2026

NORTH COUNTRY LEADERSHIP SUMMIT

Partners in Progress

SEPTEMBER 30 & OCTOBER 1, 2026

LAKE PLACID, NY

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NORTH COUNTRY TELEHEALTH PARTNERSHIP

FDRHPO
Fort Drum Regional Health Planning Organization

AHI History – Upper Hudson Primary Care Consortium

The Upper Hudson Primary Care Consortium, an independent non-profit Article 28 organization under New York State Department of Health regulations, was established in 1987.

In 2011, we became Adirondack Health Institute, a collaborative of three member organizations, with a fourth member in 2014 and a fifth member in 2016. Our member organizations are: Adirondack Health, Glens Falls Hospital, Hudson Headwaters Health Network, St. Lawrence Health System, and The University of Vermont Health Network – Champlain Valley Physicians Hospital.

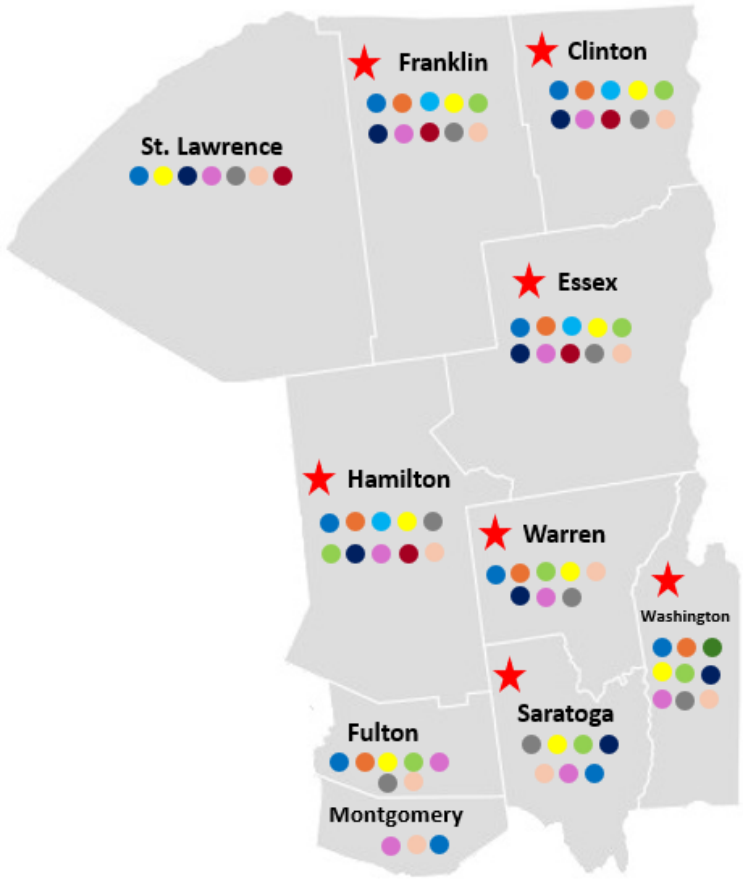
For nearly forty years, AHI has supported hospitals, physician practices, behavioral health providers, community-based organizations, patients, and others in our region in sharing our vision and mission of transforming health care and improving population health.

AHI has been catalytic in the transformation of the health care system. As health care delivery, payment, reform, and policy continues to unfold in complexity, we are working to lead the charge to ensure our stakeholders are informed and engaged in the ever-changing process.

Our vision is that every individual in the region reaches their fullest potential and lives their healthiest possible life.

AHI Regional Initiatives

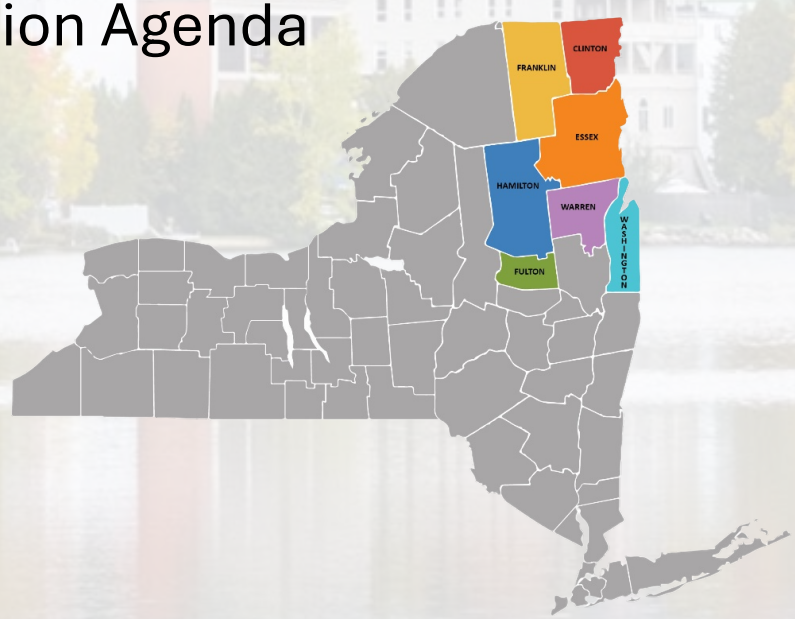
- Adirondack Regional Healthcare Workforce BOOST Program
- Adirondack Rural Health Network (ARHN) / Community Health Assessment (CHA)
- Chronic Disease Care Coordination Network (CDCCN)
- Community Paramedicine Program
- Community Health Access to Addiction and Mental Healthcare Project (CHAMP)
- North Country Connect to Tech (NC2T)
- Enrollment Assistance Services and Education (EASE)
- Healthcare Education and Life-skills Program (HELP)
- Health Home Care Management
- Keep New York Covered (KNYC)
- North Country Telehealth Partnership (NCTP)



