



REQUEST FOR PROPOSAL
PROJECT 4AIII: STRENGTHENING BEHAVIORAL HEALTH INFRASTRUCTURE
COLLABORATIONS FOR HEALTH

OPPORTUNITY ANNOUNCED:
01/27/2017
UPDATED: 6/22/2017

CNY CARE COLLABORATIVE
109 OTISCO STREET 2ND FLOOR
SYRACUSE, NEW YORK 13204



**PROJECT 4AIII: STRENGTHENING BEHAVIORAL HEALTH INFRASTRUCTURE
COLLABORATIONS FOR HEALTH**

Timetable of Key Events:

	Previous	Extended
Opportunity Announced	1/27/2017	-
Q & A Forum Not Required for Submission	10-11 am 2/10/2017	-
Letter of Intent Due	5 pm 2/24/2017	5pm 3/17/2017
Response to Letter of Intent	3/10/2017	4/7/2017
Q & A Forum (Required for applicants)	Date TBD	TBD
Proposal Due	5 pm 6/30/2017	7/12/2017
Awards Announcement (Tentative)	End of June 2017	Late August
Contract Deadline (Projected)	July 2017	Late September

Inquiries:

From the issuance of this Request for Proposal (RFP) until contractors are selected, all contacts with the personnel of The Central New York Care Collaborative, Inc. (CNYCC), except as otherwise specified herein, must be made through:

Kelsie Montaque

CNYCC Project Manager

Via Email Only: Kelsie.Montaque@cnycares.org

Email Subject Line: **‘COLLABORATIONS FOR HEALTH RFP Inquiry’**

Inquires made by any other form of communication will not be answered.



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1. SUMMARY AND BACKGROUND

a. INTRODUCTION

The Central New York Care Collaborative, Inc. (CNYCC) is a New York not-for-profit corporation created to serve as the lead entity for the Performing Provider System (PPS) implementing the DSRIP program in six Central New York counties: Cayuga, Madison, Lewis, Oneida, Onondaga, and Oswego. As such, CNYCC is the lead of a collaboration of more than 1,400 healthcare and community based service providers working together to create a better system of care for all patients in our region -- specifically focused on the Medicaid and uninsured individuals.

Through a New York State initiative called the Delivery System Reform Incentive Payment (DSRIP) program, CNYCC is supporting the integration of services, collaboration on patient care, improvements in regional healthcare quality and the shift toward lower cost of care over a five year period.

One of the eleven projects selected by CNYCC is the “Strengthen Mental Health and Substance Abuse Infrastructure across Systems” project, otherwise known as the “Behavioral Health Infrastructure Project” (4aiii). The overarching goal of this project is to support:

- Collaboration among leaders, professionals, and community members working in mental, emotional, and behavioral health promotion;
- Substance use and other mental, emotional and behavioral (MEB) health disorders and chronic disease prevention, treatment and recovery; and
- The strengthening of infrastructure for mental, emotional and behavioral health promotion and mental, emotional and behavioral disorder prevention.

Initial work in this project included the development of the “Behavioral Health Infrastructure Strategic Plan” (see the Additional Information, page 18). This strategic plan was developed over the course of several months by a workgroup comprised of individuals representing health, mental health, and substance use organizations that provide both prevention and treatment services; representation from non-clinical community based organizations; and county level mental health/substance use directors and Directors of Community Service. Representation was present from all 6 PPS counties.

Key resources in the development of the plan included: the CMS Project 4aiii Tool Kit ([link](#)), CNYCC Community Needs Assessment ([link](#)), the NYS Prevention Agenda ([link](#)) and activities included in the Healthy People Initiative ([link](#)).

The workgroup identified 3 major priority areas from the CNYCC Community Needs Assessment that set the focus for activities under this RFP.

