The Home Stretch! Fourth All-PPS Learning Symposium, February 11-13
Horse racing tradition of Saratoga Springs sets the theme

Winter temperatures and snowfall did not dampen the spirits of the over 800 Symposium attendees -- some of whom donned dapper horse-racing attire -- at the the fourth annual New York State DSRIP Learning Symposium, held on February 11-13, 2019, at the Saratoga Springs City Center in Saratoga Springs, NY. You can find the complete program and links to many of the presentations here.

MHVC was well-represented at the symposium. Participants included partners Arms Acres, Catholic Charities, CAPE, HDSW, HealthLinkNY, HRH Care, Montefiore Nyack, the National Guard, Rockland Paramedics, Westchester Jewish Community Services, Yonkers Public Library and members of the MHVC team. They joined other representatives of our seven counties, including many city governments and agencies, and CBOs among the 800 attendees. Read below for summaries of the MHVC network’s presentations and posters, including the MHVC’s poster that was voted third best of the 40 on display.

The opening reception set the tone: Preparation, hard work, and training have positioned the PPSs and their partners to get to, and beyond, the finish line. PPSs shared their results in “impact booth” displays on Monday night, which were voted on by attendees for win, place, and show, continuing the horse racing theme. The winning team, Suffolk Care Collaborative, was in full summer race regalia, complete with a themed booth and games, and race-day fancy hats and attire. Losing by a “nose” -- four votes -- MHVC placed second,
with its Joy in Work board, What Matters to You? (WMTY) Tree, and a popular and informative **MHVC By-the-Numbers** Bingo game, highlighting successes. Over 100 people participated in the Bingo game, winning gift cards and WMTY paraphernalia.

MHVC’s winning “Impact Booth” (left) and the MHVC team receiving its “place” award from Greg Allen of NYS DOH (right).

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**MHVC and Partner Presentations | Six sessions showcase MHVC**

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**Arms Acres Proves ROI for Recovery Coaches**

Eric D’Entrone, Associate Director of Regional Services for Arms Acres and Conifer Park, and his colleague, Tammy Bender, Regional Assistant, were core presenters for **Recovery Coaches: An Innovation in Care Transitions**, with two of their peer coaches, Richard Malvey and Victoria Metz. The session discussed the use of peers and what makes the peer role unique: lived experience, meeting at the client’s level, and the greater likelihood of the peer to ask, “what matters to you?” instead of telling. “Peers have time to ask those questions,” said D’Entrone, who acknowledged financial and technical assistance from MHVC’s Innovation Fund that helped the project evolve.

The project, which is part of MHVC’s Research Roadmap, showed stunning results. In the Fall of 2017, the project baseline without Recovery Coaches was 46.77% adherence. In 2018, with a total of 122 recoveries, 100% kept the first outpatient visit, 117 kept the second visit (95.90%), and 90 were still engaged post-30 days (76.82%). Most impressive was the return on investment. “From a payer’s perspective, I want to know what I am getting for my dollars,” D’Entrone said. Using MHVC’s “ROI Calculator,” they assumed that each ED visit cost $500 and each inpatient hospital day cost $1000 (conservatively); and they assumed that if a patient was not connected to outpatient SUD care following inpatient they would experience one ED visit and five inpatient hospital days in the 12 months of the project (also conservative). The total project cost of the project (including administrative costs) was approximately $120,000. Without RC services, approximately 65 of 122 patients would not have been connected to care (using the baseline rate of patients keeping their first appointments before this project). “Therefore,” D’Entrone concluded, “we prevented 65 ED visits and 325 inpatient days for the first year, and yielded an ROI of $237,378.”
Where do they go from here? "Peers are cost-effective and efficient. Now we want to look at cost avoidance, and leverage our relationships to connect patients to primary care." MHVC consultant Kristin Woodlock commented, "Arms Acres looked at this from a systemic basis. They looked at what worked and doesn't work. They had access to data and looked at it differently; they did not just graft actions on to what they were already doing. The critical piece is that Arms Acres changed their internal culture: Other organizations can add peers, but you need to look holistically into data, culture, workflows, and honest feedback to achieve success."

