

February 2, 2017



# FLPPS Mid-Point Assessment Presentation to the PAOP



**Carol Tegas**  
Executive Director

# FLPPS Team

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- Carol Tegas, Executive Director
- Sahar Elezabi MD, Executive Medical Director
- Erin Barry, Director of Strategic Community Initiatives
- Peter Bauman, Director of DSRIP Operations
- Deb Blanchard, Special Projects Director
- Collene Burns, Director of HR & Org Development
- Juanita Lyde, CC/HL Project Manager
- Meredith Rutherford, Director of Communications
- Courtney Spitz, Controller

# Agenda

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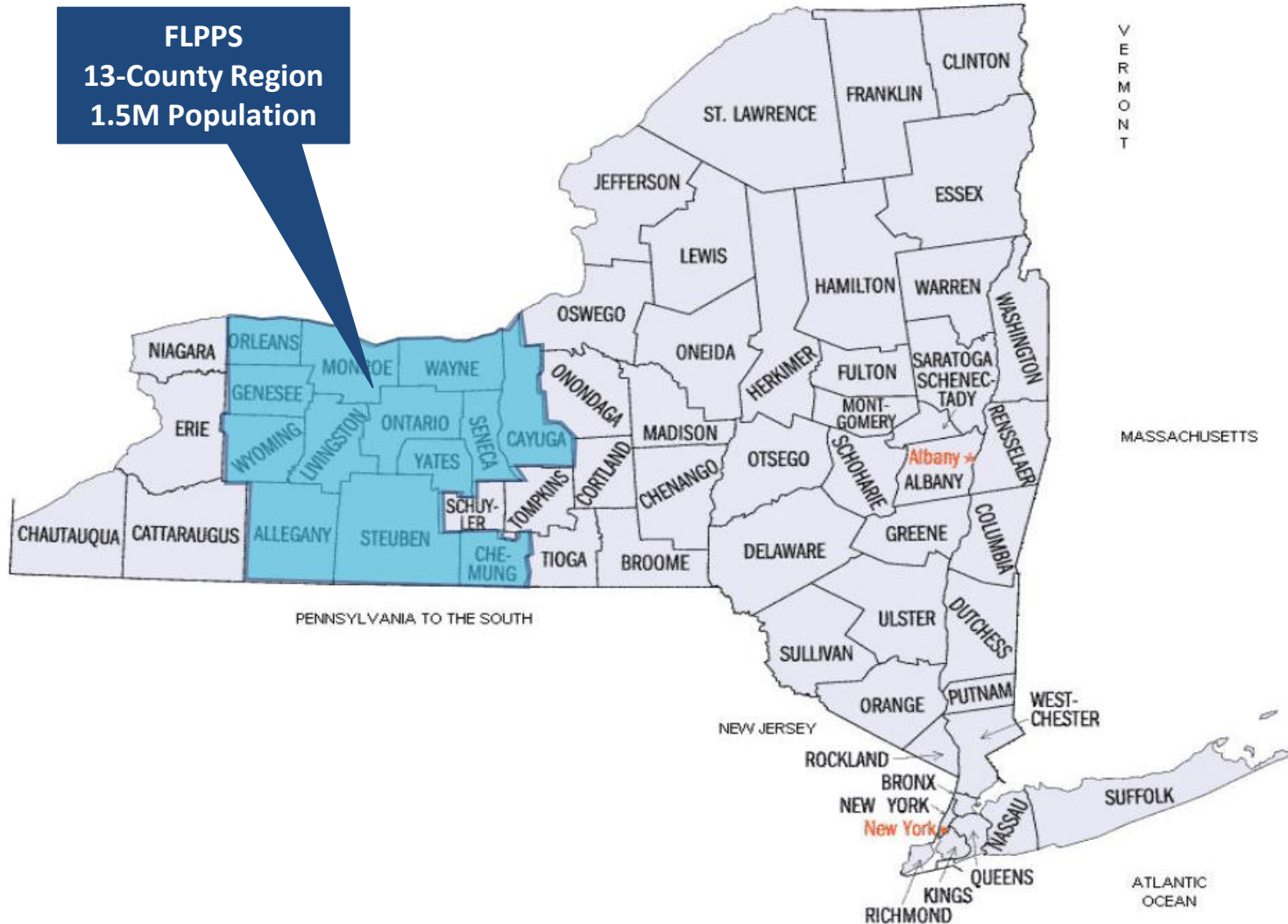
- FLPPS Partnership Profile
- Overall Funds Flow
- CBO Engagement
- Project Implementation Successes



