

ATTACHMENT B

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP4 ANNUAL REPORT RESPONSE FORM

PART 1: BP4 ANNUAL REPORT EXECUTIVE SUMMARY

General Information

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| Full CP Name: | Greater Lowell BH CP |
| CP Address: | 161 Jackson St, Lowell, MA 01852 |

Part 1. BP4 Annual Report Executive Summary

During Budget Period 4, the Greater Lowell BH CP accepted 338 new ACO/MCO referrals and maintained an average capacity of about 710 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 on care planning and engagement activities.

During the reporting period, staff provided care coordination and care management to individuals both in-person, via video visits 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 continued to be a challenge as the COVID-19 pandemic persisted and safety protocols remained in place. The availability of the COVID-19 vaccine to healthcare workers and then our member community was a welcome measure to allow committed and resilient staff and members the ability reconnect with some who had been lost to follow up. BH CP and ACO/MCO staff collaborated to alter workflow to continue to provide a high-quality level of care coordination and support to our Members in person at our sites, in our community and via virtual visits or telehealth.

During the continued pandemic, BH CP staff remained flexible, and patient centered by continuing high-level, high-touch outreach, assessment, and care planning. Staff followed agency COVID-19 guidelines regarding utilization of appropriate PPE, hand washing and social distancing, but felt it incredibly important to be there to support their members any way they could. On average 94% of Greater Lowell BH CP enrollees received at least one Qualifying Activity, with staff prioritizing in person visits whenever possible. Staff averaged 2.1 Qualifying Activities per Enrollee per month, with close to 30% of those visits being Face to Face.

As time has progressed the BH CP Care Teams have become integral members of individual's lives, facilitating care coordination for medical, behavioral health and community services.

Staff play a critical role in members care teams, helping to remove barriers and providing support in a time when services continue to be limited and staffing challenges make it difficult for community programs to respond in a timely manner to Members. The Greater Lowell BH CP demonstrates this with 63% of our CP membership receiving Collateral Contact Activities in BP4. The process can feel overwhelming and services inaccessible. The BH CP can provide a bridge and sometimes improve access. Overall, BH CP staff and many Members have transitioned well and have adapted to both in-person and telehealth services.

Daily staff supervision, team training, staff retention, technology and data reporting are critical components to consistently delivering and improving BH CP care delivery. BH CP leadership works collaboratively with staff to review data and current resources, 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 Enrollees.