**MHVC Data Show How to Bring More “Joy”**

MHVC Medical Director, Damara Gutnick, MD, and Senior Director of Workforce Development and Management, Joan Chaya, were joined by Katie McAuliffe, PhD, Project Director, Albert Einstein College of Medicine, in the presentation of *Building a Culturally Competent and Resilient Workforce: Responding to the Data*, a discussion of the results of MHVC’s Cultural Competency and Health Literacy (CCHL) provider-staff survey. MHVC’s commitment to survey front-line staff rather than organizational leadership led to actionable data that informed targeted strategies to improve CCHL and "joy in work." Dr. McAuliffe discussed development of the survey, the results, and analysis and dissemination of the results back to the partners. Ms. Chaya described how MHVC used a change management framework to inform MHVC’s strategy and administration of the survey specifically related to screening for social determinants of health. Dr. Gutnick discussed the findings as they related to burnout, joy in work, and resiliency. She also shared MHVC’s approach to integrating Dr. Helen Bevan’s “School for Change” and “boat rockers” principles, and “What Matters to You?” and the Joy in Work framework from the Institute of Healthcare Improvement, into MHVC’s workforce strategy.

Kathy Pandekakes, CEO of MHVC partner Human Development Services of Westchester (HDSW) said, "There was a lot of good feedback at the tables from the participants. The presentation stimulated a lot of discussion even though it was only a half-hour presentation. One audience member said she was at the ‘What Matters To You?’ session last year and at Dr. Bevan’s presentation on boat rockers. She implemented both and it changed the way she, her staff, and her patients interacted with her practice." Pandekakes said that HDSW has put these principles to work with clients, and also brought them to staff. "You can’t just bring this to the clients — you have to bring it to the people who take care of the people you take care of."
In these MHVC Impact Booth displays, symposium attendees let MHVC know what matters and what brings them joy in their work.

Yonkers Public Library Makes the Case for Case Management

Using an MHVC Innovation Fund grant, Shauna Porteus, Community Services Librarian, Yonkers Public Library, and Eric Scott, Case Manager, CLUSTER Community Services, wrote a new story for the City of Yonkers: Embedding referral services for case management services at the library, connecting patrons to services where they are, and providing sensitivity training for staff. More than Books at the Library: An Innovative Partnership to Address Social Determinants of Health in the Community describes their journey and the results. Yonkers used what’s known as the San Francisco model, with the library hiring the staff person. “Every day we help people with decisions they have to make, but we didn’t have the training to answer health or other SDH questions. Through this grant, we have the data and the partnership with CLUSTER and MHVC to provide these services.”

Scott and his partner are each at the library two days a week. Services range from applying for housing, Medicare or Medicaid, social services assistance, and other SDH issues. They use assessment tools to get to understand the patron, meeting with about 3-4 patrons a day. “We revised our assessment tool after 6 months and now we have better results,” said Porteus, “When we began using ‘What Matters to You’ in our assessment tool, the patron’s answers changed. This allowed the case manager to get a better picture of what the client was going through at the time and be more responsive.” With 342 points of contact, there is a 100% satisfaction rate. The secondary goal was staff training: They brought in an expert on active listening and other techniques, and did a pre- and post-training surveys, anonymously assessing staff attitudes over 8 months.

The project involved many partnerships. MHVC connected them with Einstein to assist with data and surveys. When they found that many patrons were smokers with a desire to quit, they began working with the American Lung Association on a smoking cessation program. They are working with Sarah Lawrence to analyze data and identify trends, and with the American Heart Association and Westchester County for blood pressure cuffs.

The next challenge is sustainability: After MHVC startup funding, they are now applying for city, county and state support, and there is potential long-term funding for Medicare and Medicaid through CLUSTER.

