Leadership Message | Marlene Ripa

At the launch of DSRIP the Hudson Valley was home to some of the most innovative and sophisticated health care being practiced in New York. But much of it was self-contained in the facilities or organizations with pre-existing relationships. One of the most important goals of DSRIP was to break down these silos and give providers from across the seven counties access to each other’s services, learnings, and best practices.

That is why building an integrated network in the Hudson Valley has been such a high priority. MHVC staff has been hitting the streets to engage partners, learn about services, and help make long-lasting connections in the region. But we also know that each of you individually has used the opportunity of DSRIP to build connections and the network in your own way. In a short time we are already seeing the fruits of our collective labor. The shared goal of providing the best care to our patients has brought together providers ranging from food pantries and law enforcement to housing and dialysis centers to hospitals and health centers. And from these connections have emerged never-before-seen partnerships between providers who make up every aspect of the care continuum.

While MHVC has been very proud to provide the resources, structure, and funding that serve as the spark for the network, it has been even more exciting to see network partners continuing to lead and create the type of integration and coordination that will make health care in the Hudson Valley sustainable for a long time.
MAX Train-the-Trainer Workshops Begin
MHVC participants part of the Albany TTT program

We have been reporting the past few months on the objectives and successes of the Medicaid Accelerated eXchange (MAX) Series and the two MHVC teams --- St. Luke’s Cornwall and St. Joseph’s and their respective partners --- that already participated. We are pleased to announce that another MHVC partner, HealthQuest, was selected to participate in the next round of the MAX Series.

The eight-month program is the fourth round of the MAX series, and continues to focus on rapid-cycle continuous improvement with the objective of decreasing high-utilizer 30-day readmissions and/or hospital inpatient admissions. The MAX program has now launched the first of three series of Train-the-Trainer (TTT) workshops, kicking off with a session that took place February 7-9, 2017, in Albany. Participants will attend three in-person workshops that will take place over a six-month period. The topic of the first session, just completed, was “Quick Wins.” The second, in March, will look at detailed process redesign; the third, in May, will focus on driving results. MHVC is building a team to be trained for future projects and is pleased to have HealthQuest as a training site.

At the February workshop MHVC was represented by Donovan Lightbourne and Alana Murphy of Montefiore’s Learning Network, and Valerie Capalbo, Incident Management Coordinator at Access: Supports for Living, Inc. “I left feeling as though I added another technique to my professional toolbox that will be very helpful in the near future,” said Donovan Lightbourne. Alana Murphy continued, “Donovan and I had a great experience at the workshop. The training quality, the facilitators, and the way the workshop day was structured and delivered, were all first-class.”

MHVC participants in February MAX TTT workshop: Alana Murphy (left) and Donovan Lightbourne and Valerie Capalbo (right).

“We thought trainings were very well done,” said Valerie Capalbo. The TTT training consisted of a plenary session with the theory, and then a breakout with a specified role and a facilitator to give participants hands-on experience; the third day was the actual workshop. “Going forward we will have weekly calls with HealthQuest and then the second and third workshops with their team,” said Capalbo. TTT training and techniques will have long-term impact. According to Capalbo. “One thing that struck me was the sustainability plan; it’s a model that we can use for other rapid-cycle challenges, not just high-utilizers. We can easily apply what we have learned to other problem areas.”

State’s MAX Series Final Report Cites MHVC Partners

At the end of January 2017, the Department of Health issued its final report on its groundbreaking eight-month MAX Series program. The report, *DSRIP – Medicaid Accelerated eXchange (MAX) Series Program Final Report Integrating Behavioral Health and Primary Care Services* (link [here](#)), "highlights the work of 10 Action Teams who participated in the first year of the MAX Series Program, which focused on the Integration of Behavioral Health and Primary Care Services. Collectively, these 10 teams were comprised of over 100 clinicians, administrators and community providers. Over an eight month period, these individuals dedicated significant time to identify patients in need of behavioral health services; to develop innovative solutions to providing better care for these individuals; and to rapidly implement, test, and measure these improvements.” The report summarizes the challenges and lessons from the teams, and cites the results of two teams from the Montefiore Hudson Valley Collaborative: Access: Supports for Living, and HRHCare. We encourage you to read the report and to reach out to MHVC staff and participating partners to learn more.

