

# Behavioral Health Plan For the State of Tennessee FINAL



It's your story. We're listening.

# Introduction

- Final versions of the following Plans were requested by the State of Tennessee in the September 18, 2017 Terms of Certification, and were subsequently submitted on July 31, 2018. Feedback from multiple meetings and conversations with the state has been incorporated into these Plans.
  - Behavioral Health Plan
  - Children's Health Plan
  - Rural Health Plan
  - Population Health Plan
- The content of these Plans is consistent with requirements as outlined in the Terms of Certification governing the Certificate of Public Advantage and represent those actions to be taken by Ballad Health deemed by the State of Tennessee to constitute public benefit.

# Spending Requirements

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total:
<b>Expanded Access to HealthCare Services</b>	<b>Behavioral Health Services</b>	\$1,000,000	\$ 4,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 85,000,000
	<b>Children's Services</b>	\$1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 27,000,000
	<b>Rural Health Services</b>	\$1,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 28,000,000
<b>Health Research and Graduate Medical Education</b>		\$3,000,000	\$ 5,000,000	\$ 7,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 85,000,000
<b>Population Health Improvement</b>		\$1,000,000	\$ 2,000,000	\$ 5,000,000	\$ 7,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 75,000,000
<b>Region-wide Health Information Exchange</b>		\$1,000,000	\$ 1,000,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 8,000,000
<b>Total:</b>		\$8,000,000	\$ 17,000,000	\$ 28,750,000	\$ 33,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 308,000,000

# Important Dates

## Plans Due in First Six Months (July 31, 2018)

- Behavioral Health Plan\*
- Children's Health Plan\*
- Rural Health Plan\*
- Population Health Plan\*
- Capital Plan

## Plans Due in First Twelve Months (January 31, 2019)

- HIE Plan
- Health Research/Graduate Medical Education (HR/GME Plan)

*\* Consistent with the The Commonwealth of Virginia Department of Health request, Ballad previously submitted draft versions (on June 30, 2018) of these Plans and provided those copies to the State of Tennessee. This document presents the final versions of these plans, incorporating feedback received from the State following review of the draft submissions during an on-site meeting at Ballad's corporate offices on July 10, 2018, submission of the updated plans on July 31, 2018, and a second review session at the Tennessee Department of Health offices on August 10, 2018.*

# Process for Plan Development

## Initiate

- Engaged Resources
- Named Executive Steering Team

## Plan

- Gathered Internal and External Stakeholder Input
- Developed Initial Plans/Prioritize

## Review

- Socialized Plans to Internal and External Stakeholders
- Provided Tennessee Department of Health (TDH) with Draft Plans Submitted to Virginia Department of Health (VDH)
- Reviewed Draft Plans with TDH and VDH

## Finalize

- Incorporated TDH and Stakeholder Feedback
- Finalized Investment Schedules
- Submitted Final Plans to TDH
- Make final revisions with State Input during 30 day state review and 30 day Ballad response period
- Obtain Ballad Health Board Approval

# Process and Participation for Plan Development

In developing these plans, Ballad has referenced previously developed plans and analyses and solicited extensive stakeholder input including:

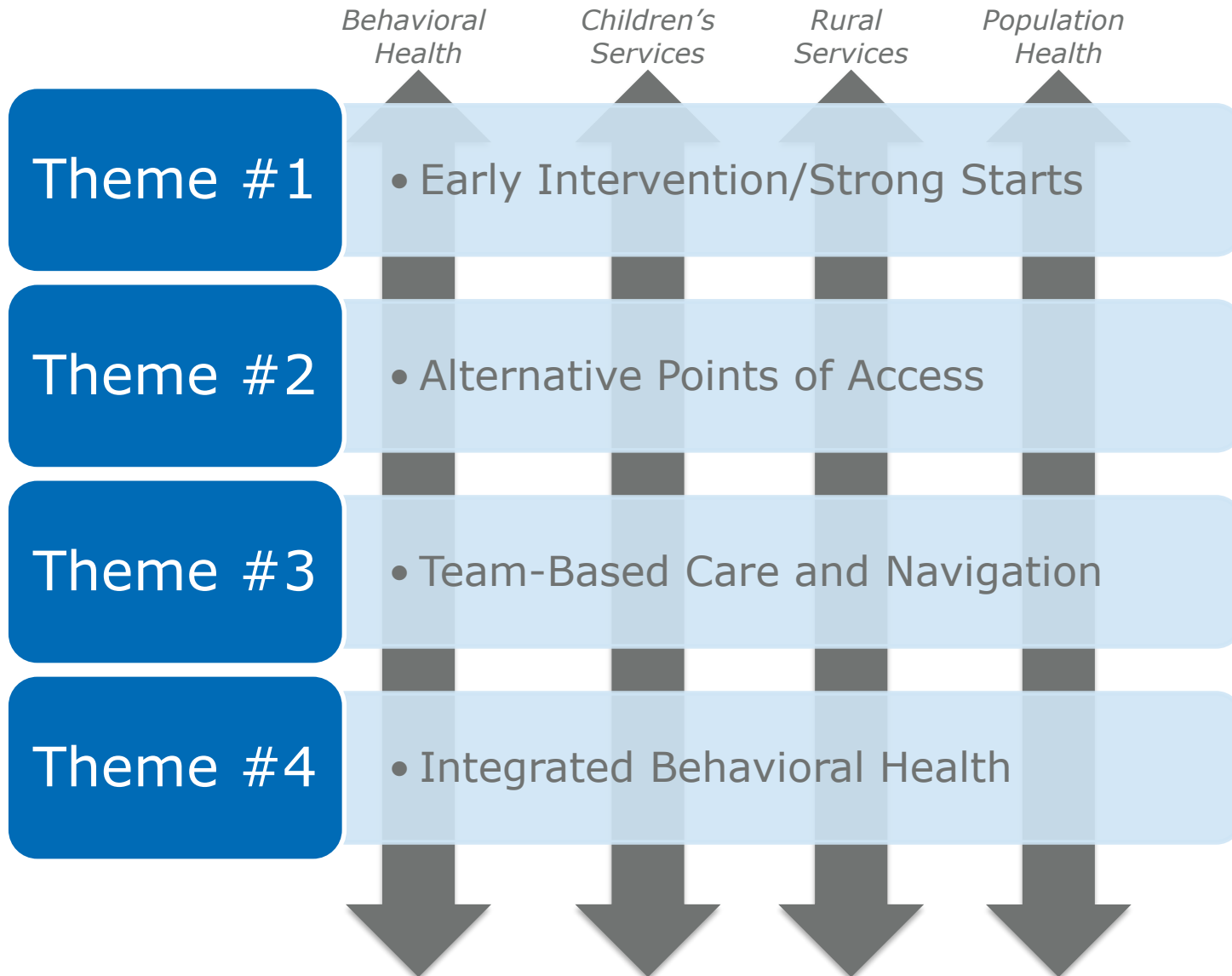
- Reviewing the following documents and plans:
  - Tennessee State Health Plan
  - Key Priorities for Improving Health in Northeast Tennessee and Southwest Virginia: A Comprehensive Community Report <sup>1</sup>
  - Legacy WHS and MSHA Community Health Needs Assessments
- Conducting approximately individual 150 interviews
- Holding approximately 40 meetings with external groups
- Convening the Population Health Clinical Committee
- Presenting the plan overview to a number of Ballad community boards in Tennessee and in an open meeting in Kingsport

<sup>1</sup> Report published by the East Tennessee State University College of Public Health

# Process and Participation for Plan Development (continued)

- Convening the Accountable Care Community Steering Committee
  - Healthy Kingsport and United Way SWVA were selected through an RFP process to co-manage this effort for both TN and VA
  - Obtained cross-state participation in initial meeting with discussion of metrics with special focus on those most amendable to community intervention
  - Conducting bi-weekly calls with lead organizations
- Provided draft Virginia plans to the State of Tennessee on June 30, 2018. Additionally, Ballad representatives and representatives from the State of Tennessee and the Virginia Commonwealth met on July 10, 2018 to review and discuss the draft plans. Feedback from that meeting and subsequent communications were incorporated into the July 31, 2018 plan submissions.
- Ballad representatives and representatives from the State of Tennessee and the Virginia Commonwealth met on August 10, 2018 to review and discuss the July 31 version of the plans. Feedback from that meeting has been incorporated into this submission.

# Strategic Themes Across All Plans





# Strategic Themes Across All Plans (continued)

## 1. Early intervention and strong starts

- Efforts will be designed around the concept of primary, secondary and tertiary prevention, with a special population focus on children.
- Example: Prevent cervical cancer through HPV vaccinations AND detect in early stages through effective screening.

## 2. Alternative Points of Access

- Preventive and acute services must be easily accessible by the population and designed with their preferences and limitations in mind.
- Example: Mobile blood pressure and diabetes screening co-located at food assistance delivery sites.

# Strategic Themes Across All Plans (continued)

## 3. Team Based Care and Navigation

- Care teams should be designed around the needs of the whole person and include perspectives and skills from pharmacists, social workers, community health workers, navigators and case managers.
- Example: Embed behavioral health navigators in primary care practices to link patients with necessary behavioral health services at Ballad Health and our CSB partners.