1. Depression and suicide
2. Substance use-related emergency department presentations
3. Serious Emotional Disturbance (SED)/Serious Mental Illness (SMI) and the related complex behavioral challenges that impact care

The workgroup also identified stress and anxiety as an overarching area of need that reaches into all three priority areas.



b. PURPOSE AND FUNDING AVAILABILITY

Identified Need

Depression/Suicide

As identified in the Community Needs Assessment, depression is the overall leading cause of emergency department visits and hospitalizations and is ranked first or second (depending on county) in terms of prevalence within the Medicaid population. Suicide is ranked in top five causes of premature death in three out of the six counties in the PPS (Lewis, Oswego, and Madison).

Substance Use Related ED Presentations

Drug Abuse is the third overall leading cause of ED visits and hospitalizations and ranked within the top ten in terms of prevalence within the Medicaid population in all counties. Heroin and other opioids and chronic alcohol use were noted specifically within the Community Needs Assessment with chronic alcohol abuse being the ninth leading cause of ED visits and the sixth leading cause of hospital admissions.

SED/SMI and the Related Complex Behavioral Challenges that Impact Care

Schizophrenia, bipolar, and other chronic mental health disorders are ranked in the top ten of leading causes of emergency room visits. Patients with these conditions have some of the highest rates of visits per member. Additionally, there is wide-spread acknowledgement of the connection between decreased life span and chronic mental illness.

Anxiety and Chronic Stress

Diagnoses related to chronic stress and anxiety are the sixth leading cause of hospitalizations and there is a documented correlation between chronic medical illness and anxiety. Additionally, the workgroup developing the strategic plan emphasized the impact of chronic stress related to experiences of trauma, poverty, and marginalization on the exacerbation of physical and behavioral health outcomes.

Multidisciplinary/Multisystem Collaborations

CNYCC is issuing the Collaborations for Health RFP to fund to enhancements to existing multidisciplinary, multisystem collaborations or to support the development of new collaborations. Collaborations will implement a mix of short-term and long-term activities in DSRIP Years 3, 4, and 5 that align with the Behavioral Health Infrastructure Strategic Plan.

Big Picture, Creative, Innovative

The purpose of the Collaborations for Health RFP is to spark innovative, creative, big-picture solutions designed by cross-systems collaborations to address health promotion, treatment, and recovery in one or more of the three priority areas outlined in the Strategic Plan.

The impact of funding awarded as a result of this RFP will be seen in infrastructure at the local level and regional levels. Infrastructure for this project is defined as:

1. A capable and qualified workforce,
2. Up to date information systems, and
3. The capability to assess and respond to public health needs.



The activities implemented by these collaborations will result in:

- Trauma-informed systems
- A clinical and non-clinical workforce that is flexible and tolerant; skillful in de-escalation techniques and in the avoidance of escalation
- Enhanced community provider collaborations (Health, SPOA, housing, transportation, case management, peer, law enforcement, other service providers, etc.) around crisis prevention and proactive planning to meet the needs of the individual with mental, emotional, and behavioral health challenges
- Promotion of the “recovery-oriented services” paradigm shift
- Community-wide, coordinated, planned responses to community health needs

Regional Impact

It is the intention of this RFP to fund regional (county and cross-county) efforts to support access to care, shifts toward the framework orientations of health prevention, promotion, and recovery, and shifts toward consumer driven care in the priority areas mentioned.

Information and Resource Sharing Across Regions

It is also the goal of this RFP to support the leveraging of existing resources across counties and regions toward common goals related to the priority areas identified above.

Activities initiated under this project will have overlapping impact with other CNYCC projects (namely, Integrated Delivery System, Care Transitions, PC/BH Integration, BH Crisis Stabilization, and ED Care Triage) and will ultimately impact DSRIP’s triple aim of better care, better health, and lower cost.

Coalitions may apply for funding from two separate pools, as determined by the safety-net status of the lead applicant organization: a total of \$3,839,266.86 is available for coalitions lead by organizations designated as a safety-nets and \$212,210.07 86 is available for coalitions lead by organizations designated as a non-safety-nets. Dependent upon PPS performance in DY2 Q4, up to an additional \$385,446 for safety-net-lead coalitions and up to an additional \$22,822.60 for non-safety-net-lead coalitions may become available in summer 2017.

c. TERM OF CONTRACT

The awardees will be expected to cooperate with an abbreviated but rigorous contract development process which will culminate in an anticipated contract start date of 8/1/2017. Funds may be carried over to future years.