# FLPPS Partnership Profile



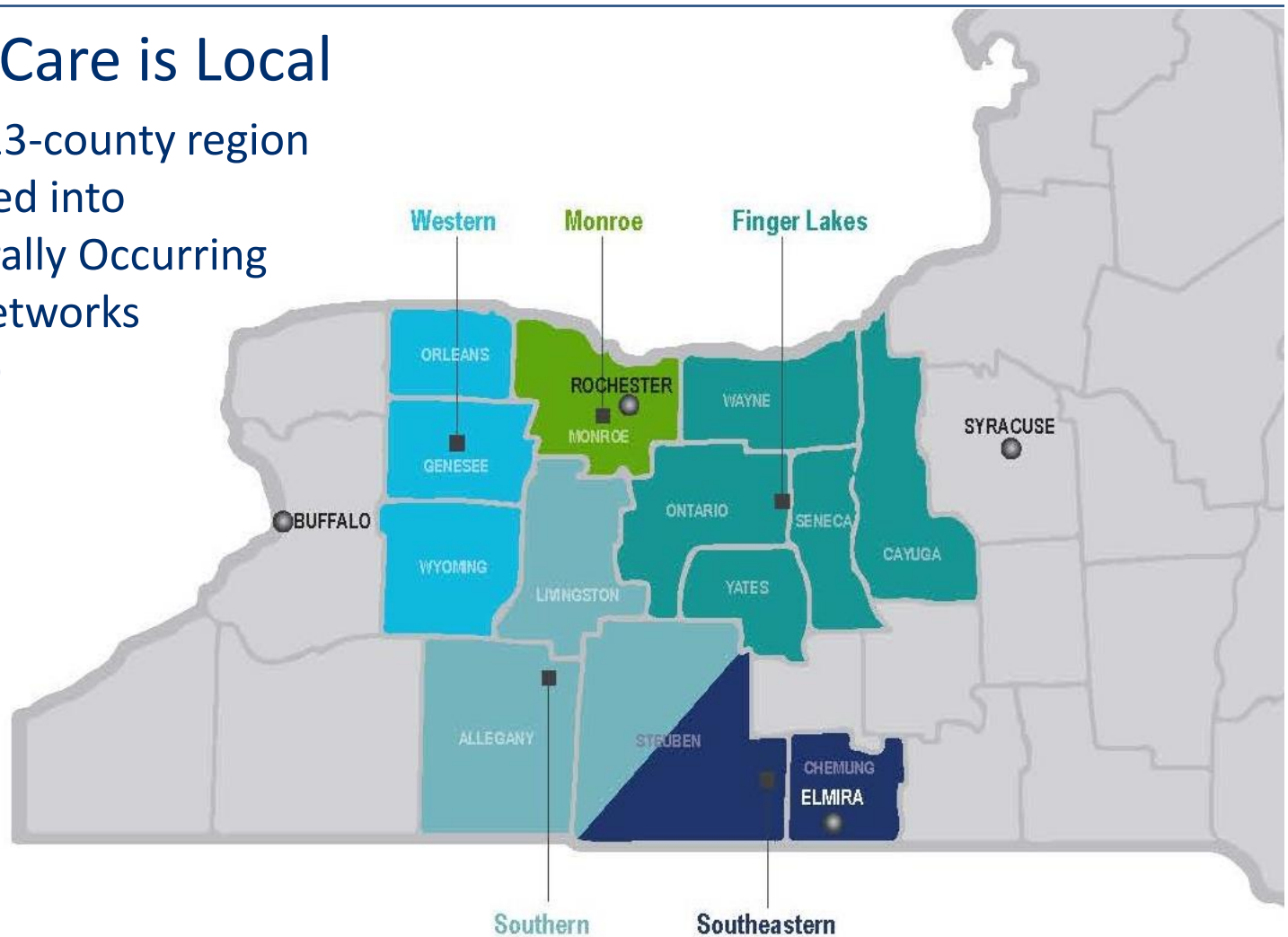
# FLPPS Partnership



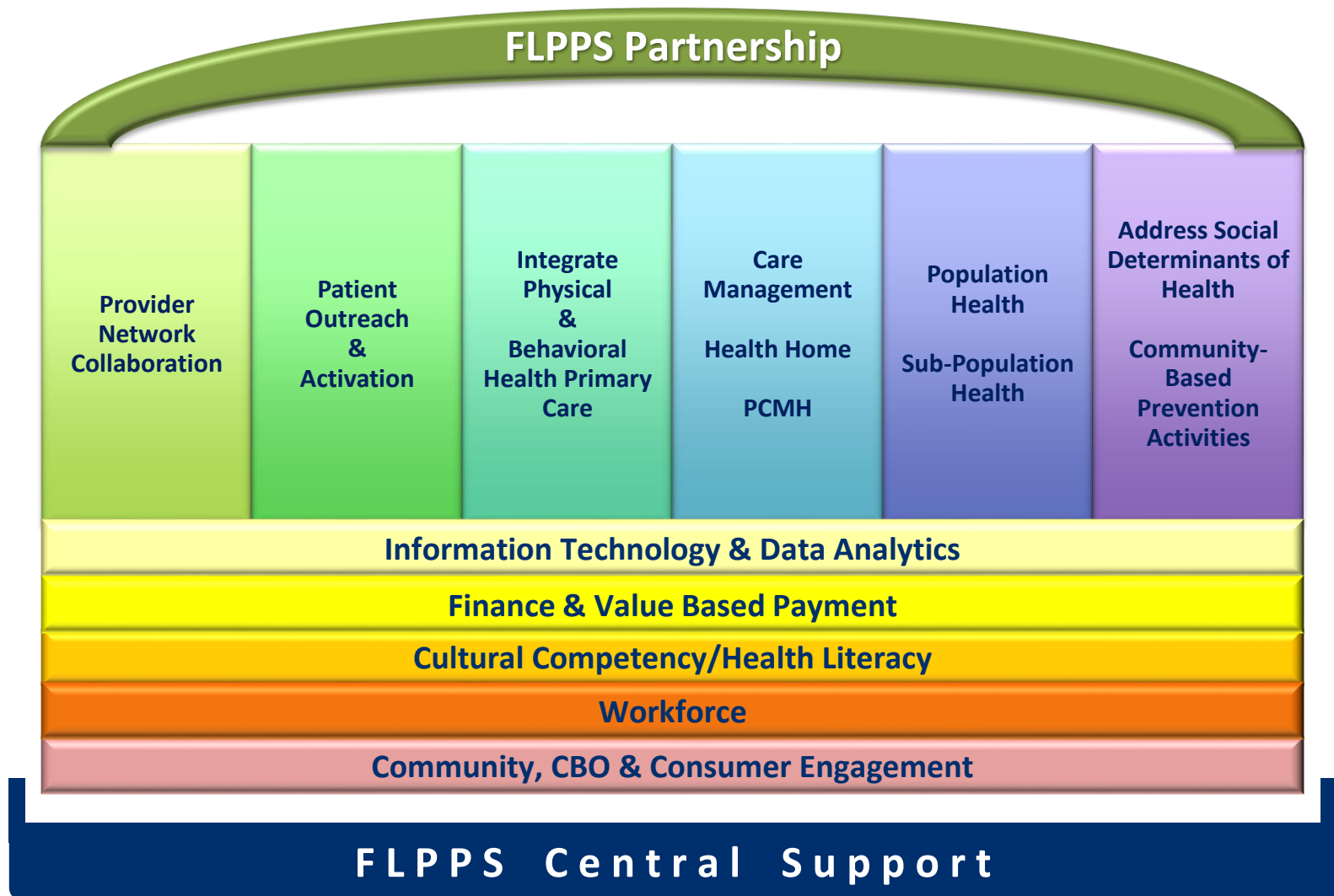
# FLPPS Partnership

## ➤ Health Care is Local

- FLPPS 13-county region is divided into 5 Naturally Occurring Care Networks (NOCN)



# Key Pillars to Support the Partnership



# FLPPS Projects

2.a.i Integrated Delivery System

2.b.iii ED Care Triage

2.b.iv Care Transitions

2.b.vi Transitional Supportive Housing

2.d.i Patient Activation

3.a.i Integration of Behavioral Health and Primary Care

3.a.ii Crisis Stabilization

3.a.v Behavioral Interventions Paradigm in Nursing Homes

3.f.i Maternal & Child Health

4.a.iii Strengthen Mental Health/Substance Abuse Infrastructure

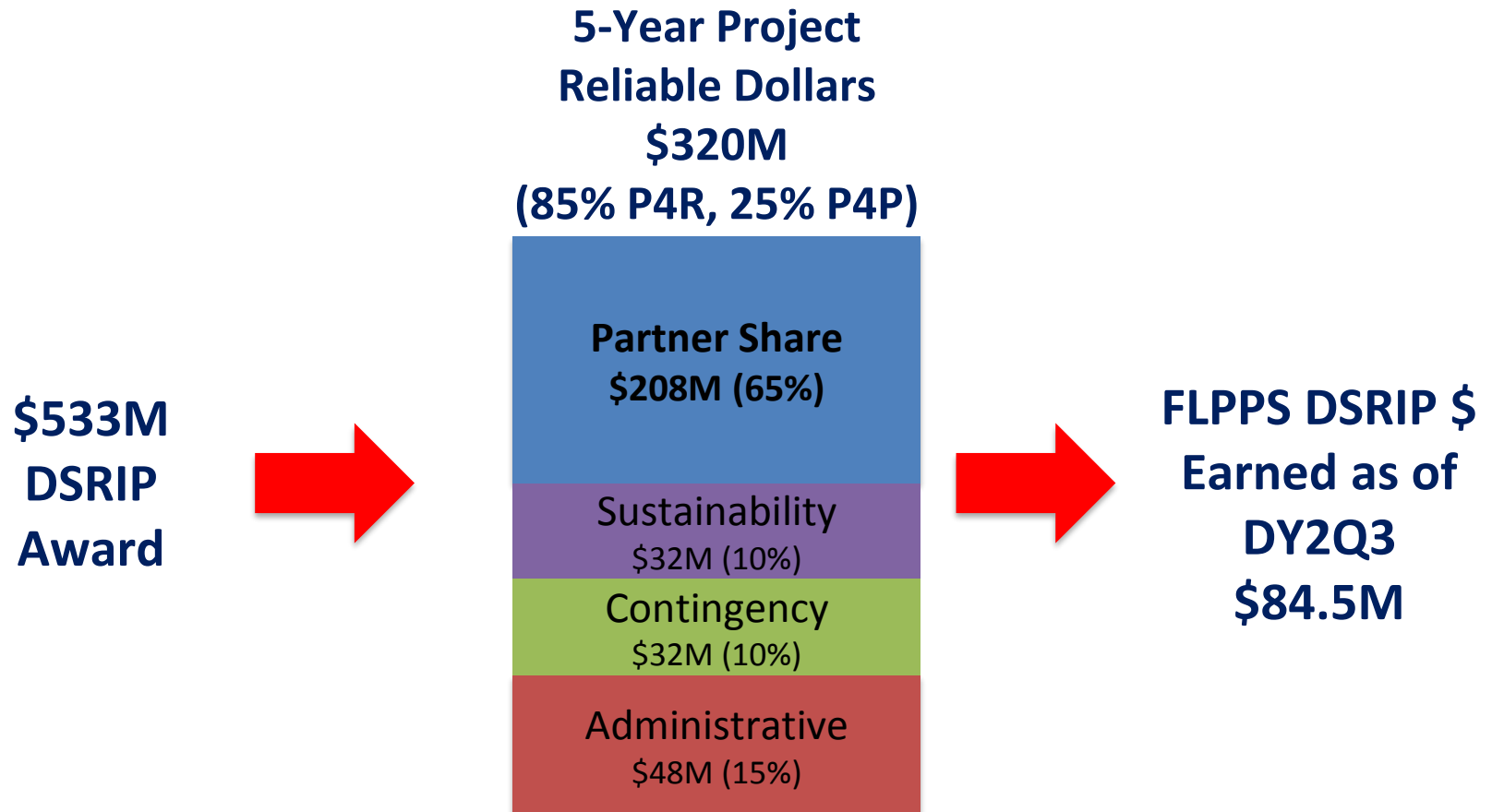
4.b.ii Increase Access to Chronic Disease Prevention & Care





