Response to Request for Information (RFI) on the Redevelopment of Shattuck Campus (DOCUMENT #FY19SHATREDEVRFI)

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1. Provide information on the type of services that could be added to the Campus. Respondents do not need to have expertise in all program or service areas.

Boston Medical Center (BMC) has long recognized the need to provide an integrated, multi-specialty, multi-system continuum of behavioral health care for patients with substance use disorders (SUDs) and/or mental health conditions, particularly those who are homeless. We have also long held a vision for an ideal system of behavioral health care for these target populations that both conforms to and expands upon the vision of the Shattuck Campus described by the Executive Office of Health and Human Services (EOHHS) in DOCUMENT #FY19SHATREDEVRFI, the Request for Information on Shattuck Redevelopment. In our response to this question, we will first outline our overarching vision for the campus and provide an overview of our proposed role. Then we will describe in more detail the challenges we hope to address and the continuum required to address these challenges, including the role for a Behavioral Health Respite unit for the highest-risk population served by the campus.

Our Vision

We envision a comprehensive, multidisciplinary behavioral health care continuum on the Shattuck Campus for Boston's highest need patients that:

- Addresses fragmentation in the current care system by creating services that are intentionally designed *both* to integrate care for mental health conditions, substance use disorders and medical conditions, *and* to provide seamless transitions between levels of care.
- Helps address racial and ethnic disparities in access to evidence-based behavioral health care.
- Assembles existing providers of addiction treatment, mental health services and psychiatric care in the larger Boston community and/or currently operating on the Shattuck Campus to create a comprehensive continuum of care across the levels defined by the American Society of Addiction Medicine (ASAM).
- Relieves bottlenecks in the existing "ecosystem" of services and systems of care for the target populations of patients with SUD and mental health conditions who are also homeless and/or medically complex, through services such as Clinical Stabilization Services (CSS), Transitional Support Services (TSS), and recovery housing.
- Offers an innovative new level of care for patients in the target population offering 90 days of behavioral health respite care with attention to permanent housing needs prior to discharge to outpatient care.
- Co-locates other services to address the social determinants of health on-site, such a food pantry, supported employment, job training opportunities, and medical-legal support.
- Serves all patients in need of planned services, regardless of status, ability to pay, or payer.

We envision a physical plant and grounds that:

- Transforms the existing site into a modern multi-building campus including employing the latest sustainable design principles using net-zero or near-net-zero construction.
- Offers ready access to beautiful green spaces including gardens, walkways, and access to nature.
- Includes recovery housing, and permanent housing in partnership with Pine Street Inn and Healthcare for the Homeless.
- Includes a training facility to expand the needed local workforce for behavioral health professionals and paraprofessionals.
- Space permitting, includes a grocery store, child care center, café and other business that meet community needs and also offer supervised job training opportunities for patients.

We believe that this project offers an unprecedented opportunity to fill the gaps in our services delivery system, to piece together a seamless continuum of care for Boston's most vulnerable populations, address the social determinants of health under one roof, and design, develop and maintain a redeveloped Shattuck Campus that serves as a national model. As detailed in the ensuing narrative, there are many gaps not only in the behavioral health care system but also in services addressing health-related social needs that we propose to fill. In our own experience at BMC, 16% of our patients need assistance with housing, 16% with food, 16% with education, 10% with employment, and 8% with medications. Unmet needs in these areas are a challenge for all of our patients. In the case of those with SUD and/or mental health conditions, these social needs make it exceptionally difficult for patients to prioritize and achieve sustained recovery and health. Providing these resources on campus will thus be critical to the initial and sustained recovery of our patients.

BMC stands ready to serve as the master developer to lead the redevelopment of the "bricks and mortar" of the existing hospital and the surrounding grounds as well as the design, development and implementation of the fully integrated continuum of care. We also

will consider "de-linking" physical redevelopment of the campus with our proposed continuum and partnering with another development company, should EOHHS find this preferable. Finally, we are open to purchasing needed services to fill gaps in services.

