As DSRIP programs are designed, results analyzed, and initiatives launched, we remain focused on how we can resource our partners to drive improvement -- whether through technical assistance, innovative programming, training, or convening. I am very excited about this issue of the newsletter, which illustrates the range of innovative work that MHVC partners are doing in the region.

First, MHVC helped convene the week-long value-stream mapping in Orange County that mobilized the community to think about how to improve care of patients with substance use. This wasn’t a "cookie-cutter" exercise: These were collaborative, real-time work sessions building a process around real-life problems and events. A lot of consensus was built, and now we have the opportunity to create a consistent set of services across the region.

As usual, the MVHC training calendar remains chock-full of opportunities, from webinars and train-the-trainer sessions, to forums, workshops, and conferences with expert panelists and breakout sessions that provide peer-to-peer learning. This month, we hosted MHVC’s first Cultural Competency/Health Literacy Best Practices forum that included a keynote on implicit bias, breakout workgroups, and a panel discussion. Many of our partners will also be participating in a leadership course on Change Management to help guide systems change at their organizations. MHVC is continuing to support the conversations around behavioral health with its third and final Behavioral Health Integration Learning Collaborative coming up in a few months and a series of Screening, Brief Intervention and Referral to Treatment (SBIRT) trainings.

We are especially proud of two initiatives that can profoundly change an organization culture. You will read below about "Joy in Work" that challenges us...
to think about the importance of loving what we do. And finally, “What Matters to You?” (WMTY).
We have been talking for a while about integrating the patient voice into our work, and this month MHVC released a great video that shows the impact our partners have made by integrating WMTY into their work. Hopefully you will find a story in the video that resonates for your patient population and share it with your colleagues, staff, and peers. Put on your patient-centered lenses and consider the collective impact we can have if we each ask what matters, listen attentively to what people say, and design that person’s care plan around what is most important to them.

We are constantly thinking about ways to support our partners’ creativity. We hope this month’s stories will inspire you to innovate with us, try a few techniques that work for other partners, and share your own success stories in future newsletters.

---

**DSRIP News | Network and state activities**

**MedReview Reminder**

As outlined in the September MHVC Newsletter, MHVC partners will be randomly contacted by MedReview Inc., to schedule chart abstraction audits through March 31, 2018.

Achievement of annual Clinical performance targets is an important component of how NYS DOH monitors and evaluates DSRIP performance. Medical Record Review is one of three ways, along with Claims Data Review and CG-CAHPS Survey Data Review in which the DOH measures clinical performance.

As part of this process, patient charts are randomly selected for auditing clinical performance and documentation on Screening for Clinical Depression and Follow Up and Controlling High Blood Pressure (specifications [here](#)). If you have questions or concerns, please contact Aliza Travis, [altravis@montefiore.org](mailto:altravis@montefiore.org).

---

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

**Orange County’s Addiction Treatment Process Maps Ways to Stop Preventable Deaths**

*Dr. Corey Waller facilitates week-long groundbreaking event*

A week in October marked a turning point for hospitals, prevention services, criminal justice, social services, clinicians, government, and others involved in the ongoing battle to stop preventable overdoses in Orange County. The Orange County Department of Mental Health, along with MHVC, WMC PPS and
others, hosted a week-long learning opportunity for over 80 participants, facilitated by Dr. Corey Waller, MD, Senior Medical Director for Education and Policy, Camden Coalition of Healthcare Providers.

The objective was to use "value-stream mapping" -- a technique to graphically illustrate, analyze, and understand the flow of information and processes -- to understand the patient journey. The starting point was the trigger event (overdose, arrest, family referral, etc.) for each kind of service to help understand the current state, as well as to define the associated barriers and gaps. Each half-day session took a deep dive into a different service-line: in-patient substance use (SU) treatment, outpatient SU treatment, criminal justice system and prevention.

Waller spoke about the "Three Cs: Capacity, Competency, and Consistency." He said the goal is to develop a system of care that has consistency: Every patient with a substance use issue needs to receive the right care every time. To do this, we need to build core -- "stem" -- processes agreed upon by all stakeholders for a consistent system to work.

