

Finger Lakes Performing Provider System

BRIDGING THE GAP BETWEEN COMMUNITY AND HEALTHCARE

2025-2026 IMPACT REPORT

flpps Finger Lakes Performing Provider System

"We are not just ***redesigning healthcare****.*
We have the opportunity
to ***redefine healthcare****."*



"A robust and sustainable healthcare workforce is critical to improving population health— ***with no healthcare workforce, there is no healthcare****."*

A Message From Our CEO



As I reflect on the past year, it is clear that progress happens when organizations work together and build trust along the way. This year reaffirmed our role over the last decade as a trusted partner committed to advancing regional health improvement through collaboration and innovation.

Guided by our strategic pillars, our work focused on two interconnected priorities: Community & Clinical Integration and Innovation, and Workforce.

Through partnerships across the region, we supported solutions that respond to real, on-the-ground needs. By helping align clinical care with community-based supports and providing implementation guidance and shared learning, we worked to strengthen systems that are more coordinated, responsive, and centered on the people they serve.

At the same time, we continued focusing on the workforce that sustains our health, behavioral health, and social care systems. Through workforce development and career pathways training programs, we supported individuals in entering and advancing in these essential roles, while also helping employers address workforce challenges.

None of this work happens alone. Our progress over the last few years as described in this report was made possible by the collaboration of our partners, the guidance of our Board of Directors, and the dedication of the FLPPS team. This body of work has proven to be a defining capstone to a decade of system transformation, innovation, and community and clinical integration

Looking ahead, we have entered an exciting new chapter. In 2026, the Boards of Directors of FLPPS and Common Ground Health-Rochester Regional Health Information Organization (RHIO) approved a combination of our organizations—formalizing a shared vision for advancing regional health improvement. Together, we bring complementary strengths in provider collaboration, health data analytics, and community-informed research to better support coordinated care and improved health outcomes across the Finger Lakes region and beyond.

While our structure may evolve, our commitment remains the same: working alongside our partners to build stronger systems of care and healthier communities. And I thank you for being part of these efforts!

In partnership,

Carol Tegas

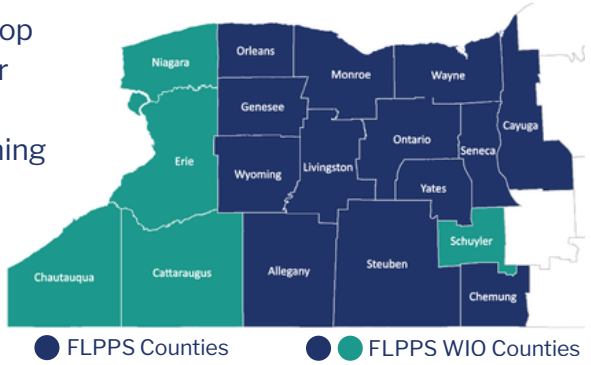
Chief Executive Officer

FLPPS Recap

Over the last decade, Finger Lakes Performing Provider System (FLPPS) has brought together community and clinical partners and stakeholders across the Finger Lakes and Western New York to build a more accountable, coordinated system of care—improving access, quality, and efficiency for the safety net population and other individuals who experience the greatest barriers to accessing healthcare.

We have convened these partners to identify healthcare and healthcare workforce needs, co-develop solutions that advance health equity and regional improvement, and secure funding to support their delivery. While our partners provide direct services, FLPPS has led the collaborative planning and implementation work that makes large-scale collaboration possible—driving innovation, strengthening the healthcare workforce, and aligning the region around shared health goals.

Our work has spanned a 13-county region and an 18-county footprint through the Workforce Investment Organization (WIO), allowing us to support both local and regional strategies for health improvement.



At the center of our work has been a commitment to partnership, innovation, and accountability as we work toward a more connected, equitable, and sustainable healthcare system. We promised every interaction with our partners and with each other to be:



COLLABORATIVE
Actively listen to individual contributions and remain open and approachable to participate on projects and teams.