Contract terms and conditions will be negotiated upon selection of the winning bidder for this RFP. All contractual terms and conditions will be subject to review by CNYCC legal representation and will include scope, budget, schedule, and other necessary items pertaining to the project.

d. ELIGIBLE APPLICANTS AND EXPECTATIONS OF COLLABORATION

Eligible applicants will be organizations who have completed Phase I and Phase II of the CNYCC contracting process or who agree to complete Phase I and II after completion of the Letter of Intent process.



Eligible organization types include:

- Social services and health services agencies incorporated as a not-for-profit corporation;
- Local government agencies;
- Tribal organizations; and
- Other 501(c)(3) organizations, including but not limited to community and faith-based organizations

Lead applicants must be designated by the Department of Health as a safety net organization. Organizations that are designated as non-safety net may partner with safety net organizations in submission of an application. Applicants will need to provide verification of their status as a safety net organization as part of the Letter of Intent process.

Applicants will be expected to demonstrate collaboration across the health, mental health and substance abuse services systems. It is also expected that collaborations will include community stakeholders including, but not limited to: consumers, law enforcement, transportation services, local and county government, case management, housing, etc.).



2. PROJECT SPECIFICATIONS

a. PROJECT SPECIFIC REQUIREMENTS

- i. Composition of collaborations.
 - o For existing collaborations:
 - Describe current collaboration: leadership, membership and attendance, meeting frequency, and focus of work.
 - Describe the genesis of the collaboration.
 - Describe enhancements that would be made to meet Strategic Plan designated “Activities Across All Priority Areas” on page 14 to include membership, focus of work, activities, etc. Indicate a timeline of activities to be undertaken to support development.
 - Provide letters of support from community stakeholders and current group members that indicate support for the enhancement of the collaboration and/or shift of focus.
 - o For new collaborations:
 - Describe how collaborations will be formed. Please include a description of relevant stakeholder engagement and recruitment activities, proposed meeting schedule and location, collaboration leadership and approach to work.
 - Provide letters of support from community stakeholders critical to this work.
- ii. Proposals will need to discuss the leadership structure of these collaborations and the process by which work will get done.
- iii. Describe the process through which data sources (state and local) will be identified and be made available to the new or enhanced collaboration on an ongoing basis for planning purposes. Identify any existing data sources. Data should include, but is not limited to: racial, ethnic, gender, and socioeconomic health equity.
- iv. Describe the process through which the collaboration will identify and implement activities at a program and community level that support the revision of existing policies and practices to:
 - o Increase access and engagement in services for those who are not engaged or who don't access services;
 - o Support alignment with current best practices; and
 - o Meet identified consumer needs.
- v. Describe the process through which the collaboration will identify and implement activities that support an increase in universal mental, emotional, and behavioral health screening and enhance evidence-based services provided to children and adults in both traditional and non-traditional settings (primary care, schools, community centers, recreation, etc.).



- vi. Identify the priority area of focus for the collaboration, based on the workgroup identified Strategic Plan Priority Areas. For each area of focus describe how the collaboration will undertake activities specific to that priority area. Selection of focus should be justified by community need and may include selection of all three areas.

b. PROJECT TIMELINE

Include a brief narrative that speaks to the timeline of activities for the collaboration.

Please use the provided Gantt chart template (see separate attachment to the RFP titled “4aiii RFP Gantt Chart”) to depict the timeline for proposed activities to include milestones, deadlines, and task ownership. The timeline will include, but should not be limited to the following elements:

- Contracting period
- Stakeholder engagement
- Development of collaboration structure
- Identification of short term and long term projects
- Implementation of short term and long term projects



3. REQUIRED CONTENT & FORMATTING

Each proposal must include the following information using the following headings:

1. Applicant Cover Sheet

Please use the template located in the Additional Information Section page 17.

2. Organization History (Max 1 page)

This section to include a brief history of the organization and a description of the organization's unique qualifications to offer this service. Please include a clear description of your organization's experience with similar projects including a listing of any current projects of this same type.

