



Bridging Care and Community: Food Is Medicine in Behavioral Health

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**Today we will answer
FOUR questions**

Why does food belong in behavioral health?

What exactly is Food is Medicine?

What is happening in Colorado?

How can I put Food is Medicine into practice?

SETTING THE STAGE

Why Food Is Medicine Matters for Behavioral Health

~80%

of adults with serious mental illness are overweight or obese, about double the general rate.

Sources: In SHAPE program literature (Bartels et al.)



A markedly higher disease burden

People with serious mental illness face substantially higher rates of obesity, [diabetes](#), [cardiovascular risk](#), [respiratory disorders](#), and other conditions than the general population.



Medication compounds the risk

Psychotropic medications, especially antipsychotics, are [well documented](#) to cause weight gain and metabolic syndrome.



Social factors and health behaviors as drivers

Unhealthy behaviors such as smoking, sedentary lifestyles, and poor sleep exacerbate the risk for metabolic syndrome. Food insecurity can worsen behavioral health outcomes and undermine treatment adherence.

THE EVIDENCE

The Comorbidity Burden Is Urgent and Costly



10 to 20 yrs

Shorter life expectancy for people with SMI than the general population



25% vs. 11%

30-year cardiovascular risk, SMI vs. no SMI



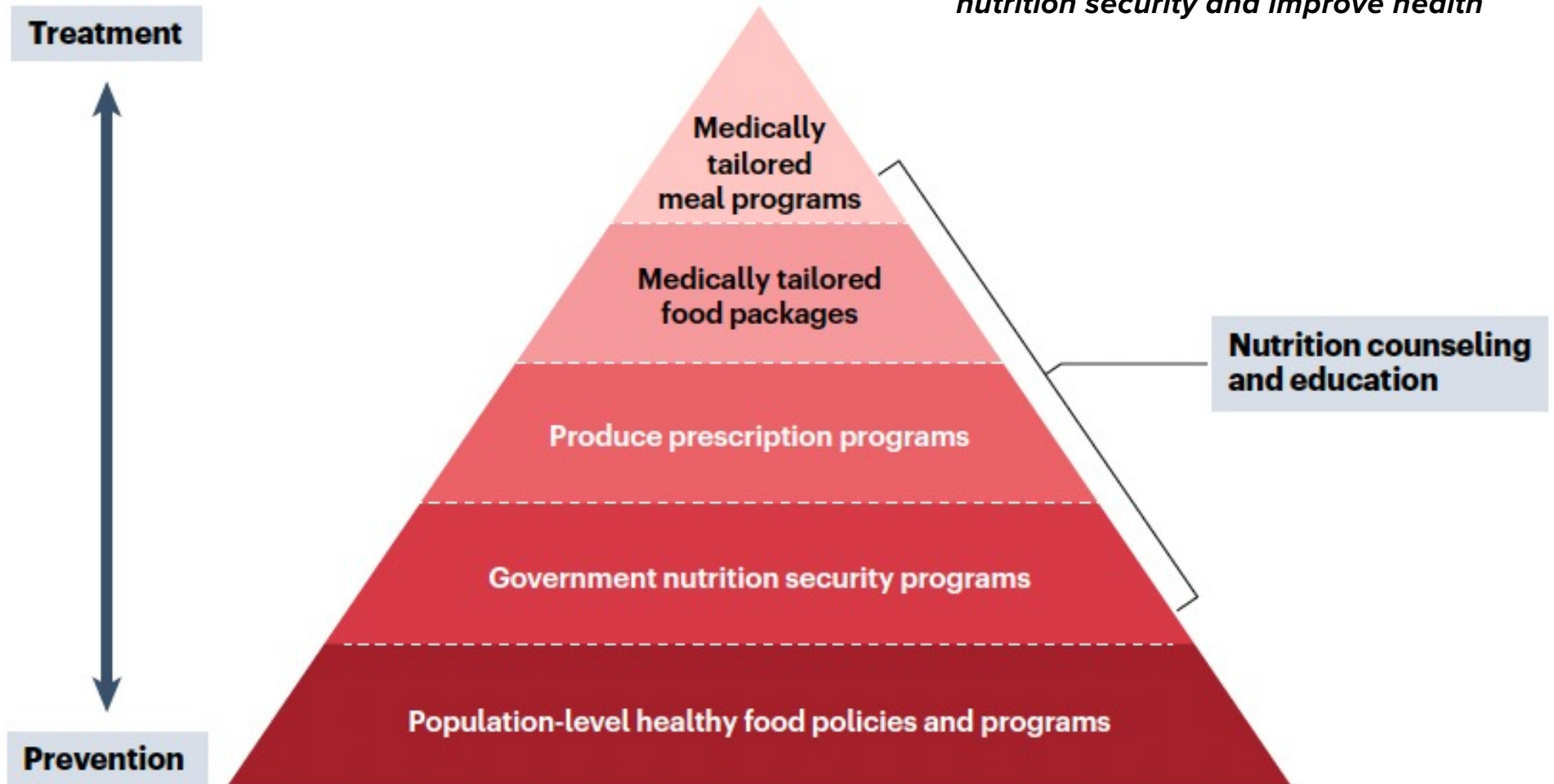
66%

Of SMI deaths in England were preventable

*Milliman estimates **\$406 billion a year in excess U.S. health care costs** from untreated behavioral and physical comorbidities; and medical costs run 2 to 3 times higher for people with both conditions.*

Sources: Front Psychiatry, 2019; Journal of the American Heart Association, 2022; Royal College of Psychiatrists; Rossom et al. (JAHA); King's College London; Milliman (2018).

*A Food is Medicine approach to achieve
nutrition security and improve health*



Adapted from: Dariush Mozaffarian et al., "Food is Medicine" Strategies for
Nutrition Security and Cardiometabolic Health Equity: JACC State-of-the-
Art Review, 83 JACC 843, 846 (2024).



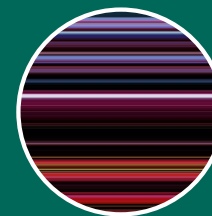
Food as a Clinical Intervention