## 4. Integrated Behavioral Health

- We should design a behavioral health perspective into all care processes and systems.
- Example: Perform Screening, Brief Intervention and Referral to Treatment on ED and Inpatient admits to identify behavioral health risk and initiate treatment in patients regardless of their presenting problem.

# Table of Contents for Behavioral Health Plan

- Plan Overview
  - TN Certificate of Public Advantage Requirements
  - Key Metrics Assessed
  - Key Strategies
  - Crosswalk to Conditions
  - Investment Plan
  - Existing Partnerships and Collaborations
- Strategic Approach
- Implementation Roadmap

# Behavioral Health Plan

## *1. Plan Overview*



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## *Plan Overview*

# TN COPA Behavioral Health Plan Requirements

### TN COPA Requirement

Submit a plan to develop new and/or improved community-based mental health resources, such as mobile health crisis management teams and intensive outpatient treatment and addiction resources for adults, children, and adolescents designed to minimize inpatient psychiatric admissions, incarceration and other out-of-home placements.

## *Plan Overview*

# Behavioral Health Plan Key Metrics

C20: Follow-Up After Hospitalization for Mental Illness (within 7 days)

C21: Follow-Up After Hospitalization for Mental Illness (within 30 days)

C22: Antidepressant Medication Management – Effective Acute Phase Treatment

C23: Antidepressant Medication Management – Effective Continuation Phase Treatment

C24: Engagement of Alcohol or Drug Treatment

C25: SBIRT Administration – Hospital Admission

C26: Rate of SBIRT Administration – ED Visits

D11: NAS (Neonatal Abstinence Syndrome) Births

D12: Drug Deaths

D13: Adults – Prescription Drugs

D21: Frequent Mental Distress

*Metrics from Exhibits C and D, per the Tennessee Terms of Certification Governing the Certificate of Public Advantage, September 18, 2017*

SBIRT = Screening, Brief Intervention, and Referral to Treatment

ED = Emergency Department

## *Plan Overview*

# Strategies for the 3-Year Behavioral Health Plan

**Strategy #1:** Develop the Ballard Health Behavioral Services Infrastructure

**Strategy #2:** Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

**Strategy #3:** Supplement Existing Regional Crisis System – For Youth and Adults

**Strategy #4:** Develop Enhanced and Expanded Resources For Addiction Treatment

# Plan Overview

## Strategies Related to TN COPA Behavioral Health Plan Requirements

TN COPA Requirement	1. Behavioral Health Infrastructure	2. Primary Care/ Behavioral Health Integration	3. Regional Crisis System	4. Addiction Treatment Resources
1. New and/or improved community-based mental health resources, such as mobile health crisis management teams and intensive outpatient treatment and addiction resources for adults, children, and adolescents designed to minimize inpatient psychiatric admissions, incarceration and other out-of-home placements		Y	Y	Y

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## Plan Overview

# Behavioral Health Services Plan Estimated Investment Summary

Behavioral Health Plan	Year 1	Year 2	Year 3	Year 1-3 Total
#1 - Infrastructure Development	\$340,000	\$680,000	\$710,000	\$1,730,000
#2 - Behavioral Health and Primary Care Integration	\$200,000	\$690,000	\$1,360,000	\$2,250,000
#3 - Regional Crisis System for Youth and Adults	\$472,750	\$1,410,000	\$3,320,000	\$5,202,750
#4 - Expanded Resources for Addiction Treatment	\$750,000	\$1,220,000	\$4,610,000	\$6,580,000
<b>Total</b>	<b>\$1,762,750</b>	<b>\$4,000,000</b>	<b>\$10,000,000</b>	<b>\$15,762,750</b>
<i>COPA-Mandated Minimum Expenditures</i>	<i>\$1,000,000</i>	<i>\$4,000,000</i>	<i>\$10,000,000</i>	<i>\$15,000,000</i>
<b>Potential Funding Needed in Excess of Minimum Spending Requirements</b>	<b>\$762,750</b>	<b>\$0</b>	<b>\$0</b>	<b>\$762,750</b>

# Plan Overview

## Existing Partnerships and Collaborations

### Frontier Health

- Ballad Health works collaboratively with Frontier Health across the region to provide behavioral health services. Examples include, but are not limited to:
  - Ballad Health's Respond service works collaboratively with Frontier Health's Crisis response team to appropriately assess and disposition patients needing crisis evaluation. Both organizations employ TN state certified mandatory pre-screening agents. Respond currently serves as a safety net for Frontier, assisting with screenings when they have exhausted their resources. Both agencies communicate daily as a complement to each other. The expansion of Respond's services has been communicated with Frontier and are working collaboratively to leverage Ballad's improved telemedicine capability to provide better access for Frontier.
  - Overmountain Recovery, a collaboration between ETSU and Ballad Health, contracts with Frontier Health to provide therapy services.