Our Proposed Role in Developing the Shattuck Behavioral Health Care Continuum

As a longtime provider of behavioral health services, BMC has made many connections with SUD treatment providers across the ASAM levels of care, as well as community-based providers of mental health, social and wraparound services that can be brought to bear on the needs of Shattuck patients. We have deep expertise in addiction medicine, addiction psychiatry, psychiatric care of vulnerable populations, and services integration. Since 2003, we have pioneered the use of buprenorphine for opioid use disorder in primary care, using a Nurse Care Management Model. We now have more than 1,500 patients receiving care through this model at BMC, and BMC leaders have disseminated the model nationally. We have also developed and now operate specialized programs providing MAT to patients with co-occurring disorders, pregnant and postpartum women, adolescents, and overdose survivors treated in our emergency room. Our pediatricians have pioneered models of care for infants with neonatal abstinence syndrome. More recently, we have built our capacity to provide recovery coaching and developed a universal screening and referral system to address the social determinants of health. Moreover, our Department of Psychiatry has long served as the largest provider of care to mentally ill and dual diagnosis residents of Boston and surrounding communities. Among its work, BMC Psychiatry holds contracts with the Boston Emergency Services Team (BEST) which offers pivotal support for Medicaid patients in crisis.

With this depth and breadth of experience, BMC is well-prepared to fulfill a leadership role in Shattuck redevelopment. Specifically we seek to:

a) **Lead the design, development, and implementation of the proposed integrated care continuum for the target populations.** We believe that BMC is uniquely qualified to organize providers of clinical and social/wraparound services during the Shattuck redevelopment effort and to lead the development of needed protocols for assessment, care planning, care transitions, case management, and recovery coaching. To this end, we will form a consortium of Shattuck providers to participate in the development and implementation of the clinical program. *We understand that Pine Street Inn (PSI) and Boston Health Care for the Homeless (BHCH) will also respond to this RFI. We have spoken with leaders from both PSI and BHCH to coordinate our responses to the RFI and have agreed that a partnership among the three organizations could serve as the foundation for a collaborative response to the RFR, when issued*.
b) **Oversee the assessment and care planning processes.** BMC proposes to oversee the assessment and care planning processes for patients new to the Shattuck campus. These patients may be discharged from local acute treatment services (ATS) facilities or hospitals, returned to the community from correctional facilities, referred by outpatient or emergency services providers and/or brought to the campus by first responders.
c) **Coordinate and manage the delivery of services across the care continuum.** We believe that centralized management will be critical to organizing available behavioral health and wraparound services in a person-centered and cost-effective way, and to increase our capacity to provide these services. In addition, to coordinate care following

assessment, we propose a model of longitudinal recovery coaching consistent with national standards for this new discipline.

d) **BMC will also provide direct services as needed.** Depending on the unmet needs of Shattuck patients, BMC has the capacity to provide a host of on-site services. In addition to direct provision of CSS/TSS, BMC will explore the need for and feasibility of adding on-site inpatient mental health care, consultation by specialists in addiction medicine and addiction psychiatry, outpatient mental health services, and primary care integrated with MAT. We will also plan to provide recovery coaches, either directly or in partnership with an approved, state-funded training program.

Current Challenges in the Behavioral Health Ecosystem for Our Patients

BMC is intimately familiar with challenges facing our patients with behavioral health conditions in Boston. They include:

- **Limited access to SUD CSS/TSS and residential treatment**. BMC has first-hand experience with this barrier which faces patients across the city. While BMC providers have relationships with a host of local programs across the traditional care continuum, we do not have preferred access to these programs; only 18% of inpatients with SUD at BMC who are referred to CSS/TSS are placed in these services. Residential rehabilitation services are also very difficult to access, with most programs having waiting lists of a month or more. The backlog for CSS/TSS placements in particular increases the length of inpatient medical stays particularly for homeless and complex patients with multiple medical and behavioral health morbidities who are most in need of residential treatment.
- **Inadequate uptake of, and coordination with, intensive outpatient programs (IOP) and partial hospitalization programs (PHP)**. IOP and PHP have potential to serve as important alternatives to residential treatment for lower-acuity patients with behavioral health conditions, and/or improve the safety of discharge form an inpatient program. We believe that enhanced coordination between IOP/PHP and patients' longitudinal outpatient medical and behavioral health providers would increase both uptake and effectiveness of these services.
- **Lack of care coordination.** There are only a handful of local programs working systematically with health care providers such as BMC to coordinate transitions across multiple levels of BH care, such as arranging for appropriate discharge plan, working on housing applications, or coordinating with long-term outpatient care teams. This can result in duplication of effort, poorly planned transitions of care, and increased health care utilization, with poor clinical outcomes.
- **Lack of patient-centeredness across the traditional care continuum**. Many different providers and systems of care comprise Boston's behavioral health ecosystem, each of which has its own patient selection criteria and rules. This has led to a "patchwork" of services in which patients must fit the need of treatment programs as their care progresses—rather than treatments fitting the needs of patients.
- **Inability of available inpatient BH services to meet the needs of homeless and/or complex patients.** Many such services lack the capacity to treat complex patients with medical and/or psychiatric co-morbidities. In addition, the limited length of stay in these programs is not enough time to work through the supportive housing process for homeless patients.

