Behavioral Health Network, Inc.

Executive Summary:

Organization history, background, and structure 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. Within our child-serving outpatient system, we operate a licensed Early Intervention program; offer three Community Service Agencies (CSA) and multiple Children's Behavioral Health Initiative (CBHI) programs. 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. 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.

Five-year business plan that identifies the CSA's organizational challenges, current performance on its Development Plan and goals over the course of the DSRIP program. BHN has 3 CSAs with offices in Westfield, Springfield and Ware serving both rural and urban locations with diverse populations. The CSAs are challenged to coordinate with a multitude of physical and behavioral providers, child serving systems and community-based programs across the CSA catchment areas. The CSAs must maintain positive partnerships with these child serving systems through the relationships built by Care Coordinators and Family Partners and through our local Systems of Care efforts. BHN has a Central Intake and Triage department that manages the incoming referrals for the CSAs and other CBHI services including outpatient programs. A central intake process allows the CSAs to quickly and easily identify new referrals and monitor outreach attempts to youth and caregivers to determine their interest in the CSA and other BHN programs. Youth may end up being referred to multiple programs and the current system does

not have a smooth process for triage to the most appropriate levels of care to meet the reason of referral.

The development plan goals across the CSAs include decreasing time spent waiting for youth to start ICC services, improving the documentation of progress on needs determined at assessment throughout the Wraparound process, and a training program informed by the Wraparound Practice Profile Analysis (WPPA). To address these goals, the CSAs have worked with referral sources to help them understand the CBHI service array and, in particular, medical necessity criteria for ICC. Internal review of intake and referral workflows has resulted in more appropriate referrals of youth and a decrease in time spent waiting for ICC services. The CSAs requested ICC State Coaching offered through the Technical Assistance Collaborative to learn about initiatives across the country to measure progress on care plan goals. From this coaching session, the CSAs created a pilot ICP. The ICP is now used for every youth across the sites and has scaling for the vision and goals to track progress. Additionally, questions were added on progress towards goals that include the use of natural and community supports that may be leveraged to help meet the underlying needs. Bi-monthly training and coaching sessions with CCs and FPs are used for completing mandatory CSA trainings and addressing specific need areas that arise through document review, in field observations, and WPPA feedback. Over the next five years the CSAs will work to create efficiencies for the intake and triage processes for youth referred to the ICC level of care, offer web-based mandatory trainings to allow more time for individual and group learning activities, and develop relationships and best practices for partnering with ACOs/MCOs and primary care providers.

DSRIP funds will allow the CSAs to hire a Systems Analyst to evaluate the intake and triage process, hire a Consultant to develop web-based learning platforms, purchase care management software for effective tracking of tasks and interventions with primary care providers and care plan team members and hire an Implementation Manager for implementing the CMS for the CSAs.

The Systems Analyst will evaluate referrals from BHN Central Intake point of entry to ICC enrollment to determine workflow inefficiencies and assess the current understanding of the level of care options offered at BHN by youth, caregivers and referral sources. The Systems Analyst will work with Program Directors and administrative staff to resolve the workflow concerns and create scripts for how to appropriately triage for the level of care that will best meet the reason for referral.

A consultant through BHN's Department of Professional Development will design web-based learning modules for the CSAs to use for on-boarding and the mandated annual training requirements. The web-based trainings will allow supervisors more time during on-boarding to do live coaching in the field and observe an increase of confidence for new care coordinators and family partners as they integrate base knowledge from the trainings and Wraparound skill sets into practice. Throughout the year the web-based training will be used during group coaching time and individually to refresh staff on specific topics pertaining to the youth served in ICC. The web-based trainings will be updated and refined by the Department of Professional

Development and the CSAs to remain relevant and will be available for use by internal CBHI programs.

BHN has purchased Care Management Software with DSRIP funding and has hired an Implementation Manager to develop and implement the software for the primary care and behavioral health integration work expected of the CSAs. The Implementation Manager will develop workflows for the CMS that align with the assessment and care planning process so CCs and FPs are able to track the completion of tasks and outreach attempts to the caregiver, youth, 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. The projects funded through DSRIP will be maintained by internal organizational structures and staffing and will create a more efficient practice for CCs and FPs as they provide Wraparound to youth and families. The CSAS will see increased access to ICC services, training requirements met for ICC staff, and an ability to track and monitor task completion for integrated care planning to youth receiving ICC services.