# Plan Overview

## Existing Partnerships and Collaborations

### ETSU

- Ballad Health collaborates with ETSU throughout the region.
  - Overmountain is a collaboration between ETSU and Ballad Health. This collaboration will expand as we focus on addiction research, best practices, and an addiction fellowship in addition to our provision of psychiatry residency slots.
  - ETSU provides professional services to patients within 2 of Woodridge's patient units. In fact, one of these professionals, a child and adolescent boarded psychiatrist, was jointly recruited by ETSU and Ballad.

### Local Law Enforcement and Emergency Personnel

- Ballad works collaboratively with law enforcement for the transportation of behavioral health patients. Additionally, Ballad and local law enforcement personnel partner with the drug courts as part of the work at Overmountain Recovery.
- The Woodridge team provides education to Washington County EMS on care, de-escalation, and safe handling of behavioral health patients. Education opportunities such as these help to better equip law enforcement and emergency personnel to address the needs of this population, and serve to reduce the stigma often associated with behavioral health patients.

# Plan Overview

## Existing Partnerships and Collaborations

### Tennessee Department of Mental Health and Substance Abuse Services

- Woodridge is one of 3 behavioral health inpatient facilities in the state of Tennessee that receives grant funding from the TDMSAS for treatment of indigent patients requiring acute psychiatric care. Ballad and the TDMHSAS work closely through this partnership to improve the access to, and quality of, care being provided to this high risk population.

### Others

- Woodridge serves as the region's safety-net for patients with acute psychiatric needs, working to ensure that only the most severely acute patients are referred to the state-operated behavioral health hospitals.
- Ballad works collaboratively with the Community Service Boards and Federally Qualified Health Centers in Virginia, referring patients bi-directionally for appropriate placement and services. We envision an expansion of this collaboration as we further develop PHBHI, SBIRT and addiction treatment services.
- Ballad is currently discussing ways to expand the school telehealth program (see Children's Health Services plan for more information) to include crisis behavioral health services and behavioral health visits.

# Behavioral Health Plan

## *2. Strategic Approach*



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## *Strategic Approach*

# Strategy #1: Develop the Ballad Health Behavioral Services Infrastructure

### Why?

- Developing comprehensive and proactive behavioral health service offerings across Ballad Health's broad geographic region requires a leadership and support structure to develop consistent, high-quality systems of care and to integrate activities with other service lines.

### How?

- Hire a dedicated Chief Medical Officer for behavioral health to oversee and take clinical responsibility for fully developing a regional service line.
- Hire two new Operational Market Leaders (one for TN and one for VA) to provide direction and support for market-specific operational implementation.
- Hire Financial Analyst for behavioral health operations.

# *Strategic Approach*

## Strategy #2: Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

### Why?

- Primary Care practices in the region have piloted Navigation-based Primary Care/Behavioral Health Integration (PCBHI) programs. This model is proving effective and Ballad Health believes broader implementation of navigators and embedded behavioral health professionals will greatly improve early identification and treatment of behavioral health issues.

### How?

- Currently there are several programs in the region, using a variety of different models including:
  - 6-8 sites through Stone Mountain Health Services in Virginia; LCSW's providing behavioral health counseling
  - 3 Frontier LCSWs embedded in primary care practices
  - 1 Ballad pediatric integrated behavioral health program
  - 2 Frontier employed behavioral health navigators embedded within Ballad Medical Associates practices, serving patients in Tennessee and Virginia
- The evaluation of sites for expansion of PCBHI will be based on opportunity for lives touched, availability of resources and the support within the practice.
- The type of PHBHI staffing (behavioral health navigators and embedded behavioral health specialists) will be based on the greatest needs within the identified practices coupled with evaluation of outcomes from established models.

# *Strategic Approach*

## Strategy #2: Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

### How?

- Build out current PCBHI models within the Ballad Health service area to include approximately 17 FTE's within the first three years:
  - Behavioral Health Navigators
  - Pediatric Psychologists
  - Primary Care Psychologists
  - Social Workers
  - Psychiatric Nurse Practitioners
  - Adult Psychologists
- Final site selection will be completed during FY2019 for placement of these resources. Preliminary plans include locating 9 of the incremental FTE's described above into practices serving Tennessee residents.