Adirondack Rural Health Network (ARHN)

39 Years of Bringing Rural Health Partners Together

- Grant-funded Rural Health Network
- Longest-running program of AHI, since 1987
- Key Focus:
  - Focuses efforts on supporting the NYS DOH Prevention Agenda
  - Assess the health needs of the region
  - Identify regional priorities
  - Share knowledge, resources, and best practices
  - Develop collaborative responses to rural health challenges



Adirondack Rural Health Network (ARHN)

- Adirondack Health
- Adk Food Systems Network
- Alliance for Positive Health
- Alzheimer's Association
- American Heart Association
- Association on Aging of NYS
- Brain Injury Association of NYS
- Cambridge Valley Rescue Squad
- Cancer Services Program, GFH
- Capital CFO+
- Caregiver Wellness & Respite Center
- Catholic Charities
- Clinton County Health Department
- Comfort Food Community
- UVMHN – CVPH
- EMS Leadership Academy
- Epilepsy Foundation of NENY
- Essex County Health Department
- Family Service Association
- Franklin County Public Health
- Fulton County Public Health
- Glens Falls Hospital
- Greater Glens Falls Mutual Aid
- Hamilton County Public Health
- HCR Homecare
- American Heart Association
- Herzog Law
- Hudson Headwaters Health Network
- High Peaks Hospice
- Hudson Mohawk AHEC
- Independent Living Center of the Hudson Valley
- Kee to Independent Growth, Inc.
- L.E.A.P Emergency Services
- Madison County Rural Health Council
- March of Dimes
- Mercy Care for the Adirondacks
- Mosiac Wealth Strategies Group
- Mother Cabrini Health Foundation
- Nathan Littauer Hospital
- National Network of Libraries of Medicine
- Legal Aid Society
- North Country Healthy Heart Network
- North Country Public Radio
- Northwell Health
- Northwinds IPA
- NY Connects
- NY Prenatal/Perinatal Council
- NYS Association for Rural Health
- Office for Community Services for Warren and Washington Counties
- Parent to Parent
- Planned Parenthood of Greater NY
- Southern Adirondack Independent Living
- SUNY ACC
- The Conkling Center
- The Glen at Hiland Meadows
- UVMHN – Elizabethtown Community Hospital
- UVMHN – Alice Hyde Medical Center
- UVMHN – CVPH
- Warren County Health Services
- Washington County Office of the Aging
- Washington County Public Health
- Washington County Youth Bureau

Community Health Assessment (CHA) Committee

- Created in 2002, the CHA Committee is made up of representatives from the thirteen hospitals and public health departments from the seven counties in the ARHN catchment area.

CHA COMMITTEE

CLINTON COUNTY
Clinton County Health Department
UVMHN-Champlain Valley Physicians Hospital

ESSEX COUNTY
Adirondack Health
Essex County Health Department
UVMHN-Elizabethtown Community Hospital

FRANKLIN COUNTY
Franklin County Public Health
UVMHN-Alice Hyde Medical Center

HAMILTON COUNTY
Hamilton County Public Health

FULTON COUNTY
Fulton County Public Health
Nathan Littauer Hospital and Nursing Home

