

BP1 ANNUAL REPORT – SOUTHEAST COMMUNITY PARTNERSHIP, LLC

Summary

This report covers the activity and use of DSRIP funds from June 1 through December 31, 2018 by the Southeast Community Partnership, LLC (SCP). SCP is a limited liability corporation comprised of two Consortium Entities and one Affiliated Partner. Aspire Health Alliance (formerly South Shore Mental Health) and Gosnold are the two consortium entities and Family Continuity is the affiliated partner. SCP is governed by a Board of Directors made up of senior level executives from Aspire Health Alliance and Gosnold and a Leadership & Quality Management Team (LQMT) made up of executives from all three agencies.

SCP used DSRIP investments to support the technology, workforce development, administration and infrastructure, integration with ACO/MCOs, quality management, consumer advisory board, and overall program operational goals for Budget Period 1. In BP1, the Southeast Community Partnership (SCP) enrolled a total of 2734 members of which 458 signed Participation Forms and 135 had a Person-Centered Treatment Plan completed and signed by their PCP. Therefore, as of December 31, 2018, SCP had a 16.7% participation rate and a 4.9% engagement rate.

For BP 1, SCP implemented the case management platform, Care Navigator®. SCP has contracts with eleven ACO/MCOs in the Southeast Region and has established safe and secure information sharing systems with each of them based on the ACO/MCOs preferred method for data transmittal. Through quarterly and monthly meetings, SCP is building strong collaborative relationships and connections with our partners.

From June through December 2018, SCP hired a total of 26 staff, including five Clinical Care Managers and four Registered Nurses. SCP conducted 12 hours of live training for all staff which was complimented by 15 hours of online training in the Relias-Integrated Care Curriculum. SCP also successfully recruited and hired a Spanish speaking Care Coordinator to work with Spanish speaking members. There was a small degree of staff turnover with four staff leaving in the first three months. New staff were hired quickly to replace staff who were leaving and another round of live training was provided for new staff in October. As of November 2018, all staff in SCP had completed the standardized training program.

SCP used DSRIP investments to provide technological support for the program; purchase furniture for five hubs; cover the cost of marketing; hire and train program staff; meet the program's leadership, quality, and operational needs; and procure legal consultation for contracts with vendors. SCP and the LQMT successfully recruited four members to form the Consumer Advisory Board which has the date for the first meeting set for March 2019.

The LQMT began meeting weekly in November 2017 and is responsible to drive strategy, oversee program operations, and monitor progress and quality improvement. Increased quality management intervention became necessary as the SCP launched and it became apparent that the program required more intensive process and data design and management than originally anticipated. As BP1 progressed, we began to focus on the development of a SCP Quality Management Plan to be launched during BP2 and to prepare SCP for the performance-based expectations of the contract.

The key lessons learned in BP1 were how to overcome the challenges of engagement for a population that is transient and often times, distrustful or unreachable, how to address the considerable amount of administrative burden to operate the program, the rate of change in program requirements, and the critical value of having a full team effort to engage and work with

members with incredibly complex medical, mental health and social needs. Despite the challenges, staff are finding the work incredibly rewarding.