RESULTS-ORIENTED
Clearly define goals and commit to establish timelines; Remain organized and prepared to contribute to projects and initiatives.



STRATEGIC
Forward-thinking and focused on aligning work to organizational vision.



ADAPTIVE
Actively listen to individual contributions and remain open and approachable to participate on projects and teams.



TRUSTED
Clearly define goals and commit to establish timelines; Remain organized and prepared to contribute to projects and initiatives.

*"**By prioritizing individuals** who face social and economic barriers, we expand access to opportunity and improve community health."*

Our Strategic Evolution

In 2025, we took a deliberate step forward by refining our strategic framework to better reflect where the organization creates the greatest value and impact. This evolution was informed by our learning, partnership, and system-level work—and by a clear understanding of the ever-changing healthcare landscape.

Previously, we organized our work across four strategic pillars: Community Programs, Supporting Partners, Care Management through the Greater Rochester Health Home Network (GRHHN), and Workforce. Each pillar played an important role in advancing regional health improvement and strengthening the healthcare delivery system.

As we looked ahead, we recognized an opportunity to sharpen focus, reduce fragmentation, and align programs more intentionally. In response, we streamlined our strategy into two pillars that reflect both its core strengths and future direction: Community & Clinical Integration and Innovation, and Workforce.

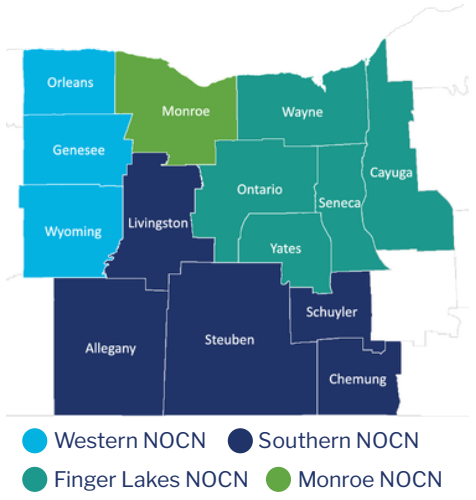
This shift represented a refinement—not a departure. The work has continued, organized in a way that promotes clarity, sustainability, and deeper impact for partners and communities across the region.

RE-ESTABLISHING THE FLPPS REGIONAL NOCN MODEL

Prompted by the new Medicaid work requirements and recertification process in November 2025, FLPPS started planning to re-establish the Naturally Occurring Care Network (NOCN) model, originally created to support the objectives of the New York State Delivery System Reform Incentive Payment (DSRIP) Program.

The NOCN model provides a regionally coordinated structure that brings together clinical providers, community-based organizations, workforce partners, and public agencies to address shared challenges across a 14-county region.

Through four regional NOCNs—Western, Southern, Finger Lakes, and Monroe—local partners convene to identify barriers, align outreach and navigation supports, and elevate community-informed solutions.



This structure will ensure that responses to Medicaid work requirements and recertification processes are informed by frontline experience while also advancing broader goals related to health equity and workforce capacity. By connecting community insights with regional collaboration, the regional NOCN strengthens cross-county collaboration, improves access to benefits and care, and supports long-term strategies to reduce disparities and build a more coordinated regional system of health and social supports.

Our Strategic Pillars

Early on, we focused on transforming healthcare with our partners under four strategic pillars:

COMMUNITY PROGRAMS



SUPPORTING PARTNERS



CARE MANAGEMENT

grhhn
Greater Rochester
Health Home Network

WORKFORCE



Our evolution reflects a natural progression—building on what has worked, honoring past impact, and strengthening our work to better serve the needs of our region. What has guided us this past year:

COMMUNITY & CLINICAL INTEGRATION AND INNOVATION

Partner with our network of community and clinical partners to develop solutions and implementation support to advance regional health improvement.



WORKFORCE

Strengthen the region's healthcare workforce with workforce development and career pathways training programs.



Clinical & Community Integration and Innovation

We brought together clinical providers, community-based organizations, and regional partners to strengthen how systems work together and respond to regional priorities.