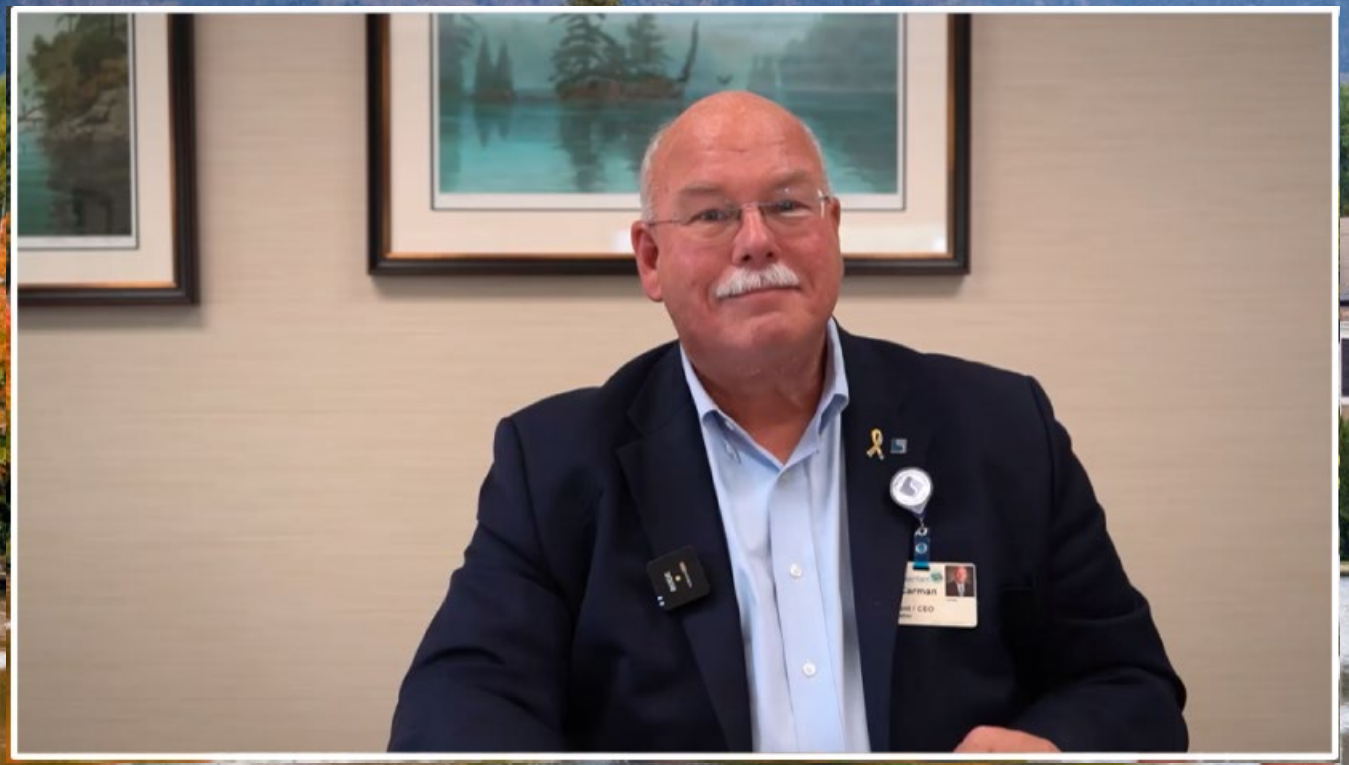
WARREN COUNTY
Glens Falls Hospital
Warren County Health Services

WASHINGTON COUNTY
Washington County Public Health

- Committee Purpose: to provide ongoing support to partners development of their regional health assessments and plans
- Provide a comprehensive picture of their community's overall health, allowing partners to track and respond to community specific health needs

Tom Carman, CEO, Samaritan Medical Center

FDRHPO
Fort Drum Regional Health Planning Organization



Patient Centered Medical Home

AHI

- Beginning in 2010, AHI provided support to primary care practices in the North Country counties of Clinton, Essex, Franklin, Hamilton, Warren, Washington and Northern Saratoga, with attaining NCQA PCMH recognition.
- In 2019, AHI continued to provide support, with primary care practices submitting independently for their annual PCMH recognition renewal. This work has shaped the region's primary care access, ensuring a consistent patient-centered approach to care delivery.

FDRHPO

- Since 2010, FDRHPO has assisted primary care practices in the North Country and more recently, Central New York and Finger Lakes regions with attaining NCQA PCMH recognition from PCMH 2008 through the current NYS PCMH 2017 iteration, including the first primary care practice in NYS to achieve PCMH 2014 recognition. FDRHPO has supported sites in achieving PCMH transformations and/or annual reporting recognitions approximately 400 times.
- FDRHPO's PCMH staff are NCQA PCMH Certified Content Experts (CCEs) who have collectively accrued 34+ years of experience navigating the recognition process and collaborating with care teams to achieve healthcare transformation.

A **Patient-Centered Medical Home (PCMH)** is a model of primary care that emphasizes comprehensive, coordinated, accessible, and high-quality healthcare centered on the needs and preferences of the patient. The approach promotes a long-term partnership between patients and their healthcare team, ensuring care is well organized across all settings and providers.