“What Matters” Empowers Community Collaboration and Problem-Solving

Dr. Damara Gutnick, and Joan Chaya, led the session, Journey of Hearts and Minds: Road Map for Sustainable Access and Engagement to Integrated Behavioral Health Services including Substance Use Disorders, with MHVC Consultant Kristin Woodlock and Daniel Maughan, Senior Vice President, Transformation, St. Luke’s-Cornwall Hospital. The team detailed how they used
multi-stakeholder engagement and asking “What Matters to You?” to help crisis providers navigate the MHVC “behavioral health roadmap,” with referral pathways between and among primary care providers, behavioral health providers, inpatient and outpatient settings, and ED care navigators.

MHVC described its “Community of Care,” which unites the diverse region. “Behavioral health is complicated, and we realized that we needed a more disciplined way to discuss change at a county level,” said Dr. Gutnick. MHVC formed a Behavioral Health Learning Collaborative and initiated a multi-pronged approach of six interventions to impact the opioid crisis. The presentation addressed each of the six and explained the results and impacts. MHVC also began training in, and the implementation of, change management techniques to change the way organizations were thinking about their problems. “Change management is an enabling framework for managing the people side of change,” said Chaya.

Woodlock and Maughan then discussed the successful “value-stream mapping” event in Orange County that engaged multiple stakeholders and mapped current-state processes. The map showed how all patients with addiction should be treated at all “touch points,” leading to the adoption of a standard screening tool. Using that momentum, St. Luke’s-Cornwall Hospital activated “Data, Hearts and Minds” strategies to improve outcomes and systems for patients with substance use disorder. “Innovation does not require you to create, just to be creative,” said Maughan. “Although IT is key, communication with partners can’t be emphasized enough. We will continue our partnerships and efforts until we have zero addiction-preventable deaths.”

Creating a Shared Environment: The Story of a Behavioral Health IPA

Amy Anderson-Winchell, CEO of Access: Supports for Living and Co-Chair, Coordinated Behavioral Health Services (CBHS), and Mark Sasvary, Chief Clinical Officer, CBHS, led a region-focused presentation using CBHS as an example, entitled, Behavioral Health IPA Impact on Total Cost of Care VBP Contracts. Dr. Sophia McIntyre, Chief Medical Officer of Hudson River Healthcare (HRHCare), addressed care delivery issues. The team looked at successful strategies, methods to identify appropriate partnerships, and ways to select and choose the right metrics.

Anderson-Winchell told the genesis of her integrated care journey: The “aha!” moment when she didn’t know how to enroll a patient in the medically-assisted treatment (MAT) program. “Our sweet spot is really the people with most complex needs, but that means we need to team with others.” To gain traction in the marketplace, organizations came together to form a behavioural health IPA. “If we did our work well it would cost less.” The next step was to look for a primary care organization; there was an immediate connection with the values and dedication of HRHCare. CBHCare was formed by November 2014, and they began to negotiate contracts for cost of care in the region. CBHS immediately began conversations with both Westchester Medical Center PPS and MHVC; “we knew we would need the relationships with both,” said Anderson-Winchell.

To drive local engagement, participants were asked to sit together by
geography. The regional tables were asked to respond to three questions and report out:

1. Where are you on the continuum — identify themes, integrated care, collocated care, or different model?

2. What is the one thing that you know now that you wish you knew when you started on the road to integrated care?

3. What are your next steps as you continue to move forward toward integrated care?

MHVC Executive Director, Allison McGuire, and members of the Hudson Valley region discussion table.

MHVC’s Executive Director, Allison McGuire, reported that the Hudson Valley participants “wish we had known the difference among plans with respect to quality metrics. We would have advocated to push the state to align this more.” Another wish: Better access to data. “We didn’t know it would take so long to get the data needed to allow us to collaborate.” She said that as a PPS, MHVC “did a lot of work on change management to support our partners.” This was supported by Pat Lemp, Assistant Executive Director of WJCS, who said her staff “wished they had the skills and ability in change management earlier.” Hudson Valley agreed that the key to these type of shared arrangements is that you have partners you trust, and with whom you identify common values and goals. It doesn’t guarantee success, but it is critical.