Participants agreed that adapting the proven assessment tool from the American Society of Addiction Medicine (ASAM), which has been in use for over 25 years, was foundational. The ASAM is cloud-based; past results are usable across providers; and dashboards give communities valuable consistent data on trends. The goal is to have a program in Orange County that offers a global consent and screening that gets patients/clients to the right level of care as close to where they enter the system as possible.

Waller used the mantra "Science, Data and Math" to show where we are, what we can do differently, where we need to go, and along the way remove myths with these three key tools. "We need to address 'stigma' and treat addiction in the same way we would treat a cardiac event," he said. "These are people who have a disease that can kill them in seven days if we don’t get them engaged in care," said Waller. He described a tight three-day window of opportunity to reduce the risk of death. "Mortality goes up by 50% within three days, and within seven days it goes up an additional 50%. Making sure that patients get the treatment that they need at the time that they present can save lives." His phrase, "medication first," resonated with attendees.

Lastly, Waller spoke about the issues of "hearts and minds," which is the area of greatest need in terms of overcoming stigma and myths. These are the personal views, past knowledge, experience and understanding each of us brings to the treatment of the addicted person.

The week had a profound impact on participants, who are going to implement changes immediately (view the videos on the MHVC website, here). Dan Maughan, VP for Transformation, St. Luke’s Cornwall Hospital, said that Dr. Waller "has given us a pathway" to look at the problem in a different way and remove the stigma. "Our hospital will be doing things differently as a result of all of this work."

"We all need to work from the same document" said Darcie Miller, Commissioner, Orange County Department of Social Services and the Department of Mental Health, "we have the "stem" of our future state plan -- people are dying and the "stem" allows us to work smart and match the service
we are providing for that individual to their need.” Miller said, “Addiction is a chronic disease, a brain disorder, and we need to treat it appropriately.”

Ray Rodriguez, Regional Director of Peer Services, Independent Living, in Newburgh, NY, was encouraged by how invested the participants were in the process, and will bring that enthusiasm back to his organization. “On a scale of 1-10, we are a 10 -- highly motivated to guide changes at our organization. We are ready to go and are extremely committed.” Rodriguez said the key for him is “to keep it simple and bring it down to the core elements so everyone understands where they fit into the system.”

Dr. Gutnick observed that the most exciting part of the week was that different stakeholders were represented at each session with a high level of engagement. Participants “rolled up their sleeves and got to work.” They were able to express their excitement and ideas, and Dr. Waller was able to weave that input into the value stream mapping. Gutnick also leaves the group with a challenge: “We co-created this and now we have to co-implement it.”

Building the MHVC Team

*Allison McGuire recognized for being "Captain of a 'Team Sport'"

Westchester was introduced to nine outstanding health care professionals -- including MHVC’s executive director, Allison McGuire -- in the recent 914inc. article, “Meet Our Next Generation of Healthcare Leaders.”

McGuire was named as one of the innovative executives bringing new perspectives to Westchester’s most prestigious hospitals and medical groups. The article specifically cited the challenges of the Medicaid program and collaborations that MHVC has created, and McGuire has led, to overcome barriers and to improve access to quality health care.

McGuire told 914inc., that “healthcare has become a team sport,” and she is cited as the “captain.” The article emphasized the partnerships that MHVC has fostered “to knock down silos and fuel collaboration in patient care.” McGuire emphasized MHVC’s role as “a convener, facilitator, integrator...creating opportunities for that conversation, allowing connections to be made.”

McGuire also spoke about MHVC’s initiative around patient-centered care and the powerful “What Matters to You?” campaign. She explained that, “Our partners use it as a training tool for every level of their organizations, from front lines to clinicians to executives.”

Part of MHVC’s success is using technology, data sharing, and networks of
shared resources to link providers, according to McGuire. “The pieces are coming into place to create communities of care,” she said, concluding that to be a leader in healthcare today is to look through a broader lens.