By integrating community and clinical approaches, we support solutions that improve coordination, expand access to services, and address the factors that influence health beyond clinical care alone. This work is grounded in partnership, shared learning, and a deep understanding of regional needs.

Innovation is practical and collaborative. It includes data-informed planning, implementation support, and approaches that help partners adapt, scale what works, and respond to emerging challenges. Innovation also means creating space for collaboration, shared learning, and translating insight into action.

Our work has focused on strengthening cross-sector collaboration, advancing integrated care efforts, and supporting solutions designed for long-term, system-level impact.



HEALTHY FOOD PILOT PROGRAM

During this six-month pilot program, twenty-five individuals with diabetes were supported by addressing food insecurity and expanding access to nutritious foods. Participants received Fresh Market access, cooking kits, and were monitored for changes in HbA1c levels, with additional nutrition education introduced in response to strong participant interest, highlighting the impact of community-based approaches to improving chronic disease outcomes.

- Foodlink
- His Branches Community Health Center

13 PARTICIPANTS LOWERED OR REDUCED
their HbA1c

19 PARTICIPANTS COMPLETED
routine HbA1c monitoring

28 SDOH SCREENINGS
completed

19 SDOH REFERRALS MADE
for 11 participants

*"I appreciated the program so much. **They came at a time when I needed an extra hand."***

ROC Housing Navigator PROGRAM

HOUSING SEARCH NAVIGATOR AND AFTER CARE PROGRAM

Monroe County residents experiencing housing insecurity receive personalized support throughout the housing process, including assistance from Housing Search Navigators. Once housing is secured, participants receive six months of aftercare with a dedicated After Care Manager to help maintain stability, demonstrating the impact of coordinated, community-driven efforts. Launched in 2025, this program continues into the fall of 2026.

- Charles Settlement House
- Community Place of Greater Rochester
- Family Promise of Greater Rochester
- Rochester Alliance of Communities Transforming Society

100+ HOUSEHOLDS SECURED HOUSING
totaling nearly 300 individuals

400+ HOUSING APPLICATIONS
completed

1,200+ AFTERCARE CHECK-INS
completed

100% HOUSEHOLDS
received SDOH screenings

540+ SDOH REFERRALS MADE
to community resources

ADAM J. BELLO COUNTY EXECUTIVE

This project is supported, in whole or in part, by a federal award awarded to Monroe County, New York by the U.S. Department of the Treasury.

"When my son and I arrived in Rochester we were staying in a homeless shelter. ***I didn't know where to turn or how to start over.*** *That's when I was referred to the Roc Housing Navigator Program—and everything began to change.* ***Through [this] support, I found the housing I needed—not just to survive physically, but to heal mentally.*** *The financial assistance I received for my first month's rent and the security deposit gave me breathing room to purchase basic household items for my son and me.* ***It wasn't just help, it was hope. I honestly don't know what I would have done without this program."***



COMPLEX CARE PROGRAM

The Transformational Community Care Coordination (TC3) Complex Care Program strengthens care coordination between hospitals and skilled nursing facilities (SNFs) by addressing barriers that prevent individuals with complex needs—often referred to as "difficult to place" patients—from being safely discharged from hospitals to skilled nursing facilities.

HOSPITALS



SNFs



FLPPS



*"This program successfully demonstrated that **there is a pathway that works** to remediate the crisis of bed shortage and allow for meaningful decompression of our hospitals, **which will keep our community safer and healthier.**"*

The program focuses on patients who are medically ready for discharge but remain hospitalized for seven or more days while awaiting nursing home placement.

Barriers to discharge may include complex medical conditions requiring specialized care, high-cost treatments or medications, behavioral health needs that exceed nursing home capacity, frequent transportation needs for outpatient services, limited financial resources or inadequate payer coverage, or the need for long-term care placement.

By reducing these barriers, the program helps relieve hospital backlogs of patients who no longer need acute care but cannot secure appropriate post-acute placement.

