

# The DSRIP Digest

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## PPS Spotlight:

### The Crisis Stabilization Project: A Statewide Model

*Three-PPS collaboration summarized in January 2017 report*

Montefiore Hudson Valley Collaborative PPS, Westchester Medical Center PPS, and Refuah Community Health Collaborative PPS

The Crisis Stabilization Project (3.a.ii) within DSRIP is meant to provide readily accessible behavioral health crisis services that will allow access to appropriate levels of service and providers, supporting a rapid de-escalation of the patient's crisis.

It is one of the most complex DSRIP projects in terms of stakeholders, funding streams, and lasting challenges in healthcare. A dynamic collaboration of three PPSs – Montefiore Hudson Valley Collaborative (MHVC), Westchester Medical Center (WMC), and Refuah Community Health Collaborative (RCHC) – have not only made an impact within the region, but can potentially impact the way crisis services are delivered in other parts of the country.

The three PPSs are approaching this project in a unified, collective way. “Partner engagement, passion and true collaboration between the three PPSs form a strong foundation for our success in developing an integrated crisis system in the Hudson Valley,” says Kristin Woodlock, RN, consultant to MHVC for this project and former Acting Commissioner for NYS OMH. “The PPSs really listened to their partners when designing the project...working together to form a holistic approach to crisis services in the region.”

Over 40 partners participated in developing the foundation of the project and in producing an exhaustive report on the honest opportunities and challenges of the project. This collaborative effort sets foundations for community-based solutions with better outcomes and reduced burden on our provider partners. The project highlights the power of three PPSs to talk to state government about what needs to change, and to be a template for other regions in the state and other parts of the country.

“The intent is to make the recommendations understandable to others that make up the BH crisis system, such as police, EMT services, and even ‘community gatekeepers’ who can play an important role in the early identification of people in crisis,” says Dr. Damara Gutnick, MHVC Medical Director.

Looking beyond DSRIP, the report outlines long-term, collective efforts that can support pilots and hot-spots. A copy of the January 30, 2017, report and more information about the project can be viewed [here](#).

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## Recent News

The Power-point presentation from the 2017-18 Executive Budget and Global Cap Update webinar and the 2017-18 Executive Budget Scorecard are now posted on the NYS Department of Health website [here](#).

The latest NYS Delivery System Reform Incentive Payment (DSRIP) Program White Board Video Series have been released: “[DSRIP: Looking Ahead to 2017](#)” “[Myths and Facts of Valued Based Payment](#)”

New York State Medicaid Director Jason Helgerson, and the Director of Albany Promise, Juliette Price, have released a joint blog for England's National Health Service Confederation (NHSC), highlighting the importance of cross-system partnership. To read the full blog click [here](#).

DSRIP Project Approval and Oversight Panel (PAOP) public comments and meeting materials are now posted on the NYS Department of Health website [here](#).

## Upcoming Events

**March 10:** PPS complete Mid-Point Assessment Action Plans and submit for IA review and approval

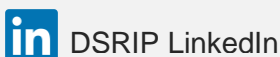
**March 15:** PPS Provider Network tool reopening until April 1, 2017

**March 17:** Revised PPS Year 2 Third Quarterly Reports due from PPS; 15- day Remediation window closes

**April 1:** DSRIP Year 3 begins

**April 3:** Final Approval of PPS Year 2 Third Quarterly Reports

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