



**Educational
Alliance**

Bridging the Gaps in Healthcare through Community Integration

The Community Center Model:

Lessons Learned

Why and How

- National Healthcare - Then and now
- NYS Residential Re-design - An opportunity !
- The “Community Center” model- Looking backward and forward at the same time!
- Center for Recovery and Wellness- a paradigm shift!
- Healthcare Reform Learning Lab: Lessons Learned on **value based strategies** and applying it to our community center model

Healthcare in “Flux”

- The days of “business as usual” are over.
- Global view:
 - rising costs
 - uneven quality
- Countless efforts to:
 - attack fraud, reducing errors, enforcing practice guidelines, making patients better “consumers” implementing electronic medical records
 - All these failed efforts despite the hard work of well-intentioned, well-trained clinicians

The definition of insanity!!!

Healthcare in “Flux”

- Behavioral Health providers working in the NYS “O” agencies (DOH, OASAS, etc.) are adjusting to managed care and the APG payment system
- 2020-APGs are scheduled to sunset
- Are you ready now as an organization for the world of **Value Based Purchasing** and or incentives?

Let's look at a unique and innovative model



Setting the Context of Healthcare Reform

- Non-profits traditionally rely on contracts or donations along with fee for service.
- Health Homes and DSRIP were just the beginning of payment reform
- \$60 billion dedicated to the “Triple Aim”
- How does this tie in to delivering services for the community?
 - Realization that contracts are shrinking; Medicaid expansion (or is it now?)
 - Benefits of building an holistic model; referents prefer “one-stop” shops
 - Partner with other CBPs that offer what you don’t
 - Look at gaps realistically



A Novel Idea



What's Different?

- a Community Center approach
- Historical overview
- Why does the community center model work
- Examples:
 - HIV
 - Seniors
 - LGBT
 - Y's

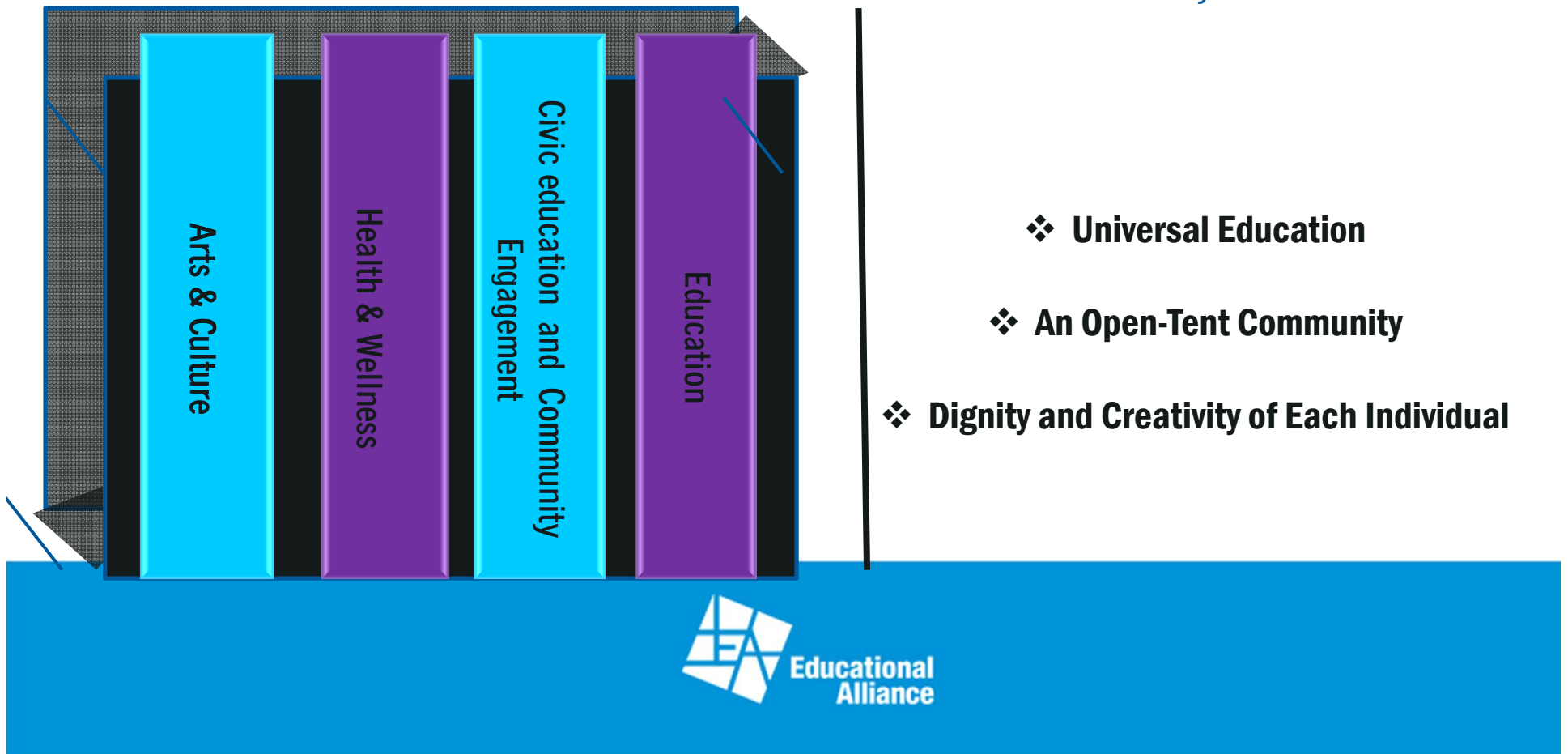
What is a Community Center?