**Smoking Out Tobacco Dependence in BH Settings in Rockland**

MHVC partner Center for a Tobacco-Free Hudson Valley, American Lung Association (ALA), presented its project collaboration with the Mental Health Association of Rockland County and Refuah PPS in **Sustainable Systems Change for Treating Tobacco in the Behavioral Health Setting: How to Break Down Barriers**. Didi Raxworthy, Director, Center for a Tobacco-Free Hudson Valley, ALA, and Leilani Lockett, ALA Tobacco Program Manager, presented data that explained the level of the problem. They specifically discussed the negative relationship with behavioral health, where approximately 41% of clients smoke and there is a 25-year mortality between people with serious mental illness vs. the general population. In fact, studies have shown that as many as 80% of clients have expressed an interest in quitting smoking.

Sylvia Wright, Director of Adult Treatment & Rehabilitation Services, Mental Health Association (MHA) of Rockland County, discussed the “stone soup” initiative of MHA. Beginning with tobacco cessation programs, they progressed to team meetings, monthly clinician meetings, prescriber involvement, and then incorporation of a benchmark project.
MHVC and Partner Posters Garner Praise -- and an Award

We are pleased to announce that MHVC’s poster, "Driving Member Outcomes: Community of Care Creates Post-Discharge Care Transition Workflow for Behavioral Health Patients," was awarded third place -- "show" position -- by the votes of attendees. (Link to PDF here.)

MHVC and its partners had five posters in two of the four categories; you can view the complete poster guide and poster descriptions here:

**Category: Reducing Potentially Preventable Hospital Use/Improving Follow-up After Hospitalization**

-- *Driving Member Outcomes: Community of Care Creates Post-Discharge Care Transition Workflow for Behavioral Health Patients* (MHVC, Woodlock & Associates, Rockland County Department of Mental Health, MHA Rockland, HRHCare, MHA Westchester, HVCC, Nyack Hospital, Cornerstone, Jawonio, Rockland County Psychiatric Center, HVCS)

-- *Stopping the Revolving Door: Advancing Community Paramedicine to Engage High Utilizers* (Rockland Paramedic Services, Inc., Montefiore Nyack Hospital, MHVC)

**Category: Behavioral Health/Substance Use Disorder Integration**

-- *The Living Room Crisis Day Respite: An Innovation Fund Project* (Human Development Services of Westchester)

-- *Depression Screening and Treatment in Mental Health Clinics: Tracking Improvement in Depressive Symptomatology Using the PHQ-9* (Westchester Jewish Community Services)

-- *Combating the Opioid Epidemic: Using Real-time Data to Inform Coordinated Response* (Council on Addiction, Prevention & Education of Dutchess County, Inc.; New York National Guard Counterdrug Task Force; HealthlinkNY; St. Luke’s Cornwall Hospital; MHVC; Catholic Charities Community Services of Orange and Sullivan; The OneLife Project)

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

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**April is World Autism Month**

Autism affects over 70 million worldwide; find out more from *Autism Speaks* here. If you have special events or activities around *autism awareness*, let us know so we can feature them in our upcoming newsletter and post them on our MHVC website.
Contact Us

**The Montefiore Hudson Valley Collaborative Team**

Allison McGuire, MPH, Executive Director, almcquir@montefiore.org  
Damara Gutnick, MD, Medical Director, dgutnick@montefiore.org  
Joan Chaya, Senior Director of Workforce Development and Management, ichaya@montefiore.org  
Marlene Ripa, Senior Director, Network Integration, mripa@montefiore.org  
Tawana Howard-Eddings, Director of Practice Transformation, thowarde@montefiore.org  
Natalee Hill, Director of Quality and Innovation, nahill@montefiore.org  
Adam Goldstein, Director, adgoldst@montefiore.org  
Rachel Evans, Manager for Community Engagement, racevans@montefiore.org

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