**A Brief Report on the Experiences of the Community-Based Organizations in DSRIP**

Executive Summary:  
Commission on the Public's Health System (CPHS) is a citywide, community-based health advocacy organization committed to ensuring that the voices of underserved communities are heard and that they are part of the decision making process around health care delivery. For the past twenty months, we have formed and facilitated Communities Together for Health Equity, a citywide coalition of community based organization's (CBOs) working to ensure our and other CBOs meaningful involvement in Delivery System Reform Incentive Payment (DSRIP) Program.

CPHS's advocacy and policy work with Communities Together for Health Equity prompted us to want to take several opportunities to document experiences of CBO's in DSRIP. CPHS conducted a brief assessment of the experiences of community-based organizations engaged in the DSRIP Program. We drew on their experiences to draft a set of nineteen recommendations for policy-makers to consider for improving the community engagement process. The recommendations were divided into themes. They were Value of Resources and Dollars; Value of Communication & Education; and Value of Citizen and Community Power.

The Delivery System Reform Incentive Payment (DSRIP) Program is a five-year Medicaid funding program established between New York State and the federal Center for Medicare and Medicaid Services (CMS). The program has a $7.4-billion-dollar price tag attached to it. DSRIP is intended to make reforms on how the delivery of health care would be reimbursed and shifted from inside health care facility walls to their communities in order to make care less costly, safer, patient-centered, more efficient, and of higher quality.

A 10-question survey was conducted to better understand those opportunities and challenges surrounding DSRIP. The survey collected 39 community-based organizations (CBOs) respondents. CBOs were asked to answer the questions anonymously. The CBOs surveyed serve a mosaic of areas throughout New York City with some exception outside the NYC region but with somewhat equal distribution. The survey indicated a wide variety of different communities that CBOs were serving. The survey responders address a wide variety of social determinants of health. A majority of the CBOs have a relationship with a Performing Provider System (PPS). The PPSs are the entities formed of hospitals, doctors and other health care providers mandated by the state to band together make the case of how they would use the dollars to achieve the goals of DSRIP and metrics in the bucket of project they had to select. The CBO respondents claimed they are involved within one or more of the PPSs governance structures. The survey also identified a wide variety of projects that CBOs are engaged with within PPSs. In terms of ease of communication between the PPS Governance Structures, there were a variety of responses from CBOs. Fifty percent of the CBOs respondents indicated they found it either very easy or somewhat easy to communicate with the PPSs but that same percentage stated that the conversations were nonproductive or somewhat productive. Educating CBOs and the community should be critical in DSRIP, however, planning focused on those areas have been missing. CPHS has witnessed through listening to other CBOs and organizing three educational forums of our own with CTHE partners, that no education on the ground has really been implemented by any of the PPSs or New York Department of Health. DSRIP is complicated and has many moving parts. However, planning to start early around education efforts. Many CBO respondents indicated some sort of discussions in the PPSs were starting but their responses did not indicate a concrete plan to address education needs. There is a wide variety of ideas from individual CBOs in terms of how the environment between PPSs and community engagement can improve. Some re-occurring themes from the CBOs who responded to this survey question were: • Increased collaboration between PPSs and CBOs, • an emphasis on understanding of the cultural differences of the people whom PPSs are working with, • and increased transparency of PPSs work, and networking between CBOs. In order for DSRIP to be successful, the decision-making process must be open and include community-based organizations, community residents and representatives. In order for DSRIP to be most successful, that it is not just medical care that will make the difference, rather what is needed is an expansion of health care to include other factors that impact the well-being of communities (including housing, food, supportive services, and more). Community-based providers and community organizations are seen as the trusted brokers in many communities and they are the ones who are able to reach and engage hard to reach communities. This is the only way that the goals of DSRIP will be met.

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