Medically Tailored Meal: fully prepared, home-delivered meals for patients with complex or severe medical conditions, such as heart failure, poorly controlled diabetes, or cancer, that make it difficult to shop or cook. Health care professionals design ready-to-consume meals that are specific to an individual's conditions and treatment



Medically Tailored Groceries: food packages provided to patients with conditions like diabetes and hypertension who can shop and cook. Medical providers approve medically tailored food packages as part of a patient's treatment plan. The groceries can come in the form of fresh food boxes or meal kits, and can be picked up at a designated site or delivered to a patient's home.



Produce Prescription: free or reduced cost access to fruits and vegetables to patients with diet-related health risks or conditions. Health care professionals write prescriptions for produce that can be picked up or delivered to a patient's home. Some produce prescriptions come in the form of vouchers or electronic benefit transfer funds that can be used at eligible retail sites, such as grocery stores or farmers' markets.



What Does the Evidence Tell Us?

- Fewer hospitalizations: Receipt of MTM is associated with 50% fewer inpatient admissions compared with a matched cohort that did not receive meals.
- Decreased healthcare utilization: MTM was associated with 70% fewer ED visits, 50% fewer hospitalizations, and 72% fewer uses of emergency transport.
- More patients at home: Receipt of MTM was associated with 72% fewer skilled nursing facility admissions compared to a group that did not receive MTM.
- Providing produce prescriptions to food-insecure patients with diabetes could prevent around **292,000 cardiovascular events** and save the United States **\$39.6 billion** in health care costs over a lifetime
- Cost-modeling: A recent study by the Tufts Friedman School featured in Health Affairs modeled the efficacy of implementing the MTM framework nationwide. The outcomes are compelling: **If all eligible patients received access to MTMs, in just the first year of service ~\$2.6 million hospitalizations could be avoided for a net cost savings of \$23.7 billion.**