Innovation Driving Change | Best practices from the nation to you

A “Reel” How-To: MHVC Video on Implementing WMTY
Stories from clinicians, organizations, and patients

If you think the “What Matters to You” (WMTY) campaign is a great idea but you don’t know how it will fit into your organization or how to start, this new video from MHVC can help. Our partners -- and their patients and clients -- talk about how they have integrated WMTY into every interaction, the impact it has had on the people that they care for, and how it has helped clinicians and staff find “Joy in Work.”

Kathy Pandekakes, Chief Operating Officer of Human Development Services of Westchester (HDSW), shares how HDSW has integrated WMTY into everyday processes and staff meetings, as well as with clients in its popular Living Room, a day respite center, and Club House programs. One client relates how staff always asks what matters to her when she comes in that day, and asks what she wants to work on. She says that support has helped her stay out of an inpatient psychiatric hospital.

As summarized by Dr. Damara Gutnick, MHVC Medical Director, “When you ask what’s the matter, a person will talk about a chief complaint, such as my chest hurts. But if you ask ‘What Matters to You’ you’ll uncover the social determinants of health and other priorities the patient is dealing with at that moment.” She continued, “The key to patient engagement is to not only ask what matters, but to attentively listen to what the person says, and collaboratively design care plans that address what is most important to the patient.”

At Cornerstone Family Healthcare, Dr. Avi Silber, Chief Medical Officer, says that WMTY “reminds us what’s important.” Clinicians and staff do what they do to help people, interact, and communicate. He was impressed with what WMTY did for patient management, but it also reminds people of “why they went into this profession in the first place. It helps my communication with patients and has brought a lot of joy back into my work.”

Joann Valentin-Alvarez, a care manager at Cornerstone, gave an example of a patient who had transportation issues because she depended on her son. By asking what really matters, it became clear “that the issue is not really transportation, it’s the relationship with her son. We worked on that and it cut our time in half, her needs were met.”

Kareem Hill, RN, a nurse at Wakefield Hospital, shared the idea of WMTY with other nurses. They were skeptical until she asked the question of a particularly challenging patient and got results. The patient concluded by saying, “Thank you for listening to me. I have been asking and not everyone listens.”
Gutnick said the next step is to convene partners to think about common metrics that can be applied across the network to measure “joy in work” and the results of the WMTY campaign. “We can measure the impact of keeping patients out of the hospital by paying attention to the social determinants of health that are so important to our patients and these interventions can save money,” she concluded.

**WMTY button -- coming soon!**

---

**RING Around “Joy in Work”**

*Conference furthers discussions of joy, and sharing results and research*

On October 26, 2017, clinicians, researchers and investigators met for the annual NYC RING (New York City Research and Improvement Networking Group) conference at the Albert Einstein College of Medicine Department of Family and Social Medicine. The conference focused on sharing practice-based research and quality improvement activities, but the centerpiece was the message of the keynote speaker, Dr. Christine Sinsky, who focused on the importance of ensuring “Joy in Work” to prevent burnout.

According to Sinsky, Vice President of Professional Satisfaction at the American Medical Association, 54% of primary care providers are burned out, and the electronic health record (EHR) contributes to this statistic. “Health care providers can sometimes feel like clerical workers,” she said. Metrics, such as percentage of EHR “clicks” occurring on the weekend (the "Pajama-Time Metric") can be used to capture the late-night documentation practices of physicians. Physician turnover, due to burnout, is expensive for healthcare systems.

Dr. Sinsky’s team developed a “Joy in Work” survey, called the Mini-Z, used nationally by multiple health systems to monitor an organization’s staff burnout. Innovative organizations have even tied senior leadership’s compensation to its staff’s level of “joy in work” to incentivize avoiding burnout and to promote a culture of wellness.

MHVC was well-represented at the conference with four posters detailing work about 1) leveraging community partnerships to address social determinants of health in the emergency department (ED); 2) behavioral health organizational readiness for tobacco cessation efforts; 3) reducing behavioral health ED admissions; and 4) combating the opioid epidemic through real-time data tracking and reporting.
Additionally, Sinsky identified several strategies for avoiding provider burnout and increasing Joy in Work, including planning ahead, distributing the work so all team members work at the top of their licenses, and ensuring streamlined communication between team members. Specific strategies are available here. Many of our MHVC partners have expressed interest in creating Joy in Work metrics. If you have stories to share, please contact Kathleen McAuliff at kathleen.mcauliff@einstein.yu.edu.