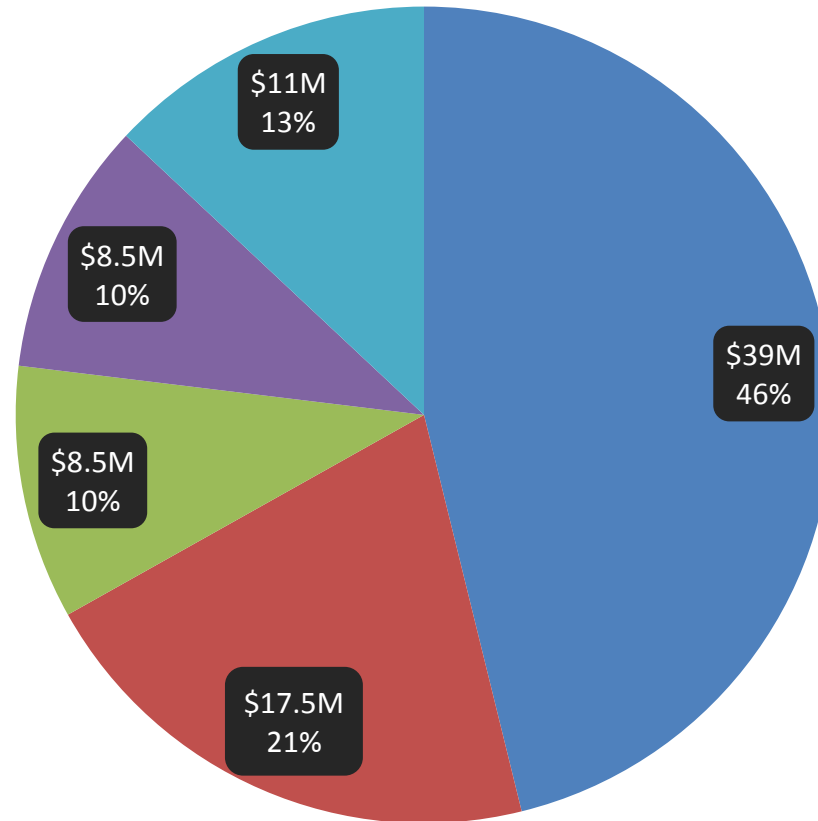
# Overall Funds Flow

# FLPPS Reliable Dollars Budgeting



# FLPPS Disbursements as of DY2Q3

**\$84.5M Earned**



■ Partners Paid \$39M

■ PMO/Admin Expense \$17.5M

■ Contingency Fund \$8.5M

■ Sustainability Fund \$8.5M

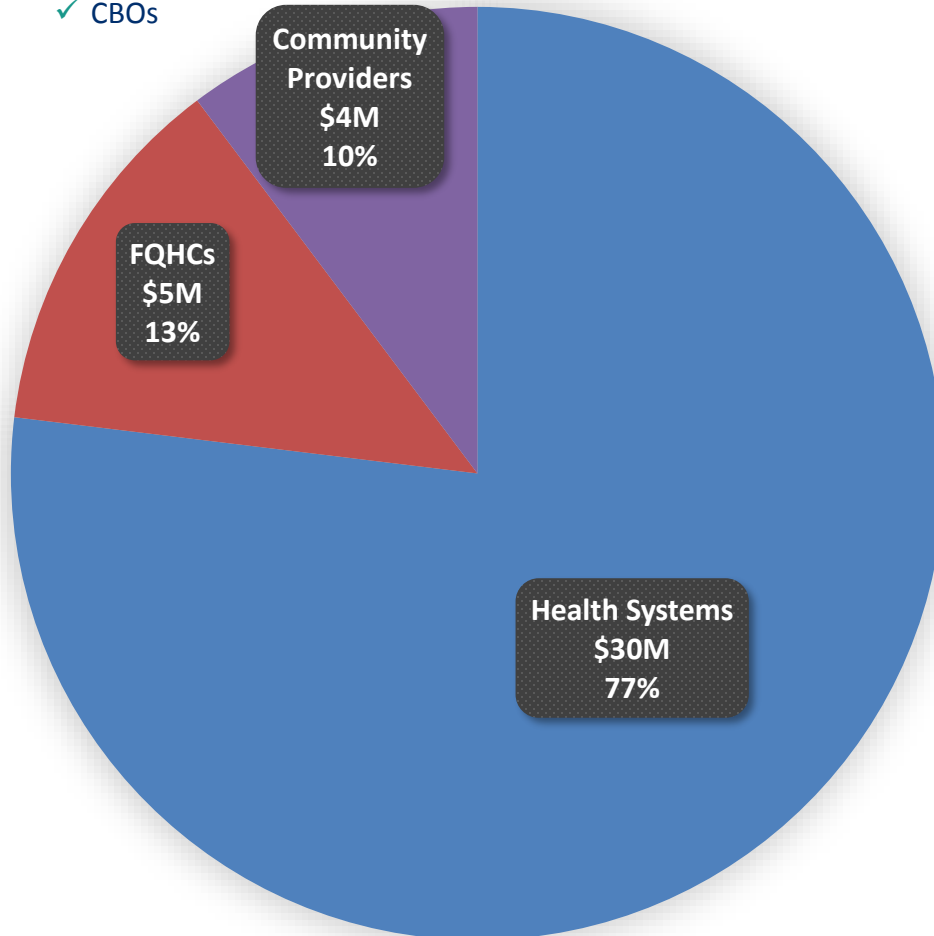
■ Future Partner Payments \$11M

# Partner Engagement/Funds Flow

## Partner Payments thru DY2Q3 \$39 Million

### Community Providers

- ✓ Mental Health
- ✓ Substance Abuse
- ✓ CBOs



### Health Systems

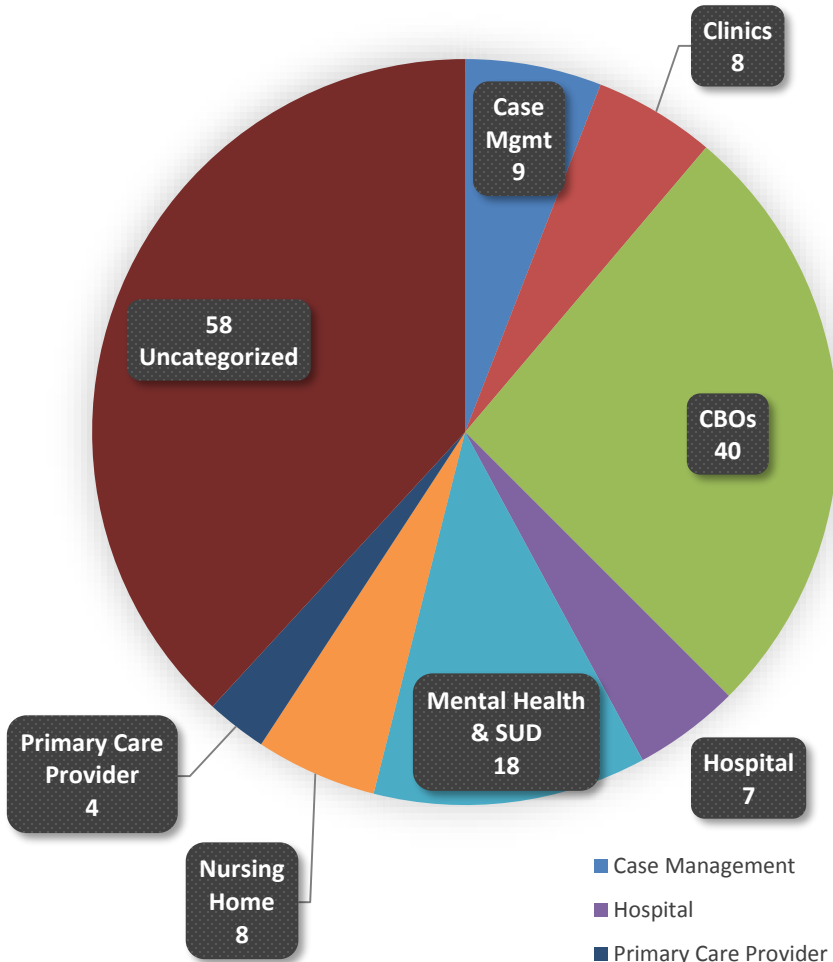
- ✓ Practitioner – Primary Care Physician (PCP)\*
- ✓ Practitioner – Non-Primary Care Physician (PCP)\*
- ✓ Hospital
- ✓ Clinic
- ✓ Case Management/Health Home
- ✓ Mental Health
- ✓ Substance Abuse
- ✓ Nursing Home
- ✓ Pharmacy
- ✓ Hospice

\*70% of FLPPS PCPs are employed or affiliated with health systems.

# Partner Engagement: MAPP vs FLPPS

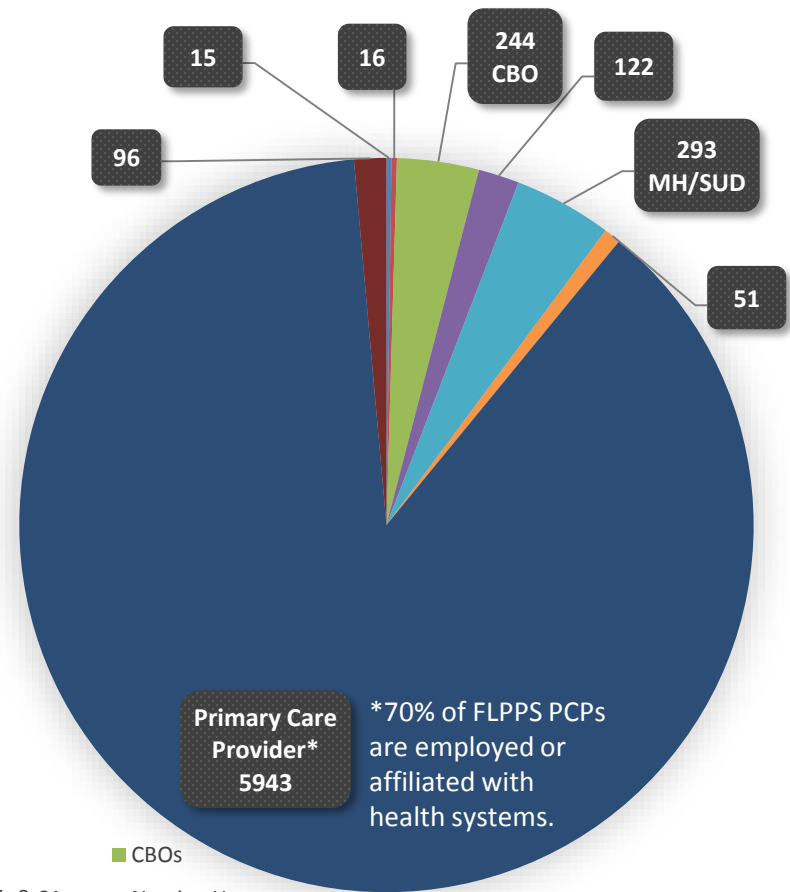
## MAPP Partner Count

152 Total Partners



## FLPPS Provider Count

6,780 Total Providers



\*70% of FLPPS PCPs are employed or affiliated with health systems.