- Alliance for Senior Care IPA
- Avante Care
- Best Care Services
- Centers Health Care
- Finger Lakes Health
- Hurlbut Care Communities
- Monroe Community Hospital
- Rochester Regional Health
- University of Rochester Medical Center
- WeCare Centers

580+ DIFFICULT TO PLACE PATIENTS
discharged to skilled nursing facilities

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MATERNAL AND BIRTH HEALTH EQUITY PLANNING PROJECT

The Maternal and Birth Health Equity Planning Project is a collaborative, community-centered effort to address persistent disparities in maternal and infant health outcomes across the region by bringing together clinical providers, social care organizations, and community members most impacted by inequities.

This project integrates data, lived experience, and system expertise to identify and assess best and promising practices, with a focus on understanding gaps, barriers, and opportunities within current maternal health systems.

Building on this foundation, the project prioritized high-impact, actionable interventions to improve outcomes and experiences for birthing individuals. Emphasizing trust, alignment, and cross-sector collaboration, the work strengthened coordination across healthcare and community systems and centered equity throughout the planning process.

These efforts will result in a set of community-informed recommendations and a clear path toward implementation, positioning the region to advance sustainable, equitable improvements in maternal and birth health—and ultimately scale this approach to other communities facing similar disparities.

An early success of the project was the formation of the Birth Action Collaborative (BAC) in partnership with the University of Rochester Medical Center's Center for Community Health and Prevention. The BAC brings together a cross-sector network of community-based and clinical partners committed to improving maternal and infant health outcomes in Monroe County. In addition, the BAC advances community-informed interventions, increases education and awareness, and strengthens access to culturally responsive community-based and clinical resources and supports.

- Anthony L. Jordan Health Corporation
- Center for Community Health & Prevention
- Common Ground Health-Rochester RHIO
- Dr. Twylla Dillion, Maternal & Child Health Independent Consultant
- Healthy Baby Network
- Monroe County Department of Health
- Place of Wisdom
- Rochester Regional Health
- Royalty Birth Services
- University of Rochester Medicine

"This work has moved from conversation to clarity. Mothers told us what they need - stronger postpartum support, trusted relationships, and community. ***And our role now is to build systems that honor and sustain that vision.***"

Workforce

From our earliest days, we recognized that a strong healthcare system depends on a strong workforce. Workforce capacity, readiness, and sustainability are central to supporting large-scale healthcare transformation.

Across the Finger Lakes and Western New York regions, workforce shortages, burnout, and limited access to education and training continue to place strain on care delivery and community health. When workforce gaps persist, the impact is felt far beyond individual organizations—limiting access to care, affecting quality, and reinforcing health inequities, particularly in communities already facing barriers.

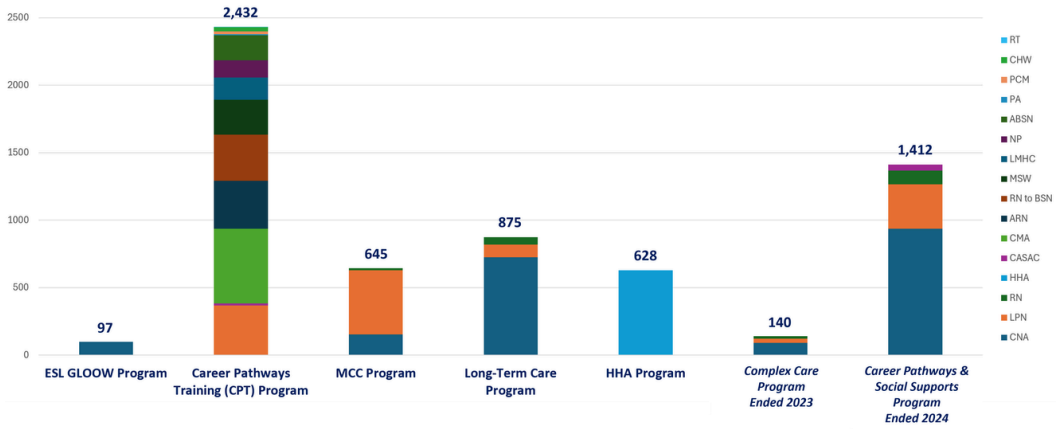
For us, workforce has never been a secondary concern. It has been a consistent priority—essential to system transformation, regional health improvement, and the long-term sustainability of care delivery.