Save the Date and Register

Final BH Learning Collaborative
January 18, 2018
8:30 AM - 5:00 PM
Doubletree by Hilton Hotel, Tarrytown, NY

The third and final MHVC Behavioral Health Learning Collaborative Session will be held on January 18, 2018 at the DoubleTree by Hilton Hotel in Tarrytown, NY. This exciting full-day, in-person conference will be kicked off by Dr. Henry Chung, Senior Medical Director, Montefiore Care Management Organization, and Dr. Damara Gutnick, MHVC Medical Director, providing a “State of the Learning Collaborative.” Advances in substance-use treatment will be one of the main themes of the day. Dr. Chinazo Cunningham, a Montefiore physician with expertise in SUD and treatment, will discuss cutting-edge advancements in her presentation, “Innovations in the Management of Alcohol and Substance Use in Primary Care.” Additionally, MHVC primary care and behavioral health partners will participate in a panel discussion on their innovative practices in SBIRT and improving clinical outcomes. An interactive workshop will allow MHVC partners to discuss their own best practices in behavioral health integration. The day will be rounded out by a collaborative session on Value-Based Payment. Register here.

Provider Resources and Tools | New and helpful tips

HealthLink Connectivity for Post-Release Data Increases Follow-Ups
Access: Supports for Living sees immediate results

From the perspective of Clifford Potts, Director of Information Technology for Access: Supports for Living, consent agreements equal better patient care. "Prior to HealthLink we relied on the client to tell us when they were released," said Potts. "We want to be sure we can follow up with the patient post-release.
We now have the ability to react quicker and to provide better follow-up."

Assuring accurate information flows at the right time to the right person promotes quality patient care. According to Renee Lentino, Director of Care Management for Access, "Access to immediate information about hospitalizations and emergency room visits and discharges provides us with real time information. This coordinates care more efficiently and supports communication and collaboration across the individual’s providers."

If an organization participates in RHIO (Regional Health Information Organization) connectivity with HealthLink, it is required to use HealthLink's consent form. "That form enables us to access information on hospital admissions, emergency department visits, and discharge information," said Potts. "We estimate access to that data will represent a 15% increase in the type of information we know about our patient population."

Measuring the impact will be more than anecdotal. "We had HealthLink connectivity for the past 18 months, but we started receiving data from HealthLink in April of this year," explained Potts. "We linked to our organization’s total client hospitalizations for 2016 to come up with a baseline, and then trended out the data received from HealthLink for 2017 to get the 15% estimate. We will know actual data -- and impact -- in 2018."

---

Around MHVC | Partner activities

**Nolly Climes Receives the Masterson Award**

*Jonas Professional Development Symposium and Masterson Memorial Banquet honors outstanding service in Orange County*

On November 16, 2017, the Annual Jeanne E. Jonas Professional Development Symposium and Frank W. Masterson Memorial Banquet honored Nolly Climes, LMHC, Program Director, Orange/Sullivan Administration, Rehabilitation Support Services, Inc., of Goshen, NY. Climes, who co-chairs the MHVC Cultural Competency and Health Literacy Workgroup, is a long-time mental-health advocate at the county and state levels, and tireless contributor to mental health programs and education in the region.

The Masterson Award is given to a community agency or Individual recognized for outstanding community service. Both Jeanne E. Jonas and Frank W. Masterson had historic positive impacts on the development of mental health service in Orange County. The symposium, sponsored by the Mental Health Association in Orange County, Inc., Orange Regional Medical Center, and the
Orange County Department of Mental Health, is an annual training event that focuses on systems change within a service gap area or a specialized population.

*Is your organization or staff being honored or recognized? Let us know so we can share the news with the MHVC network.*

**January is Cervical Health Awareness Month**

If you have special events or activities around **cervical health awareness**, let us know so we can feature them in our upcoming newsletters and post them on our MHVC website. Contact us at MontefioreHVC@montefiore.org.