Key fundamentals of a Patient-Centered Medical Home include:

- **Patient-centered care:** Care respects each patient's values, preferences, and goals.
- **Comprehensive care:** A team-based approach addresses physical, behavioral, and preventive health needs.
- **Coordinated care:** Services are organized across specialists, hospitals, community resources, and other healthcare settings.
- **Accessible services:** Patients have improved access to care through enhanced scheduling, communication, and follow-up.
- **Quality and safety:** Care is evidence-based, continuously measured, and focused on improving health outcomes.

NCQA Recognition - Committing to Primary Care Practice Redesign

NCQA
Measuring quality. Improving health care.

Achieve medical home recognition (level 2 or level 3)

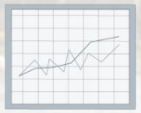
Patient centered care with assigned PCP

Coordinate care across continuum

Join regional health information exchange - HIXNY

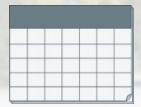
Create care management team to provide disease management supports

Adopt e-prescribing system



Participate in quality measurement and improvement activities

Implement evidence-based care



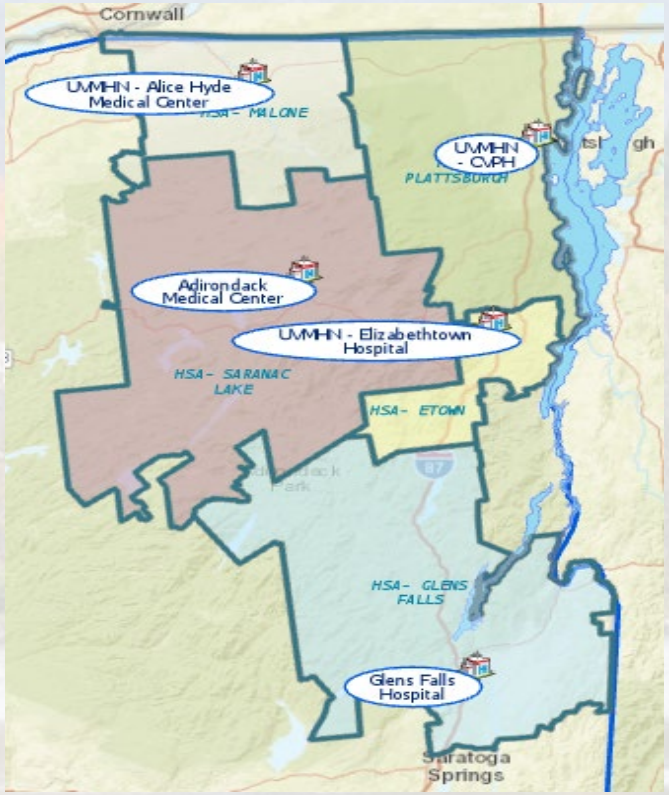
Implement same day access

Creating an Accountable Care Organization

- Provider-led organization with a strong base of primary care and hospital systems who are collectively accountable for quality and total per capita costs across the full continuum of care for a population of patients; with incentives payments linked to quality improvements that also reduce overall costs.
  - The Adirondacks Accountable Care Organization (ACO) was established in 2013 to carry on the transformational work of the Adirondack Medical Home Pilot
  - With a growing focus on rewarding providers based on the generation of “value” versus rewarding primarily based on volume, the region’s five key hospitals partnered with the region’s primary care providers including the region’s largest FQHC to build a physician-led, physician-governed clinically integrated network.
  - The foundation of this partnership positioned the region to focus on performance-based contracts with commercial health plans, Managed Medicaid Organizations, and Medicare Innovative Programs.
  - This clinically integrated network has a quality focus at its foundation and can also be referred to as an “accountable care organization”.

Adirondacks Accountable Care Organization

- ✓ Regional Network -
  - ✓ Clinton, Essex, Franklin, Hamilton, Warren, Washington and Northern Saratoga Counties.
  - ✓ 14 primary care practices with 34 sites.
  - ✓ 5 hospitals with 24 primary care sites.



- ✓ 104,040 attributed beneficiaries
  - ✓ Managed Care 47,014
  - ✓ Commercial 57,007
- ✓ Health Insurance Contracts
  - ✓ Fidelis/MCO
  - ✓ Highmark Northeastern NY
  - ✓ Empire BCBS
  - ✓ Excellus
  - ✓ UnitedHealthcare-Empire Plan

Data Use & Sharing Across the ACO and AHI

ACO Data for the ACO

- 4 Primary Care Reports
  - Daily Admission/Discharge Report
  - Pre-visit Planning Report
  - Gaps in Care Report
  - Patient Attribution Report

ACO Data for Stakeholders

- Grant Reporting
- Data Hub – Demographic Details
- Health Home Gaps in Care
- Dementia Prevalence
- Diabetes Initiative