# Strategic Approach

## Strategy #2: Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

### Metrics Addressed

- C20: Follow-Up After Hospitalization for Mental Illness (within 7 days)
- C21: Follow-Up After Hospitalization for Mental Illness (within 30 days)
- C22: Antidepressant Medication Management – Effective Acute Phase Treatment
- C23: Antidepressant Medication Management – Effective Continuation Phase Treatment

### Potential Barriers to Success

- Successful recruitment of behavioral health clinicians

### Potential Mitigation Tactics

- Partner with existing providers
- Utilize behavioral telehealth to expand access to limited resources
- Incorporate training programs as an initiative in the HR/GME Plan

*Metrics from Exhibit C, per the Tennessee Terms of Certification Governing the Certificate of Public Advantage, September 18, 2017*

# Strategic Approach

## Strategy #3: Supplement Existing Regional Crisis System

### Why?

- Many behavioral health issues reach a crisis phase that demands an organized, integrated approach to addressing crisis. Traditional crisis and emergency management systems have not been well designed to focus on or coordinate resources for behavioral health crises.

### How?

#### ***Prevention***

- Pilot implementation of SBIRT within the Ballad acute care hospitals to identify individuals at risk of behavioral health crises:
  - Hospital Emergency Departments and Hospital Admissions
  - Pilot sites (2) will be selected from Ballad acute care facilities currently operating from the EPIC EMR platform.
    - Results from initial pilot will be evaluated for revision and expansion planning
    - It is currently anticipated that expansion will first be to other Ballad sites operating from the EPIC EMR platform. It is then assumed the program will be expanded to all Ballad acute care facilities once the EPIC EMR platform is fully deployed across the system

*SBIRT=Screening, Brief Intervention, and Referral to Treatment  
PCBHI=Primary Care Behavioral Health Integration*

# Strategic Approach

## Strategy #3: Supplement Existing Regional Crisis System

### How?

#### **Prevention**

- Pilot implementation of SBIRT within the Ballad acute care hospitals to identify individuals at risk of behavioral health crises (Continued):
  - There is an opportunity to leverage the information collected through the SBIRT pilot, along with the other demographic information collected by Ballad, to utilize hot-spotting techniques to proactively identify where health disparities may exist. By analyzing certain demographic data elements (such as race, gender, and income), Ballad will be able to map where individuals also have substance abuse issues as identified through the SBIRT data. Ballad will utilize the SBIRT data to identify gaps in community resources, and identify new service locations, such as additional sites for PCBHI. Leveraging demographic data will elevate the sophistication of the assessment and potentially reveal insights into health disparities for those struggling with substance abuse.
- Supplement trauma-informed care initiatives to at-risk populations throughout the region such as individuals suffering from Adverse Childhood Experiences. Prevention and early detection/intervention can mitigate many critical health problems often associated with this at-risk population.

*SBIRT=Screening, Brief Intervention, and Referral to Treatment  
PCBHI=Primary Care Behavioral Health Integration*

# Strategic Approach

## Strategy #3: Supplement Existing Regional Crisis System

### How?

#### *Intervention*

- Expand the Respond program to *all* TN and VA hospitals. Current Respond services include:
  - 24/7 Crisis line
  - Crisis assessment team for evaluating patients face-to-face and via telehealth in EDs, inpatient settings, and walk-ins to Woodridge Hospital
  - Recommendation and facilitation of safe dispositions for behavioral health patients
  - Assists with scheduling bridge appointments for patients discharging from an inpatient setting.
- Increase efficiency of transportation services by deploying 4 vehicles, serving Tennessee and Virginia patients throughout the Ballad service area:
  - 2 vehicles operating 24-hours per day
  - 2 vehicles operating 12-hours per day
  - These services will provided needed inter-facility transportation for patients traveling between behavioral sites of care. Currently, Ballad utilizes third party transportation (i.e. cabs), and local law enforcement to meet patient needs. The ability to provide reliable, timely, and secure transportation services will enhance the experience and outcomes of Ballad Health behavioral patients.
- Working to implement a Zero Suicide initiative which focuses on creating a high-reliability zero-harm approach to prevent suicide within healthcare and behavioral health systems.