3. Geographic Coverage (Max 2 page)

This section to include a description of the geographic region that your proposal seeks to serve. Include a description of community need and a description of existing collaborative efforts. Describe how the proposed activities will differ, compliment and/or include these efforts.

4. Project Specific Requirements

This section to include a description of how you will fulfill the activity as identified in this RFP. Include a brief narrative that speaks to timeline of activities. Append the Gantt chart depiction of your plan for implementation that includes milestones, deadlines and task owners as "Attachment 1" to your proposal.

5. Alignment with DSRIP (Max 1 page)

This section to include a discussion of how work will align with CNYCC goals of regional collaboration, address cultural competence and health literacy, and support the overall goal of the reduction of unnecessary hospitalizations.

6. Sustainability

This section to include a description of plans for project continuation after DSRIP funding.

7. Evaluation (Max ½ page)

This section to include a description of a plan to monitor or evaluate implemented activities linking efforts to locally available data, the Project 4aiii Metrics, and the CNYCC PHM System (See Additional Information Section page 20).

8. Attachment 1

Gantt chart using template provided (see separate attachment to the RFP titled "4aiii RFP Gantt Chart").

9. Attachment 2

Include position descriptions of any existing or new staff that would be used to fulfill proposed activities.



10. Attachment 3

Include Letters of Support from the LGU and Health Department from each county in which proposed activities will be implemented.

11. Attachment 4

Please include a budget outline using the excel template provided (see separate attachment to this RFP). All costs must be itemized to include an explanation of all fees and costs for startup and planning.

12. Attachment 5

Please attach the organization's most recent financial audit.

If the organization submitting a proposal must outsource or contract any work to meet the requirements contained herein, this must be clearly stated in the proposal. Additionally, all costs included in proposals must be all-inclusive to include any outsourced or contracted work. Any proposals which call for outsourcing or contracting work must include a name and description of the organizations being contracted.



4. PROPOSAL SUBMISSION AND PROCESS

a. APPLICANT RESPONSIBILITIES

It is the applicant's responsibility to meet the entire intent of these specifications. Applicants shall carefully examine the terms of this document and shall judge for themselves all the circumstances and conditions affecting their RFP. Failure on the part of any applicant to make such examination and to investigate thoroughly shall not be grounds for any declaration that the applicant did not understand the terms and conditions herein. CNYCC shall not be liable for any costs associated with the preparation, transmittal, or presentation of any response or materials submitted in response to the RFP.

It is the responsibility of each applicant to:

- Examine the RFP documents thoroughly;
- Consider federal, state and local laws and regulations that may affect your proposal.
- Visit the site and examine schematics to become familiar with local conditions that may affect your proposal, if appropriate.

b. LETTER OF INTENT/PROPOSAL SUBMISSION PROCESS

Q & A Forum – February 10, 2017 10 – 11 am [Register Here](#)

~~A representative from your organization must be in attendance at this webinar format Q&A Forum in order to be considered during the Letter of Intent process. Attendance will be verified using the GoToWebinar Attendance Report.~~

Letter of Intent Submission

Applicants will be required to submit a Letter of Intent that provides a broad overview of plans to meet the RFP. The letter of intent will meet the following format/content guidelines:

1. No more than 2 numbered pages in length, double spaced, 12 point font, 1" margins
2. Include the following:
 - a. Application Cover Sheet¹ (see Additional Information page 14)
 - b. Verification of NYS DOH safety net status² See below for instructions.
 - c. A description of proposed activities to meet regional need, including an indication of focus on one or more of the three Strategic Plan priority areas
 - d. Existing resources to support project development
 - e. Named partnerships (indicate if they are established or to be developed) within the following sectors:
 - i. Health (inc. primary care, hospital, emergency, etc.)
 - ii. Mental Health (inc. prevention, crisis, peer, outpatient, inpatient, etc.)
 - iii. Substance Use (inc. inpatient, outpatient, peer, etc.)
 - iv. Community Based Organizations (inc. Health Homes, transportation, etc.)
 - v. Other (first responders, criminal justice system, LGU, etc.)

