

Behavioral Health Network

Executive Summary:

Community Partner Composition Behavioral Health Network, Inc was founded in 1937 as the Child Guidance Clinic of Springfield, Inc. After decades of mergers, growth and collaboration, today it is one of the largest and most comprehensive, community-based service systems in Western Mass. Funding is primarily from MassHealth MCOs, as well as contracts from DMH, DPH, DDS, and other EOHHS agencies. At its core of services are 11 licensed Mental Health and Substance Use Disorder outpatient clinics covering Hampden County from Westfield and the hill towns, through Springfield, Holyoke, Chicopee, and east to Palmer and Ware in Hampshire County. BHN operates three ESP Psychiatric Crisis sites that provide coverage to six Emergency Departments; and three Crisis Stabilization/Respite sites. Within its MH and SUD clinics are three specialty clinics for Latinx clients; one specialty clinic serving intellectually disabled clients and two other specialty clinics for children and families. Over the past five years, BHN has embraced integration efforts with regional healthcare partners allowing BHN to provide outreach treatment services in over a dozen primary care practices and FQHCs. Care Management (CM) is a service BHN developed over six years ago in one of its first efforts to join the ACO activity. Our care coordination experience pre-dates this by many years and has been the core of BHN CSP, CBFS and CSA programs. Recognizing that our decades of experience treating and coordinating care for individuals with mental illness (MI), intellectual or developmental disabilities (I/DD), and SUD complemented the medical service needs of individuals, we began a BH integration program, offering specialty staffing, training and supports to healthcare clinics, practices, and specialty programs. CM is presently a core department within BHN, where we coordinate the varied resources of not only our organization, but also the health and human service delivery system at large for Western MA residents.

BHN's Executive Leadership team has a wealth of diverse expertise with which to oversee these efforts. Our Executive Director has been in the position 35 years. BHN has a COO and a Sr. VP who oversee all service delivery, a VP of Administration, a VP of Human Resources, a VP of Quality, a VP of SUD Services and a VP of HealthCare Integration. The Medical Director has been in her position over eight years and oversees a department of seven psychiatrists and 13 APRNs. The VP of Administration oversees the CFO, who oversees a robust financial department responsible for all contract management and financial reporting. The VP of Admin also manages a large IT/IS department, made up of staff and software to support finance, third-party billing, care management, human resource, payroll and the EHR. Our VP of HR not only manages a large HR Department, but is also BHN's compliance officer, reporting directly to the Board of Directors. At this time, the CEO is responsible for facilities management, through a Director of Facilities and his department. The Executive Committee, empowered by the Board of Directors, directly supervises the CEO on daily management, while the BOD itself, is responsible for overall strategic direction and operations of the organization.

Community Partners Population Served BHN will be providing Behavioral Health Community Partner (BHCP) services in 3 primary service areas, where we are an established provider presence. These areas are: Springfield, Westfield, and Holyoke, and include the towns of: Agawam, Belchertown, Blandford, Chester, Chicopee, East Longmeadow, Feeding Hills, Granby, Granville, Hampden, Holyoke, Huntington, Ludlow, Longmeadow, Monson,

Montgomery, Palmer, Russell, Southamptton, South Hadley, Southwick, Springfield, Tolland, Ware, Westfield, and West Springfield. The towns BHN serves are demographically and geographically diverse, and many families experience health inequities. Of the 153,060 people living in Springfield, 48% report being of a minority race and 30% live below the FPL. Thirty-nine percent of residents speak a language other than English at home, primarily Spanish. Of the 40,124 people living in Holyoke, 52% report being of a minority race. The median income is \$36,608, 41% of residents live below the FPL, and 46.9 % of people speak a language other than English at home, primarily Spanish. Of the people 41,209 living in Westfield, 12% of the population report being of a minority race. Sixteen percent speak a language other than English. The refugee population is growing, bringing with it various languages and cultures. The median age is 38, median household income is \$45,240, and 11% of the population live below FPL.

Overview of 5-Year Business Plan BHN will focus efforts initially, during PBP and BP 1, on staffing the model with qualified staff and providing exemplary training in the philosophy and mechanics of delivering care management services under BH CP. Recognizing that human capital is the most important investment, staff retention and Workforce Development activities will be sustained throughout the life of the project. We will seek to use feedback obtained from staff during and after trainings, model changes and care innovations, and performance appraisal data to create a living training model. This model will be agile and ever-evolving to meet the changing need, and be supported by a web-based Learning Management platform.

BHN has purchased Care Management Software (Jiva platform, by ZeOmega) with DSRIP funding and has hired, and plans to sustain an Implementation Manager to develop and implement the software for the primary care and behavioral health integration work expected of the CPs. The Implementation Manager and additional Operational staffing will develop workflows for the CMS that align with the assessment and care planning process so teams are able to track the completion of tasks and outreach attempts to the engaged enrollees, care plan team members and primary care providers. Funds will be used to support the purchase and upkeep of the software during the implementation period through the duration of the project. Jiva will be provided to BHN initially (during PBP and some of BP1) as out-of-box functionality but is capable of attaching additional modules, API's, and other methods of integration to maximize staff's daily workflows and their ability to consistently manage care for their cohort of identified enrollees. Jiva and our Integration Engine, Pilotfish, will also allow for data reporting and analytics to meet the reporting and performance requirements of BH CP, and to optimize our data sharing with the ACO partners. Pilotfish is capable of consuming structured data and pushing it back into Jiva, to an ACO or state partner, or to attach to an analytics front-end to allow for sophisticated and robust dashboards to be created.

Recognizing the importance of whole health care, wellness and self-management programs will be developed to address the unique needs of the population once clearly defined by data. Evidence-based models of self- management will be explored in BP2 and beyond in order to assure that models of care meet the need of BHN's BH CP program; data about the characteristics of that population will be more readily available late in BP1 and early BP2.