**Attachment B**

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

**Community Partner (CP) BP3 Annual Report Response Form**

**Part 1: BP3 Annual Report Executive Summary**

# General Information

|  |  |
| --- | --- |
| **Full CP Name:** | Care Alliance of Western MA |
| **CP Address:** | 4 Valley Mill Road Holyoke MA 01040 |

#  BP3 Annual Report Executive Summary

BP 3 began in a very strong programmatic position with assigned members coming from ACO/MCO partners. Staff were engaging with members and Learning Collaborative projects with CPs and ACO/MCO partners were about to launch in person in the spring. As with all aspects of 2020, CP operations changed dramatically in March. April and May saw slowed activity, as health care practices were not running in any type of usual fashion. June, July, August and September demonstrated some recovery and return to more activity with members and ACO/MCO partners. Emergency Department and hospitalizations rates decreased and member contact was primarily telephonic and/or by approved video platforms. The final quarter of the year saw increased activity and member engagement until the second COVID surge became more widespread in late November and many communities were in the red zone with rising infection rates.

COVID-19 interrupted LTSS CP operations and health care delivery systems beginning in March 2020 continuing into 2021. Referrals, staffing patterns and face-to-face encounters were all impacted and reduced. At the same time, member needs increased particularly in the domains of food insecurity, housing stability, employment, managing remote school and meeting the amplified needs of children with special needs and their families. Anxiety around getting COVID and related illness remains a challenge during the continuing pandemic.

While the year was like no other, staff used the opportunity to continue to meet member Health Related Social Needs (HRSN) that were often acute, distributed food and PPE, kept up with changing local resources and took advantage of training to bolster skills. Three team members became certified as Community Health Workers (CHW) as well.

Lessons learned in 2020 included how to pivot very quickly to keep staff and members safe. Education on the novel Corona virus was essential as well as educating members on how to obtain and use PPE correctly. Frequent contact was maintained with members and the flexibilities were used as allowed by MassHealth and EOHHS. Members were stratified into two groups representing members with higher needs. These members were contacted more frequently so that their needs would be met in real time and their health and well-being was closely monitored. As the months went on, support was also given to many members and their families who had varied challenges related to remote school. This was particularly evident for families with members included children with special needs.

In conclusion, members reflect on the value of the LTSS CP program in their own words at a Consumer Advisory Board meeting: *- E: “This program has been very helpful -- having someone to help me, support me and listen to me and get me what I need.”- R: “Yeah, really helpful with resources.”- R: “Important program. I would be lost without it.”- G: “Someone to help bounce ideas off of is helpful. The healthcare system can be overwhelming and it’s nice to have someone who is a great resource.”*