AHI Data for Stakeholders

- AHI Health Home's Data Den
- Chronic Disease Self-Management Program
- Population Health Programs
  - ARHN, CHA, EASE, CHAMP,
  - Grant reporting / writing
  - HRSA Workforce grant
  - HRSA CDCCN grant
  - Mother Cabrini

FDRHPO – Workforce Pipeline

Establishing a Foundation for Regional Healthcare Workforce Development

- FDRHPO Recruitment, Retention, & Education Committee

- Essential Components:
  - Partners
  - Purpose – Shared Vision
  - Priorities

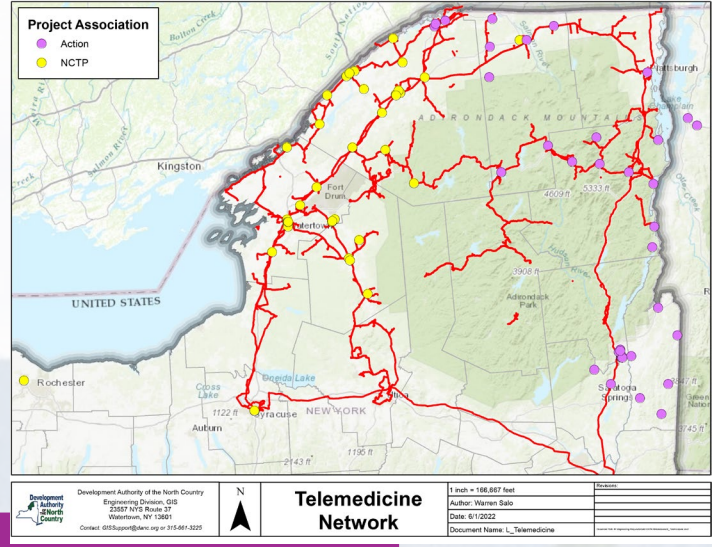
- Foundational Projects and Programs:
  - Pipeline
  - Training

FDRHPO – Workforce Pipeline

Optimizing the Foundation: Building on Success

- Mother Cabrini Health Foundation
- Caring Gene – Iroquois Healthcare Association
- ICAM Thrive – Northern Area Health Education Center

NORTH COUNTRY TELEHEALTH PARTNERSHIP



North Country Telehealth Project (NCTP)

Extensive fiber-optic network created in 2009

Expanded in 2011 with Adirondack Champlain Telemedicine Information Network (ACTION)

Connects entities to broadband telecommunications/ telemedicine network

Through these partnerships and within the FCC's Healthcare Connect Fund program, users of these networks only paid about 27% of the approximately $29M cost of the infrastructure and monthly recurring services.

North Country Telehealth Partnership

2014 – NYS Rural Health Network Development Program

Collaboration with Adirondack Health Institute (AHI)

Implement telemedicine throughout a 12-county region

Over 844,542 patient encounters to date

Projects:

* Child, Adolescent & Adult Telepsychiatry/Telepsychology
* Telestroke
* Remote Patient Monitoring
* Diabetic TeleRetinopathy
* TeleWound Care
* Teleneurology

Expansion Projects

2009 - Secure Sharing of EHRs among all hospitals and clinical healthcare providers

2010 – Partnered with HealtheConnections – Now all clinical entities and many community-based health providers are connected to share information.

2023 – PowerShare – A joint effort with North Country Initiative (NCI) and regional hospital partners, that streamlined sharing diagnostic imaging.

Telehealth Learning Collaborative

Comprised of 130+ individuals from 90 organizations, including Hospitals, Health Centers, Telemedicine Associations, Public Health Agencies, Legislative/Political Bodies, Insurance Agencies, Independent Physicians, Educational Institutions… and more

Bi-monthly videoconference with educational content to broaden telehealth information/topics

FDRHPO - Rural Health Network Development Program

Building a stronger, more connected rural health system since 2013

FDRHPO
Fort Drum Regional Health Planning Organization

2013

Became a NYS RHNDP

Purpose

- Bring rural providers and community partners together.
- Identify healthcare needs and developing local solutions.
- Help rural providers share resources, reduce duplication and address gaps in services.
- Improve access, coordination, quality and efficiency.
- Build sustainable systems around local needs.

2013 – 2025

Past Initiatives

- North Country Health Compass Partners formed, population health collaboration and data analytics support.
- CHAs, CHIPs, CSPs, annual community health surveys.
- Mental health awareness, suicide and opioid prevention.
- Chronic disease prevention, oral health and workforce initiatives.
- Ongoing hospital, public health and community engagement and messaging.