¹ Applicant Cover Sheet will not count toward page limit

² Verification of Safety Net Status will not count toward page limit.



To verify your organization’s safety net status, you will need to email CNYCC at RFP@cnycares.org, subject line “4aiii RFP Safety Net Verification. You will receive confirmation via email with your safety net status. Include this email confirmation in your Letter of Intent submission.

Letters of Intent should be submitted via email to CNYCC at RFP@cnycares.org by 5 pm on February 24, 2017 for consideration. Indicate in the subject line: “Letter of Intent: Collaborations for Health Proposal”.

Letters of intent will be reviewed by CNYCC staff and the notification of authorization to move forward with the full proposal will be provided to applicants via phone & email approximately one week from submission date. The Letter of Intent review process will be used to identify partnerships and regional alignment.

An additional Q & A Forum for applicants will be held at a date communicated with the Letter of Intent results.

Full Proposal Submission

Organizations who are authorized through the Letter of Intent process will be required to submit a full proposal. Proposals should follow the following formatting guidelines:

- Proposals will not exceed 10 pages, single spaced, 12 point times new roman font, with 1” margins. Attachments and appendices do not count toward the page limit.
- Proposals should contain all elements outlined in this RFP.
- Electronic submissions should be in pdf format, with all attachments included in a single document.
- An original signature should accompany the hard copy submission.

Electronic Submission:

Please submit your proposal via email to CNYCC (RFP@cnycares.org) no later than 5pm on Wednesday July 12, 2017. Indicate in the subject line: “Submission: Collaborations for Health Proposal”

Hard Copy Submission:

In addition to electronic submission, please submit one (1) paper copy with original signature to:

ATTN: Elizabeth Fowler
Central New York Care Collaborative
109 Otisco Street, 2nd Floor
Syracuse, New York 13204

c. THIRD PARTY REVIEW

CNYCC will utilize a third party reviewer to conduct a fair, objective, and extensive evaluation of all proposals.



5. EVALUATION & REPORTING

Applicants, based on focus, will be required to collect and share the following local data:

From the Prevention Agenda Dashboard:

- Percentage of adolescents (youth grades 9-12) who attempted suicide one or more times in the past year
- Age-adjusted suicide death rate per 100,000
- Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month
- Age-adjusted percentage of adult binge drinking during the past month
- Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years
 - Differentiation between primary diagnosis related to presentation

Other:

- Service access rates for individuals with SED/SMI
- Cost avoidance or cost benefits for implemented activities
- NYS DOH Domain 4 Measures (see Additional Information page 20)

CNYCC Defined

Awardees will be required to submit additional data as identified by CNYCC.

Participation Expectations

Organizations awarded under this RFP will be expected to be represented at:

- The Regional Project Advisory Committees in the counties of proposed collaboration
- Appropriate CNYCC Learning Collaboratives
- Care Transition Coalitions in your geographic region



6. PROPOSAL EVALUATION CRITERIA

Proposals will be evaluated based on the following criteria. To ensure consideration for this Request for Proposal, your proposal should be complete and include all of the following criteria:

- Overall proposal suitability: proposal must meet the scope and needs included herein and be presented in a clear and organized manner
- Organizational Experience: Applicants will be evaluated on their experience as it pertains to the scope of this project
- Previous work: Applicants will be evaluated on examples of their work pertaining to the nature of the work described
- Value and cost: Applicants will be evaluated on the cost of their solution(s) based on the work to be performed in accordance with the scope of this project
- Technical expertise and experience: Applicants must provide descriptions and documentation of staff technical expertise and experience. Append resumes of current staff who would complete functions under this project and job descriptions for any new positions
- Sustainability: Applications will be evaluated on the plan for service continuation after the project end date
- Letters of Support from the LGU in the region of proposed activity in addition to letters of support from key community stakeholders



ADDITIONAL INFORMATION



APPLICATION COVER SHEET

PROJECT 4AIII: STRENGTHENING BEHAVIORAL HEALTH INFRASTRUCTURE COLLABORATIONS FOR HEALTH RFP

CNYCC RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS

The undersigned hereby certifies that he/she has examined and fully comprehends the requirements and intent of the Notice, Information, Specifications and RFP for **Collaborations for Health** and offers to fulfill the activities as shown on the attached RFP for the cost specified in the budget section.