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*MHVC Out Front | Leading initiatives and collaborations in the region*

**Westchester Crisis Stabilization Forums Put Ideas into Action**

*Goal is to develop blueprints for adults, children*

Following the January 2017 release of the Hudson Valley DSRIP Cross-PPS Behavioral Health Crisis Stabilization Report (link [here](#)), MHVC, Westchester County and our partner PPSs are moving to act on recommendations in the report. Staff of the Westchester County OMH Commissioner designed separate half-day sessions with featured speakers and breakouts for those providing services for adults and for children, held on February 2 and 3, 2017. There were 63 participants in the adult forum (February 2) and 69 in the child forum (February 3), both held at the Westchester County Center in White Plains. Deputy Commissioner Michael Orth, who helped plan and coordinate the forums, said, "there will be a shared report created by the three PPSs and the County, incorporating recommendations and stakeholder feedback. We want to acknowledge the leadership of the PPSs in this effort.”

The forum was the first time diverse Westchester stakeholders were brought together to think broadly about the crisis system, and will be followed by trainings on crisis protocols that will begin in March. Attendees included a broad spectrum of agencies and service providers: county departments, PPSs, behavioral health organizations, peer advocates, health homes, psychiatric hospitals, emergency hospitals, public school leadership, managed care organizations, NYS Office of Mental Health, law enforcement, United Way, and other key stakeholders. Lead sponsors were the Westchester County Department of Community Mental Health, MHVC, and the Center for Regional Healthcare Innovation (WMC PPS).

The objective of both sessions was to create a blueprint for comprehensive, system-wide care that provides more aligned crisis services and also reduces the use of Emergency Departments and avoidable involuntary hospitalizations in Westchester County. Each session developed shared principles for
approaching crisis services delivery using PPS work group findings and explored areas of opportunity to create a continuum of crisis stabilization response. “The forum was a great beginning for shared stakeholders to come together to create this blueprint,” said Deputy Commissioner Orth.

The featured presenters of each session provided a high-level overview of national best-practices for crisis services, and encouraged participants to “think big.” (Links to videos of keynote presentations will be in the MHVC March newsletter.) Michael Hogan, PhD, consultant and former commissioner of state offices of mental health in New York, Ohio, and Connecticut, presented during the adult session. He discussed the need to strengthen a common, organized and centralized infrastructure, both with funding and resources.

Dr. Hogan advised attendees to “start small,” and included high value and efficient examples such as communication via phone or text to patients after their crisis visit to check in. Another example was to maintain a respite-bed inventory to connect people in real-time. He shared an example of a Crisis Stabilization Center that was welcoming, skilled at assessment and crisis de-escalation, and offered a quality alternative to the ED. “This type of Crisis Service improves our community use of resources,” he said. “Police are able to bring a person in crisis to the Center, have a staff person meet them in front of the building for a ‘warm hand-off,’ and then get back to their community policing work, quickly.”

The featured presenter for the child forum was Linda Henderson-Smith, PhD, Director, Children and Trauma Informed Services, National Council for Behavioral Health. Dr. Henderson-Smith’s presentation, “The Culture of Crisis,” pointed out that crisis for children and families extends beyond the immediate risk of harm to self and others. Crisis often involves many players for kids: their families, schools, community, police, etc. She shared examples from a state-based system (Georgia) and a county-based system (Maryland) to inform and inspire innovation. Dr. Henderson-Smith stressed the importance of shared values, including shared beliefs of crisis.