- **A lack of appropriately supportive housing for homeless patients with behavioral health conditions.** Many homeless patients with serious behavioral health conditions require wrap-around services and post-tenancy support to be successful in new housing. Units with these services available are scarce in the region, and as a result, many patients with severe behavioral health conditions experience long-term homelessness, or struggle to thrive in housing that is not adequately supportive.
- **Gaps in the resources needed to address other social determinants of health.**

Our primary goal in responding to the present EOHHS RFI and any subsequent RFR is to fully address these issues. Specifically, we anticipate partnering with existing on-campus providers and other community based organizations to provide a full continuum of individual assessment, case management, recovery coaching, treatment and housing services. Our vision includes a new Behavioral Health Respite Unit (BHRU) to meet the needs of homeless patients with SUD and high medical and/or psychiatric complexity.

Proposed Behavioral Health Care Continuum

Patients will be able to access the continuum from a variety of settings—i.e., at the point they are discharged from inpatient medical or psychiatric care, inpatient detoxification, a correctional facility, or emergency department; by referral from an outpatient provider, and/or by self-referral. Based on a comprehensive assessment process, and depending on the presence or absence of medical and/or psychiatric co-morbidities, patients will go on to different levels of care and treatment trajectories. Multidisciplinary treatment plans will be individualized to patient needs.

To be admitted to the Shattuck program, patients will need to have any, or any combination, of SUD, homelessness, and/or mental health conditions, with the highest acuity and costliest patients afforded the highest priority. At the lowest levels of care, patients will be able to access outpatient treatment for SUD and mental health conditions, with consultation as needed by specialists in addiction medicine and addiction psychiatry. Our validated THRIVE screener will be used to identify health-related social needs for housing, food, transportation, and other concrete services, with facilitated referrals to on-site and community-based resources.

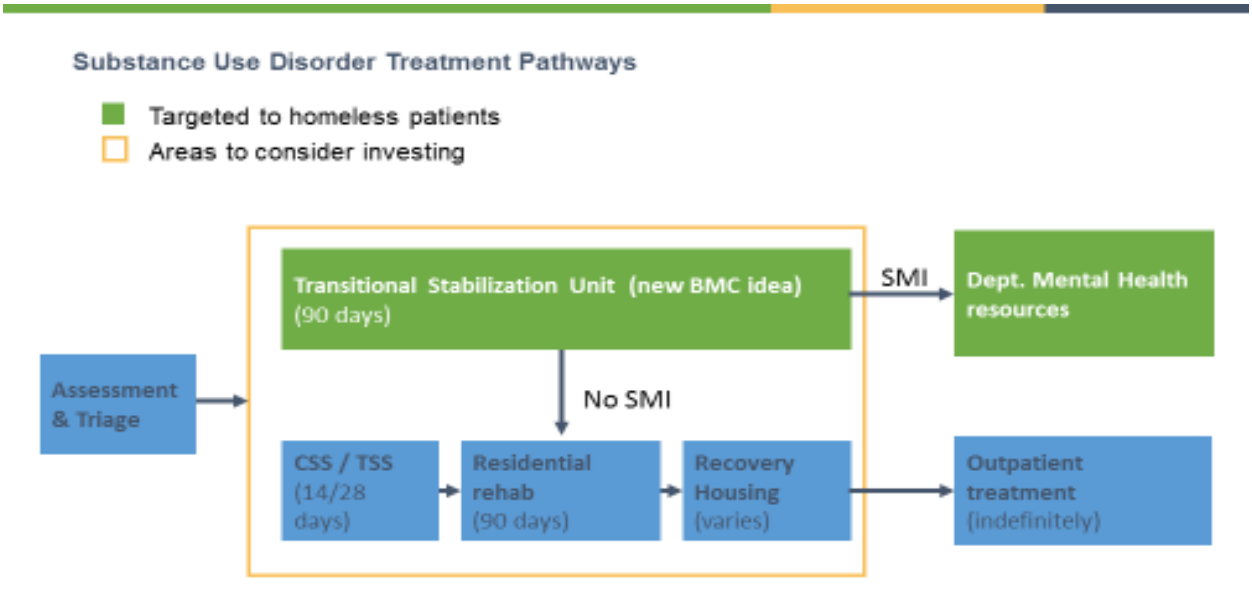
Many SUD patients will be able to engage in the traditional post-discharge care continuum, consisting of 14 to 28 days of CSS or TSS, followed by up to 90 days of residential rehabilitation, and discharge into recovery housing and outpatient treatment. The most high-risk patients with a combination of homelessness, SUD and medical and/or psychiatric complexity will be admitted directly into the proposed BHRU, a new level of care and an important and innovative feature of our plan, for up to 90 days, after which they will transition to residential rehabilitation and recovery housing. The proposed care continuum is shown in the chart on the following page. BMC specialists in addiction medicine and addiction psychiatry will be integrally involved in the design of these services.

