

ATTACHMENT B

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP4 ANNUAL REPORT RESPONSE FORM

PART 1: BP4 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. BP4 Annual Report Executive Summary

Behavioral Health Partners of MetroWest LLC (BHPMW) Behavioral Health Community Partner (BHCP) includes LLC members Advocates, South Middlesex Opportunity Council, Spectrum Health Systems, and Wayside Youth and Family Support Network as Consortium Entities (CE) and an Affiliated Partner (AP), Family Continuity. These agencies, embedded in our BHCP Service Area - Central and Northern Massachusetts - use their experience, geographic locations, mental health/substance use/social service continuums of care and community partnerships to provide BHCP supports to diverse populations enrolled in 10 Accountable Care Organizations (ACO) and 2 Managed Care Organizations (MCO).

Use of DSRIP funds during Budget Period (BP) 4

- Technology- IT staffing, care management software development, and data export/exchange
- Workforce Development- Training and retention expenses
- Operational Infrastructure- Operational staffing and expenses for interpretation, legal services, Consumer Advisory Board expenses, audit/tax filing

Successes during BP4

- We adapted to the trajectory of the pandemic, creatively and proactively keeping Enrollees active and engaged, providing as many services in person as possible, pulling back to telehealth when warranted. Our staff continued to educate Enrollees and help them access the broad range of resources they needed including testing, vaccinations, and supports to address health related social needs.
- BHPMW and CE/APs continued to be successful in hiring and retaining diverse staff; about one third of our staff speak 10 languages other than English, aligned with the needs of our Enrollees.
- We spent almost \$400,000 of BP3 at-risk infrastructure funding that we earned back to support staff recruitment and retention including bonuses, student loan forgiveness, and continuing education.
- BHPMW continued to do very well with receiving new Enrollee assignments from ACO/MCOs, increasing by at least 7% in BP4. We continue to have a higher average share of BHCP Enrollees statewide when compared with all BHCPs. In BP4, our monthly average or share was 11% of all Enrollees statewide as compared to all BHCPs that averaged 9% of BHCP Enrollees statewide.
- We made successful contact with 83% of all Enrollees assigned since the inception of the CP program compared to 72% across all BHCPs statewide. We made successful contact in 36 days vs. 47 across all BHCPs and first face to face contact in 65 days vs. 83 days statewide.
- At the end of BP4, we had 2,801 Active Enrollees (3% increase over BP3)- 1,984 (71%) had signed Participation Forms (14% increase); 1,882 (67%) had CHAs (16% increase); 1,776 (63%) had PCTPs

sent to PCP (15% increase); and 1,631 (58%) were engaged with PCP-signed PCTPs (12% increase). The 1,631 Engaged Enrollees represents 82% of those with signed Participation Forms.

- Our average contacts per Enrollee increased compared to BP3. We averaged 6 Outreach Qualifying Activities (QAs) (26% increase) and 16 Care Coordination QAs (26% increase).
- We send PCTPs to PCPs faster than all BHCPs (148 vs 176 days). We have lower average days to care plan complete with PCP approval (e.g., engagement) than all BHCPs (175 vs. 192). At the end of BP4, our rate of PCTP complete in 122 days was better than the statewide average (27% vs. 20%).
- We received approximately 66,000 event notifications from Patient Ping and CMT/Pre-Manage ED via the eHana platform. This contributed to increased TOC, FUD, and medication reconciliation QAs.
- For every quarter since 2018 Q3, data show that we had fewer ED visits per 1000 member months compared to all BHCPs. In BP4 Q1, BHPMW had 162 ED visits compared to 204 statewide.
- Our total cost of care is less than all BHCPs combined (BP3: \$1999 vs \$2275; BP4: \$1952 vs \$2242).
- Our program revenue increased by \$1.9m in BP4 vs. BP3, a 32% increase.
- We continued to provide expert training on person- centered care with Dr. Janis Tondora, Yale University School of Medicine and Dr. Laura Leone, National Council for Mental Wellbeing.
- Best practices with ACO/MCOs include monthly collaborative case conferences; real- time event notifications when Enrollees present at their ED or inpatient units; and accessibility and flexibility in accommodating Enrollees' needs for PCP appointments and obtaining PCP approval of PCTPs.