In all systems, “culture is essential, since it exists at conscious and unconscious levels, structures perception and shapes behaviors, and is a total way of life, telling a group’s members how to behave and providing their identity.” -- Linda Henderson-Smith

Linda Henderson-Smith, Director, Children and Trauma Informed Services, National Council for Behavioral Health, addresses participants on “The Culture of Crisis” at child forum.

In breakout sessions at each forum, participants shared ways to get from the status quo to the future integrated vision. With diverse stakeholders at each table, participants considered the level of risk they felt comfortable with when providing care for a person in crisis. One activity used a set of cards to
represent at-risk patients. Each participant was given a card and instructed to hold their card as long as they felt comfortable managing the individual's risk. After evaluating cases where risk of self-harm increased along the way, it was instructive to see where the cards ended up at the table. During debrief, a common theme was participants wanting to maintain ownership of care as long as possible, yet feeling they may not have had the skills or resources to do so safely. There was also interest in collaborating on the care of the individual once the risk was stabilized.

Below:
(left) Breakout session with "Suicide Kings" cards.
(right) Dr. Abby Wasserman, psychiatrist, St. Vincent’s Crisis and Response Team, ends up with all of the at-risk patients.

Smoking Out the Facts about Tobacco Use in the Hudson Valley
MHVC smoking survey data suggest directions for policies and training

Tobacco cessation is a public health priority in the Hudson Valley, as identified by the joint needs assessment performed by MHVC and its partner PPSs in the region. The region has high volumes of COPD/Bronchiectasis as well as clusters of respiratory cancer hospitalization rates. Five counties have much higher adult tobacco use compared to the goals of the 2018 New York State Prevention Agenda. In addition, there is a high correlation between adults with behavioral health conditions and smoking.

In order to understand the status of tobacco cessation efforts in its partner network and to identify areas for intervention and support, MHVC conducted an assessment of readiness and capacity to establish and enhance a continuum of tobacco cessation services. The first step was the design of the "Tobacco Cessation and Tobacco-Free Policy Survey" by Professor Bruce Rapkin, PhD, and Iliana Garcia, MPH, Study Coordinator, of the Department of Epidemiology and Population Health, Albert Einstein College of Medicine.

According to Dr. Rapkin, the development of the survey was guided by issues and ideas raised by providers and administrators from MHVC partners participating in two Plan-Do-Study-Act (PDSA) workshops. "Partners talked about challenges in implementing cessation programs, including time constraints, providers' comfort with behavioral counseling, and patients' sense of stigma," he said. "These issues are all captured in the survey."
The survey was distributed electronically in August 2016 to the 44 MHVC partner organizations that participate in the Domain 4 Tobacco Cessation project activities. Data were analyzed in December, and presented to the National Institute of Health and to the Public Health Council and participating sites in January 2017.

The survey covered three general areas: patients, employees, and smoke-free policies. The major finding was that there is a high rate of tobacco use among both employees and patients at behavioral health sites, while integrated sites also offer the greatest mix of cessation services.

The survey results will help MHVC tailor its consultation and technical assistance for network partners. According to Ms. Garcia, “This is not a one-size-fits-all approach, and the survey data will help MHVC tailor its assistance.” Results will be immediately seen in a toolkit that Dr. Rapkin is designing for MHVC with the Public Health Council and partner sites. The toolkit will be for training around PDSAs to address challenges and barriers to cessation, providing examples of strategies to address the needs identified in survey responses, and skills to identify problems at sites. According to Dr. Rapkin, “Along with ideas and strategies mentioned by sites, the templates also have links to evidence-based approaches and cessation resources offered by the Centers for Disease Control and Prevention, the American Lung Association, the Community Guide, and others,” capturing broad-based learning and literature in the field.

New NYS Medicaid Managed Care (MMC) Drug Look-Up Helps Providers to Help Patients

"Welcome to the NYS Medicaid Managed Care drug look-up page." These are welcomed words to those of you who have written smoking cessation prescriptions for patients, only to have them return again and again if their plan doesn’t cover the nicotine replacement treatment modification that was prescribed.