Our workforce efforts are designed to meet people where they are, while strengthening the systems that support healthcare delivery across the region.

This work takes a holistic approach—recognizing that access to education and training is often shaped by social and economic factors such as transportation, childcare, financial strain, and other social determinants of health. By addressing these barriers alongside education and training, workforce programs are better positioned to support persistence, completion, and long-term success.

At the same time, we approach workforce development as a coordinated, regional effort. By aligning healthcare providers, educational institutions, and community partners, workforce strategies are connected to real-time needs, reduce duplication, and strengthen the healthcare workforce pipeline at scale.

Together, these efforts create pathways into healthcare careers that support individuals as whole people while building a more resilient, diverse, and sustainable workforce for the region. **As of 6/30/26, more than 6,200 individuals have received training through our workforce programs**.



Workforce Programs

Our workforce programs address multiple roles and career pathways across the region. Collectively, they reflect a coordinated approach to workforce development—expanding training access, supporting progression and completion, and strengthening workforce capacity in response to regional care needs. Current workforce programs as of 6/30/26:

HOME HEALTH AIDE TRAINING PROGRAM	Home health aide candidates are recruited, supported, and trained by collaborating partners to enter the healthcare labor force and embark upon a career pathway in healthcare that can assist them in increasing family income and lifting their families out of poverty. Supported by: City of Rochester ARPA, ESL Charitable Foundation	**628** **TRAINED**
LONG-TERM CARE WORKFORCE PROGRAM	Certified nurse assistant, licensed practical nurse, and registered nurse candidates are recruited, supported, and trained by collaborating partners to enter the healthcare workforce and embark upon a career pathway that can assist them in increasing family income and lifting their families out of poverty. Supported by: Monroe County ARPA	**875** **TRAINED**
MONROE COMMUNITY COLLEGE WORKFORCE PROGRAM	Certified nurse assistant, licensed practical nurse, and registered nurse candidates are recruited, supported, and trained by collaborating partners to enter the healthcare workforce and embark upon a career pathway that can assist them in increasing family income and lifting their families out of poverty. Supported by: Monroe County ARPA	**645** **TRAINED**
ESL GLOOW WORKFORCE PROGRAM	Expanded access to certified nurse assistant training in rural communities, including Livingston, Ontario, Orleans, and Wayne counties, to address training gaps, strengthen the healthcare workforce, and prepare local talent for careers in healthcare. Supported by: ESL Charitable Foundation	**97** **TRAINED**

Career Pathways Training Program

Funded by the New York State Department of Health through the 1115 Waiver Program, FLPPS was awarded $118M for the Career Pathways Training (CPT) Program—an education and training initiative designed to build the health, behavioral health, and social care workforce and address workforce shortages across New York State.

The CPT Program creates a dual impact—offering individuals the opportunity to pursue in-demand careers without the burden of student debt, while helping employers build a skilled and committed workforce to meet the growing demand for essential care roles.

Organized around two career pipelines—*New Careers* for individuals entering the field and *Career Advancement* for those already working in health, behavioral health, or social care—the CPT Program provides tuition coverage, education-related expense support, and holistic support services to help participants succeed.

Participants pursue one of 13 eligible job titles and commit to a three-year, full-time service requirement with New York State Medicaid-enrolled providers serving at least 30 percent Medicaid members and/or uninsured individuals.