In addition to the above services, the Shattuck Campus will offer a range of outpatient services, including primary care, mental health counseling and psychiatric care as the demand for these services dictates. The BMC Department of General Internal Medicine will provide primary care, including MAT and short-term therapy for appropriate diagnoses (e.g., depression, anxiety, grief, and PTSD) by a Licensed Independent Clinical Social Worker. Motivational interviewing will be

used to engage and retain patients in care. The Department of Psychiatry will provide clinical evaluation, psychopharmacological treatment, and long-term individual and group therapy to patients with mental health conditions and/or SUD.

Reimagining Shattuck Hospital

In the redeveloped site, Shattuck Hospital will house supportive housing slots, new outpatient primary care and mental health services, and case management. BMC staff will offer centralized services that follow patients across transitions in care (e.g., case management and recovery coaching) will also be located in the redeveloped hospital, as well as co-located social services providers. Depending on space availability, the preferences of the community, and our success in brokering relevant partnerships, the ground floor may also house business that serve as vocational training sites for patients.



The final uses of the hospital take into account our projections of the demand for existing and expanded behavioral health services and recovery housing, as well as income and expense projections. We are particularly aware of the need for additional CSS/TSS and residential services, as well the dearth of transitional and permanent housing. In addition, we will consider increasing the availability of intensive outpatient services and partial hospitalizations service to complete the ASAM continuum.

The Case for the Behavioral Health Respite Unit

In BMC's experience, homeless patients with SUD and medical and/or psychiatric comorbidity are the least likely to have their needs fully addressed, and at a very high cost. An analysis of data from the Boston Accountable Care Organization (BACO), our 109,000-member MassHealth ACO, indicated that 1,021 (43.8%) of the 2,330 patients in the highest 2% for total cost of care (TCOC) had active SUD and were also homeless. Of these, 48% had co-occurring serious mental illness (SMI), and 65% had 2 or more chronic conditions. The average TCOC for homeless patients with comorbid SUD and SMI was $63,000, while for those with

homelessness, SUD and 2 or more chronic conditions, TCOC was $68,000. **It is thus imperative that we improve clinical outcomes for these and other high cost patients with behavioral health conditions in a way that sustainably reduces health care expenditures. We believe that the proposed Shattuck care continuum in general and the BHRU in particular, will help accomplish that aim.**

BACO costs for top 2% of patients who are homeless and diagnosed with SUDs

	Top 2% Risk					
	# Mems	Impactable PMPY[2,3] $	TCOC PMPY[2] $	IP admits/ yr.	Re-admits/ yr.	ED admits /yr.
No SMI	809	$27,119	$56,242	2.0	0.7	9.2
SMI[4]	212	$33,263	$63,400	3.1	1.2	12.3

Although BACO will not be the only health system admitting patients to Shattuck, routine analyses of BACO data will shed considerable light on the success of the program in improving clinical outcomes and reducing acute services utilization and the TCOC. Interim analyses of BACO data will potentially point to midstream enhancements and corrections that can be made as the project progresses.