I hereby certify that the information in this proposal is correct to the best of my knowledge, and that I am an official of the organization identified below authorized to sign and submit this proposal.

Organization Name

Mailing Address

County/Counties Served in Proposal

Type or Print Name

Title

Authorized Signature

Date

Individuals to be included in RFP communication:

Name/Title

Email

Name/Title

Email

Name/Title

Email

Name/Title

Email



Behavioral Health Infrastructure (4aiii) Workgroup Strategic Plan	
Plan Objectives	<ul style="list-style-type: none"> • A capable and qualified workforce. • Up to date information systems • Capabilities to assess and respond to public health needs (population health) <p>From: HealthyPeople 2020</p>
Plan Target Population	Youth and Adults
Activities Across All Priority Areas	<ul style="list-style-type: none"> • Identify existing and initiate new collaborations with key leaders among state agencies and municipalities, as well as health, mental health and substance use services providers to form an interdisciplinary team whose responsibilities are to prioritize needs related to: data collection, training, and technical assistance. The focus of these collaborations will be on broad-based practice alignment that would result in: <ul style="list-style-type: none"> ○ Trauma-informed systems ○ A clinical and non-clinical workforce that is flexible and tolerant; and skillful in de-escalation and in the avoidance of escalation. ○ Enhanced community provider collaborations (Health, SPOA, housing, transportation, case management, peer, law enforcement, other service providers, etc.) around crisis prevention and proactive planning to meet the needs of the MEB population. ○ Promotion of the “recovery-oriented services” culture shift. ○ Community-wide, coordinated responses to community health needs • Identify and support opportunities to collect State and local data on the impact of mental health and substance abuse issues, including but not limited to racial, ethnic, gender and socioeconomic health equity. Incorporate information collected into policies and service delivery. • Identify opportunities at a program and community level to revise existing policies and practices to: <ul style="list-style-type: none"> ○ Increase access and engagement in services for those who are not engaged or who don’t access services, ○ Support alignment with current best practices, and ○ Meet identified consumer needs. • Increase universal mental, emotional, and behavioral health screening and enhance evidence-based services provided to children and adults in both traditional and non-traditional settings (primary care, schools, community centers, recreation, etc.).
Metrics	Project 4.a.iiiii DSRIP Quality & Outcome Measures (DOH) Metrics specific to proposed activities

Please see the PowerPoint presentation to the Board of Directors for more detail about the development and context of the Strategic Plan. A copy is available on the 4aii Member Page on the CNYCC website, linked [here](#).



Priority Area 1: Suicide/Depression		
Goal	Activities	Identified Partners in Collaboration
<ul style="list-style-type: none"> Reduction in suicide attempts Reduction in age-adjusted suicide mortality rate Increased collaborations and implementation of evidence-based strategies 	<ul style="list-style-type: none"> Develop and strengthen existing collaborations with stakeholders including but not limited to: State and local government agencies, clinicians, health care providers, businesses, criminal justice agencies, social services, school personnel, and educational institutions to: <ul style="list-style-type: none"> Integrate, implement, and coordinate evidence-based suicide prevention initiatives. Promote knowledge and awareness of the warning signs for suicide and how to connect individuals to assistance and care. Activities proposed should include evidence-based community education strategies (e.g. ASIST, QPR, etc). 	<ul style="list-style-type: none"> NAMI Suicide Prevention Coalition Primary Care Mental Health & Substance Use Providers Volunteer Transportation Services Snow belt housing Lewis County Opportunities Community Services Board, Cayuga County Health Network Rural Health Network Health Home Care Management Law Enforcement