Community Centers are public locations where members of a community tend to gather for **group activities, social support, public information, and other purposes**. They may sometimes be open for the whole community or for a **specialized group** within the greater community.

Four pillars that all of Educational Alliance's community centers are based on:

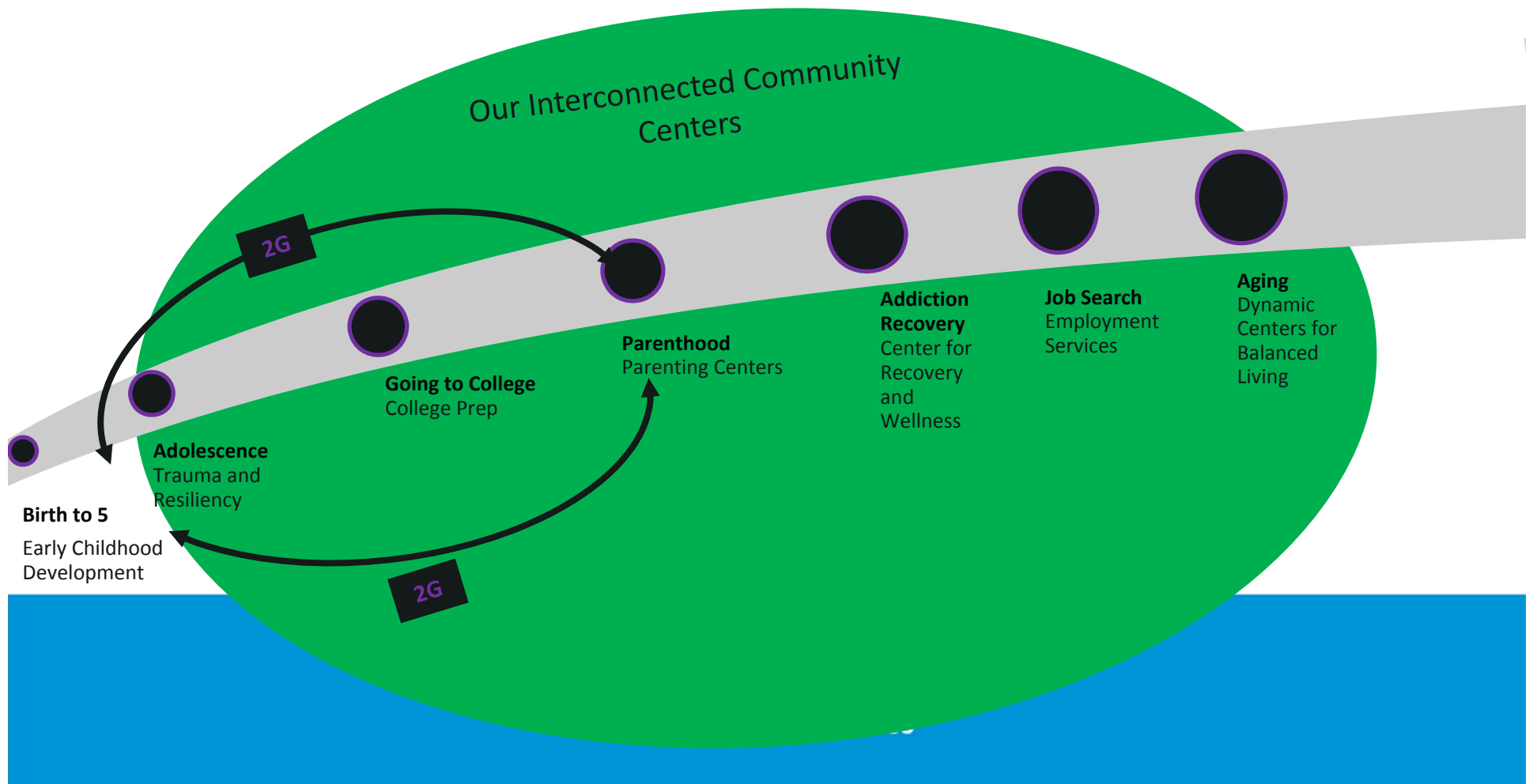
The 4 Pillars of an EA Community Center

Our 3 Key Values



Community Center Dynamics

...and pair them with **transformational, evidence-based interventions at critical life turning points...**



How can we lower a community's alcohol and substance use?

- Are you located in a neighborhood known to have substance use?
- If so, what substance is predominant?
- Do you know the risk factors in your neighborhood?
- Do you have expertise in that area?
- Do you know your neighbors?
- When was the last time you invited your neighbors in to your “home”?
- How did you invite them to your home? Was it really welcoming?

Slide 11

Office2

Microsoft Office User, 7/25/2017

MEET YOUR NEIGHBORS!!



Make a commitment to bring wellness to your neighborhood!

Who are your neighbors?

- What type of housing are people living in?
- What is the socio – economic status of the community you are reaching out to?
- What is the ethnic background of your community?
- What are the commonalities of the neighborhood?
- What are the community's strength?
- What are the community's overarching challenges?

Who are your neighbors?





Health Profile and Determinants comparing NYC and Manhattan rates:

	Lower East Side/ Chinatown	Manhattan	Greater NYC
Rate of teen births per 1000 aged 15-19	13.50%	16%	23.96%
general health - self rated to be excellent	73%	83%	
Obesity	12%	16%	23%
Diabetes	12%	7%	10%

The need for more healthcare is clear. LES is part of Manhattan!

