

High Point Treatment Center

Executive Summary:

a. CP Composition

i. The Coordinated Care Network (CCN) is comprised of High Point Treatment Center as the lead agency with 5 Affiliated Partners: Child & Family Services, Duffy Health Center, Steppingstone, Brockton Area Multi Services, Inc., and Bay State Community Services. In addition, we have two Material Subcontractors: Community Health Center of Cape Cod and Brockton Neighborhood Health Center.

Careful thought and consideration were given to which partners would be included in the CCN. In order to be successful and build a 5-year business plan, we needed to partner with strong, dedicated, and quality organizations. Our commitment is to offer the state a network where all partners are fully engaged, understand the MassHealth populations, have proven strengths-based, high quality services, and demonstrates unwavering support to all tenets of DSRIP restructuring.

Collectively, we have the following mental health services' experience: Psychiatry & Medication Management, Outpatient- Adult/Adolescent/Child; Inpatient- Adult/Adolescent; Home-based clinical Services, Day Treatment, Day Habilitation, Emergency Services, Community Stabilization, Respite, In-Home Therapy & Behavioral Support; Family Support & Training, Elder Services, Residential- Adult/Adolescent; Developmental Disabilities Support, Information & Referral, Therapeutic Mentoring, HIV Case Management, Brain Injury & Complex Medical Support, Recovery Learning/Clubhouse; Employment Support & Training, Community Support Program, Recovery Coaching, Family Counseling, Diagnostic Assessments, and Intensive Care Coordination.

Collectively, we possess the following addiction services' experience: Detox, Dual Diagnosis, Outpatient- Adult/Adolescent, Clinical Stabilization Services, Transitional Support Services, Relapse Prevention, Medication Assisted Treatment, Structured Outpatient Addiction Program, Section 35, Youth Stabilization Services, Recovery Homes, Family Counseling, Drivers' Alcohol Education, Community Support Programs, Supportive Case Management Permanent Housing, Supportive Case Management Transitional Housing, Peer Recover Centers, and Recovery Coaching.

b. Community Partners Population Served

i. CCN covers the following service areas: Quincy, Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Plymouth, Taunton, and Wareham.

ii. CCN will cover all surrounding towns in each of the service areas listed above. CCN will serve all cultural and linguistic enrollees, SMI and SUD diagnosed enrollees, the homeless population, enrollees with life skills needs, and enrollees with development disabilities. CCN also will serve all enrollees' family members, if applicable to the enrollee's care plan.

c. Overview of 5-Year Business Plan

During the early part of the pre-budget preparation period, (through May 2018), attention is focused on purchase and implementation of the care management software, identifying members for the CCN committees, setting committee meeting schedules, developing staff recruitment plans, and identifying office/meeting space. In addition, the program manager will begin working on the project, and policies and procedures will begin to be developed. During

Jan.-May 2018, the latter half of the budget preparation period, the website will be configured, contractual agreements with ACOs/MCOs executed, staff training curriculum developed, care management tool configuration and testing completed; budget report and narrative completed for EOHHS approval. First and second interviews will be conducted; computers, tablets, and telephone configurations will be completed; and identified staff will be working late-May 2018.

Year 1 (June 1-Dec. 31, 2018): Outreach and intake efforts, qualifying activities begin; EOHHS, ACOs/MCOs notified monthly of capacity to accept new referrals; info. on Consumer Advisory Board participation distributed to enrollees. Monthly member status reports completed, and feedback sessions held with the care management software vendor to provide input on software enhancements. Additional staff will be recruited; supplies will be ordered as appropriate, & Quality Improvement Plan reviewed and enhanced, incorporating enrollee feedback from engagement survey. Annual Report completed. All committees meet quarterly and as needed, with Consumer Advisory Board meeting quarterly.

Year 2 (Jan. 1-Dec. 31, 2019): Outreach & intake efforts continue, renew contractual agreements with ACOs/MCOs, staff refresher trainings ongoing, EOHHS, ACOs/MCOs notified monthly of capacity to accept new referrals, and semi-Annual Report submitted to EOHHS; Quality Improvement Plan developed, incorporating enrollee feedback from engagement survey. Supplies ordered as needed. Committees meet quarterly & as needed; Consumer Advisory Board meets quarterly.

Year 3 (Jan. 1-Dec. 31, 2020): Outreach and intake efforts continue, renew contractual agreements with ACOs/MCOs, staff refresher trainings ongoing, EOHHS, ACOs/MCOs notified monthly of capacity to accept new referrals, and semi-Annual Report submitted to EOHHS by mid-summer. Committees meet quarterly and as needed; Consumer Advisory Board meets quarterly. Quality Improvement Plan developed, incorporating enrollee feedback from engagement survey. Supplies ordered as needed basis.