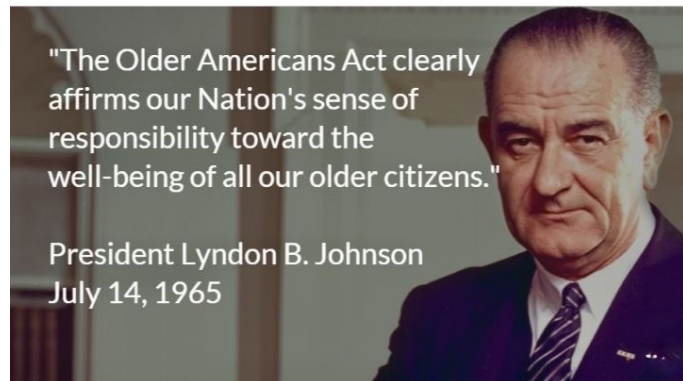


Food is Medicine: Not One Intervention



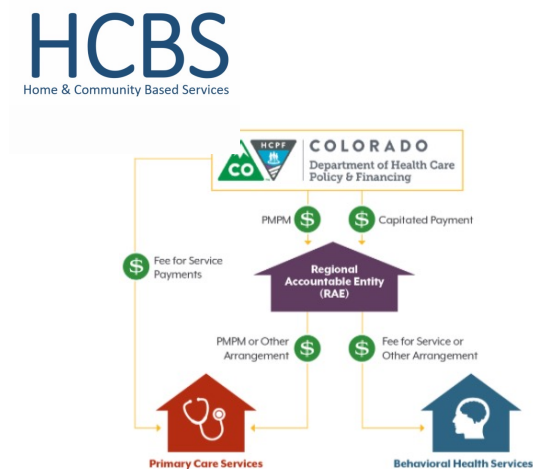
How are FIM Interventions Paid for in Colorado?

- Medicare Advantage
- Medicaid - RAEs
- Older American's Act Funding
- Other Waiver Programs – 1115 HRSN, HCBS, etc.
- Value-Based Payment Arrangements
- Grants and Philanthropy



Value-Based Care

Rewards quality and efficiency – better patient outcomes and cost management lead to higher compensation





FIM Interventions at Work in Colorado



Healthcare and behavioral health providers — identify need and connect care.



Community food and nutrition organizations — deliver food and nutrition supports.



Public agencies and public health — shape policy, programs, and infrastructure.



Payers and funders — support reimbursement, pilots, evaluation, and sustainability.

Our Purpose



Our vision is for all Coloradans living with severe illness to have access to nutritious food that supports their health and well-being. To that end, we compassionately deliver comfort and support through high-quality nutrition services, including medically tailored meals, while also advocating for the principles of “Food is Medicine.”

Delivering Hope and Health

This year, we'll prepare and home-deliver—at no charge—815,000 medically tailored meals to 5,200 Coloradans who are living with cancer, kidney disease, HIV/AIDS, and other severe illnesses.



Our Clients



29% ESRD/Chronic Kidney Disease

19% COPD

17% Cancer

10% Protein calorie malnutrition

44% Male / 56% Female

80% at or below 200% FPL

30% have no internet access

14% veterans

7% primary language other than English

STRATEGIC PILLARS

Medically Tailored Nutrition and Research

Food is Medicine is at the center of our work and we use evidence-based approaches to improve health outcomes for our clients.

- Create, produce and deliver high-quality medically tailored meals (MTM) that meet evidence-based standards.
- Broaden our nutrition programs to further meet the needs and preferences of people living with severe, complex, or chronic conditions.
- Conduct research that improves and refines our understanding of the impact of FIM care models on health outcomes.
- Champion improved access to healthcare and nutrition support for people living with severe illness in Colorado.

Organizational Sustainability and Readiness

Our people, programs, and systems are well-positioned to serve our community and the growing need for our services.

- Foster an organizational culture that is supportive, innovative, resourceful, engaged, and focused on community impact.
- Sustain and grow a dedicated community of volunteers who are inspired and equipped to serve our clients.
- Maintain and expand our philanthropic base to support innovation and a sustainable future.
- Invest in technology, infrastructure, and training for values-driven efficiency and impact.

Healthcare Linkages & Payment Pathways

A strategic focus on the inclusion of Food is Medicine interventions as a recognized, reimbursable part of the healthcare continuum.

- Pursue public and private payment pathways that make Food is Medicine (FIM) interventions more accessible to those who need it.
- Advocate for legislation that expands FIM inclusion across the healthcare ecosystem.
- Utilize our expertise and voice to lead FIM work in Colorado, regionally, and nationally.
- Collaborate with partners supporting health related social needs for Coloradans living with severe illness.



There is More Than One Delivery Model

- Clinic-based
Food or nutrition support is integrated directly into a clinical setting or visit.
- Community-embedded
A community organization delivers the intervention with a defined healthcare referral pathway.
- Hybrid
Clinical and community partners share screening, delivery, coordination, or follow-up.



Food is Medicine Stepdown Intervention

A cross-sector pilot supporting high-risk patients after hospital discharge

How the intervention works

Project Angel Heart • Food Bank of the Rockies • Denver Health • Colorado Access

12 WEEKS

Medically tailored meals

Delivered by Project Angel Heart



6 MONTHS

Medically tailored groceries

Delivered by Food Bank of the Rockies

Novel “stepdown” model

Transitions patients from intensive prepared meals to longer-term grocery support.

