September is here and the last days of summer have come and gone. But our network did not take a summer break! Thanks to all of you we have had a great deal of growth and success over the last few months. This month's newsletter gives some of the highlights of what we've accomplished and what's to come.

MHVC has been thrilled at the immediate impact of our state sponsored MAX teams which have already found innovative ways to ensure frequent users of Emergency Departments are receiving care in the right place and the right time. At the same time, the network is preparing to take an exciting next step on Behavioral Health Integration as we launch a series of learning collaboratives to help providers manage physical and mental health for their patients. Finally, we have taken critical steps towards implementation of a workforce transformation plan for the Hudson Valley that aligns the health care workforce with the evolving needs of a rapidly changing delivery system.

All of these achievements (and more!) have been presented to New York State as part of DSRIP's Mid-Point Assessment. This effort allows the state to track each network's performance and readiness for the years to come. In the coming months MHVC's work will be reviewed by the state and made public. We're very proud of what we've accomplished and look forward to presenting it to the state.

One final announcement is the launch of our new newsletter format found below. This updated newsletter is part of an overall digital makeover that includes the forthcoming launch of our new website. Thank you to all of you for your continued partnership.
To the MAX: Pilot Projects Drive Immediate Change
MHVC selected for Medicaid Accelerated eXchange (MAX) Series

MHVC is proud to be a participant in the DOH Medicaid Accelerated eXchange (MAX) Series. This innovative program creates pilot programs and “action teams” to jump-start critical clinical projects. MHVC is represented in this MAX series by four teams: St. Luke’s Cornwall Hospital (including representatives from Cornerstone and ACCESS: Supports for Living) and St. Joseph’s Medical Center are focusing on managing care for “super” or frequent utilizers of the Emergency Department; and ACCESS: Supports for Living and HRH Care are integrating primary care into a behavioral health facility. All teams will be presenting their work at the New York State DSRIP Statewide Learning Symposium in Syracuse on September 21.

MAX operates at the core of DSRIP. Interdisciplinary and multi-provider teams of front-line clinicians redesign the way care is delivered. Data are used for problem identification, monitoring, and performance measurement.

This quality improvement initiative comprises an intensive eight-month, phase-based learning collaborative. An assessment and preparation phase is followed by three full-day workshops separated by “action periods” during which teams conduct improvement cycles. These improvement cycles drive results to truly impact the lives of Medicaid members.

MHVC project specialists Antonia Barba (super utilizer project) and Marilyn Wolff Diamond (behavioral health integration) have the additional distinction of being embedded as members of our state-level MAX teams. “There is a lot of collaboration and innovation going on with MAX that we are able to bring back into MHVC,” said Barba, “and we are learning a lot from MAX. We also want to recognize the work of our partners who have gone above and beyond in this series.”

“Oh course, the most important outcome of this project is how it impacts patients’ health,” states Wolff Diamond. “In the brief period since its inception, the Behavioral Health MAX project has already seen an uptick in patients receiving primary care screenings and those having blood pressure within normal range and a decrease in Emergency Department use. Healthier patients is truly what system transformation is all about.”
chronic medical illness and depression collaborative care project funded by the New York Community Trust and the United Hospital Fund. This project is redefining how primary care practices can serve patients with mental health issues within their primary health care settings.

Dr. Chung was introduced to the senior leadership of 3.a.i partners through two Webinars (August 30 and September 7), where he focused his discussion on foundational steps needed for successful integration of primary care and behavioral health at partner sites. Dr. Chung placed special emphasis on selecting the right integration-team members, resources that will be available through MHVC, patient registry, and the BHI Learning Collaborative (including seminars, coaching and more).

"The Learning Collaborative is a pulling-together of all the project sites," said Dr. Chung. "We are trying to go through the implementation process in a systematic and uniform method," he continued, "that will allow us and all sites to learn together, as well as get feedback on best-practices -- as well as things that are not working -- so we can provide course-corrections and support."

The key is multi-disciplinary and team-based learning, and open communication about challenges. "You are not the only ones with certain problems," said Dr. Chung, who advises project partners to take advantage of the in-person and online tools and technical expertise offered by MHVC.

Three Learning Collaborative conferences will be offered over the next year at central locations. The first, scheduled for Tuesday, November 1, 2016, will be an all-day meeting with break-out sessions. (MHVC will send details to project partners.) The second will be 3-4 months later, and the third, 6-8 months after the second. (More information on the first BHI Learning Collaborative conference can be found here.)

Better Together: Crisis Stabilization Mapping Session
MHVC leads collaboration on key cross-PPS issue

Behavioral Health Crisis extends across geographic boundaries, and so should solutions. Recognizing that collaboration is part of the answer, three PPSs -- MHVC, WMC Health, and Refuah Community Health Collaborative -- are working together to build on DSRIP project requirements to expand the regional crisis intervention network. MHVC is staffing and managing this complex process to address gaps in the behavioral health provider system.

This joint effort will identify a comprehensive network of crisis care at all stages: preventing, identifying, intervening, and supporting recovery. "All healthcare providers play a role in managing crisis, and we are expanding the definition of who is in the continuum," says MHVC Medical Director, Dr. Damara Gutnick. This larger community will include county and local
governments, law enforcement, schools, educators, and emergency services, as well as traditional providers such as hospitals and behavioral- and mental-health professionals.