**Go to MHVC Website**

---

**Working It | Training and workforce development**

**Understanding What’s Said and Done: CC/HL Forum Addressed Bias, Social Determinants**

*Half-day session provided partners the opportunity to learn from each other*

On November 14, 2017, over 75 participants gathered in Pomona, NY, to explore and share Cultural Competency and Health Literacy (CC/HL) best practices and topics impacting the Hudson Valley. "This training furthers MHVC’s CC/HL strategy and commitment to enhance and transform health care of the population we serve in the Hudson Valley by addressing the social determinants of health, which includes cultural and linguistic needs,” according to Joan Chaya, MHVC’s Director of Workforce Development and Management. The MHVC [CC/HL Workgroup](#), co-chaired by Nolly Climes and Nadia Allen, designed the forum as a way to share some of the work and other initiatives that is being done throughout region. There are plans for a second forum in 2018.

The MHVC CC/HL Workgroup gathered a stellar faculty for the half-day forum. The agenda included a keynote speaker, Dr. Michele Gaietta, Associate Professor of Psychology at John Jay College of Criminal Justice. Gaietta is a researcher and clinician specializing in the application, adaptation and dissemination of empirically-supported treatments to forensic and correctional settings; she spoke about implicit bias. Concurrent learnings sessions, delivered by Nadia Allen, MHA of Orange; and Kathy Brieger, Hudson River Health Care, reviewed resources for addressing the social determinants of health. The day concluded with a panel discussion on improving access to care, using data from community needs assessment, creating a welcoming environment for LGBTQ community, and caring for the special needs population. Panelists included: Christine Laplante, Director of Care Management for Cornerstone Family

Healthcare; Rae Leiner, Director of Anti-Poverty Initiatives for Empire State Poverty Reduction Initiative; Janet Murphy, Division Director of Community Living Services for Jawonio; Joanne Goodman, Executive Director for C.A.N.D.L.E.; and Jacqueline Lawler, Epidemiologist for Orange County Department of Health. The panel was moderated by CC/HL Workgroup co-chair Nolly Climes.

"We wanted participants to hear what's being done by their peers, and to see if they can implement these approaches or share them with their organizations," said Climes. The forum attracted supervisors, managers, administrators, change agents, and informal influencers. The program was structured to enable participants to discuss strategies on how to manage implicit bias; appraise ways on how to implement a cultural competency plan; describe the social determinants that impact health; and discuss culturally and linguistically appropriate care, especially for populations with special needs. For more information on the forum results or for information on the next forum, please contact Daniel Fontanez, Project Associate, dafontan@monetfiore.org.

Panelists during the Q&A: (l to r) Christine Laplante, Rae Leiner, Janet Murphy, Joanne Goodman, and Jacqueline Lawler.

Nadia Allen, Executive Director of Mental Health Association of Orange County, discussing best ways to implement CC/HL strategies for organizations just getting started.

Katherine Brieger, HRHCare Chief of Patient Experience and Staff Development, highlighting best practices implemented throughout their organization.

---

**Build Your Patient-Centered Skills with SBIRT:**
*Screening, Brief Intervention and Referral to Treatment*

*One-day session offered December 8 in Tarrytown*

MHVC is introducing an instructor-led training on Screening, Brief Intervention, and Referral to Treatment (SBIRT), a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. SBIRT is a set of tools that can help prevent disease, accidents and injuries related to substance use, resulting in better patient outcomes, and helps reduce costly
health care utilization.

This training is part of MHVC's cross project training strategy to help build patient-centered self-management support skills. The core skills of this training are for healthcare professionals in partner organizations looking to implement SBIRT in their practice. Many payers, including Medicaid, reimburse for SBIRT services; by attending this training, licensed providers will be able to bill for these services.

SBIRT is a comprehensive, integrated, public health approach that provides opportunities for early intervention before more severe consequences occur. Evidence-based tools that are demonstrated to be valid and reliable in identifying individuals with problem use or at risk for a Substance Use Disorder (SUD) must be used. SBIRT incorporates screening for all types of substance use with brief, tailored feedback and advice. It can be performed in a variety of settings, and screening does not have to be performed by a physician. The NYS Office of Alcoholism and Substance Abuse Services offers an introductory video for those new to SBIRT.