Here is who our neighbors are

Data summaries

- HPV, HIV and other screening- LES  than overall NYC
- Yet, new HIV cases at 41 per 100,000 compared to 30.4 per 100,000 greater NYC
- Adult Asthma in  LES than NYC
- Mental health-psychiatric admissions  723 per 100,000 in LES compared to NYC (684 per 100,000)
- Despite access to multiple human service agencies and screening; risky behavior remains  in LES and Chinatown

Why engage your neighbors?

- You become trusted by the community
- You establish a never ending referral source
- You become a "safe haven"
- You can engage in prevention
- Continuing care is enhanced

What would engage your neighbors?

- What type of activities would attract your community?
- What types of programs would attract your community?

How do I engage my community?

- Some activities can include:
 - Game night
 - Movie Night
 - Family weekend
 - Use of peers
 - High School Equivalency
 - English Speakers of other Language (ESOL)
 - Employment seminars

Think about different activities for different age groups, interests and culturally relevant activities



Now you have engaged the community, what next?

- While your neighbors are visiting your “home”, make sure there is material about your programs available
- Make sure staff are engaged with your visitors. Get to know their name, where they live, how did they hear about the program they are attending?
- What would bring the person back to your Center?
- On a return visit, are there any services that the person would be interested in learning more about?

And then what happens?

- We know that 1 in 10 people struggle with addiction issues
Odds are someone either in immediate family or a relative, could benefit from services
- How readily are services available?
- How anonymous are services?
- Are options available based on financial ability?