Using the new New York State Medicaid Managed Care (MMC) Pharmacy Benefit Information Center (link here), you will have easy access to MCO formularies. Recognizing how challenging it is when different insurance plans cover different medications, the state facilitated MCO’s formulary modifications. With its easy-to-use Drug Lookup tool, patients and providers alike can now easily search the site by drug therapeutic class (tobacco cessation) and health plan.

All managed-care plans are represented. There is also an FAQ section covering complaints, definitions, and helpful links to resources.

Webinar on Crisis Protocols Coming in March
Look for the announcement about this pivotal Webinar

MHVC and its two PPS partners in crisis stabilization, WMCHealth and Refuah,
are developing the final curriculum now for a March webinar around two protocols that provide a common infrastructure for communication, service delivery, accountability, and needed service growth of behavioral health crisis services. The protocols are the result of work that began in 2015 to identify gaps in services and supports, and to research and review relevant national and local best practices and protocols to guide work on crisis protocols and pathways. This work was pursued and completed with extensive collaboration from counties, partners, and community representatives.

We hold a collective belief that the greatest and most efficient impact can occur if we advance a unified set of crisis protocols across the Hudson Valley. Thus, two clinical protocols and pathways developed by the WMCH Health PPS Committee were adopted by MHVC and Refuah:

1. Care transitions from behavioral health (BH) inpatient to community care to improve community stability and reduce readmissions, and
2. Community-based BH crisis- and urgent-care for people experiencing BH crises as an alternative to hospital emergency services.

The PPSs will be working together to train partners in the protocols and to continue to advance their implementation across the diverse local health systems in our region. The March newsletter will have the link to the webinar proceedings.

Around MHVC | Partner activities

**Human Development Services of Westchester (HDSW) – HOPE House**

HOPE House hosts an Annual Open House where resident members of the HDSW clubhouse present testimonials about their accomplishments in employment, in education, and in various endeavors each has pursued throughout the year. A member is honored for his/her involvement in the HOPE House Employment Program. This past year the honoree worked her way up from a part-time schedule to a full-time schedule at a neighboring business, and her next steps are to pursue college courses and continue residing independently in her Section 8 apartment. During this event, Hope House volunteers were also honored.


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Working It | Training and workforce development

**New Training Calendar is your Online “One Stop” for Learning Opportunities**

View, register, share -- and learn!

The MHVC Workforce Committee is excited to announce that its Training Calendar is now "live" on the newly released MHVC website. The master calendar is located on the MHVC Workforce Committee page (link [here](#)); activities will also be linked in the future to other parts of the site, the MHVC [templates/edit?id=3098889](https://us11.admin.mailchimp.com/templates/edit?id=3098889)
Partner Portal, and our newsletter.

The purpose of the calendar is to offer yet another way to fully-engage partners in workforce efforts, and to make them aware of trainings in all geographic and content areas -- across all projects, and across all counties. There will be several opportunities for each of the trainings, so if you cannot make one date and time, there will be another opportunity.

For each posting, you can click through to a pdf with all of the information and a link to registration. The pdf format also allows you to print and post on your bulletin boards, or to distribute. Here is a link to a training announcement for Brief Action Planning in April and May; all training announcements will follow this format.

The calendar will have events for three months so partners can plan in advance and schedule staff appropriately. If you have questions about any of the trainings, suggestions for future training, or want any further information, please contact Adyna Gamboa, agamboa@montefiore.org.

Inside MHVC

Cross-Culture, Cross-County: Cultural Competency Workgroup at Work

We are beginning our series on exploring the work of MHVC’s subcommittees and workgroups with one of the most impactful: The Cultural Competency and Health Literacy (CC/HL) Workgroup. This workgroup, which is one of four that supports the overall MHVC Workforce Committee, impacts training across MHVC for all projects by ensuring that cultural competency is embedded into every training and throughout the network.

