

Data Sources	- Happy administered surveys - Happy screeners - Happy call-logs and reports - Payer case management/members services reports or other referral logs - Payer claims data