Dispelling myths about Alcohol Use*

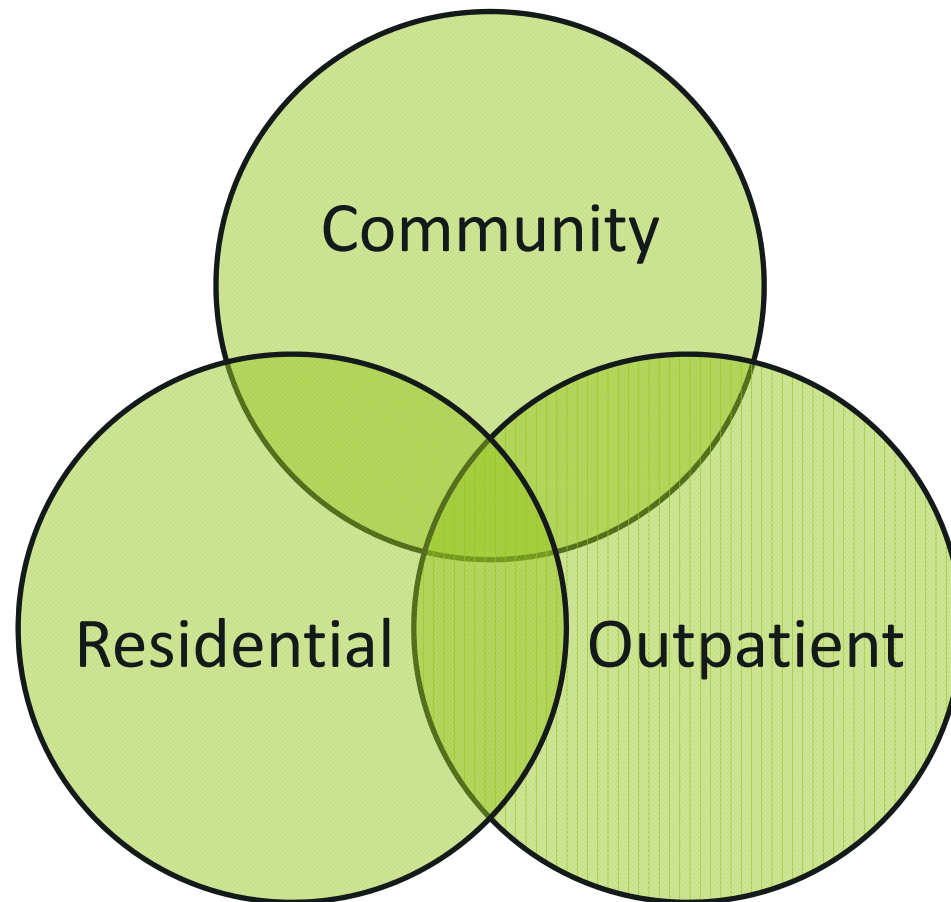
- About 80 percent of upper-income survey respondents reported drinking alcohol, compared with approximately 50 percent of lower-income respondents
- Approximately 78 percent of individuals with an income of \$75,000 or more reported that they drink, compared with 45 percent of individuals with an income of \$30,000 or less
- About 80 percent of college graduates reported that they drink, compared with 52 percent of those who had a high-school education or less
- Altogether, 64 percent of American adults from all income categories reported that they use alcohol

* NIH statistics

Information about Heroin Use

- Heroin use in U.S. reached an "alarming" 20-year high in 2016
- There were about one million heroin users in the U.S. as of 2014, almost three times the number in 2003
- 58,000 people died from heroin overdose in 2016
- A 2015 CDC study states that women and middle –class people are turning to heroin in unprecedented numbers. Over prescribing of opioid drugs is in theory, the primary cause

How do we get to the sweet spot of wellness?



Intervention Levels

- Individual – who is the person, why did they come into the Center, how can we be part of uplifting this life?
- Group – usually a peer but could be family, friends, neighbor? What is the goal of the meeting or gathering?
- Community – if the community does not focus on wellness, can the individual stay healthy?
- Structural – is there a need in laws or policies in order to accomplish goals?

What prevents community members from accessing services?

- Complex factors
 - Trauma
 - Lack of social connectedness
 - Inability to self-regulate
 - Stigma
 - Uninformed

Community

Now that we decided to build it - what next?