13 ELIGIBLE JOB TITLES

Nursing

- Associate Registered Nurse (ARN)
- Licensed Practical Nurse (LPN)
- Nurse Practitioner (NP)
- Registered Nurse to Bachelor of Science in Nursing (RN to BSN), includes Accelerated BSN

Professional Technical

- Certified Medical Assistant (CMA)
- Certified Pharmacy Technicial (CPhT)
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC)
- Licensed Mental Health Counselor (LMHC)
- Master of Social Work (MSW)
- Physician Assistant (PA)
- Respiratory Therapist (RT)

Frontline Public Health Worker

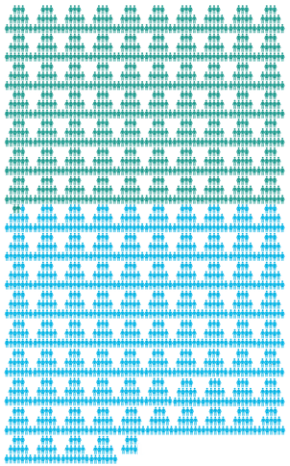
- Community Health Worker (CHW)
- Patient Care Manager (PCM)

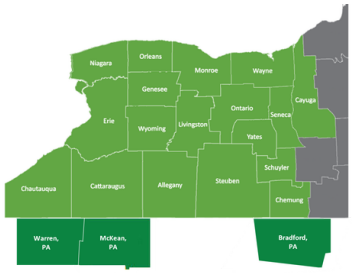
Through partnerships with nearly 50 educational institutions and hundreds of qualified service commitment sites, the CPT Program aligns training with regional workforce needs and supports clear pathways from education to meaningful employment. Together, these efforts help build a skilled, resilient workforce while expanding opportunity and economic mobility across the region.

CPT Program by the Numbers

It is anticipated that more than 3,000 individuals from our region will enter or advance careers in health, behavioral health, and social care thanks to the CPT Program. As of 6/30/26:

2,432
individuals enrolled





18
FLPPS counties

3
Pennsylvania counties

46%
New Career pipeline

54%
Career Advancement pipeline

~1,200
graduating in 2026

~1,800
graduating in 2027



Top 5
JOB TITLES

CMA - 553
LPN - 366
ARN - 355
RN to BSN - 342
MSW - 259



300+
qualified service commitment sites in FLPPS WIO 18-county region

*"**I am so grateful for this program!** I have been able to excel at my coursework due to not being stressed about the financial strain of paying for school."*

*"The CPT program does a thorough job of **ensuring that we are succeeding** in our academic programs."*

*"**The CPT Program is a blessing to my life.** I am able to go to school. That's a dream come true."*

Supporting Workforce Training Through Our LMS

Our Learning Management System (LMS) is a platform developed and maintained to support workforce training, implementation, and continuous learning across health and community-based organizations in the Finger Lakes region.

More than a course platform, the LMS enables us to work alongside partners to strengthen training access, consistency, and readiness at scale. As a NYS-approved continuing education (CEU) provider/sponsor for social workers and mental health counselors, we offer learning opportunities that support professional development and licensure requirements.

Over the years, the LMS has supported a range of initiatives by delivering learning content, tracking participation and completions, and supporting reporting and feedback.

In 2025, this included the Home Health Aide Training Program, the Housing Search Navigator Program, and the Career Pathways Training (CPT) Program—each using the platform to support education, onboarding, and ongoing learning.

We collaborated with partner organizations to develop and deliver learning experiences aligned with program and workforce priorities, combining custom-developed content informed by internal expertise and research with integrated third-party training.

Through curated learning pathways and structured learning plans, the LMS supports education that is relevant, adaptable, and scalable, while also enabling tracking, feedback, and reporting to support implementation and accountability.

*"**Having one centralized system made it easier** to organize and assign training and track completion across our organization. The FLPPS LMS Team made the whole process painless."*

Delivering Workforce Training Across Our Region

Over time, the LMS has been used to develop and deliver a wide range of workforce trainings, supporting program implementation, and expanding access to learning opportunities across multiple initiatives.

