

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:	Greater Lowell BH CP
CP Address:	161 Jackson St. Lowell, MA01852

Part 1. BP3 Annual Report Executive Summary

During Budget Period 3, the Greater Lowell BH CP accepted 370 new ACO/MCO referrals and maintained an average capacity of about 670 unique BH CP members. BH CP staff from Lowell Community Health Center and Lowell House Addiction, Treatment and Recovery (LH) outreached, assessed and collaboratively worked with members and their care team members on engagement, assessments, care planning and successfully reaching their goals.

During the reporting period, staff provided care coordination and care management to individuals both in-person and telephonically. A variety of strategies, such as weekly team outreach, daily in-patient and ED case review, weekly case conferencing with ACO/MCO care team members and culturally appropriate, education and strategic engagement were utilized to reach and engage members assigned. Significant progress in clinical outcomes, and social care coordination has been made with existing Members. These strategies became more difficult once the introduction of COVID-19, the Stay at Home Order and remote work began. BH CP and ACO/MCO staff collaborated to alter workflow to continue to provide a high quality level of care to our Members.

Although COVID-19 proved to have its share of challenges, staff reworked processes to adjust to a new working environment. Remote work, outreach, assessment and care planning continued to be very successful. In the beginning of the pandemic BH CP staff were more likely to reach Members by telephone and Members were more likely to spend time talking. It was suspected that Members were home and more willing to engage in conversation telephonically, as their needs were significant and they were struggling to make ends meet and to make sense of the “new normal”. As time has progressed the BH CP Care Teams had to become integral members of individual’s lives, facilitating care coordination for medical, behavioral health and community services. Staff played a critical role in helping to remove barriers and providing support in a time when services appear to be closed, limited or programs too saturated to respond to Members. At times the process felt overwhelming and services inaccessible. The BH CP was able to provide a bridge and sometimes improve access. Overall, BH CP staff and many

Members have been able to transition well and have adapted to both in-person and telehealth services.

Care Teams and Teamwork continued to be refined through meetings, trainings and workforce developments. Daily staff huddles and supervision, team training and staff retention are critical components to consistently delivering and improving BH CP care delivery. BH CP leadership works collaboratively with staff to enhance technology utilization, data collection, to review data and current resources to identify gaps and opportunities, and to provide training and monitor workflow to ensure the Greater Lowell BH CP is providing high quality service delivery and meeting the Care Coordination and Care Planning needs of our Members.

Despite the obstacles encountered, work with some community based organizations has strengthened. Relationship building has allowed for a sharing of resources and a more streamlined approach in working with Members who are known across organizations. A larger net has been cast, allowing for the sharing of coordinating care on behalf of Members. This is a process, however, and a case management approach remains critical for a significant sub-set of Members.