

## NewYork-Presbyterian PPS Newsletter

Welcome to the July 2016 NYP PPS newsletter! We hope you enjoy the updates.

**Midpoint Assessment:** On August 1, 2016, the Independent Assessor (IA) will begin a Midpoint Assessment process for all PPSs focused on evaluating PPS activities to date. The elements of the assessment will include a review of the DSRIP Year 2, Quarter 1 report, an onsite visit to the PPS, project narratives, an organizational narrative and a survey of collaborators.

With regard to the collaborator survey, the State will be reaching out to a subset of PPS collaborators to participate in a survey that assesses engagement in the PPS in areas such as governance, project implementation planning, project implementation efforts and funds flow. The survey is set to be released to a select number of collaborators via an online platform beginning August 1, 2016 and will close August 31, 2016.

Once the Midpoint Assessment process is complete, the IA plans to release a set of recommendations by October 2016, which will be followed by a public comment period and review by the Project Advisory and Oversight Panel. Final recommendations will be submitted to CMS in January 2017 and PPSs will be expected to implement changes by March 31, 2017. For more information from the State about the Midpoint Assessment, please click [here](#).

**Upcoming Healthify 101 Webinars:** You are invited to attend Healthify 101, a webinar discussion of the NYP PPS's proposed community resource tool. Healthify is a New York-based software company that works with healthcare organizations to coordinate care with community-based organizations. Webinars introducing the platform will be offered on the following dates:

- Thursday, August 4th at 10am

- Wednesday, August 10th at 2pm
- Thursday, August 18th at 12pm

Please register [here](#) to attend one of the webinars. We hope you can join us.

**NYP PPS Website Updates:** The PPS is continually looking to improve its website ([www.nyp.org/pps](http://www.nyp.org/pps)) and add new resources that would be of interest to collaborators. We are looking for collaborators willing to participate in a short phone call to provide feedback on the current site. If you are interested in participating, please e-mail us at [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org).

**Project Spotlight:** This month, we would like to highlight the NYP PPS Behavioral Health (BH) projects, which are focused on providing coordinated, comprehensive services to adults and children with mental health and/or substance use difficulties in order to maximize health outcomes and reduce emergency room and inpatient hospital utilization.

The BH Crisis Stabilization project aims to identify and divert non-emergent psychiatric patients from the medical and psychiatric emergency rooms while linking them rapidly to nearby ambulatory medical, social, psychiatric and substance use providers. The project is staffed by a team of mental health and substance abuse professionals from NYP and three NYP PPS collaborators - Argus Community, ACMH and The Bridge. The project goals will be achieved through two distinct interventions:

- A telephonic ambulatory psychiatric triage HUB to link patients in crisis with an appropriate level of mental health and/or substance abuse care at NYP or collaborator organizations. In its pilot phase, the HUB will accept referrals from within the NYP system.
- A community-based, mobile Critical Time Intervention-like team, linked to behavioral health access points within the hospital and community. This project will reach the highest-utilizers of emergency room and inpatient services and provide wrap-around services and support to maintain them in the community for up to 9 months.

The BH Integration project aims to integrate primary and behavioral health care in the two New York State Psychiatric Institute (NYSPI) psychiatric clinics and the NYP Ambulatory Care Network (ACN) medical clinics. At NYSPI, two adult psychiatric nurse practitioners will be embedded in the clinics to provide routine and walk-in primary care to the clinic patients.

The project is in the process of meeting with NYP ACN stakeholders to discuss plans to achieve the Integration Project goals through:

- Opening access to ambulatory substance abuse services at NYP,

- Expanding Collaborative Care for depression, and
- Identifying the highest emergency room and inpatient utilizers among the NYP Psychiatry Clinics and Medical Clinics to intervene at the individual and systemic levels.

Collaborative relationships with PPS network members providing mental health, substance abuse and social services in Manhattan and the Bronx will be crucial to meeting the BH project goals and anticipated outcomes.

**Staff Spotlight: Marianna da Costa, LMSW**

This month, we would like to highlight Marianna da Costa, LMSW, who is a member of the REACH (Ready to End AIDS and Cure Hepatitis-C) Collaborative team at Weill Cornell's Center for Special Studies (CSS). Marianna was hired in 2015 as part of an initiative to integrate Community Health Workers, Peers and Health Home Care Managers into the HIV Primary Care setting at NYP.



The REACH Collaborative is a partnership between NYP and 6 Community-Based Organizations (ASCNYC, Argus Community, Washington Heights Corner Project, Village Care, Dominican Women's Development Center and Harlem United). Marianna has developed work flows, referral processes and strengthened relationships with community collaborators to ensure patients have timely access to care and the services they need to remain connected to care. She oversees the Peers and CHW embedded at CSS who are extending the care team into the community by doing home visits, escorting patients to medical and benefits appointments, and increasing access to community-based organizations for wrap-around services.

Marianna graduated from Binghamton University with a BA in Philosophy, Politics and Law. After undergrad, she began working as a Permanency Planner at a large child welfare agency in New York City where she was quickly promoted to a supervisory role. Marianna's interest in HIV began when she was 15 and spent 6 months volunteering in Monrovia, Liberia at an orphanage for children who were HIV+ or whose parents lost their battle with HIV/AIDS. At Columbia School of Social Work, Marianna completed the Advanced Generalist Practice and Programming track focusing on Program Development and Evaluation. At CSS, she combines her clinical and programming skills to develop and implement DSRIP initiatives.

**Collaborator Spotlight:** Isabella is a non-profit, non-sectarian

organization that has pioneered in the care of the elderly of New York since 1875. Located in the heart of Washington Heights, their mission is to provide quality care through diverse programs designed to promote health and independence within and beyond their walls.

Isabella offers a continuum of care to those in need of support for an aging loved one. Their services include Long Term Care, Sub-Acute Rehabilitation, Ventilator Dependent Care, Respiratory Step Down, Dementia Care, Adult Day Health Care, Independent Senior Living, Home Care, Case Management Program, NORC Programs, Senior Resource Center and additional community-based programs.

Isabella has a deep and long-standing commitment to serving their community - both on and off their campus. As they continue to move forward in the 21st century, they strive to be in the forefront of adopting the latest innovations in good care and continue to work closely with their equally dedicated community partners so that they can deliver the best care possible to those they serve.

Isabella has become a Health Home partner with NewYork-Presbyterian Hospital. The Health Home Program provides Care Management services to make sure everyone involved in an individual's care is working well together and sharing information that is important in supporting a person's recovery. Isabella's Care Managers are caring, professionally trained staff members who have access to a wide array of resources to provide quality care. The purpose of the Health Home Program is to provide the right level of support for the individual so that he or she may be able to live as safely as possible in the community - and avoid unnecessary hospitalizations.

For more information about Isabella, please visit their website at [www.isabella.org](http://www.isabella.org).

**Reporting Update:** The PPS recently completed its DY1, Q4 reporting period (January 1, 2016 - March 31, 2016) and successfully passed its remediation period. The DY1, Q3 and Q4 reports will be used together to determine the third and final DSRIP payments for DSRIP Year 1. Overall in DSRIP Year 1, the NYP PPS performed very well, earning all of its possible Achievement Values with the exception of two metrics related to patient engagement. The NYP PPS quarterly reports for DSRIP Year 1 along with Achievement Value Scorecards for each quarter can be accessed [here](#).

**Updated DSRIP FAQs:** The State recently released a revised set of DSRIP FAQs which can be accessed [here](#) on the DSRIP website.