Year 4 (Jan. 1-Dec. 31, 2021): Outreach and intake efforts continue, renew contractual agreements with ACOs/MCOs, staff refresher trainings ongoing, EOHHS, ACOs/MCOs notified monthly of capacity to accept new referrals, and semi-Annual Report submitted to EOHHS by mid-summer. Committees meet quarterly and as needed; Consumer Advisory Board meets quarterly. Quality Improvement Plan developed, incorporating enrollee survey feedback. Supplies ordered as needed basis.

Year 5 (Jan. 1-Dec. 31, 2022): Outreach and intake efforts continue, qualifying activities continue; submit record of all qualifying activities, budget report, and narrative submitted for approval. Committees meet quarterly and as needed; Consumer Advisory Board meets quarterly.

CCN took the issue of sustainability into consideration in the preparation of its program and infrastructure budget for the Behavioral Health Community Partner initiative.

Business Start-up Costs

CCN expects to spend \$82,470 on office furniture and office equipment in PB1 and Year 1. CCN believes that the useful life of the furniture will be many years after the end of the DSRIP funding period. Ramp-up costs of \$946,930.00 are accounted for in Year 1, as well. This ramp-up cost is the anticipated loss for Budget Period 1. The main two factors contributing to the loss expected are the large number of care coordinators hired in Budget Period 1 and the

anticipated shortfall in the number of enrollees engaged in Budget Period 1. Currently, we anticipate revenue from operating to increase every year of the 5-year budget. We still don't break even by the end of Budget Year 5. The only feasible sustainability plan we feel is practical is MassHealth and the ACO/MCOs share in the savings they will realize on the total cost of care to support the BH CP program.

Revenue Gaps

The CCN revenue for budget periods 1-4 reflects a projection of enrollee numbers that is slightly lower than the capacity that we would be able to serve with the number of FTEs built into budgeted salaries. The CCN enrollee capacity (based on budgeted FTEs) is actually 20% higher than the projected enrollees in Year 1, 12.5% higher in Year 2, 7.25% higher in Year 3, and 4.75% higher in Year 4. CCN has built in this gap between enrollee capacity and projected number of enrollees over this 4-year period to allow for the expectation that, during this time, we may not successfully engage all enrollees as the program is developed and refined.

Our experience with case management models, however, is that over time, care coordinators will have the ability to build and maintain a stable caseload. Therefore, while the program continues to grow year after year with the introduction of additional care coordinators, the need for DSRIP funding will be reduced and ultimately eliminated as the number of care coordinators with stable caseloads increases. The CCN budget does not anticipate a revenue gap in Year 5 and thereafter.

Operational Infrastructure: Three positions are hired during Budget Period 1 under operational infrastructure. They include a CCN Senior Director at \$100,000 (annual salary, but \$58,333.33 for the 7-months remaining in this budget period); a program manager at \$80,000 (\$46,666.67 for the 7-months remaining in this budget period); and two quality/data analysts at \$80,000 (\$93,333.33 for the 7-months remaining in this budget period). An administrative assistant will be hired as well at \$35,000 (\$20,416.88).

Technology

Technology costs are comprised of care management software and purchase of computers. The largest technology expense is \$261,268.94 for development/adaptation of EHR and/or care management system, and \$37,114 is for technology for service delivery in Year 1. IT staffing, including fringe is \$57,825.

Workforce Development

\$36,140 will be spent on workforce development staffing, including fringe, and \$22,155.33 will be spent on recruitment in Year 1. Retention expenses are \$113,482.

Long-term Goals

CNN has several long-term goals associated with this initiative:

1. Recruiting and retaining qualified staff
2. Integrating our case management software with each Affiliated Partner's EMR and interfacing to the ACOs/MCOs' practice management systems
3. Working with our Affiliated Partners, Material Subcontractors, and ACOs' primary care practices to expand access to community-based health services
4. Reducing utilization and cost of acute medical and mental health care, while supporting enrollees through better coordination of care

Anticipated Challenges

An anticipated challenge is identifying access in the community for enrollees who need psychotropic medications and Medication Assisted Treatment for addiction. We also understand the need to strengthen our technological infrastructure in order to deliver comprehensive services to enrollees. CCN's Network Operations Committee is tasked with developing an infrastructure that enables our Affiliated Partners and Material Subcontractors to exchange EMR data across the CCN network, while readily communicating with the ACOs, MCOs, and EOHHS. This shared technology expertise will afford much smoother transmission of data among all involved in the enrollees' care.

Workforce is a challenge for everyone throughout the state. There are simply not enough individuals choosing human services as a profession. The strength of CCN (5,000+ employees in 200 locations) is that we can collectively educate, advocate, and mentor anyone interested in human service as a profession. As part of our 5-year Business Plan, we are visiting our communities, high schools, colleges, and universities to educate students about career opportunities. We are sharing with them the experience of satisfaction knowing you are making a difference in the lives of others. CNN is expanding all training and internship opportunities to ensure we reach interested individuals.

CCN intends to support the following number of assigned and engaged enrollees:

Year One	2,740
Year Two	4,135
Year Three	5,555
Year Four	7,225
Year Five	8,720