# Strategic Approach

## Strategy #3: Supplement Existing Regional Crisis System

### How?

#### *Intervention*

- Conduct region-specific Crisis Services Planning for youth and adults to identify specific gaps
- Enhance Regional Mobile Crisis and Stabilization Programs for youth
  - Pilot program consisting of one team with approximately 4 FTEs
    - Team Lead/Crisis Worker
    - 2 additional Crisis Workers
    - Psychiatric NP
  - Results from initial pilot will be evaluated for revision and expansion planning
  - Program protocols to be developed consistent with current best practices

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# Strategic Approach

## Strategy #3: Supplement Existing Regional Crisis System

### Metrics Addressed

- C20: Follow-Up After Hospitalization for Mental Illness (within 7 days)
- C21: Follow-Up After Hospitalization for Mental Illness (within 30 days)
- C24: Engagement of Alcohol or Drug Treatment
- C25: SBIRT Administration – Hospital Admission
- C26: Rate of SBIRT Administration – ED Visits
- D11: NAS (Neonatal Abstinence Syndrome) Births
- D12: Drug Deaths
- D13: Adults – Prescription Drugs
- D21: Frequent Mental Distress

*Metrics from Exhibits C and D, per the Tennessee Terms of Certification Governing the Certificate of Public Advantage, September 18, 2017*

SBIRT=Screening, Brief Intervention, and Referral to Treatment

ED=Emergency Department

# *Strategic Approach*

## Strategy #3: Supplement Existing Regional Crisis System

### Potential Barriers to Success

- Recruitment of behavioral health professionals
- Coordinating collective efforts of local resources/agencies/authorities
- Timeliness and ease of access to supportive clinical and social resources post-crisis

### Potential Mitigation Tactics

- Partner with existing providers
- Utilize behavioral telehealth to expand access to limited resources
- Incorporate training programs as an initiative in the Health Research and Graduate Medical Education plan

# Strategic Approach

## Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

### Why

- The Ballad Health region is one of the regions in the U.S. most highly affected by the opioid epidemic, along with a significant impact of methamphetamine and alcohol use disorders. Residential addiction treatment resources, sober housing, and recovery community support are limited compared to need, not just for the uninsured, but for all populations.

### How

- Expand addiction recovery services - Evaluate the ability to expand residential addiction treatment capacity with a current provider in TN or VA. Partnering with a current residential addiction treatment provider allows for a more rapid implementation of expanded services. (*See Exhibit A for Future Business Plan*)



# Strategic Approach

## Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

### How

- Expand addiction recovery services (continued):
  - Enhance outpatient services
    - Further develop Overmountain Recovery's services and capabilities, focusing on expansion of medication assisted therapies (i.e., buprenorphine) and other support services in order to advance the vision to become a center of excellence for addiction recovery for patients and providers
    - Utilize behavioral telehealth to expand access to limited resources
  - Conduct study on resources needs and federal waiver requirements for pregnant women with substance abuse disorders in Tennessee and Virginia
- Integrate peer counselors and community health workers into various behavioral health settings such as primary care, emergency departments, outpatient treatment centers, and other locations throughout the community
  - Frontier currently has 2 peer counselors in place at Ballad acute care hospitals
  - Ballad will evaluate current peer counseling and community health worker programs, identify future sites/expansion within current sites, and assess current resources.
  - Ballad will work throughout this process with its partners, including Frontier Health, the Department of Mental Health, the Office of Minority Health and Disparities Elimination, CSBs, and others
  - Additionally, workforce development will be addressed in the Academics and Research plan

# Strategic Approach

## Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

### Metrics Addressed

- C20: Follow-Up After Hospitalization for Mental Illness (within 7 days)
- C21: Follow-Up After Hospitalization for Mental Illness (within 30 days)
- C24: Engagement of Alcohol or Drug Treatment
- D11: NAS (Neonatal Abstinence Syndrome) Births
- D12: Drug Deaths
- D13: Adults – Prescription Drugs
- D21: Frequent Mental Distress

# *Strategic Approach*

## Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

### Potential Barriers to Success

- Effective recruiting and retention of qualified behavioral health professionals
- Economic support of peer counselors seeking certification

### Potential Mitigation Tactics

- Partner with existing providers
- Utilize behavioral telehealth to expand access to limited resources
- Incorporate peer counselor certification programs as an initiative in the HR/GME Plan