The CC/HL Workgroup is co-chaired by Nolly Climes of Rehabilitation Support Services and Kathy Brieger of Hudson River Healthcare, with administrative support provided by MHVC staff members. The workgroup, which emphasizes the importance of social determinants in health outcomes, meets monthly, rotating locations throughout the region to promote accessibility for group members.

“We focus on strategies to ensure that people have better access to quality health care,” said Climes. “There is compelling evidence that racial and ethnic minority and underserved groups are more likely to experience disparities in health care.” The CC/HL Workgroup “focuses on educating, training, and fostering collaboration to improve cultural and linguistic competence.”

There is no correct formula for improvement: For example, a large organization may not have identified strategies to implement changes, but a smaller agency may have extensive experience using effective interventions that can be shared or vice versa. The workgroup also shares best practices and identifies resources in the community and opportunities for cross-county collaboration. “Our main goal is to promote cultural and linguistic competence as a key component for better health care outcomes,” said Climes.
Climes is proud of the progress that has been achieved. “We want to share our experiences and resources with the larger MHVC membership. There is still a lot of work to be done, and we welcome any organization that would like to integrate and embrace this work in their practices.” Climes continued, “recognizing the important role of cultural competence in successful health care delivery protects equality and ensures access to quality health care.”

Orange County has developed a reputation for being well-advanced in cultural competency and health literacy, and is often cited as a best practice. Workgroup member Nadia Allen, Executive Director of the Mental Health Association in Orange County, Inc., and Vice-Chair of the Cultural Equity Taskforce in Orange County, has spent several years working on infusing cultural competence in all aspects of her work. She said, “As providers of human services, we are collectively presented with a unique opportunity. We have a responsibility to bring about change for more equitable outcomes where communities of color and other historically oppressed communities are served. As a result, it is reassuring to participate on an initiative such as DSRIP that emphasizes social determinants of health and challenges everyone to perform the work looking through the lenses of social justice.

Allen said that a lot of work had already been done in Orange County, but it never had the involvement and support of large organizations or a medical system such as Montefiore.

“Having these partners at the table -- partners we never had before -- is quite helpful as we try to bridge the gap between what happens in the field, where boots-on-the-ground work gets done, and what happens in administrative offices and around the boardroom table. We witness learning going both ways, and that is very exciting.” -- Nadia Allen

Historically, there was not enough done to get providers to understand the application of cross-cultural lenses. Today, there is greater awareness and understanding that health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. Moreover, without addressing social determinants of health the overall population health will continue to decline and result in unnecessary costs. “The workgroup provides a forum to explore different training opportunities, to support efforts in the community, and to develop new resources to address the historic cultural barriers to health,” Allen said.

For further information about the activities and deliverables of the CC/HL Workgroup, contact Jasmine Cruz by email at jascruz@montefiore.org.

**Website Re-Lauch**

MHVC is pleased to announce the re-launch of our new and updated website at [www.montefioreHVC.org](http://www.montefioreHVC.org). The site is a helpful resource for all things MHVC and DSRIP including: summaries of key newsletter articles, webinar information, links to projects, and access to portals for jobs and training. We urge you to check out the site and spread the word!
The Montefiore Hudson Valley Collaborative Team

Allison McGuire, MPH, Executive Director, almguir@montefiore.org
Damara Gutnick, MD, Medical Director, dgutnick@montefiore.org
Joan Chaya, Director of Workforce Development and Management, jchaya@montefiore.org
Marlene Ripa, Director, Network Development, mripa@montefiore.org
Natalee Hill, Director, Quality & Innovation, nahill@montefiore.org
Adam Goldstein, Associate Director, adgoldst@montefiore.org
Aliza Travis, Partner Relations, altravis@montefiore.org
Stephanie Nieto, Partner Relations, snieto@montefiore.org
Rachel Evans, Community Engagement, racevans@montefiore.org

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Our mailing address is:
3 Executive Boulevard, 3rd floor
Yonkers, New York 10701

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