# CBO Engagement



# CBO Engagement: Funds Flow

## Project 2.d.i Patient Activation

- Building a Community Navigation Program
- Administering PAMs
- Patient Engagement

## Project 3.f.i Maternal & Child Health

- Building a Community Health Worker Program
- Patient Engagement

## Project 2.b.iv Care Transitions

- Collaborating with Clinical Providers in Care Transition Plans

## Project 2.b.vi Transitional Housing

- Securing Housing for Patients at risk
- Patient Engagement

## Project 3.a.ii Crisis Stabilization

- Collaborating with Partners on Community Crisis Stabilization Programs
- Patient Engagement

## CBO Asset Mapping

- CBO Service Alignment and Engagement
- CBO Community Collaboration and Sustainability Plan

## Financial Sustainability & VBP Education

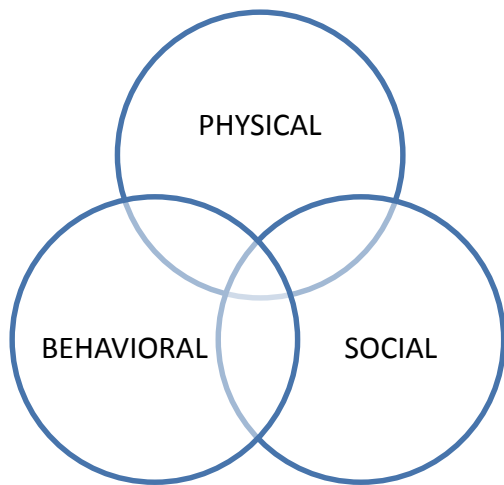
- Financial Sustainability Assessments
- Partner VBP Readiness Assessments

## Cultural Competency & Health Literacy

- Training
- Implementation

# FLPPS CBO Engagement Strategy

*“No single service provider (medical or otherwise) can have a significant impact on health and well-being without accounting for the influence of contiguous systems and programs.” - FLPPS CBO Engagement Strategy*



**FLPPS IDS  
Partnership**



**Newly Formed FLPPS Dept.**

# “Systems” Integration Approach to Community & CBO Engagement

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- Create a shared work plan at the community level for CBO engagement and capacity analysis/building that collectively accounts for the obligations, needs and activities taking place across community initiatives, to:
  - Create a standardized, integrated digital infrastructure to support common measurement of human/social services and understand impact on health outcomes
  - Prepare for VBP toward sustainable funding streams

# CBO Capacity Building

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➤ FLPPS collaborating with the United Way of Greater Rochester, along with the Finger Lakes Health Systems Agency on a capacity building pilot and expanded technical assistance in support of integrated, person-centered solutions and health outcome improvement for priority CBOs in FLPPS Network

- Consumer Interactions
- Human Capital
- Workflow
- IT and Digital Infrastructure
- Physical Assessments and Procurement
- Mission Strategy and Governance
- Compliance, Reporting and Analytics
- Security
- Financial Management



# Project Implementation Successes





# Project 2.b.vi Transitional Supportive Housing



# CBO/Health System Partnership Impact on Avoidable Hospitalizations and Readmissions



## Project 2.b.vi Transitional

### Supportive Housing

CBO dedicates psychiatric and medical step-down beds for two health systems, through \$750K in subcontracting.

An innovative partnership to address social determinants of health by providing a transitional housing solution.

**80%** Psychiatric Patients  
Transition to Permanent  
Housing

**61%** Medical Patients  
Transition to Permanent  
Housing

**30x** Cost Savings  
to Medicaid

**Improved Quality of Life  
and Health Outcomes**



**FLPPS**  
FINGER LAKES PERFORMING  
PROVIDER SYSTEM

# Project 2.b.vi: Success Story

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- A patient was admitted to a psych unit and identified by social work staff as having a housing instability. Social work staff completed a OMH SPOA Housing application for the patient and notified Housing Manager who determined the patient was a good fit for the Hopelink East Ridge Transitional Housing.
- The patient assimilated to the facility quickly, but approximately two weeks after his arrival, staff noticed that something was not right and the patient needed some medical attention. Staff worked to facilitate an urgent care visit for the patient instead of a trip to the ED.
- He went to urgent care to treat his medical needs and shortly thereafter returned to the housing facility. Health Home Care Manager visited the next day and drove to the pharmacy to fill the patient's prescription for antibiotics.
- The patient has since been placed in permanent housing. Without the transitional beds, the patient had no where else to go.



# Project 3.f.i Maternal & Child Health



# CBO/Health System Partnership Impact on Avoidable Hospitalizations and Readmissions

## Project 3.f.i Maternal & Child Health

A collaborative cross-regional group comprised of health systems and CBOs, who came together to share best practices and models.

An innovative partnership to address social determinants of health by providing support programs.



Worked with MCOs to develop standardized risk assessment

Developed Community Health Worker model to drive change, will be expanding to rural counties

Referral openings being expanded to accept high risk pregnant women

**Improved Quality of Life and Health Outcomes**



**FLPPS**  
FINGER LAKES PERFORMING  
PROVIDER SYSTEM

# Project 3.f.i: Success Story

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- Prior to engagement with Baby Love (URMed's Maternal Child Health program), a soon-to-be mother was forced to miss her initial and second OB appointments because she was homeless.
- Her psychosocial risks included a recent CPS investigation, THC use, depression, and limited supports.
- Baby Love intervention focused heavily on assisting the patient and her four daughters with secure, suitable housing, and working closely with the OB social work providers.
- Baby Love provided direct transportation to several of her OB appointments, helped the patient secure furnishing, provided materials for the unborn baby, and other initiatives to secure better housing.
- Finally, the patient was able to move into her own residence, prior to delivery. *Thanks to Baby Love, the patient delivered a healthy infant.* Baby Love will continue to follow this patient during the post partum period.



# Project 2.b.iii ED Care Triage

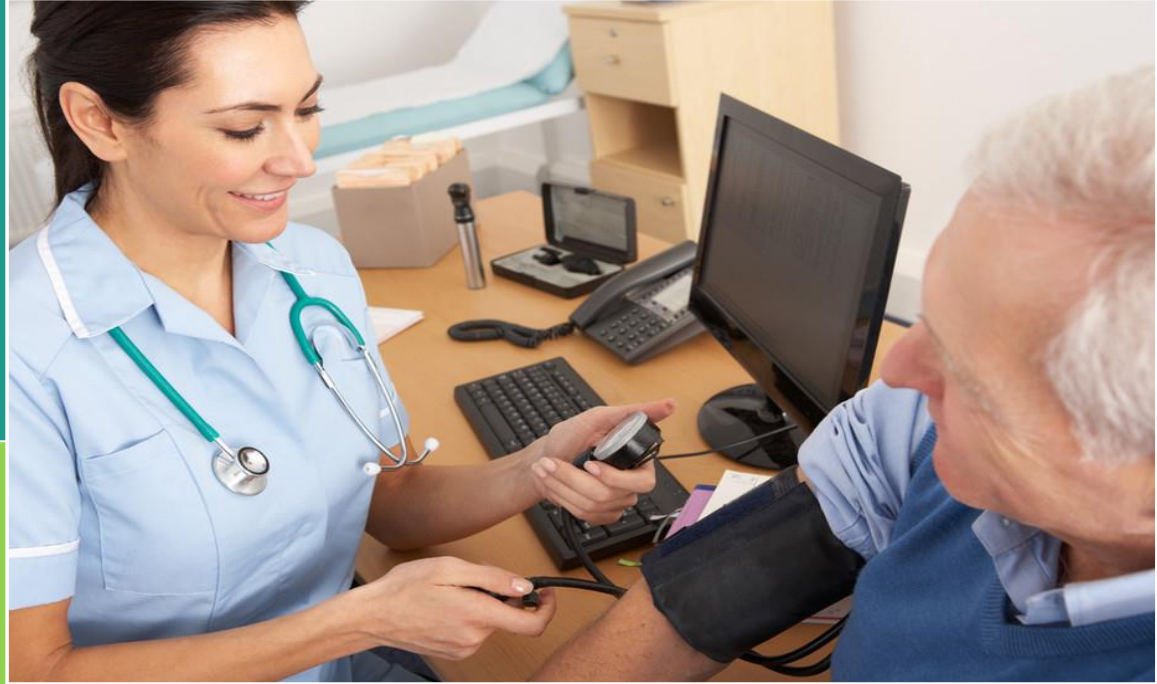


# CBO/Health System Partnership Impact on Avoidable Hospitalizations and Readmissions

## Project 2.b.iii ED Care Triage

Health system has partnered with CBOs on multi-pronged approach to transition patients out of the emergency room and into primary care services.

An innovative partnership to address social determinants of health by providing ED care triage.



**500+** Patients redirected from three EDs to PC services in four months

**172** Patients redirected from three EDs to PC services in one month

Incorporation of PAM surveys into workflows

**Improved Quality of Life and Health Outcomes**

Educational materials detailing where to seek care

New open access hours at nearby PC office



**FLPPS**  
FINGER LAKES PERFORMING PROVIDER SYSTEM



**Thank You**





# Appendix



# IA Mid-Point Assessment Recommendations

# FLPPS IA MPA Recommendations

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## ➤ Recommendation Categories:

- Partner Engagement
- Cultural Competency and Health Literacy
- Financial Sustainability & VBP
- Project Recommendations

## ➤ FLPPS MPA IA Final Report (December 2016)

*“The IA review focused on the completeness and the progress demonstrated by the PPS in the Primary Care Plan. DOH notes that the FLPPS Plan was ‘very comprehensive’ and included ‘both current activities as well as initiatives planned for the future.’” (p. 14)*



# Recommendations Summary

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- FLPPS Acknowledges the following IA Recommendations:
  - Cultural Competency and Health Literacy IA Recommendation 1, Part 2
  - Financial Sustainability & VBP IA Recommendation 1 and 2
  
- FLPPS Respectfully Requests Modification to Reflect:
  - Partner Engagement Recommendation 1
    - *FLPPS should continue to execute its action plan to increase partner engagement.*
  - Cultural Competency and Health Literacy Recommendation 1, Part 1
    - *FLPPS should continue to execute its CC/HL training plan with workforce and partners.*
  - Project 2.d.i Patient Activation Recommendation 1
    - *FLPPS should continue to execute its action plan to engage CBO and other partners in the 2.d.i. project.*
  - Project 2.d.i Patient Activation Recommendation 2
    - *FLPPS should continue to execute its action plan to educate CBOs on their role in DSRIP.*
  - Project 3.a.i Integration of BH and PC Recommendation 1
    - *FLPPS respectfully requests Project 3.a.i Recommendation 1 be approved with the following modification to reflect the total number of engaged Mental Health Providers to be changed to 53 in the final accepted MPA Report, in contrast to the 5 identified in the final MPA Report.*



# Partner Engagement: Recommendation 1

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➤ Develop action plan to increase partner engagement, providing specific details by each project for partner engagement.