Current Focus

Highlights

- Expand workforce pipeline and provide workforce case management support.
- Suicide prevention, mental health awareness & trauma-informed care training.
- Development of 2026 CHAs/CHIPs/CSPs for Jefferson, Lewis, St. Lawrence Counties.
- Promote health screenings and chronic disease prevention.
- Advance digital inclusion through digital navigation support.

AHI / ARHN

A longstanding Northern New York partnership with AHI/ARHN

Workforce development, digital inclusion, chronic disease prevention, National Rural Health Day promotion, North Country Leadership Summit

AHI Expansion

- 2011 – 3 Member Organizations
  - Hudson Headwaters Health Network
  - Champlain Valley Physicians Hospital
  - Adirondack Medical Center
- 2014 – 4th Member Organization
  - Glens Falls Hospital
- 2016 – 5th Member Organization
  - St. Lawrence Health System

Dr. D. Tucker Slingerland, CEO
Hudson Headwaters Health Network

Michelle LeBeau, President/COO
UVMHN CVPH and AHMC

Aaron Kramer, CEO
Adirondack Health

Paul Scimeca, President and CEO
Glens Falls Hospital

Michelle LeBeau, COO and President, UVMHN – Alice Hyde Medical Center and CVPH

- AHI has been a strong leader across Northern New York, with a primary focus of bringing all types of agencies together to create better access to care, advancing population health initiatives, and building relationships across our rural communities. This strength has provided the CVPH and Alice Hyde Medical Center communities with much needed resources to address healthcare work shortages, telehealth infrastructure, and care management supports.
- The Adirondack Rural Health Network (ARHN) is an ongoing forum where hospitals, public health, mental health, community organizations, and others are able to continually assess regional health needs and coordinate approaches. This has led to stronger partnerships across multiple counties.
- Looking back on the history of AHI and the Adirondacks ACO, I am most proud of what we have accomplished together – particularly the lasting impact of the Adirondack Medical Home Pilot and the DSRIP supported initiative, which focused on connecting individuals who experienced high emergency department utilization with the right community resources.

Aaron Kramer, CEO, Adirondack Health

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Paul Scimeca, President and CEO, Glens Falls Hospital

Dr. Steven Lyndaker, Medical Director, FDRHPO/NCI

FDRHPO
Fort Drum Regional Health Planning Organization

Delivery System Redesign Incentive Payment Program 2014 - 2020

- ✓The **Delivery System Reform Incentive Payment (DSRIP) Program** was a New York State Medicaid transformation initiative designed to improve health outcomes, reduce unnecessary hospital use, and shift health care toward coordinated, community-based care.
- ✓The program served as the primary mechanism for implementing New York's Medicaid Redesign Team (MRT) waiver and focused on restructuring the health care delivery system through collaboration among hospitals, community providers, behavioral health organizations, and social service agencies.

- ✓ **Key goals of DSRIP included**:
  - ✓Reducing avoidable hospital admissions and emergency department visits by **25% over five years**.
  - ✓Improving care coordination and integration across physical health, behavioral health, and community services.
  - ✓Advancing population health and addressing social determinants of health.
  - ✓Promoting value-based payment models that reward quality and outcomes rather than volume

DSRIP Performing Provider System - AHI

- ✓Significant positive outcomes across the region related to AHI's DSRIP PPS initiatives include:
  - ✓Close working relationship with a regional ACO (Adirondacks ACO) resulting in multiple value-based contracts and shared savings for participating partners in the region of $1.3M in 2018.
  - ✓NCQA certification of 50 practice organizations with over 100 practice sites as patient centered medical homes.
  - ✓Supported creation of a behavioral health IPA.
- ✓Improved health and delivery system efficiencies as evidenced by the following (all as of June 30th, 2019)
  - ✓35.2% drop in avoidable admissions for adults
  - ✓74.0% drop in avoidable admissions for children
  - ✓16.7% drop in avoidable readmissions
  - ✓18.1% drop in potentially preventable ED visits
  - ✓32.7% increase in follow-up visits within 7 days of discharge from a mental health facility
  - ✓27.6% increase in follow-up visits within 30 days of discharge from a mental health facility
  - ✓32% increase in the total number of DSRIP Medicaid patients served by Behavioral Health Service North following integration with primary care
  - ✓5.6% reduction in potentially preventable ED visits for Citizen Advocate patients with a behavioral health diagnosis

