# Behavioral Health Network BHCP BP1

## Executive Summary

During Budget Period 1, Behavioral Health Network made significant investments in technology, workforce development, partnerships with ACO’s and MCO’s, and staffing using DSRIP funding set aside for CP infrastructure. The task of starting our Behavioral Health Community Partner program was both daunting and exciting, with opportunities for continual refinement, and in service to bringing much-needed care management supports to the communities in which we work.

Our technology investments prepared our staff to deliver seamless community-based care, through our Care Management platform, Exchange Engine, hardware and other software. We funded staff positions in our IS/IT departments that operationalized workflows for billing, automated care plan exchange, implemented patient education resources, and aided in the production of reports for monitoring program performance.

Workforce development investments included training development, Learning Management System procurement and integration, and tuition reimbursement. Our staff are the most critical aspect of our program with regard to return on investment; staff who are well-trained, prepared for the culture of change and innovation, and supported by our management structure will deliver the best possible care to our enrollees.

Our Operational Infrastructure dovetailed with our Quality Management structure with regard to the investments made in hiring Quality and Fiscal staff to assist with program development and monitoring. This extends to the quality of service delivery and our fiscal viability long-term for BHCP. The intersection of care delivery and fiscal sustainability is a key juncture in moving us toward models that serve intended purposes and keep costs low, while maintaining infrastructure to serve additional members in need.

Finally, we sought opportunities in this budget period to engage stakeholders for the purposes of moving toward team-based and person-centered care. Our Consumer Advisory Board was engaged and serves as a critical conduit for informing program design decisions. Our partners, in the form of health centers and ACO’s/MCO’s, are key stakeholders in the design and deployment of our model of care. We have long-standing relationships with these partners, especially with the local health centers where BHN is already embedded, and our ongoing efforts are centered on preserving and enhancing our integrated care efforts for the communities that we serve.