➤ FLPPS Response:

- FLPPS acknowledges the challenges with reporting by Partners in MAPP PIT total
- FLPPS commends the DOH on the Hub System, which FLPPS used to define the critical groups of Providers in the FLPPS Network
- FLPPS Partner Engagement encompasses a vast network of **6,780** Providers
- Due to the categorization of FLPPS PIT data, IA MPA Report displayed vast majority of funds flow to hospital systems

# Partner Engagement: FLPPS Response

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## ➤ Examples of FLPPS Partners with “parent-child” organizational relationships

- Two prominent examples are Rochester Regional Health (RRH) and University of Rochester Medicine (URMed)

- RRH and URMed participate in all 11 FLPPS projects
- In IA Mid-Point Assessment Report PPS Funds Flow through DY2Q2 both RRH and URMed categorized as “Hospital”
- Both RRH and URMed provide a wide spectrum of clinical services:

### Rochester Regional Health

- ✓ Practitioner – Primary Care Physician (PCP)
- ✓ Practitioner – Non-Primary Care Physician (PCP)
- ✓ Hospital
- ✓ Clinic
- ✓ Case Management/Health Home
- ✓ Mental Health
- ✓ Substance Abuse
- ✓ Nursing Home
- ✓ Pharmacy

### University of Rochester Medicine

- ✓ Practitioner – Primary Care Physician (PCP)
- ✓ Practitioner – Non-Primary Care Physician (PCP)
- ✓ Hospital
- ✓ Clinic
- ✓ Case Management/Health Home
- ✓ Mental Health
- ✓ Substance Abuse
- ✓ Nursing Home
- ✓ Pharmacy
- ✓ Hospice

- Additionally, both RRH and URMed have Independent Practice Associations (IPAs) through which approximately **70%** of the region’s primary care providers are employed or affiliated

# Partner Engagement: FLPPS Response

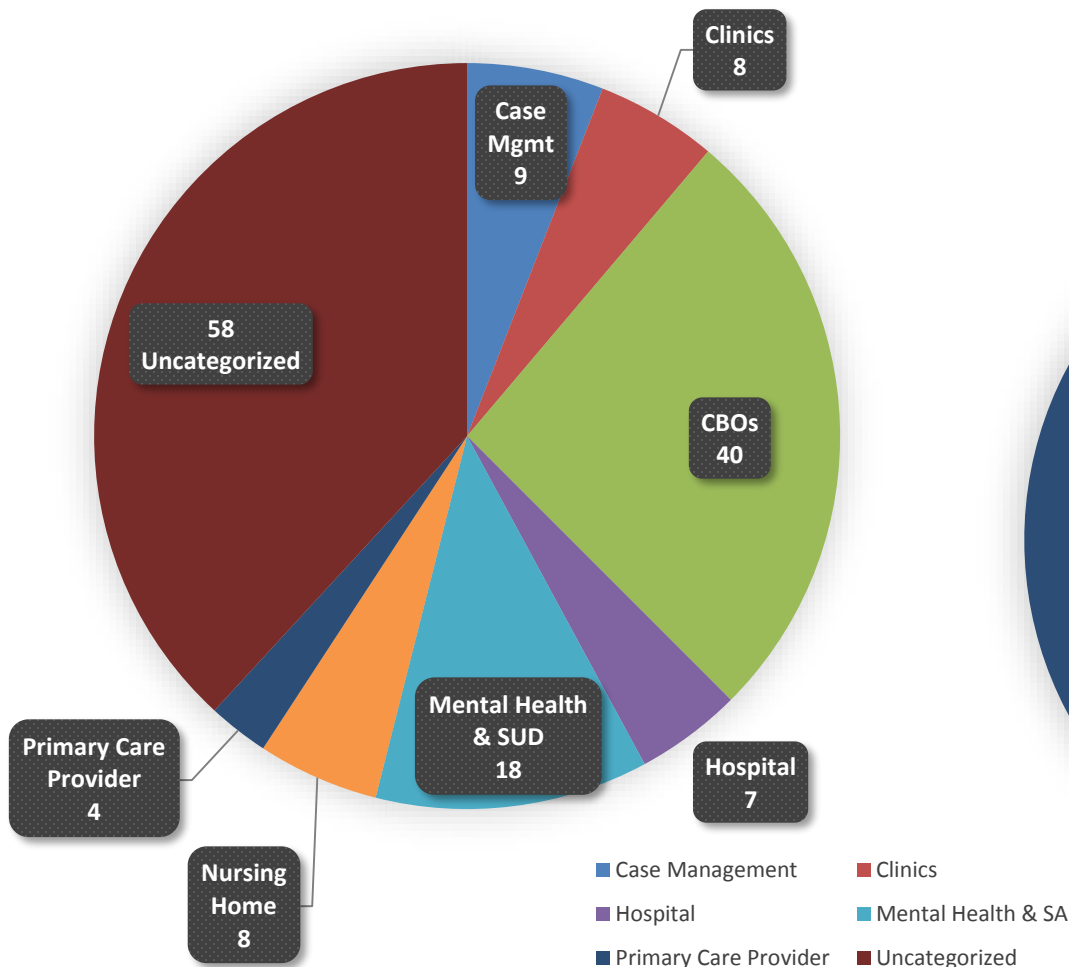
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- FLPPS calculated Partner engagement based on “parent-child” organizational relationships, with the following assumptions:
  - Partner engagement, as defined for the Mid-Point Assessment, relates to funds flow
  - FLPPS database aligned “parent-child” organizational relationships in the FLPPS Partnership, along with provider type

# Partner Engagement: MAPP vs FLPPS

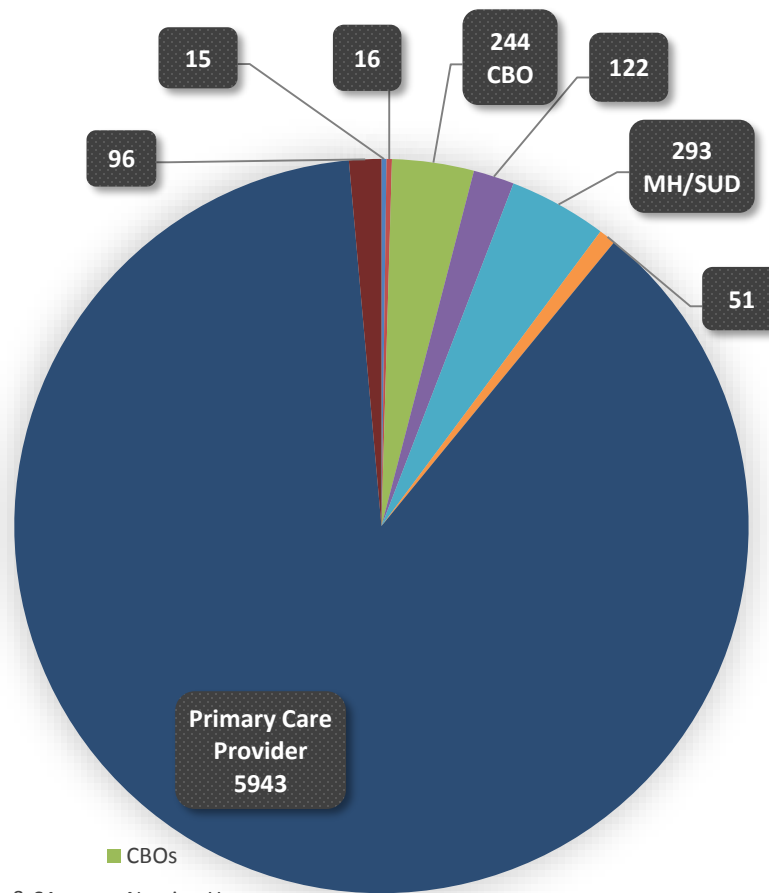
## MAPP Partner Count

152 Total Partners



## FLPPS Provider Count

6,780 Total Providers



- Case Management
- Clinics
- CBOs
- Hospital
- Mental Health & SA
- Nursing Home
- Primary Care Provider
- Uncategorized

# Partner Engagement: FLPPS Response

Patient Engagement Fund	Special Contracting Arrangements	Partner Contracts	Innovation Fund
<ul style="list-style-type: none"> <li>• <b>Challenge:</b> Certain Projects are at risk of not meeting patient engagement targets</li> <li>• <b>Response:</b> Incentivize Partners to engage patients in DSRIP Projects FLPPS flows funds to Partners who engage and report Patients in DSRIP Projects</li> </ul> <p><b>Projects:</b> 2di, 3ai, 3aai, 2bvi</p> <p><b>Provider Types:</b> Health Systems, FQHCs, PCPs, Housing Providers, CBOs</p>	<ul style="list-style-type: none"> <li>• <b>Challenge:</b> Certain Projects have significant clinical outcomes that can be impacted by specific Provider Types</li> <li>• <b>Response:</b> Incentivize Partners via funds flow to implement Project Requirements and transform clinical outcome protocols to improve clinical outcomes</li> </ul> <p><b>Projects:</b> 3fi, 3av</p> <p><b>Provider Types:</b> Health Systems, FQHCs, Nursing Homes, CBOs</p>	<ul style="list-style-type: none"> <li>• Performance Based Provider Contracts               <ul style="list-style-type: none"> <li>• Funds Flow incentivizes Partners to take action on Project Requirements</li> </ul> </li> <li>• Funds Flow supports infrastructure needs of our Partners by flowing funds for CC/HL, Workforce, Financial Sustainability and IT/IDS building</li> <li>• Transition to paying for Outcomes</li> </ul> <p><b>ALL Projects</b> <b>ALL Partners</b></p>	<ul style="list-style-type: none"> <li>• <b>Challenge:</b> Project Requirements do not address all DSRIP Clinical Outcome Metrics</li> <li>• <b>Response:</b> Fund Partners with innovative projects that address clinical outcomes</li> <li>• Projects receive funding if they demonstrate:               <ul style="list-style-type: none"> <li>• Ability to report on improved clinical outcomes</li> <li>• Sustainable past DSRIP</li> <li>• Rapid implementation</li> </ul> </li> </ul> <p><b>All FLPPS Partners improving Clinical Outcomes</b></p>

← FLPPS Dollars Flowed to Partners through DY2Q3 - \$39M →



# Partner Engagement: FLPPS Response

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- FLPPS respectfully requests Partner Engagement IA Recommendation 1 be approved with the following modification to reflect:

“FLPPS should continue to execute its action plan to increase partner engagement.”

