**Attachment B**

**Delivery System Reform Incentive Payment (DSRIP) Program**

**Community Partner (CP) BP4 Annual Report Response Form**

**Part 1: BP4 Annual Report Executive Summary**

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# General Information

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| **Full CP Name:** | Brien Center |
| **CP Address:** | 359 Fenn Street, Pittsfield Ma 01202 |

#  BP4 Annual Report Executive Summary

The Behavioral Health Community Partners Program is an integral part of the existing services at the Brien Center for Mental Health and Substance Abuse Services (“The Brien Center”), a community-based, non-profit agency with a 100 year history of providing a continuum of care to adults and families living with serious and persistent behavioral Health (BH) and/or substance use disorders. Our BH CP program works closely with Brien Center programs at 26 locations throughout Berkshire County as well as area primary care physicians, Accountable Care Organizations (ACOs)/Managed Care Organizations (MCOs) and other critical community, regional and state partners to provide comprehensive health services.

The Brien Center BH CP program does not have consortium entities or affiliated partners.

The demographics of the populations the BH CP program serves includes ACO and MCO-enrolled members ages 21 and older with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) and high service utilization.. We serve Berkshire County which covers 946 square miles of rural countryside. We have average of 750 enrollees served with 53 percent of those enrollees engaged and active with their PCTP. It is projected that up to 40% of the engaged enrollees also participate in the Brien Center’s Adult Community Clinical Services (ACCS) Program through the Brien Center.

BHCP Brien was able to provide support regarding medical, behavioral, and social needs during the Covid 19 pandemic. Strong focus on our SUD population and access to needed services during the pandemic. Due to DSRIP dollars we continued with our workforce and focused on retention and shifted quickly to a hybrid work model. We were able to shift and create workflows to support our members and staff. We also recruited and trained remotely during the pandemic. The funding was also utilized provide specialized training and CEU opportunities to our staff.

Another focus of DSRIP dollars is our TA funded activities which are an integral part of the success of the program. We completed a TA project that focused on ACCS collaboration with our shared members and clearly defining the roles of both teams. We were able to create a presentation to educate other Brien programs so that all departments understand difference between the programs. We also focused on referral workflows with DMH and ACCS as part of this project. Created a centralized web based referral process to our program via Brien Center website as part of project.

Main focus is relationship and collaboration with our ACO’s and workflows related to transitions of care for our members. Brien has transitions of care team which consists of a RN, licensed clinician, and a program coordinator. Our TA project was able to highlight, with support to members while in the ED or inpatient both medically and behaviorally we were able to show our decrease in recidivism for these members. Also provided data on our total cost of care savings for the ACO. We developed and meet internally with our team twice a week to discuss all inpatient members and problem solves support and their needs during their transition back to community.

 Another key focus is always on sustainability of the program. The focus was on improved workflows, data collection through our EMR to drive improvement overall in our quality measures. Created an engagement specialist role and supervisor role to help have a stronger focus on the days to engagement and ultimately help with sustainability of the program as members are able to become engaged faster. This also provided a stronger more streamlined process of the assessment and PCTP with our teams.

 During the pandemic we were successful in focusing on social determents of health and accessing service delivery for our members during a difficult time. As stated above we will continue to focus on recruitment and retention of qualified staff, incentives and training for staff, and continued data collection in shift in workflows where needed to provide the best member support possible.