- Meeting the community where they are at!
- How does your agency want to be viewed?
 - The outsider “do-gooder”
 - Or the “valuable partner” and member
- Think motivational Interviewing (MI)...avoid the expert trap!
- When in doubt- just ask???
 - Engage the community
 - Identify community based needs, and professional field and internal agency systems
 - DATA, DATA, DATA

Community

Focus group process:

- Introduction to EA and their services
- Discussion of the proposed Center for Recovery and Wellness
- Respondents were also asked about their future interest in recovery services
- Trained facilitators discussed:
 - familiarity with addiction
 - recovery and treatment
 - the community need for additional resources
 - How to bring wellness into a community

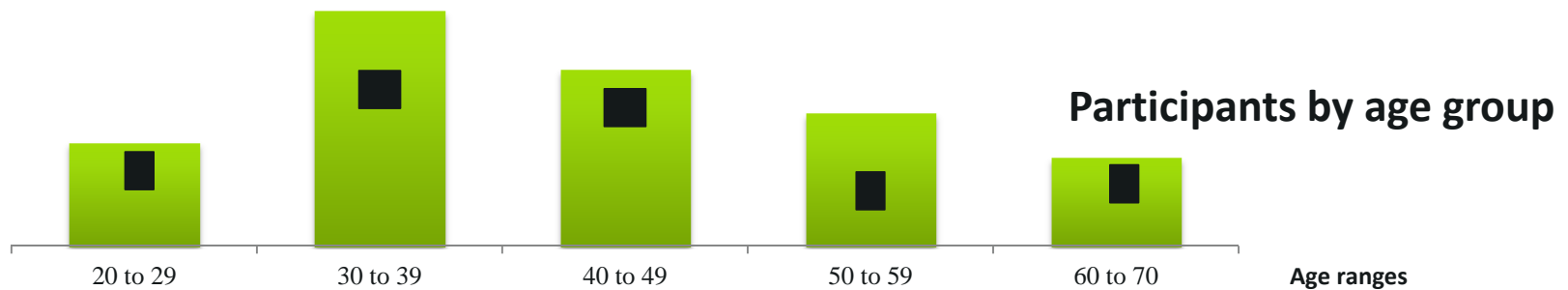
Participant Characteristics

Sample: There was a total of 54 participants in 5 different groups.

Age: Participants ranged in age from 23 to 68 years old, with an average age of 42. Most of the participants were between 30 and 49 years in age.

Group 1 Staff -EA	Group 2	Group 3	Group 4	Group 5 Addiction Division
8	8	12	19	7

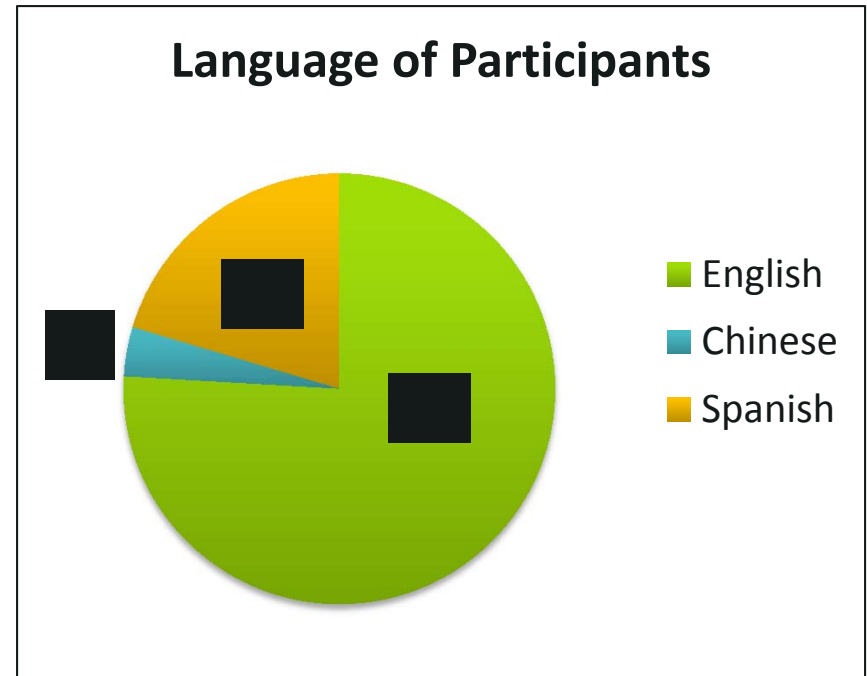
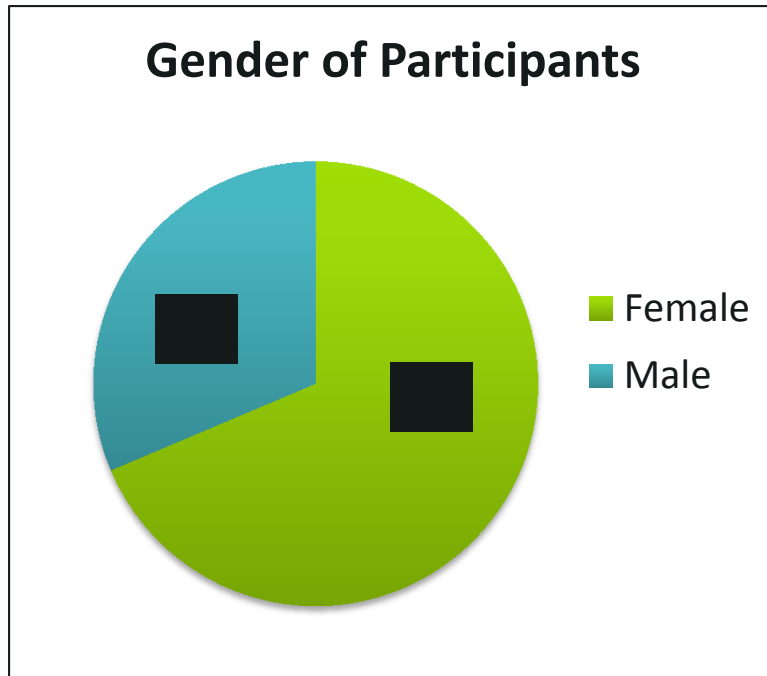
■ Number of participants



