

ATTACHMENT B

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP3 ANNUAL REPORT RESPONSE FORM

PART 1: BP3 ANNUAL REPORT EXECUTIVE SUMMARY

General Information

Full CP Name:	Behavioral Health Partners of MetroWest (BHPMW)
CP Address:	1881 Worcester Road, Framingham, MA 01701

Part 1. BP3 Annual Report Executive Summary

Behavioral Health Partners of MetroWest LLC (BHPMW) BHCP includes LLC members Advocates, South Middlesex Opportunity Council, Spectrum Health Systems, and Wayside Youth Family Support Network as Consortium Entities (CE) and an Affiliated Partner (AP), Family Continuity. These agencies, embedded in our BHCP Service Areas - Central and Northern Massachusetts - utilize their experience, locations, continuums of care, and community partnerships to provide BHCP supports to diverse populations enrolled in 11 ACOs and 2 MCOs.

Use of DSRIP funds during Budget Period (BP) 3

Technology- IT Staffing; Care Management Software Development; Mobile Technologies for Staff; Other Technology Expenses Workforce Development- Workforce Development Staffing; Recruitment/Training/Retention Expenses Operational Infrastructure- Operational Staffing; Other Operational Expenses- interpretation, translation, legal services, marketing/member facing materials, audit and tax filing, and Consumer Advisory Board expenses
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Successes during BP3

- BHPMW BHCP staff played important roles in educating Enrollees about COVID-19 and their risk factors, helping them access testing, and preparing them for the vaccine rollout. We also assisted many Enrollees during the pandemic with health-related social needs including food and housing insecurity. Staff and Enrollees adapted quickly to telehealth.
- We participated in 156 meetings with 13 ACO/MCOs. We engaged with seven ACO/MCOs in ongoing clinical conferences to discuss Enrollee care, sign Person-Centered Treatment Plans (PCTP), and collaborate with their care management teams and PCPs.
- We transitioned very well to being assigned new Enrollees directly by ACO/MCOs, instead of MassHealth, receiving 3,399 (66% increase over B2), plus ongoing ad hoc referrals.
- At the end of BP3, we had 2,730 active Enrollees, an 11% increase over BP2.
- Of the 2,730 active Enrollees- 1,702 (62%) had signed Participation Forms (4% increase); 1,437 (53%) were engaged with PCP-signed PCTPs (10% increase). The 1,437 engaged Enrollees represent 84% of those with signed Participation Forms (11% increase).
- We exceeded our BP3 program revenue projections by almost 30%.
- We earned back 100% of BP2 withheld infrastructure funding through a successful audit.

- Our average contacts per Enrollee increased compared to BP2. We averaged 4.5 Outreach Qualifying Activities (QAs) (22% increase), 11.85 Care Coordination QAs (32% increase), and combined average of 16.35 Outreach/Care Coordination QAs (29% increase).
- We made successful contact with 82% of all Enrollees assigned since the inception of the CP program as compared to 72% across all BHCPs statewide. We make successful contact in 39 days vs. 48 across all BHCPs and first face to face contact in 53 days vs. 73 across all BHCPs. We send care plans to PCPs in 173 days vs. 195 days across all BHCPs.
- We send care plans to PCPs in 173 days vs. 195 days across all BHCPs. We have lower average days to care plan complete (e.g., engagement) than all BHCPs (194 vs. 216).
- We consistently had fewer ED visits per 1,000 Member Months than other BHCPs.
- For each BP, BHPMW has had a lower Total Cost of Care. Of 18 BHCP programs, we had the third lowest Total Cost of Care (\$1519 vs. \$2009) in 2019 (2020 data unavailable).
- For the third consecutive BP, Dr. Janis Tondora, a nationally recognized expert on person-centered care from the Yale University School of Medicine, trained staff across our BHCP.
- We created an Organized Health Care Organization to better communication across CE/APs.