DSRIP Performing Provider System - FDRHPO

- ✓ Significant positive outcomes across the region related to FDRHPO's DSRIP PPS initiatives include -
  - ✓ All participating primary care partners becoming recognized as patient-centered medical homes
  - ✓ All participating partners adopting 30-day care transition protocols
  - ✓ Integrating behavioral health into primary care
  - ✓ Implementing evidence-based protocols and community-based strategies to improve the management of cardiovascular disease and diabetes
  - ✓ Strengthening the mental health and substance use infrastructure through community education and training.
  - ✓ Strengthening the healthcare workforce through recruitment, retention and advancement opportunities.
- ✓ By measurement year 4, NCI reduced potentially preventable admissions and readmissions by 25% and 27%, respectively.
- ✓ In addition, improvements were seen on several other metrics, most notably to include:
  - ✓ A 108% improvement on 7-day follow-up after mental health hospitalization
  - ✓ A 65% improvement on 30-day follow-up after mental health hospitalization
  - ✓ A 45% increase in comprehensive diabetes screenings
- ✓ As part of DSRIP sustainability efforts, NCI expanded its organizational structure to include an Independent Practice Association (IPA).
- ✓ Today, NCI remains as the region's clinically integrated network, working in a mirrored structure with the IPA and ACO to administer 4 value-based contracts, one of which is on the forefront of VBP with behavioral health attribution as opposed to primary care, in total covering approximately 26,000 lives.

FDRHPO EMS/Expansion

North Country Care Coordination Collaborative

- **Improve transitions from the 5 hospitals in the 6-county region through care coordination for high-risk patients.**
  - Build a Transitions Care Coordination Collaborative.
  - Create and implement best practice protocols building on existing programs and resources.
  - Share risk score and care management agency via Hixny.
  - Care Management workforce development.

North Country Care Coordination Workforce Collaborative

Purpose:

- Expand public health capacity by supporting care management/care coordination (CM/CC) job development, training, and placement in rural communities

Core Element:

- Create stronger linkages between
  - training programs and healthcare entities/employers

Linkages: Establish the North Country Care Coordination Workforce Collaborative (NCWC) to help ensure a care management/coordination (CM/CC) workforce that is sufficient to address rural workforce needs in eight (8) counties

Career Pathway Development: Provide occupational training (including apprenticeship) and identify career pathways to bring new CMs/CCs to the field

Education/Training for Current CM/CC: Enhance knowledge & skills regarding chronic conditions prevalent in the region and other topics of need

Retention: Offer programs/activities to address burnout and support retention

Chronic Disease Care Coordination Network

Overarching Goal:

Improve health outcomes for our rural population

- Clinton, Essex, Franklin & Hamilton Counties.
- The focus of the grant is on heart disease and its contributing factors such as hypertension, diabetes, obesity, and tobacco use.
- Medicare fee-for-service and Medicaid managed care participants.
- Increased referrals from clinical settings into chronic disease self-management programs (CDSMP) and other social care service providers (alignment with 1115).

Adirondack Regional Healthcare Workforce BOOST Program

Why BOOST Matters:

- Rural healthcare workforce shortages continue to impact care access
- Financial and social barriers prevent many students from completing healthcare training
- BOOST was designed as a regional workforce stabilization and pipeline strategy

Updates Years 1-2

- **170** healthcare training scholarships awarded
- **98%** program persistence
- **25** post-graduation scholarships were awarded
- **121** healthcare workers from organizations serving the North Country participated in professional development trainings
- Partner training programs - *SUNY Adirondack, SUNY Canton, Fulton-Montgomery Community College, North Country Community College, WSWHE BOCES, North Country Home Services, Mildred Elley, and Clarkson College Paramedic Program*
- **8** MASH Camps
- Awarded **43** Year 3 scholarships for Spring 2026, demonstrating strong program growth with additional scholarships planned for later in the year.

ADIRONDACK REGIONAL
Healthcare Workforce
BOOST Program
Building Careers. Supporting Communities.

SUNY ADK Health Education Life Skills Program (HELP)

The goal of the HELP grant:

- tackle critical healthcare workforce shortages,
- by improving access to healthcare education and training,
- in underserved and underrepresented communities.

Building upon foundation of

Healthcare Pathways program

- Continue supporting >1000 students with baseline wraparound supports
  - Uniforms
  - Textbooks
  - Required supplies
  - Meal plans
  - Gas and grocery cards

Targeted Recruitment and Outreach

Personalized Support

Clear Career Pathways and Training

Continuous Professional Development

Data-Driven Impact and Accountability

Current NYS 1115 Waiver Opportunities

- ✓ **Iroquois Healthcare Association/WIO Partnership**
  - ✓ Subcontract to provide Career Pathways Training (CPT) Program Case Specialist.
  - ✓ Provide Case Management throughout program including access to Learning Management System and educational and soft skill supports for students through HealthStream.
  - ✓ Support CPT students through the job search process until employed with an approved 30% Medicaid provider and monitor job placement through the 3-year service commitment.
- ✓ **United Hospital Fund – Health Equity Regional Organization (HERO)**
  - ✓ AHI sub-contracting to support this work in the North Country Region, with FDRHPO supporting their region of the North Country in a sub-contract with AHI.
  - ✓ Key areas of support -
    - ✓ Data Aggregation and Reporting
    - ✓ Assist with Regional Needs Assessment and Planning
    - ✓ Convening Regional Stakeholder Engagement Sessions