Participant Characteristics

Gender: The majority (69%) of the participants were female

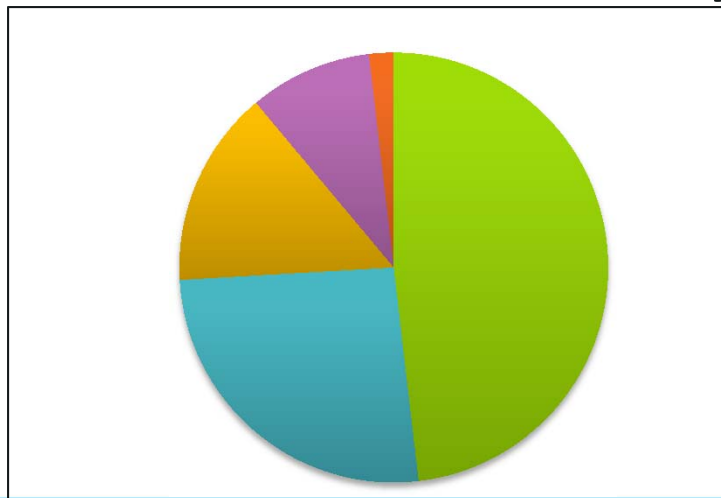
Language: English was spoken by a majority (76%), followed by Spanish (20%) and Chinese (4%)



Participant Characteristics

- Almost half of all participants self-identified as Hispanic / Latino (48%)
- Approximately one quarter of the sample identified as Black/African American (26%)
- Only one person identified as Native American