SINCE INCEPTION



518+
organizations utilized our LMS



~1.4K
individuals used our LMS



~1.2K
courses in the LMS



67,700+
course completions

RECENT ACCOMPLISHMENTS

Developed new workforce trainings:

- Trauma-Informed Care: An Introduction
- An Introduction to Cultural Competency
- Emotional Intelligence in the Workplace
- Professional Communication Skills
- Wellness Self-Management
- Conflict Resolution and De-escalation
- Financial Wellness and Life Skills
- Time Management and Productivity
- Therapeutic Communication & Active Listening
- Motivational Interviewing Basics
- Trauma-Informed Practice

Sponsored CEU trainings for partners:

- Three eight-course anti racist culturally competent treatment (ACCRT) learning modules
- One live professional development event

Developed and implemented digital health equity trainings:

- Course creation
- Enrollment facilitation

Supported CPT Program participants continuing education:

- Surveyed program participants and educational case managers
- Identified additional trainining needs as participants transition from student to employee

GRHHN & Care Management

In every phase of our work, we have remained focused on strengthening systems that support individuals facing complex health and social needs. Greater Rochester Health Home Network (GRHHN) has been an important part of that effort, supporting care coordination for a vulnerable population and helping individuals navigate appointments, follow-up care, and access to essential services.

Founded in 2012, GRHHN played a significant role in advancing coordinated care and improving outcomes for individuals with complex needs in the Finger Lakes region. In 2018, we acquired GRHHN, reinforcing a shared commitment to integrated, person-centered care. Its impact was shaped by the dedication of the GRHHN team and the strong partnerships established throughout the community.

In 2025, we made the decision to transition GRHHN's health home operations to Health Homes of Upstate NY (HHUNY) while prioritizing continuity of care for enrolled members. Clients in GRHHN's direct care management division were also supported through an orderly transition to other care management agencies, with choice and continuity maintained throughout the process.

GRHHN'S IMPACT 2018 - 2025

45 Care Management Agencies engaged	**62,551** Referrals processed	**36,041** Unique clients referred
26,467 Enrollments completed	**20,234** Unique individuals enrolled	**6,568** Successful discharges

grhhn
Greater Rochester Health Home Network
A FLPPS Subsidiary

*"**The GRHHN team's work has touched lives in ways that are difficult to quantify but deeply felt.** Their contributions have left a meaningful and lasting mark on both FLPPS and the communities we serve, shaping a legacy that will continue to guide and inspire us moving forward."*

What We Carry Forward

The work of GRHHN—its care managers and entire team—reflects the skills and values that continue to guide our approach to the work we do each and every day, combining critical thinking, advocacy, persistence, and compassion to support individuals with complex needs.

Through GRHHN, we strengthened practices and principles that remain embedded across our programs and partnerships.

CONTINUITY
Supporting individuals across transitions and changes in care.

COORDINATION
Connecting providers and services across systems

PARTNERSHIP
Working collaboratively with health, behavioral health, social care, and community-based organizations.

DIGNITY
Centering choice, respect, and person-centered support.

These values remain embedded in our work as we continue advancing integrated, community-driven solutions across the region.



Combining to Advance Regional Health Improvement...

In 2026, the Boards of Directors of FLPPS and Common Ground Health–Rochester RHIO approved the combination of the organizations—establishing a combined entity committed to advancing regional health improvement and health equity across the Finger Lakes region.

Carol Tegas, serves as the CEO of the combined entity.

Building on years of collaboration grounded in shared purpose, the combined entity brings complementary strengths in provider collaboration, health data exchange, community engagement, and workforce development to support more integrated, region-wide efforts.

flpps Finger Lakes Performing Provider System

Extensive experience improving healthcare delivery and health outcomes through collaborative partnerships and the implementation of complex, community-driven initiatives.

Common Ground Health

Deep experience in data analysis, convening, and community engagement.

ROCHESTER RHIO

Specialized expertise in providing a secure, quality-ensured health and social determinant information exchange.

By aligning this complementary expertise, the combined entity strengthens our ability to coordinate partners and advance shared priorities—creating new opportunities to move from planning to action in service of regional health improvement, particularly in communities facing the greatest barriers to health.

...For Stronger Coordination and Lasting Impact

FLPPS is a valuable partner to clinicians and communities, working collaboratively to enhance healthcare delivery in our region. By joining forces with Common Ground Health-Rochester RHIO, these nonprofit entities will be stronger together. They will be better aligned and well-positioned to meet the evolving healthcare needs of the partners and communities we serve.