# Behavioral Health Plan

## *3. Implementation Roadmap*

# Implementation Roadmap

## Milestones and Metrics for Measuring Strategies: 2019

### Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. Develop Supporting Infrastructure	<ul style="list-style-type: none"> <li>Identify priorities for new positions</li> <li>Develop job descriptions</li> </ul>	<ul style="list-style-type: none"> <li><i>Priorities for new positions established</i></li> <li><i>Job descriptions completed</i></li> </ul>	<ul style="list-style-type: none"> <li>Begin recruiting</li> </ul>	<ul style="list-style-type: none"> <li><i>Evidence of active recruiting</i></li> </ul>
2. Primary Care/ Behavioral Health Integration (PCBHI)	<ul style="list-style-type: none"> <li>Establish best practices from existing programs</li> <li>Coordinate with PCP practices to prepare for behavioral health integration</li> </ul>	<ul style="list-style-type: none"> <li><i>Summary of best practices from existing programs</i></li> <li><i>Listing of contacted PCP practices</i></li> </ul>	<ul style="list-style-type: none"> <li>Gain final approval of new PCBHI sites and implementation needs</li> <li>Begin recruiting</li> </ul>	<ul style="list-style-type: none"> <li><i>Approved implementation plans</i></li> <li><i>Evidence of active recruiting</i></li> </ul>
3. Supplement Existing Regional Crisis System	<ul style="list-style-type: none"> <li>Plan SBIRT Pilot Programs for VA and TN</li> </ul>	<ul style="list-style-type: none"> <li><i>Mobile Crisis study completed</i></li> <li><i>Initiate plan for SBIRT pilot program</i></li> </ul>	<ul style="list-style-type: none"> <li>Conduct regional crisis planning study – including a component focusing on mobile crisis for youth</li> <li>Plan Respond expansion in VA and TN</li> <li>Begin gap analysis of current care management plans with respect to Zero Suicide</li> <li>Continue planning SBIRT Pilot Programs for VA and TN, including selection of SBIRT screening tool</li> </ul>	<ul style="list-style-type: none"> <li><i>Regional crisis planning study initiated</i></li> <li><i>Respond expansion plan complete</i></li> <li><i>Zero Suicide Gap analysis initiated</i></li> <li><i>SBIRT Pilot Program plan complete for VA and TN</i></li> </ul>
4. Enhanced and Expanded Resources for Addiction Treatment	<ul style="list-style-type: none"> <li>Residential expansion: Conceptual planning</li> <li>Research Overmountain service expansion opportunities to be provided at current location (i.e., buprenorphine)</li> </ul>	<ul style="list-style-type: none"> <li><i>Residential expansion: Conceptual plan completed</i></li> <li><i>Overmountain expansion findings complete</i></li> </ul>	<ul style="list-style-type: none"> <li>Residential Expansion: operations planning</li> <li>Complete consultant study in TN and VA of resource needs for pregnant women with substance abuse disorders</li> </ul>	<ul style="list-style-type: none"> <li><i>Residential expansion: operations plan and site selection complete</i></li> <li><i>Consultant report/recommendations</i></li> </ul>

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# Implementation Roadmap

## Milestones and Metrics for Measuring Strategies: 2019

### Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. <b>Develop Supporting Infrastructure</b>	<ul style="list-style-type: none"> <li>Hire new positions:                             <ul style="list-style-type: none"> <li>Medical Director</li> <li>Market Leaders – One in TN and one in VA</li> <li>Financial Analyst</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><i>New positions hired</i></li> </ul>	<ul style="list-style-type: none"> <li>Identify Y2 quarterly targets and timelines</li> </ul>	<ul style="list-style-type: none"> <li><i>Y2 milestones and metrics accepted</i></li> </ul>
2. <b>Primary Care/ Behavioral Health Integration (PCBHI)</b>	<ul style="list-style-type: none"> <li>Hire Initial 4.4 FTEs, supporting a minimum three primary care practices,</li> </ul>	<ul style="list-style-type: none"> <li><i>Initial 4.4 FTEs hired</i></li> </ul>	<ul style="list-style-type: none"> <li>Continue hiring as necessary</li> <li>Establish new PCBHI programs</li> </ul>	<ul style="list-style-type: none"> <li><i>New PCBHI programs established</i></li> <li><i>Y2 milestones and metrics accepted</i></li> </ul>
3. <b>Supplement Existing Regional Crisis System</b>	<ul style="list-style-type: none"> <li>Finalize site selection and screening tool for SBIRT pilot and Respond expansion programs</li> <li>Initiate study related to trauma-informed care initiatives (i.e. ACE)</li> </ul>	<ul style="list-style-type: none"> <li><i>Sites and screening tool selected for SBIRT pilot and Respond expansion</i></li> <li><i>Study initiated</i></li> </ul>	<ul style="list-style-type: none"> <li>Complete regional crisis planning study – including a component focusing on mobile crisis for youth</li> <li>Begin implementation planning for regional crisis plan</li> <li>Establish SBIRT Pilot Program in VA and TN</li> <li>Expand Respond to additional hospitals</li> <li>Complete study/approve recommendations from Zero Suicide evaluation</li> <li>Complete study related to trauma-informed care initiatives</li> </ul>	<ul style="list-style-type: none"> <li><i>Completed study</i></li> <li><i>Implementation plan initiated</i></li> <li><i>SBIRT Pilot Program established in VA and TN</i></li> <li><i>Recommendations for Zero Suicide initiative</i></li> <li><i>Study completed</i></li> <li><i>Y2 milestones and metrics accepted</i></li> </ul>
4. <b>Enhanced and Expanded Resources for Addiction Treatment</b>	<ul style="list-style-type: none"> <li>Residential expansion: Finalize budget and complete implementation plan</li> <li>Hire resources for Overmountain expansion</li> </ul>	<ul style="list-style-type: none"> <li><i>Residential expansion: approved budget and implementation plan</i></li> <li><i>Overmountain expansion: resources hired</i></li> <li><i>Completed study</i></li> </ul>	<ul style="list-style-type: none"> <li>Begin Overmountain service expansion</li> <li>Complete plan for initiation of Peer counseling support across the region</li> </ul>	<ul style="list-style-type: none"> <li><i>Overmountain service expansion underway</i></li> <li><i>Recommendations for Peer Counseling support</i></li> <li><i>Y2 milestones and metrics accepted</i></li> </ul>