Race / Ethnicity of Participants

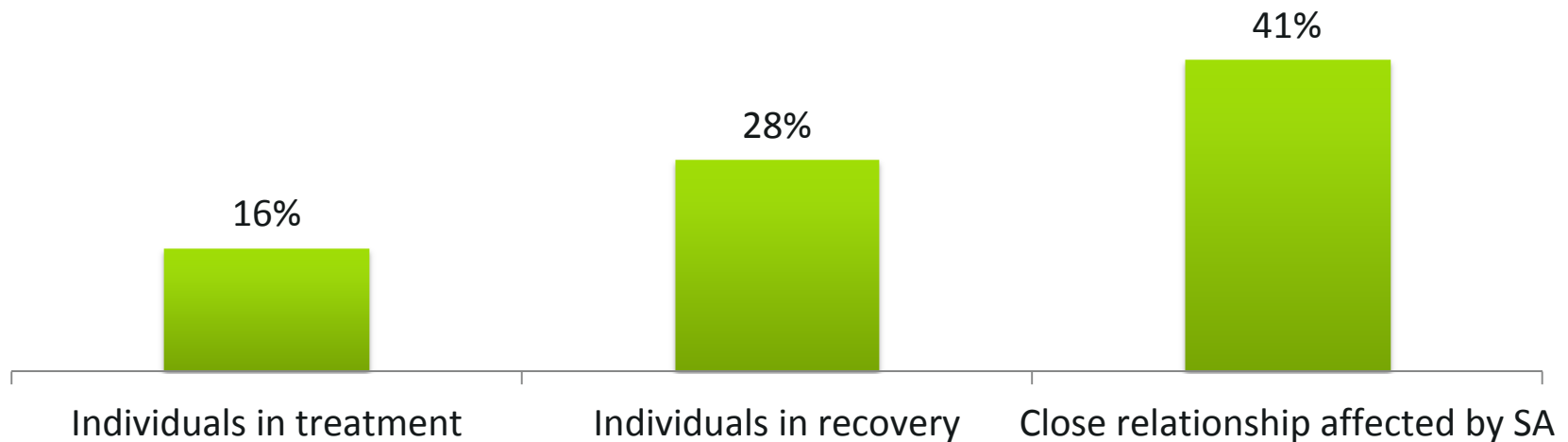


- Hispanic/Latino
- Black/African American
- White/Caucasian
- Asian
- Native American

Participant Characteristics

More individuals reported they were having close relationships affected by substance abuse than were in treatment or recovery.

Individuals currently in treatment or recovery for substances use disorder



Focus Group Discussion

- **Impact of addiction:**
 - expressed need for addiction services to include **families** in the treatment process
 - help people **communicate** better

Focus Group Discussion

- **Services that participants identified as needed:**
- Having informative and educational workshops, skill building groups, and wellness-related fun activities (such as gardening, open mic poetry)
 - Some participants wanted treatment programs to include non-denominational spiritual components, grief counselling and services that cater to LGBT populations
 - Many community members wanted friends to be included in the family support groups and have AA/NA available on site

Focus Group Discussion

Seminars_such as:

- Life skills training (for children and adults), housing support, financial counselling, prevention related topics, nutrition and cooking classes, exercise classes were some of the most frequently mentioned topics
- There was considerable interest in adding *social activities* for building community support

Meeting the Community Where They Are At

Strategic Planning

- Community input and data obtained-next steps
- Choice of programming-fiscally viable yet cutting edge
- Build to existing strengths
- Plan for and train for robust treatment with multifaceted modalities
- Recovery and wellness oriented focus
- Combine existing models with emerging best practice
- Overarching paradigm of “Community Center”

Preparation for the future

- Build it and they will come! But will you get paid?
- How do we connect this great new model to **“Value Based” methodology** and develop **sustainability**?
- Lessons learned from a Healthcare Reform Learning Lab !

Building Essential Elements of CRW

- Staffing – Agency Employees/Mentor/Peer mix
- Full Continuum of Care with 820 licensure incorporated
- Individual Treatment Plans and Services-in practice not just in print
- Peer Support “wrap around” of every program
- Community Outreach and EA In-reach
 - Use of existing agency resources and other community centers in the Educational Alliance portfolio
 - Break down silos
- “Family” as a therapeutic concept; Community as a tool enhances client centered approaches



CRW Client Focus

- Prevention
- Connectedness to the Recovery Community
- Physical Health
- Emotional Health
- Spiritual Health
- Living Accommodations
- School/Job/Education
- Personal Daily Living Management
- Rehabilitation-Learn to live again
- Holistic Wellness as the ultimate goal



The Continuum

- NYS OASAS certified programs
 - Prevention and Outpatient
 - Residential 820
 - 3 elements: Stabilization, Rehabilitation, Re-Integration
- OASAS collaborative development
 - Innovation: First of its kind; overarching “Community Center” paradigm dedicated to addiction and holistic wellness
 - Formal Recovery Center and Wellness and ROSC Supports/coaching
- EA driven
 - Community outreach with community partners
 - Heavy emphasis on creating an environment that welcomes our neighbors and the general public

Meeting the Community Where They Are At

Clinical Strategic plan

- Implement a full continuum of wellness / care
 - Focus on community outreach and education
 - Leverage agency partnerships to bridge gaps and break down silos
 - Community level workshops on primary health, substance use disorder, obesity, high risk behavior reduction and holistic wellness; NARCAN distribution and training
 - Incorporate 820 residential re-design
 - 822 Outpatient with Offsite and Onsite service mix
 - Wrap around peer support at all levels
 - Access to community center for all!!