# CC/HL: Recommendation 1, Part 1

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- Develop action plan to roll out trainings to workforce and partners with specific dates.
  
- FLPPS Response:
  - CC/HL Readiness Questionnaire - Prepares FLPPS Partners to assess operationalization in organizational infrastructure
  - CC/HL Assessment - Tailored recommendations delivered to Partners on incorporating prioritized CC/HL practices into organizational infrastructure
  - Submitted FLPPS CC/HL Training Strategy to NYS for DY2Q1
  - Engaged 103 FLPPS Partners in abbreviated CC/HL Readiness Questionnaire
  - Completed 35 comprehensive Organizational CC/HL Assessments with FLPPS Partners
  - Released CC/HL Training RFI to 250 FLPPS Partners: 170 of 250 CBOs

# CC/HL: FLPPS Response

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- FLPPS respectfully requests Cultural Competency and Health Literacy IA Recommendation 1, Part 1, be approved with the following modification to reflect:

“FLPPS should continue to execute its CC/HL training plan with workforce and partner audiences.”

# CC/HL: Recommendation 1, Part 2

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- Develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured and report out on these to the IA.
  
- FLPPS Response:
  - Collaboration with Finger Lakes Health Systems Agency (FLHSA) on expanded advocacy network in FLPPS region
  - FLPPS and CBO Partners co-sponsored several community forums for Medicaid members
  - Development of the FLPPS Consumer Engagement Strategy with FLHSA
  - Region-wide community collaborations and activities include: FLHSA, the United Way of Greater Rochester, Rochester-Monroe Anti-Poverty Initiative, Council of Agency Executives, Finger Lakes Regional Economic Development Council (FLREDC), Invest Health, ReThink Health Ventures, FLREDC Pathways to Prosperity
  
- FLPPS respectfully acknowledges Cultural Competency and Health Literacy IA Recommendation 1, Part 2

# Financial Sustainability & VBP:

## Recommendation 1 & 2

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- Recommendation 1: Create action plan to address assessment of network partners and VBP readiness.
- Recommendation 2: Establish plan to further educate and support partners move toward VBP arrangements.
- FLPPS Response:
  - FLPPS developed robust VBP Readiness Assessment and Baseline Assessment for Partner distribution, but delayed
    - Delayed distribution of assessments due to pending guidance from NYSDOH; guidance issued August 2016
  - Limitations related to corporate members challenged FLPPS's ability to execute VBP Milestones as written in DSRIP Implementation Plan
  - Regional IPAs currently in discussions with other MCOs with regard to VBP Medicaid contracts
- FLPPS respectfully acknowledges Financial Sustainability & VBP IA Recommendation 1 and 2



# Project 2.d.i Patient Activation:

## Recommendation 1 & 2

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- Recommendation 1: Develop action plan to increase CBO and other partner participation in project.
- Recommendation 2: Develop action plan to educate CBOs on role in DSRIP.
  
- FLPPS Response:
  - FLPPS engaged CBOs in the Community Navigator Program
    - Funds Flow program created to incentivize Partner engagement
    - **15 CBOs, 3 FQHCs, 3 Health Systems (subcontracting with CBOs)**
  - Tools to assist CBOs with project implementation
    - Protocols, Partner visits, PAM training
    - Partner education and webinars on project design and PAM tool
  - CBO participation in the FLPPS Clinical Quality Subcommittee
    - CBO influence on Project 2.d.i design and workflow

# Project 2.d.i Patient Activation: FLPPS

## Response

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- FLPPS continues to have strong CBO and partner participation in the Project 2.d.i in an advisory capacity and through contracting/funds flow
- FLPPS continues to educate FLPPS Partner CBOs on their role in DSRIP
- FLPPS engages CBO Partners in CC/HL assessment readiness
- FLPPS continues to engage CBOs are part of overall CBO engagement strategy submitted DY2Q3

# Project 2.d.i Patient Activation: FLPPS

## Response

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- FLPPS respectfully requests Project 2.d.i IA Recommendation 1 be approved with the following modification to reflect:  
“FLPPS should continue to execute its action plan to engage CBO and other partners in the 2.d.i project.”
  
- FLPPS respectfully requests Project 2.d.i IA Recommendation 2 be approved with the following modification to reflect:  
“FLPPS should continue to execute its action plan to educate CBOs on their role in DSRIP.”

# Project 3.a.i Integration of Behavioral Health & Primary Care: Recommendation 1

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- Develop action plan to identify and introduce opportunities for mental health professionals to partner with primary care providers, especially in rural parts of the region.
  
- FLPPS Response:
  - FLPPS believes that this Recommendation is particularly influenced by the aforementioned MAPP / PIT challenges
  - Designed and executed gap analysis in October 2016 to gather data on which Primary Care providers in FLPPS region did not have integrated Behavioral Health services
  - Developed and executed Partner education sessions and webinars of Project 3.a.i goals and Partner's roles in participation
  - Pursued multiple waivers on behalf of Partners to address regulatory barriers
  - Patient Engagement Fund established for Project 3.a.i in September 2016, resulting in increase of patient engagement outcomes

# Project 3.a.i Integration of Behavioral Health & Primary Care: FLPPS Response

- FLPPS calculation of Mental Health provider sites with consideration of “parent-child” organizational relationships in FLPPS region
- FLPPS’s assessment demonstrates a total of 53 mental health providers engaged versus the 5 mental health providers identified in the IA Mid-Point Assessment Project 3.a.i Partner Engagement table

Mental Health Provider	Number of Mental Health Provider Sites
Anthony L Jordan Health Center	4
Arnot Health	2
Brown Square Health Center	1
CASA of Livingston County	1
Finger Lakes Addictions Counseling & Referral Agency	1
Finger Lakes Community Health	7
Franklin Educational Campus	1
Genesee Council on Alcoholism and Substance Abuse	1
Genesee County Mental Health	1
Highland Hospital of Rochester	3
Hillside Family of Agencies	1
Huther Doyle	1
Orleans County Department of Mental Health	1
Rochester Primary Care Network Inc	1
Rochester Regional Health	19
Steuben County Community Services	1
Strong Memorial Hospital	5
Trillium Health	1
Woodward Health Center	1
<b>Total</b>	<b>53</b>



# Project 3.a.i Integration of Behavioral Health & Primary Care: FLPPS Response

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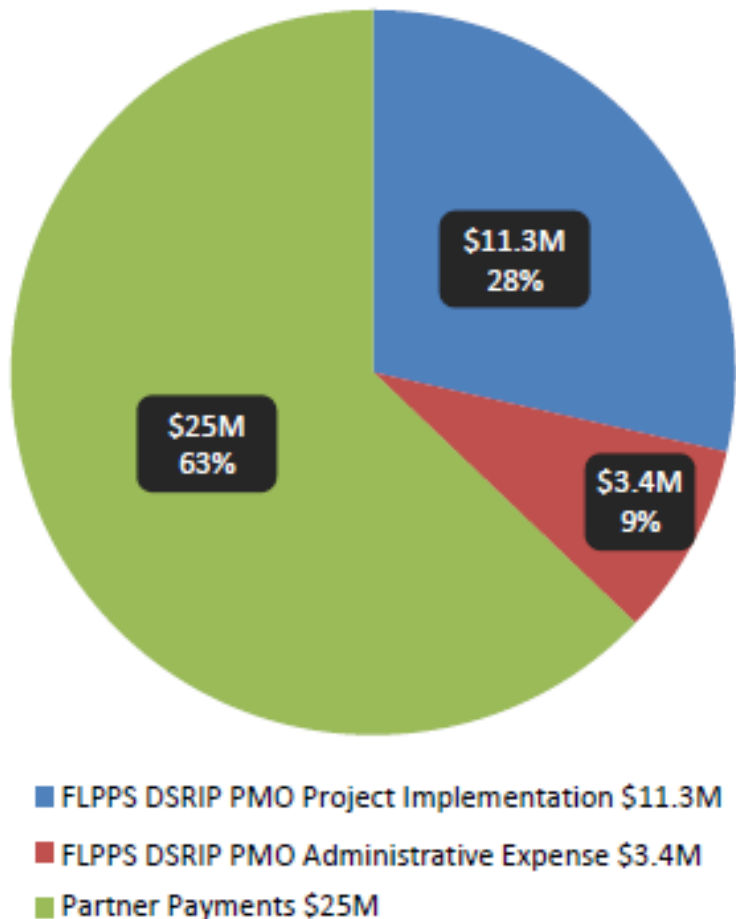
- FLPPS respectfully requests Project 3.a.i Recommendation 1 be approved with the following modification to reflect the total number of engaged Mental Health providers be changed to 53 in the final accepted MPA Report, in contrast to the 5 identified in the final IA MPA Report.