The Proposed Behavioral Health Training Center

An innovative concept that we are interested in pursuing is the development of an on-site behavioral health training center to meet current and emerging workforce needs. A first-line strategy in the formation of the center will be to partner with existing programs (e.g., the Recovery Coach Academy, Provider Clinical Support System) to provide on-site and telehealth trainings as a form of staff development for Shattuck personnel and professionals and paraprofessionals from surrounding communities. Under the auspices of the Grayken Center for Addiction at BMC, BMC could "hit the ground running" by conducting DATA 2000 waiver trainings, anti-stigma training, and training of Nurse Care Managers. New courses and workshops could be developed, based on need and demand, on such topics as employer response to SUDs in the workplace, treatment of OUD in institutional settings, psychopharmacology for dual diagnosis patients, addiction counseling, and a full range of other relevant subjects.

The location of the Behavioral Health Training Center on the Shattuck Campus will be an especially attractive feature for students in social work, psychology, nursing and related fields who are considering careers caring for low-income and minority patients with SUD, mental health conditions, and/or medical complexity. Although we have yet to devise a financial model for the center, we believe that, with a combination of contracts with local educational institutions, tuition, grant and philanthropic funds, we can bring this vision to fruition.

Behavioral Health Equity and the Shattuck Community Advisory Board

There are longstanding and persistent disparities in the rates at which diverse populations access and complete treatment for mental illness and substance use disorders. In 2015, among adults

with any mental illness, 48% of whites received mental health services, compared with 31% of blacks and Hispanics, and 22% of Asians.[1] There are differences in the types of services (outpatient, prescription, inpatient) used more frequently by people of different ethnic/racial groups. Adults identifying as two or more races, whites, and American Indian/Alaska Natives were more likely to receive outpatient mental health services and more likely to use prescription psychiatric medication than other racial/ethnic groups. Inpatient mental health services were used more frequently by black adults and those reporting two or more races.[2]

Findings on which patient populations experience the most profound substance use disorder treatment disparities have been mixed.. What is clear, however, is that racial and ethnic minorities with SUDs, who account for about 40% of admissions to publicly funded treatment programs, are at increased risk of poor outcomes: nationally blacks and Hispanics are 3.5–8.1 percentage points less likely than whites to complete treatment for alcohol and drugs.[3] These disparities are associated with lower socioeconomic status, greater unemployment, and housing instability--underscoring the needs for stable housing and job training programs if SUD treatment is to succeed.

In filling gaps in our current delivery system and providing a host of wraparound, social and support services, the proposed Shattuck behavioral health continuum will in itself address existing disparities in treatment and treatment outcomes. In addition, we plan to assemble a diverse Community Advisory Board (CAB) of people in recovery, patients, and other stakeholders to consider data related to patterns in SUD treatment in the community, including rates of access to care, adherence to care, and outcomes of care by race/ethnicity, and to work with our team to provide creative solutions to identified disparities. Our team will also visit other programs that have been successful in addressing these disparities, bringing other models to the CAB for its consideration and potential implementation.

The BMC Housing Initiative and Its Relevance

In the past few years, BMC has emerged as a leader in developing housing options for Boston's most vulnerable residents. BMC's Housing Initiative is a body of work undertaken by the hospital to pilot test new approaches to investing in affordable housing and providing models of onsite supportive services within affordable housing developments.

Much of this work was catalyzed by BMC's 2017 $6.5 million dollar investment in a multi-tiered housing strategy. BMC's Housing Initiative aims to:

1) Catalyze faster and increased affordable housing production;
2) Finance strategies to preserve and rehabilitate current housing;
3) Invest in economic development for underserved communities to start businesses;
4) Organize policy campaigns for new resources and tenant protections.

Our concept for Shattuck redevelopment is highly consistent with these strategies. No single organization will be able to accomplish the strategies alone, the Shattuck redevelopment effort will be able to take advantage of an increasingly unified effort between a committed city and state government, innovative housing and community development organizations, top banks, and world class medical and education institutions focusing efforts as anchor institutions.