2025 - 2027 North Country Digital Inclusion Coalition

- ✓ **Digital Equity Technical Assistance Grant**
  - ✓ Build CBO capacity, gap needs assessment and formalize a digital equity coalition.
  - ✓ Develop capacity with industry experts to support the State Digital Equity Plan.
- ✓ **Digital Equity Capacity Building Grant**
  - ✓ Four Grant-Defined Milestones
    - ✓ Workforce Onboarding and Resource Activation
    - ✓ Includes hiring two Digital Navigators, deploying financial and staffing resources, and solidifying and implementing the NCDIC regional strategy.
  - ✓ Device Distribution & Digital Literacy Training
    - ✓ Includes distributing internet-enabled devices to covered populations and providing tailored training to support device use.
  - ✓ Cybersecurity & Privacy Awareness
    - ✓ Focus on increasing privacy and cybersecurity awareness
  - ✓ Accessibility
    - ✓ Focus on supporting members of the NCDIC and community-based partners in advocating for digital equity and inclusion in our region.

AHI and FDRHPO: A Timeline (1987-2022)

1987

- Adirondack Rural Health Network
- Upper Hudson Primary Care Consortium

2005

- FDRHPO

2007

- Adirondack Medical Home Initiative (AMHI)
- HRSA Network Planning Grant North Country BHCC
- HIT

2009

- FDRHPO Fiber Optic Network 13 Counties
- HEAL NY10 Project Implement EHR Medical Offices

2010

- HEAL 10 AHI FDRHPO
- Multi-Payer Advanced Primary Care Practice (MAPCP)

2011

- Adirondack Health Institute
- HHH
- University of Vermont Health Network Champlain Valley Physicians Hospital
- Adirondack Health

2012

- NYS Health Home
- FDRHPO HEAL 21 Connecting Regional Hospitals

2013

- Adirondacks ACO
- Enrollment Assistance Services and Education (EASE)

2014

- NYS North Country Redesign Commission
- Adirondacks ACO Medicare Shared Savings Contract
- Glens Falls Hospital
- NorthCountry Initiative
- Healthcare Partners of the North Country ACO FFS Medicare VBP

2015

- AHI Performing Provider System (PPS)/ DSRIP
- FDRHPO Performing Provider System (PPS)/ DSRIP
- AHI PHIP
- FDRHPO PHIP
- FDRHPO - 3 County EMS Program Agency
- AHI and FDRHPO Telehealth Partnership

2016

- NYS Patient Centered Medical Home (PCMH)
- St. Lawrence Health System

2017

- NYS Linking Interventions for Total Population Health Project (LIFT)
- FDRHPO BHCC

2018

- ADK ACO VBP Contracts – MCO and Commercial
- Northwinds IPA formed from BHCC
- Diabetic Tele-Retinopathy Program

2019

- Advancing Tobacco-Free Communities (ATFC)
- HEALING Communities Study with Columbia University

2020

- Connected Health
- HRSA Network Care Coordination Grant award
- NWIHN IPA VBP Contractual Agreement
- North Country IPA

2021

- Adirondack Food System Network/Food Justice Summit
- Adirondacks ACO Affiliation
- HRSA RCORP
- HRSA Northern Border Regional Commission (NRBC)– Rural Health Challenges

2022

- HRSA Rural Public Health Workforce Training Network
- North Country Digital Inclusion Coalition
- NY Health Foundation Patient Centered Primary Care Report

AHI and FDRHPO: A Timeline (2023-Present)

2023

- NYS EMS Program – 8 Counties
- HRSA Rural Health Care Coordination Grant - CDCCN
- SAMSHA Mental Health Awareness Training
- HRSA NBRC – Health Equity/ HRSN Screening/Coding/Referrals

2024

- Mother Cabrini Foundation – HCA Community Paramedicine
- Placed Community Health Workers in Rural Primary Care Sites
- NCWC NYS Registered Apprenticeship Program Care Coordination
- Adirondack Regional Workforce Center of Excellence BOOST
- NYS 1115 Waiver Approval Application submission to serve as the SCN Lead for the North Country Region

2025

- IHA Caring Gene Workforce Training and Supports 1115 Waiver
- UHF HERO Convening Regional Stakeholders 1115 Waiver
- ConnectALL Digital Equity Technical Assistance Grant

2026

- ConnectALL Digital Equity Capacity Building Grant
- ICAMP Thrive Workforce Development Project in Partnership with NAHEC