



“Emerging Models of Successful Collaboration with County Agencies”

Brenda Maynor, MS, RN, LNC

Vice President of Clinical Integration
Alliance for Better Health Care, LLC

Kathy Alonge-Coons, LCSWR

Commissioner
Rensselaer County
Department of Mental Health

New York DSRIP Year 1: Launching PPS Transformation Efforts

September 17, 2015 | Rye Brook, NY

About Our PPS



- Service area covers more than 3,100 square miles in Upstate NY
- Diverse region
 - Urban and rural
 - Culture and language
- 7 Lead Partners and 50 Community Based Organizations
 - 3 major health systems
 - 3 lead Health Homes
 - 2 Federally Qualified Health Centers
 - 2 primary care physician medical groups
- County overlap with 2 PPSs
 - Adirondack Health Institute (AHI), Albany Medical Center
 - Exploring means of collaboration on several initiatives including 2.d.i

How it Connects: Top 10

1. Knows the network of safety net providers in the community
2. Has an understanding of the needs for the community
3. Has statutory responsibility for oversight of the mental health, substance abuse & developmental disability services within the respective county
4. Has a working knowledge of CBOs in the county
5. Is a strong link to other county departments, i.e. Local DSS, CJS, etc..
6. Has statutory responsibility to approving requests for establishment of licensed clinic programs
7. Knows the state aid resources in the behavioral health system and the initiatives underway
8. Link to state oversight agencies - both field offices and central offices
9. Able to be an ambassador for community service network with the PPS
10. Able to be an ambassador for the PPS with community BH care system

One LGU's Experience



Timeline of Involvement

- Spring 2014 – invitation to attend introductory DSRIP meeting for safety net providers
- Subsequent invitations to various meetings and workgroups for the initial application and project planning
- Request for PAC representation & Board of Managers
- Project leader for 4.a.iii and group member on other BH projects
- Continue to serve as a link with the community, state agencies and fellow LGUs
- Information sharing with Rensselaer County's behavioral health and developmental disability services

Challenges

- Disconnect in perceived delivery of care between larger health systems and local community level of care services
- Lack of primary care & BH specialty providers
- No requirement to incorporate leadership from LGU's into the PPS structure
- Need to create a “melded” culture
- Role confusion of PPS Leadership and CBO in regards to being a safety net provider

What others are saying about PPSs

- “Institutionally lead entities”
- Led by “Medical Moguls”
- “Treated with suspicion”
- “Worried they will have all their money or trying to take over all community service providers”
- “Having all the power”

Lessons Learned

- Important to build new partnerships
- Gather expertise around the table
- Uncertainty of what DSRIP will look like and how it will develop
- Potpourri of providers coming together to develop an integrated delivery system to share knowledge and services
- Embracing opportunities

Quotes

“This may feel like an additional job, but it is our job today.”

- Victor Giulianelli, CEO of St. Mary’s Healthcare – Amsterdam

“If you are not at the table you could be on the menu.”

- A colleague from another state

“If you have not been invited or received an invitation, call and offer to attend.”