2. Describe any specific issues that would deter or encourage an organization from partnering with the Commonwealth.

Although we anticipate that our proposed clinical program and physical plant will be self-supporting, there will be front-end development costs for both. The agreed-upon structure of the partnership with the Commonwealth must allow for the master developer to execute the shared vision in a timely and cost effective manner.

3. Identify what steps an organization would need to take to partner with the Commonwealth and a rough timeline for these steps.

Assuming BMC is selected as a lead on either the clinical design and implementation work, property development or both, we will need to develop a Memorandum of Understanding with EOHHS assigning BMC the lead role (s) in the project. If selected as clinical program lead, we will begin by assembling the Shattuck Provider Consortium (SPC) to participate in the final design of clinical pathways and wraparound services. We will work with this Consortium to identify a shared vision for the campus going forward, and service gaps to address to achieve this vision. Concurrently, we will pursue additional needed partnerships with clinical and social services providers, and meet with other health systems to clarify ways that the future Shattuck continuum can complement and integrate with their existing resources, Our project management team will collaborate with existing providers and new potential partners to determine their ideal roles in the project and assess their financial/startup needs. This information will be used to refine the initial financial projections accompanying our response to the future RFR.

If our revised projections point to an initial operating loss for clinical operations, we will enter negotiations with the state to fund start-up costs (with, for example, a low-interest, short-term loan). We would also want to discuss terms and conditions under which the state would "make us whole" in the event of reimbursement for services is less than expected or ACO cost savings fail to materialize.

If selected as lead developer, we would assemble a consortium of partners on the project to include experienced real estate developers / operators, as well as other clinical partners with a vested interest in the site, e.g., Pine Street Inn and Boston Health Care for the Homeless. Given the location of the project, we would create an Opportunity Fund and work with EOHHS, BMC Finance, BMC Development, and private Opportunity Fund investors to raise the needed capital.
Site development will occur in parallel with our clinical teams developing the clinical pathways, workflows, and other operations needed to service the target population. These two tracks of the Shattuck redevelopment program will coordinate regularly to devise mutually agreeable timelines for project implementation and to discuss the possibility of cross-subsidization of the clinical track with Opportunity Fund dollars.

We believe it is reasonable to expect an 18- to 24-month planning period, followed by a two- to five-year redevelopment and phase-in of services.

4. Describe what resources, including funding and financing models, are necessary to enable a partner(s) to finance the design, permitting, leasing, and construction of the project and ongoing management of the site.

Services on the site will be financed primarily through reimbursement from our own BMC Health Plan products (e.g. BACO) and third party payers whose business we are able to attract. To the extent there is a shortfall of reimbursement revenue relative to operating cost, we expect

to be able to fund at least some of the shortfall through total cost of care savings (after risk sharing with our ACO partners). We are also interested in exploring whether a novel, alternative payment model focused on high risk patients with behavioral health needs would better enable the wrap-around care that many of these patients require, while reducing total cost of care.

We expect services on the site to be largely self-sustaining, with two possible exceptions—case management services, which are poorly reimbursed, and recovery coach services, which are not yet billable to MassHealth and most other payers. In addition to offsetting loses with ACO savings, we have contemplated creating additional service revenue through selling technical assistance services to other providers who wish to develop expertise in the services we provide, or through leasing space on site to other providers.

As the master developer BMC plans to oversee all financing for the redevelopment and coordinate a number of capital and operational partnerships for the multi-phased transformation of the site. As the site is in an opportunity zone, BMC anticipates creating a federally qualified opportunity fund to attract private impact investors. This structure will be attractive to private investors who are interested in community revitalization while also offering significant tax advantages. The BMC Development Department has a well-established track record of identifying investors who will find this opportunity attractive. We are confident in our ability to raise the funds given we raised $250 million over the past five years for redevelopment and consolidation of the BMC campus.

In conclusion, BMC considers the Shattuck Campus Redevelopment project as a vital opportunity to improve the health and well-being of the state's most vulnerable residents. We look forward to further developing our vision for the campus in partnership with EOHHS.

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[1] Agency for Healthcare Research and Quality. 2015 National Healthcare Quality and Disparities Report. Available: https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqdr15/2015nhqdr.pdf

[2] Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults. 2015.

[3] Blacks And Hispanics Are Less Likely Than Whites To Complete Addiction Treatment, Largely Due To Socioeconomic Factors. *Health Affairs*. 2013;32(1):135-45.