Patient eligibility

1

Clinical condition

Congestive heart failure, OR cardiovascular disease + type 2 diabetes

2

Recent discharge

Just discharged from an inpatient stay at Denver Health; admission need not be condition-related

3

Coverage

Medicaid member attributed to Colorado Access

4

Delivery geography

Lives within the delivery areas of both community-based organizations

FOOD IS MEDICINE IN BEHAVIORAL HEALTH

Models Worth Watching



CCBHC IN PRACTICE **HealthPort (Maryland)**

A SAMHSA-certified CCBHC serving more than 2,000 clients across six Eastern Shore counties.

Its Food Is Medicine program builds fresh produce access, nutrition education, and whole food meals into behavioral health care.



PAYER-LED PROGRAM **Feed Your Health (Blue Cross NC)**

A Food Is Medicine program for members with type 2 diabetes, powered by NourishedRx.

Participants saw a clinically significant ~1.5-point A1C reduction and fewer self-reported unhealthy mental-health days at 6–12 months.

Sources: HealthPort (healthport.org); Blue Cross NC (2026).

OTHER EXAMPLE INTERVENTIONS

Behavioral Health and Nutrition Interventions



SMI-DESIGNED MODEL In SHAPE (New Hampshire)

Weekly personal training and nutrition coaching for adults with SMI. In a randomized trial of 133 adults, participants showed, versus a gym-membership-only control, 3x the gym attendance, 2x the physical activity, and nearly half (49%) achieved a clinically significant drop in cardiovascular risk at 12 months.



PRODUCE PRESCRIPTION Recipe4Health (California)

Produce prescriptions paired with group medical visits at five community health centers. Among 472 participants, roughly 40% of whom had depression or anxiety at the start, the program was linked to meaningful improvement in depression symptoms.

Sources: Bartels et al. (Psychiatric Services); UCSF Recipe4Health evaluation.

WHAT'S ALREADY WORKING

The Evidence Base Extends Beyond the U.S.



AUSTRALIA

SMILES trial (2017)

The first randomized controlled trial testing dietary improvement as a treatment for clinical depression. 32% of the dietary-support group achieved remission, versus 8% of the control group.



UNITED KINGDOM

NHS social prescribing

Link workers connect patients to community-based food, cooking, and gardening supports as part of routine NHS care, with consistent gains in wellbeing and self-management.

Sources: Jacka et al.; Parletta et al.; Cooper et al.; Lee et al.



AUSTRALIA

HELFIMED (2019)

Mediterranean-diet food hampers and cooking workshops, plus fish oil. Compared with a social-groups control, produced a greater, sustained reduction in depression and improved mental-health quality of life at 6 months.



UNITED KINGDOM

WHEEL study (2023)

A mainstream weight-management program adapted for people with SMI, with brief mentor support. Achieved 94% retention and an average 12-week weight loss of 4.1 kg.

WHERE TO START

Screening in Behavioral Health



Certified Community Behavioral Health Clinics (CCBHC) Criterion 4.G

Medical directors must set protocols for outpatient primary care screening and monitoring, to ensure screening for people receiving services who are at risk for common physical health conditions experienced by CCBHC populations across the lifespan (e.g., diabetes, obesity, hypertension, asthma). Monitoring responsibilities include promoting a healthy lifestyle.

Food security and nutrition screening fit well into this.

*SAMHSA CCBHC Certification Criteria, 4.G.1–4.G.2
(updated March 2023)*



VALIDATED TOOLS READY TO USE



Hunger Vital Sign

A validated, 2-question food-insecurity screen. Fast enough for routine intake; incorporated into CMS's Accountable Health Communities screening tool.



PRAPARE

A broader social determinants protocol. Food security is one of several domains, alongside housing, transportation, and safety.

Sources: Children's HealthWatch (Hunger Vital Sign); National Association of Community Health Centers (PRAPARE).

Recommended Action Steps



Start Screening

Incorporate standardized screening for metabolic risk, coordinate with primary care, and screen for food insecurity.



Build One Partnership

With organizations like Project Angel Heart, and Food is Medicine advocacy organizations.



Pilot One Intervention

Grow your partnerships from care coordination to pilot model testing.

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