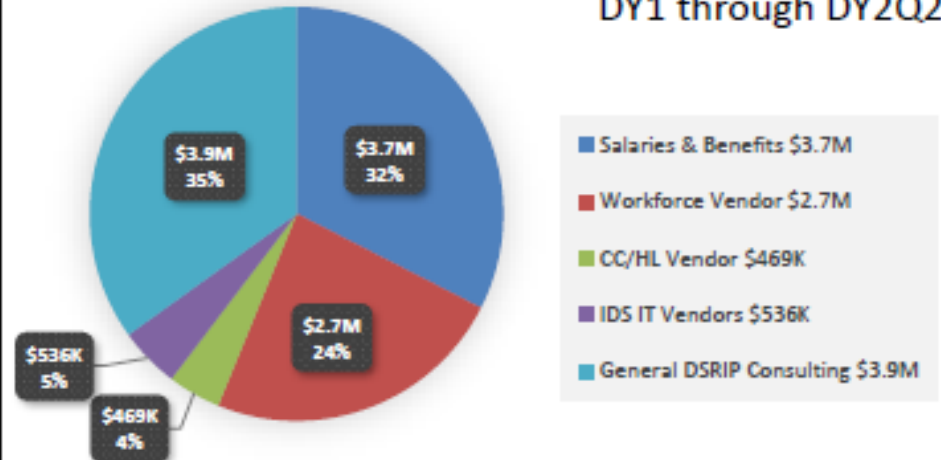
# Overall Funds Flow

# FLPPS Disbursements for DY1-DY2Q2

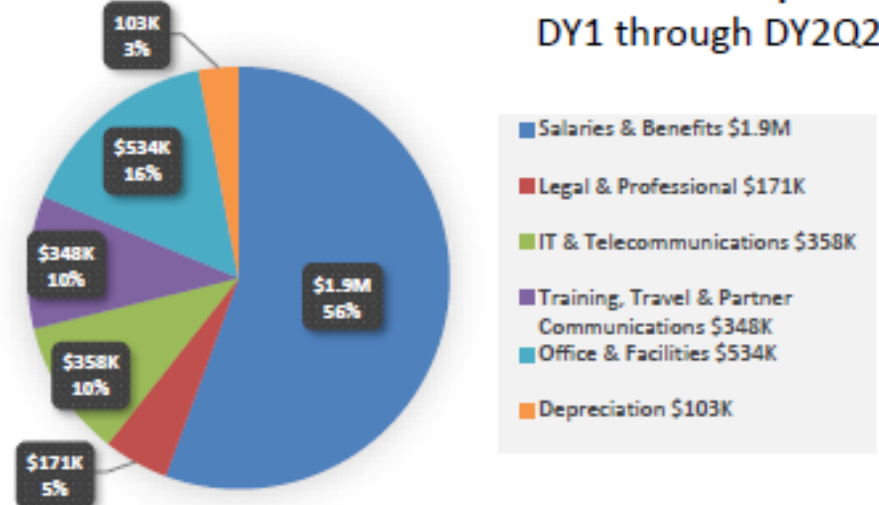
**FLPPS Total Disbursements**  
DY1 through DY2Q2 - \$39.7M



**FLPPS DSRIP PMO Project Implementation**  
DY1 through DY2Q2

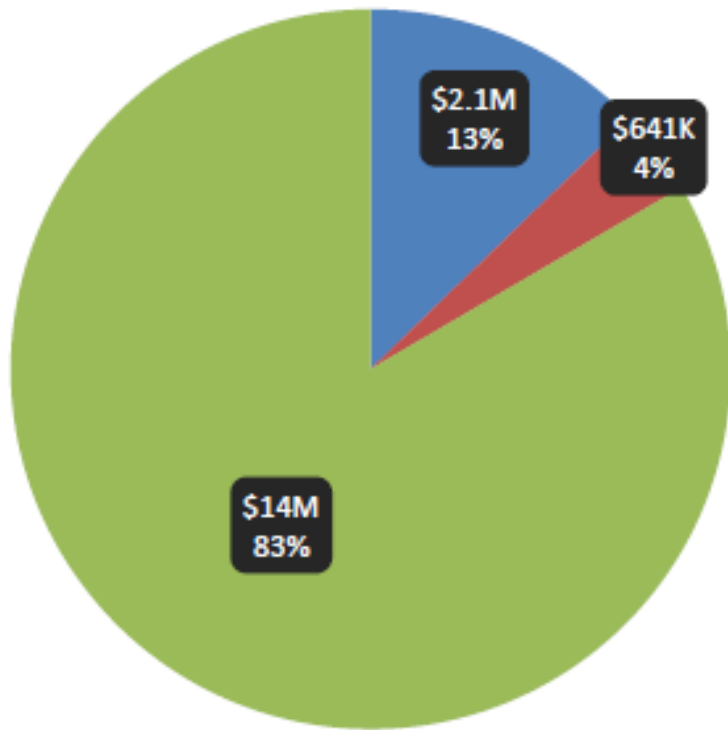


**FLPPS DSRIP PMO Administrative Expense**  
DY1 through DY2Q2



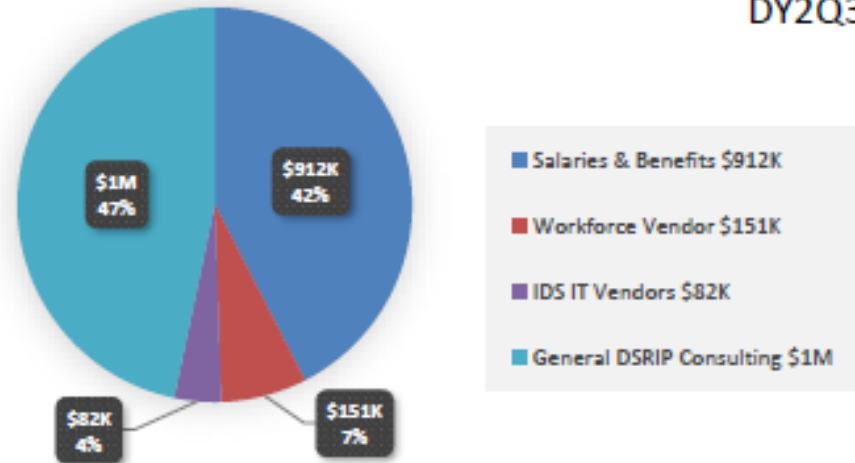
# FLPPS Disbursements for DY2Q3 Only

**FLPPS Total Disbursements**  
DY2Q3 - \$16.8M



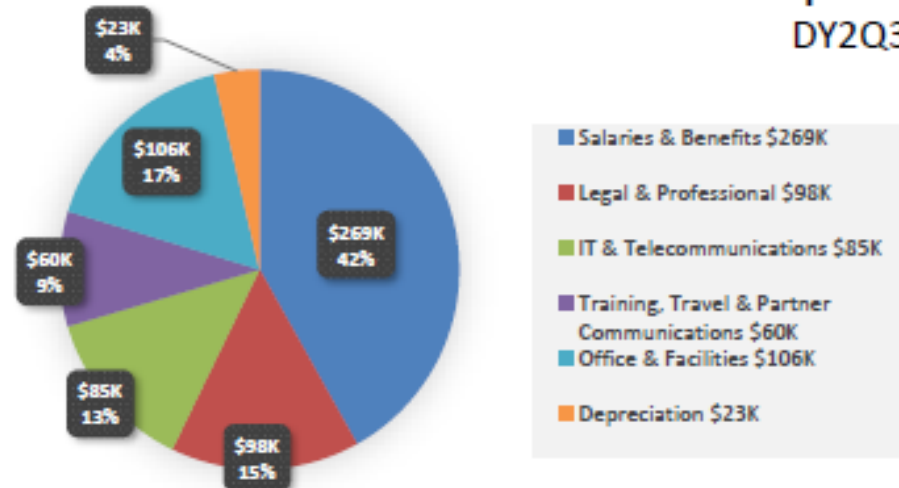
- FLPPS DSRIP PMO Project Implementation \$2.1M
- FLPPS DSRIP PMO Administrative Expense \$641K
- Partner Payments \$14M

**FLPPS DSRIP PMO Project Implementation**  
DY2Q3



- Salaries & Benefits \$912K
- Workforce Vendor \$151K
- IDS IT Vendors \$82K
- General DSRIP Consulting \$1M

**FLPPS DSRIP PMO Administrative Expense**  
DY2Q3

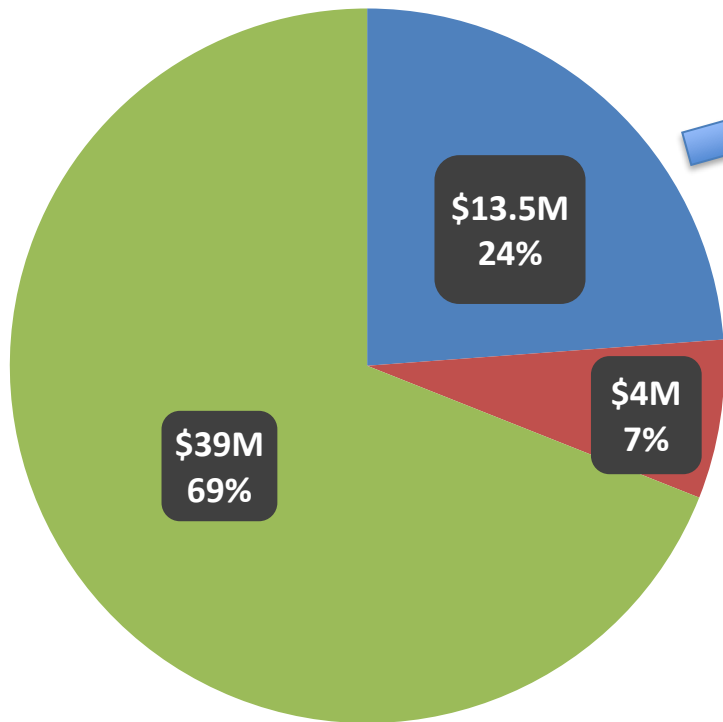


- Salaries & Benefits \$269K
- Legal & Professional \$98K
- IT & Telecommunications \$85K
- Training, Travel & Partner Communications \$60K
- Office & Facilities \$106K
- Depreciation \$23K