The first one-day session was offered in November and the December 8 training is full, but registrations are being accepted for waitlists; there will be more sessions offered in 2018. (Register for the waitlist here.) Manager/supervisor approval is required before registering for a class.

Partner Highlights

New Collaboration, New Opportunity: ADHD Treatment Partnership

CMG and Astor use care coordinators to work with parents, schools, teachers

In the MHVC October newsletter we wrote about the high level of collaboration and coordination developed between the Children's Medical Group (CMG) and Astor Clinics of Ulster and Dutchess County (Astor) to address critical problems together. "There is so much need for mental services for kids," said Dr. David Fenner, president of CMG and a pediatrician there for 32 years. Child and adolescent mental health needs and ways to deliver treatment are different from those of adults, just as the pediatric world differs from adult primary care. "Working with Astor, we ask ourselves, 'How do we integrate child and adolescent mental health with the pediatric world?'"
The problem is especially acute with the increased awareness of Attention-Deficit/Hyperactivity Disorder (ADHD), and with evaluation and management falling heavily on primary care practitioners. "There is a lack of mental health providers everywhere, especially those with expertise with children and adolescents. Kids are often treated like little adults in the mental health arena. However, many of their issues and needs are different and trying to get that treatment integrated with pediatrics is difficult -- there are different flows and work patterns," explained Fenner. "This project is trying to create an organized, systematic, standardized approach to how we handle ADHD in the real-life situation of a very busy medical practice. It's 'boots on the ground' for us." Fenner continued, "We see DSRIP as an opportunity to stop, think, and reorganize the care of ADHD so we have a more coordinated approach in our projects with mental health providers like Astor and the use of care coordinators."

Partners in the program include Astor, parents, and the schools for their input through standardized evaluations by teachers. The new process makes changes: In the past, a parent would call to say a child is having a problem at school. A doctor would see the child and schedule a follow-up appointment, but there was no tracking of the child in the system.

Under this new system of care coordinators, when the parent calls, the child is given to the care coordinator who contacts the parent with basic information and forms, teacher evaluation forms, parent evaluation forms, etc., so when a visit is set up with the provider, a lot of information is available. If a diagnosis of ADHD is made, then the child is put within the ADHD registry and the follow-up appointments and calls are scheduled. The care coordinator calls the parents to ask if the forms are filled out before the child comes in again. CMG has nine offices, 27 providers (pediatricians and Nurse Practitioners) in the mid-Hudson Valley. Centered in Poughkeepsie, it is using existing care coordinators with the hope of adding more as enrolment grows.

"All of the kids who meet the criteria for the study protocol are followed as a group, not just randomly followed without any overarching analysis and coordination and tracking," said Fenner. "We are trying to be sure we are using evidenced-based criteria that requires input from teachers and parents with the evaluation of the doctor." The ADHD project started in the spring, but the results will not be evaluated until after the results of the first school term (Fall) are reviewed in Spring 2018. "We will follow every diagnosis in the schools," said Fenner. "In our world, we don't know there's a problem until kids start having trouble in school."

**IDD and BH: Jawonio Focuses on the Integration of Two Diagnoses**

*Caring for those with IDD and Behavioral health needs requires special skill and innovative programs*

Jane Mullin, LCSW-R, and Jawonio are on a mission: To integrate services for people with Behavioral Health (BH) issues who happen to have an Intellectual or Developmental Disability (IDD). "As the community at large becomes more educated in the reality that persons with developmental disabilities are not immune to the challenges of mental illness, diagnosing and treatment providers are more willing and able to recognize the needs of this special..."
population."

"Jawonio strives to ensure that people understand those with IDD and BH," continued Mullin, who is Chief Strategic Integration Officer of Jawonio, Inc., in New City, NY. "Inclusion and integration are vital because the two disability groups are not mutually exclusive. Jawonio recognizes the need to be innovative because we understand that a person may experience depression and also be physically challenged, or be on the autism spectrum, a developmental disability, and have BH needs."