Each PPS was working with its own partners through crisis project committees and work groups. Over the past several months, MHVC has led the effort to develop a structure to knit together these efforts, with a special emphasis on the need to understand and implement common evaluation and treatment protocols. "There is a shared recognition that we are really in this together," observed Gutnick.

The collaboration began in 2015 when the Cross PPS Crisis Leadership Group toured the region, meeting with county government units and community providers. The partner collaboration was launched on July 27 with a Webinar, followed by an Orange County Crisis Stabilization Process Mapping Session on August 3, hosted by Darcie Miller.

Future activities will include the formation of provider based work groups comprised of clinical champions and another county-based mapping session. A structure will be developed from this input to "give us an idea of where services begin and end, and how they fit together," said Barba. "We will continue to work with our county governments to ensure this aligns with their needs and vision."

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**Coming Next Month: MHVC partners with NYAPRS**

MHVC is the first PPS to partner with the New York Association of Psychiatric Rehabilitation Services (NYAPRS). NYAPRS is a statewide coalition with expertise in community based care and organizational structure with an emphasis on valuing difference and promoting cultural competence in all aspects of their work. The initiative was developed by the MHVC team to address the array of needs and challenges faced by our CBO partners as they continue to be more deeply involved in MHVC network projects and prepare to enter the world of value-based services. In the coming months, we will be identifying about 30 community partners for NYAPRS to assess for managed-care readiness. NYAPRS and MHVC will then provide guidance, coaching, and technical assistance to create collaborative pathways to support services directed at social determinants of health.

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**Around MHVC | Partner activities**

**Public Health Council PDSA Workshop II**

*Attendees: Plan-Do-Study-Act session "outstanding"*

On July 21, attendees representing a collaborative council of three PPSs -- MHVC, Westchester, and Refuah -- continued the planning process for PDSA template development. Facilitator Bruce Rapkin, PhD, showed participants how to use the PDSA, and how it can be used
help shape and implement their projects. According to attendees, the session helped attendees “turn from plan to action” and “understand our partners.” Workshop III will be held on September 29.

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Partner Portal | Features and tips

**New Portal Release and a Highlight: "Ask a Question"
We’re listening and we’re making changes**

The Partner Portal represents our commitment to provide a transparent “one stop shop” to accessing network information and resources for partner organizations. Refinements are an iterative process, and, thanks to your feedback, we issued v.1.0 that addresses issues with managing calendars and the volume of emails and reports.

"Ask a Question" -- gets lots of answers

We also want to highlight an existing feature, “Ask a Question,” that has helped us problem-solve with you. This "Q&A" function allows partners to pose a question to the MHVC team, with answers posted for the benefit of all portal users. The system archives the exchanges, maintaining a history. We highly encourage partners to take advantage of this functionality, whether for new questions or for learning from your colleagues. Some of our partners have been actively utilizing this feature, expanding our knowledge base in areas such as:

- Contact records update request (new staff being added to your team; staff members who are no longer employed by your organization, but who are active contacts and portal users)
- Contracting (information that you might need to refer to more than once)
- Project specific information that you might refer to more than once

Questions are identified by contact name, account name, subject, and status (“resolved” or “in progress”). Navigate to the Ask a Question Tab to post a new question or review the posted answer from the MHVC team.

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Action Alerts | Deadlines and requirements

**DOH Chart Review Reminder**
The New York Department of Health (DOH) is undertaking an effort to better understand the quality of care for Medicaid beneficiaries and set important benchmarks for our network’s work on system transformation. As part of this project MHVC partners may be contacted by a state vendor, MedReview Inc., to schedule chart abstraction audits between now and December 2016. All MHVC network partners should have received a detailed letter about this process, which will be conducted with the assistance of the Montefiore Care Management Company (CMO). Our hope is that together we can provide the best data possible as the findings will directly impact the clinical guidelines and toolkits we will use to succeed in the DRSIP.
program. If you did not receive the letter, or have any questions, please contact Stephanie Nieto at 914-354-5619 or Aliza Travis at 914-354-5632.

**DEIP Extended to September 2017**
The New York State Department of Health has worked with CMS to develop the Data Exchange Incentive Program (DEIP), which offers financial help to increase health information exchange implementation across the state. The program application and helpful fact sheets are available on HealthlinkNY’s website. Regardless of where you are in connecting to the RHIO, your organization can apply. If you have questions please contact HealthlinkNY directly.

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**Inside MHVC | Teams and people**

**Stephanie Nieto and Aliza Travis** joined MHVC’s Partner Relations team in May of 2016; they will be supporting the MHVC partner network development, which includes building and maintaining relationships with our MHVC Partners and supporting partner implementation of DSRIP projects.

**Adyna Gamboa** joined MHVC in May 2016 and is managing MHVC’s workforce training programs implementation, providing instructional design and training delivery on new content for Network Partners, and reporting on PPS related training activities to the State.

**Jasmine Cruz** joined MHVC in August 2016 and is taking the lead on collecting and reporting State required workforce and staff impact data from MHVC partners, and on the development and management of the MHVC Network Partner Jobs Clearinghouse.

**Emily Thorsen** joined MHVC in June 2016 as a Project Specialist. As a member of the Clinical Team, she manages four DSRIP projects and several public health initiatives.

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**Contact Us**

Click Here to Print

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