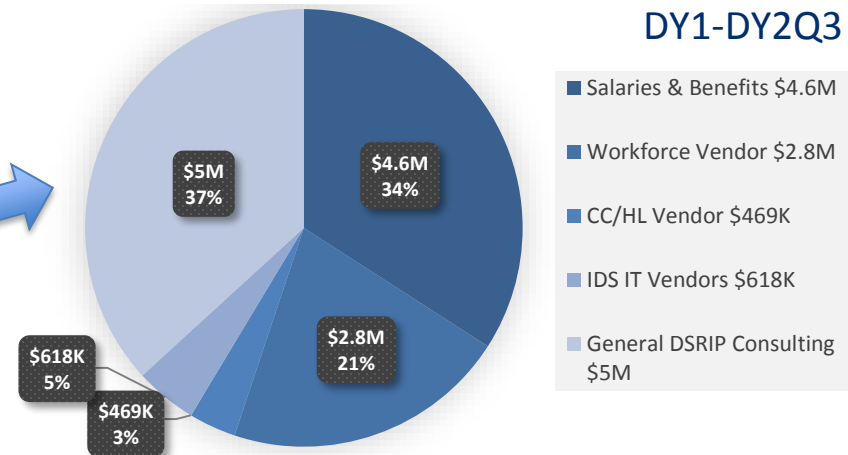
# FLPPS Disbursements for DY1-DY2Q3

**Total Disbursements**  
DY1 through DY2Q3 - \$56.5M



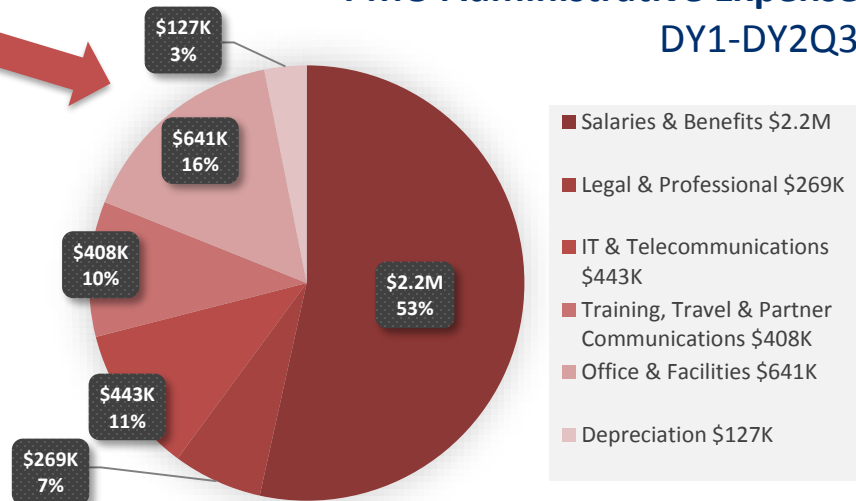
- FLPPS DSRIP PMO Project Implementation \$13.5M
- FLPPS DSRIP PMO Administrative Expense \$4M
- Partner Payments \$39M

**PMO Project Implementation**  
DY1-DY2Q3



- Salaries & Benefits \$4.6M
- Workforce Vendor \$2.8M
- CC/HL Vendor \$469K
- IDS IT Vendors \$618K
- General DSRIP Consulting \$5M

**PMO Administrative Expense**  
DY1-DY2Q3



- Salaries & Benefits \$2.2M
- Legal & Professional \$269K
- IT & Telecommunications \$443K
- Training, Travel & Partner Communications \$408K
- Office & Facilities \$641K
- Depreciation \$127K



# CBO Engagement

# CBO Engagement: Moving Forward

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- Implement CBO Engagement Strategy
  - Submitted as part of the DY2Q3 quarterly reporting
  - Outlines priority, short-term and long-term goals for FLPPS's work with CBOs, with a particular focus on FLPPS Tier 1 and Tier 2 CBOs
  - Newly established CBO Advisory Council will commence February 2017, co-facilitated with the United Way of Greater Rochester, comprised of CBOs, Finger Lakes Health Systems Agency, Coordinated Care Services Inc (FLPPS CC/HL vendor), City of Rochester
  
- Current community collaborations include: Finger Lakes Health Systems Agency, the United Way of Greater Rochester, Rochester-Monroe Anti-Poverty Initiative, Council of Agency Executives, Finger Lakes Regional Economic Development Council, etc.
  
- Memorandum of Understanding (MOU) with the United Way of Greater Rochester to share resources towards capacity building in CBOs, in support of the Strategic Plan and to fund an FTE focusing on grant making in support of FLPPS Network CBOs to supplement DSRIP dollars

# CBO Engagement: Moving Forward

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- Coordinate with S2AY Rural Health Network, (awarded the CBO Planning Grant for “Rest of State”), the United Way of Greater Rochester, Coordinated Care Services Inc, to discuss coordination between their work with the small CBOs and the rest of the CBOs in the FLPPS Network
  - Once they are finished recruiting, both teams will coordinate work plans and figure out how to provide technical services to all CBOs and extend the work beyond the one year engagement
- Entering into Phase II Contracting, where many of FLPPS Network’s CBOs (those that fulfilled pre-contracting requirements) will receive funding through their participation in FLPPS 11 Projects
- Highly involved in community activities including: Invest Health, ReThink Health Ventures, Rochester-Monroe Anti-Poverty Initiative, Finger Lakes Regional Economic Development Council’s Pathways to Prosperity

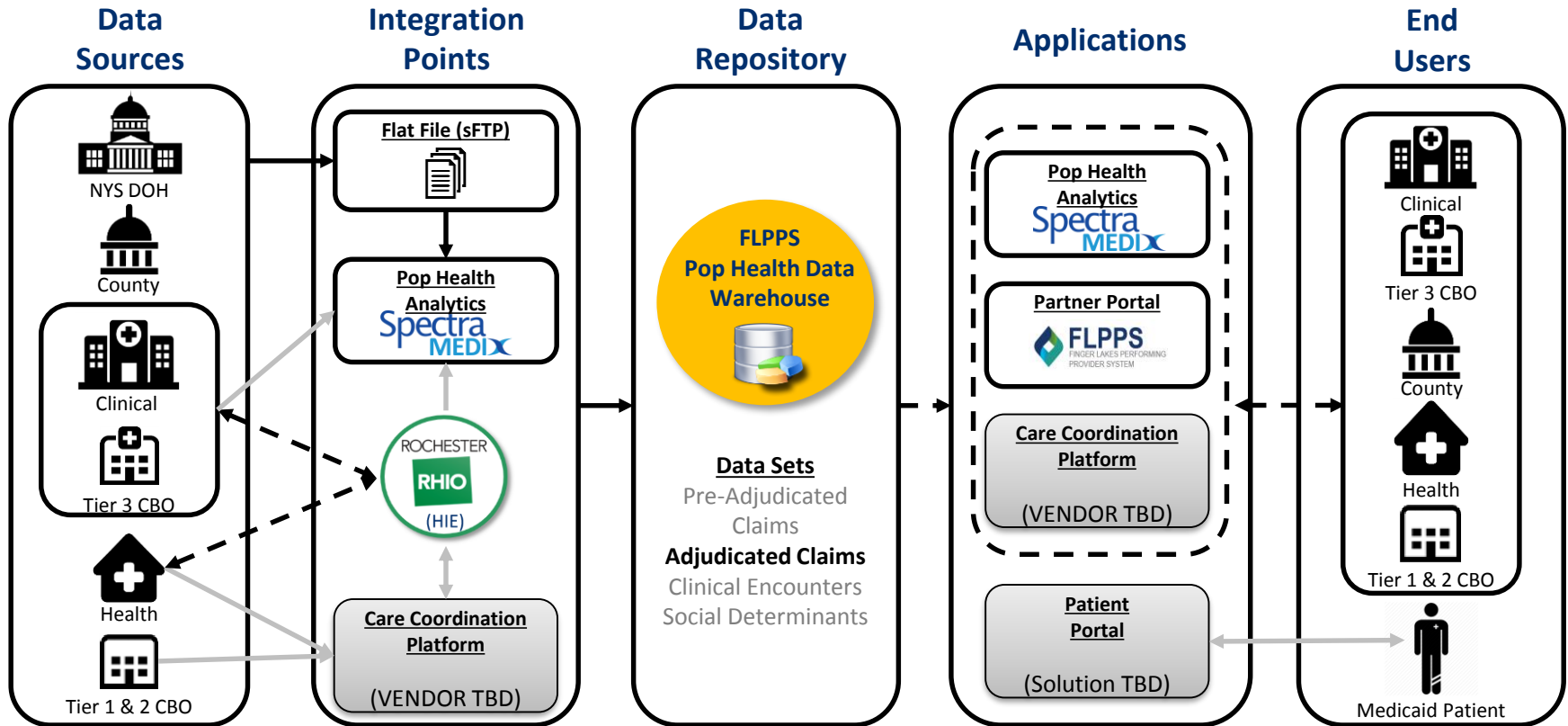




# Proposed Data Integration Model



# Proposed Data Integration Model (Simplified)



## Key

- Implemented
- Partially Implemented
- Not Yet Implemented
- Not Yet Implemented