Priority Area 2: Substance Use-related ED Presentations		
Goal	Activities	Identified Partners in Collaboration
<ul style="list-style-type: none"> Reduction substance-use related ED presentations Increased alignment in prevention & treatment Increased awareness of resources 	<ul style="list-style-type: none"> Implement and coordinate regional community awareness strategies that include resource identification and community education around overdose prevention. Implement strategies to address gaps in access to prescribers specifically around recruitment and availability of all levels of care to support recovery. Implement model prevention strategies with a key focus on integration of prevention and treatment across all age spans. 	<ul style="list-style-type: none"> Dual recovery coordinator Edu-based treatment providers (SU, 7-12) Primary Care Mental Health & Substance Use Providers Cayuga County Drug Free Communities Coalition Drug/Alcohol Subcommittee Cayuga Health Network Adolescent Substance Abuse Prevention Coalition- enhance access, modify policies Substance Abuse Prevention Activities and Programs at COCOAA

Priority Area 3: Serious Emotional Disturbance/Serious Mental Illness and the Related Complex Behavioral Challenges that Impact Care		
Goal	Activities	Identified Partners in Collaboration
<ul style="list-style-type: none"> Reduction in ED presentations Increased connectivity between services Increased engagement in services 	<ul style="list-style-type: none"> Develop and strengthen collaborations with stakeholders including but not limited to: State and local government agencies, health care insurers, clinicians, businesses, and educational institutions to integrate, implement, and coordinate evidence-based treatment initiatives. Identify opportunities to enhance and unite connections between existing providers (including housing, transportation, employment, etc.) at all levels of care from the perspective of the consumer that allow for coordinated/supported transitions, increased access, appropriate utilization, and engagement in services. 	<ul style="list-style-type: none"> Syracuse Downtown Committee (coalition of homeless outreach workers, city, county stakeholders working on downtown Syracuse homelessness and panhandling) Law Enforcement (CIT Trained) Housing and Homeless Coalition of Syracuse and Onondaga County Health Home Care Management



NYS Department of Health

Table 7. Domain 4 Measures

Measure Name	Data Source	Projects Associated with Measure	Numerator Description	Denominator Description
Percentage of premature death (before age 65 years)	NYS DOH Vital Statistics	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Number of people who died before age 65 in the measurement period	Number of deaths in the measurement period
Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	NYS DOH Vital Statistics	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Percentage of Black non-Hispanics who died before age 65	Percentage of White non-Hispanics who died before age 65
Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	NYS DOH Vital Statistics	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Percentage of Hispanics who died before age 65	Percentage of White non-Hispanics who died before age 65
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	SPARCS	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Number of preventable hospitalizations for people age 18 or older	Number of people age 18 or older
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	SPARCS	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Rate of preventable hospitalizations for Black non-Hispanics age 18 or older	Rate of preventable hospitalizations for White non-Hispanics age 18 or older
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	SPARCS	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Rate of preventable hospitalizations for Hispanics age 18 or older	Rate of preventable hospitalizations for White non-Hispanics age 18 or older
Percentage of adults with health insurance - Aged 18-64 years	US Census	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Number of respondents age 18-64 who reported that they had health insurance coverage	Number of people age 18-64
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	BRFSS	4.a.i – 4.a.iii, 4.b.i – 4.b.ii, 4.c.i – 4.c.iv, 4.d.i	Number of respondents age 18 or older who reported that they had a regular health care provider	Number of people age 18 or older
Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	BRFSS	4.a.i – 4.a.iii	Number of respondents age 18 or older who reported experiencing poor mental health for 14 or more days in the last month	Number of people age 18 or older
Age-adjusted percentage of adult binge drinking during the past month	BRFSS	4.a.i – 4.a.iii	Number of respondents age 18 or older who reported binge drinking on one or more occasions in the past 30 days. Binge drinking is defined as men having 5 or more drinks or women having 4 or more drinks on one occasion.	Number of people age 18 or older
Age-adjusted suicide death rate per 100,000	NYS DOH Vital Statistics	4.a.i – 4.a.iii	Number of deaths of people age 18 or older with an ICD-10 primary cause of death code: X60-X84 or Y87.0	Number of people age 18 or older



-END-