**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:** | Northeast Behavioral Health Corporation d/b/a Beth Israel Lahey Health Behavioral Services |
| **CP Address:** | 199 Rosewood Drive, Suite 250, Danvers, MA 01923 |

# BP4 Annual Report Executive Summary

Beth Israel Lahey Health Behavioral Services (BILH BS) remains committed to serving MassHealth Enrollees in the Northeast Region in partnership with 9 ACOs and 2 MCOs. Our BHCP continued to collaborate with these partners as well as other community agencies to improve the total healthcare needs (medical, behavioral health and social) of this complex population.

In BP 4, BILH BS reorganized the leadership structure below the Director by creating regional vs local teams, now Merrimack Valley and Metro Boston respectively. Each of these teams reports to Regional Clinical Care Managers (CCMs), licensed clinicians, who report to the Director of the BHCP. To support this new structure, the Lead Care Coordinators, who report to the Regional CCMs, embraced additional responsibilities including supervision of care coordinators and more targeted interaction with our ACO and MCO partners.

We also added a second Engagement Specialist (ES) to the team during this reporting period resulting in a shift in the outreach model. The ESs outreach to all new referrals freeing up the care coordinators to focus on their processes of engaging clients.

The BHCP teams underwent intensive training through a TA vendor project that assisted with skill building and implementation. Motivational Interviewing and approaches to care coordination were the main threads carried through all modules. These trainings included didactic instruction and breakout sessions where staff could practice their skills.

BILH BS BHCP increased our work around completing the HbA1c metric with Tufts MCO and their affiliated ACOs as well as the Lahey ACO. This metric involves both PCPs and BH prescribers, and ongoing relationship building is needed for success. Our BHCP also took part in a Learning Collaborative with Lahey ACO to build stronger internal relationships which continued throughout BP 4. As a result, we meet on a monthly basis to review cases and quality metrics as well as identify areas where improvements can be made to advance client care.

We held four (4) Consumer Advisory Board (CAB) meetings with multiple members in attendance at each. One of the four CABs was with both English and Spanish clients and one was Spanish speaking only clients. Topics included telehealth, consumer engagement, and access to BH services.

BILH BS administered client incentives during this reporting period by providing grocery gift cards to clients based on progress toward goals in their enrollment and/or on their care plan. Clients are eligible to receive a grocery gift card when they meet certain milestones in their engagement process.

BILH BS proceeded with its work on the care extender App, Sanvello, for clients enrolled in the BHCP program. During the first half of BP 4, we piloted the App and its utility identifying issues leading to more extensive work. BILH BS and Sanvello worked together during the second half of BP 4 to improve the functionality of the App, its utility for our population and to phase in clients by the end of the year.