Founded in 1947, Jawonio provides services in the Mid-Hudson Region of New York for children, adults and families with intellectual/developmental disabilities, behavioral health challenges and chronic medical needs. It employs over 1,000 people throughout the Mid-Hudson Valley region of New York State and provides care to over 10,000 people every year. Jawonio has three program sites: Main Campus (New City), Jawonio TECH (New Hempstead), and Jawonio Westchester (Yonkers).

One of Jawonio’s precepts is to integrate people with IDD into community-based programs so they can experience the community just like everyone else, with no regard to disability. Participation in MHVC has given Jawonio the unique opportunity to encourage, push, and assert recognition of the needs of the person with IDD and co-occurring mental health needs through projects that keep this cohort front and center. "We participate in MHVC on a comparatively small but significant scale, since participation provides us with a platform to co-locate and integrate services for those we support," said Mullin. "Our IDD population is at a significantly higher risk of mental illness -- over 33%. Co-location and integration with Cornerstone Family Healthcare helps us provide primary care to this special population with complicated needs -- primary care just like everyone else." Cornerstone FQHC, located at the New City site, provides a full array of integrated primary and BH care services. Mullin declares that, "It is unique in our region since it is an integrated center with an expertise in serving persons with IDD."

"We have integrated our IDD participants into our mental health programs, such as The Front Porch, a peer-run program, and Transitions, a short-term Intensive Outpatient Program (IOP)," said Mullin. "We are very proud of the fact that we are the only organization in the state that has been able to integrate people whose primary diagnosis is IDD, into PROS (Personalized Recovery Oriented Services)." PROS, a program of the NYS Office of Mental Health, is a comprehensive model that integrates rehabilitation, treatment, and support services for people with serious mental illness. Jawonio serves about 200 people a year through the program, about 20% of whom have IDD.

"We are all about innovation and trying to determine the best and most creative ways to serve this population," said Mullin. An example of this non-traditional thinking is Jawonio’s efforts in the vocational area., which gives its clients the satisfaction of a job well-done in the community. It created The Jawonio Commercial Cleaning Company, which is a separate business that has governmental cleaning contracts in Westchester and Rockland counties. Jawonio is the largest regional provider of job placement and employment supports for persons with IDD and/or behavioral health needs.

These public-facing activities support Jawonio in its advocacy efforts at the
state and federal levels. “One of the things Jawonio does well is advocacy,” said Mullin. “If you don’t talk about it. it doesn’t happen. My hope is that people who are diagnosed with IDD are recognized and not excluded; one way to ensure this is to talk about it.”

-------------------

Contact Us

Click Here to Print

**The Montefiore Hudson Valley Collaborative Team**

*Allison McGuire*, MPH Executive Director, [almcquir@montefiore.org](mailto:almcquir@montefiore.org)

*Damara Gutnick, MD*, Medical Director, [dgutnick@montefiore.org](mailto:dgutnick@montefiore.org)

*Joan Chaya*, Director of Workforce Development and Management, [jchaya@montefiore.org](mailto:jchaya@montefiore.org)

*Marlene Ripa*, Director, Network Development, [mripa@montefiore.org](mailto:mripa@montefiore.org)

*Natalee Hill*, Director, Quality & Innovation, [nahill@montefiore.org](mailto:nahill@montefiore.org)

*Adam Goldstein*, Director, [adgoldst@montefiore.org](mailto:adgoldst@montefiore.org)

*Aliza Travis*, Partner Relations, [altravis@montefiore.org](mailto:altravis@montefiore.org)

*Rachel Evans*, Community Engagement, [racevans@montefiore.org](mailto:racevans@montefiore.org)

-------------------

Want to change how you receive these emails?
You can [update your preferences](mailto:update-your-preferences) or [unsubscribe from this list](mailto:unsubscribe-from-this-list).

*Copyright © 2017 Montefiore Hudson Valley Collaborative, All rights reserved.*

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

Want to change how you receive these emails?
You can [update your preferences](mailto:update-your-preferences) or [unsubscribe from this list](mailto:unsubscribe-from-this-list).