Behavioral

# Implementation Roadmap

## Milestones and Metrics for Measuring Strategies: 2020

Strategies	2020 Milestones and Metrics
<b>1. Develop Supporting Infrastructure</b>	<ul style="list-style-type: none"> <li>Evaluate new positions added in 2019 and adjust as necessary</li> <li>Review/evaluate further infrastructure needs and implement if necessary</li> </ul>
<b>2. Primary Care/ Behavioral Health Integration (PCBHI)</b>	<ul style="list-style-type: none"> <li>Evaluate operations initiated in 2019 and refine</li> <li>Hire additional resources per 2020 plan</li> <li><i>Number of referrals from a Ballard PCBHI model to a behavioral health specialist</i></li> <li><i>Percent satisfied with service as indicated on their patient satisfaction survey</i></li> </ul>
<b>3. Supplement Existing Regional Crisis System</b>	<ul style="list-style-type: none"> <li>Expand SBIRT to additional facilities</li> <li>Expand Respond to all hospitals</li> <li>Establish transportation services</li> <li>Implement regional crisis plan – including mobile youth services</li> <li>Implement initial Zero Suicide initiatives across select Ballard locations</li> <li>Implement select trauma-informed care initiatives</li> <li><i>Number of SBIRTs performed</i></li> </ul>
<b>4. Enhanced and Expanded Resources for Addiction Treatment</b>	<ul style="list-style-type: none"> <li>Implement economic support for Peer Counseling across the region</li> <li><i>Number of patients receiving medication-assisted treatment by site</i></li> <li><i>Number of providers receiving medication-assisted treatment education</i></li> </ul>

# Implementation Roadmap

## Milestones and Metrics for Measuring Strategies: 2021

Strategies	2021 Milestones and Metrics
<b>1. Develop Supporting Infrastructure</b>	<ul style="list-style-type: none"><li>• Review/evaluate further infrastructure needs and implement if necessary</li></ul>
<b>2. Primary Care/ Behavioral Health Integration (PCBHI)</b>	<ul style="list-style-type: none"><li>• Evaluate operations initiated in 2020 and refine</li><li>• Hire additional resources per 2021 plan</li><li>• <i>Number of referrals from a Ballard PCBHI model to a behavioral health specialist</i></li><li>• <i>Percent satisfied with service as indicated on their patient satisfaction survey</i></li></ul>
<b>3. Supplement Existing Regional Crisis System</b>	<ul style="list-style-type: none"><li>• Research SBIRT registry findings and refine – utilize data to inform additional PCBHI locations</li><li>• Expand transportation SBIRT expanded to all Ballard hospitals (EDs and IP admissions)</li><li>• Implement Zero Suicide initiatives across additional Ballard locations</li><li>• Implement select trauma-informed care initiatives</li><li>• <i>Number of SBIRTs performed</i></li><li>• <i>Number of patients benefitting from enhanced transportation services</i></li></ul>
<b>4. Enhanced and Expanded Resources for Addiction Treatment</b>	<ul style="list-style-type: none"><li>• <i>Number of patients receiving medication-assisted treatment by site</i></li><li>• <i>Number of providers receiving medication-assisted treatment education</i></li></ul>

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# Behavioral Health Plan

*Exhibit A – Future Business Plan –  
Residential Treatment Expansion*



It's your story. We're listening.

# Behavioral Health Plan For the State of Tennessee FINAL



It's your story. We're listening.