Kathy Parrinello, RN, PhD, FLPPS Board Co-chair; President & CEO, Strong Memorial and Highland hospitals



This is an exciting time in healthcare in our region, as FLPPS and Common Ground Health-Rochester RHIO come together to improve our health delivery system.

Melissa Gardner, Common Ground Health-Rochester RHIO Board Chair; President & COO, Rochester Regional Health



Through Carol's leadership and the organizations' combined work, knowledge base and resources, we can make an even greater impact on the region's health. This allows us to be innovative, financially responsible and focused on our collective mission to improve health outcomes in our community.

Ann Marie Cook, Common Ground Health-Rochester RHIO Board Vice Chair; President and CEO, Lifespan



Together, we will be in an even stronger position to further transform health delivery. I look forward to building on the tremendous work that Common Ground-Rochester RHIO leaders, including Marlene Bessette and former co-CEO Wade Norwood, have done before me.

Carol Tegas, CEO, FLPPS and Common Ground Health-Rochester RHIO Combined Entity



Honoring Our Work and Looking Forward

Progress is not defined by a single program, initiative, or year. It is built over time—through trust, persistence, and the willingness to work across systems that were never designed to function together.

The work captured in this impact report reflects a belief that better outcomes are possible when care extends beyond clinical settings, when workforce pathways are supported, and when community knowledge is treated as essential infrastructure. Across the Finger Lakes region, partners came together to solve real problems with practical solutions—often quietly, often incrementally, and always with intention.

This moment also represents an evolution in how that work continues. The combination of FLPPS with Common Ground Health–Rochester RHIO reflects a shared commitment to using data, partnership, and community insight to move from information to action. While structures may change, the purpose of the work and the people it serves remains constant.

None of this progress happens alone. It is made possible by partners who show up, board members who provide stewardship, funders who invest with trust, and teams who do the work every day with care, compassion, and integrity.

As this chapter of FLPPS closes, the work does not. The challenges facing our communities are complex, but so is our collective capacity to respond.

The foundation has been laid. What comes next is built from it.

FLPPS BOARD OF DIRECTORS

Kathy Parrinello, RN, PhD
President and Chief Executive Officer
Strong Memorial & Highland Hospitals
FLPPS Board Co-Chair

Jennifer Eslinger
President and Chief Operating Officer
Rochester Regional Health
FLPPS Board Co-Chair

Adam Anolik
Chief Financial Officer
University of Rochester Medical Center

Marc Berliant, MD
University of Rochester Medical Center

Jennifer Carlson
Chief Executive Officer
Finger Lakes Area Counseling
& Recovery Agency (FLACRA)

Linda Clark, MD
President and Chief Executive Officer
Jordan Health

Ann Marie Cook
President and Chief Executive Officer
Lifespan

Thomas Crilly
Chief Financial Officer
Rochester Regional Health

Ann Domingos
Chief Executive Officer
CASA Trinity

Michele Foster
Executive Director
Pivital Public Health Partnership

Steven Goldstein
President of System Integration
University of Rochester Medical Center

Andrea Haradon
President and Chief Executive Officer
Human Service Development

Renee Hungerford
Executive Director
Community Action of Orleans and
Genesee (COAG)

Jonathan Lawrence
President and Chief Executive Officer
Arnot Health

Nichole Malec Huss
Vice President and Chief of Staff
Rochester Regional Health

Wade Norwood
Chief Executive Officer
Common Ground Health

Chad Teeters, MD
Executive Medical Director
Accountable Health Partners (AHP)

Hugh Thomas, Esq.
Independent Healthcare Consultant

Joseph Vasile, MD
President and Chief Executive Officer
Greater Rochester IPA (GRIPA)

Mary Zelazny
Chief Executive Officer
Finger Lakes Community Health

Thank you for being part of this journey as we continue the work ahead—together.

flpps Finger Lakes Performing Provider System

Curious what we did in our first ten years? Check out our inaugural Impact Report covering a decade of our work and impact.