Community-Based Approach to Recovery and Wellness

Educational Alliance's newly opened Center for Recovery and Wellness is proudly pioneering an **innovative approach to substance abuse and community health**.

Utilizing Educational Alliance's **community-based approach**, this progressive center has **extended the continuum of care** to include programming for the whole community.

This new model recognizes that complex factors including trauma, lack of connectedness, and inability to self-regulate can prevent individuals from accessing the critical resources—including recovery services—that are needed to live healthy, whole, and productive lives.

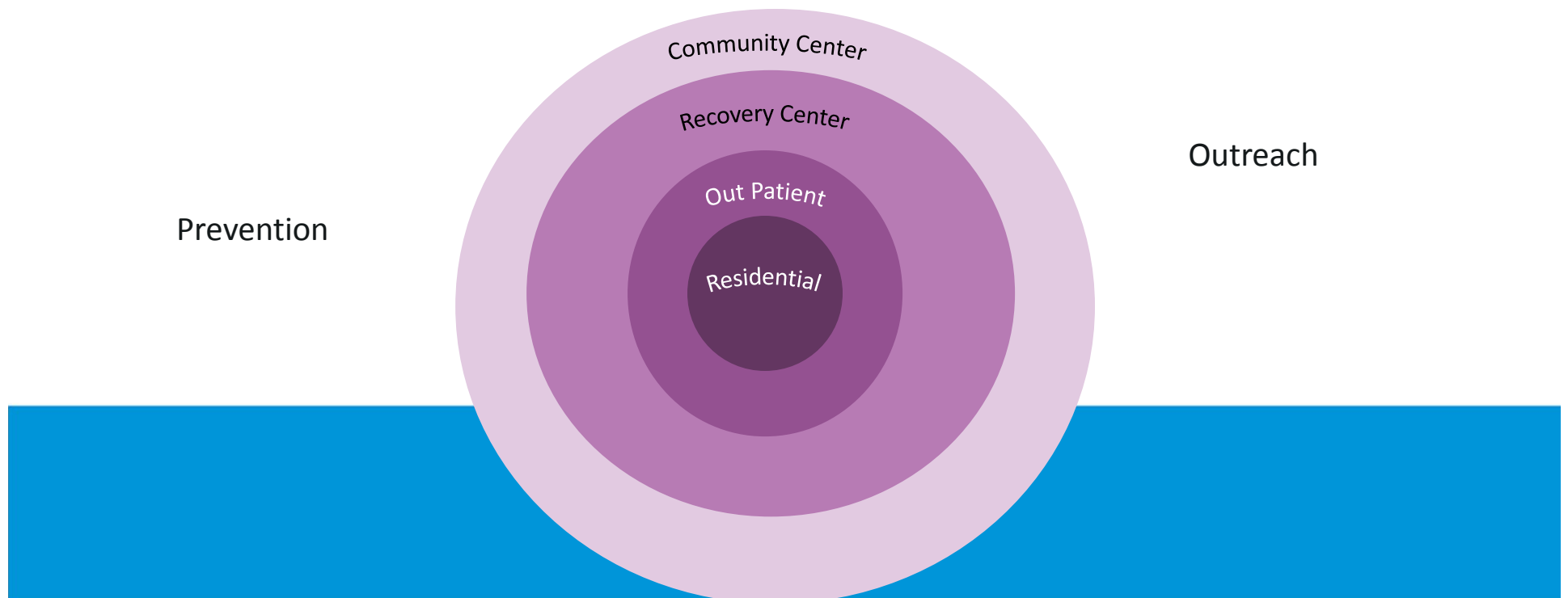


Our Innovative Approach to Substance Abuse & Community Health/Wellness

Community-Based Approach

Extending the continuum of care

Outreach → Prevention → Out Patient → Residential 820 → Out Patient → Recovery Center → **Community Center (does not have to be linear)**



Our Innovative Approach to Substance Abuse & Community Health/Wellness

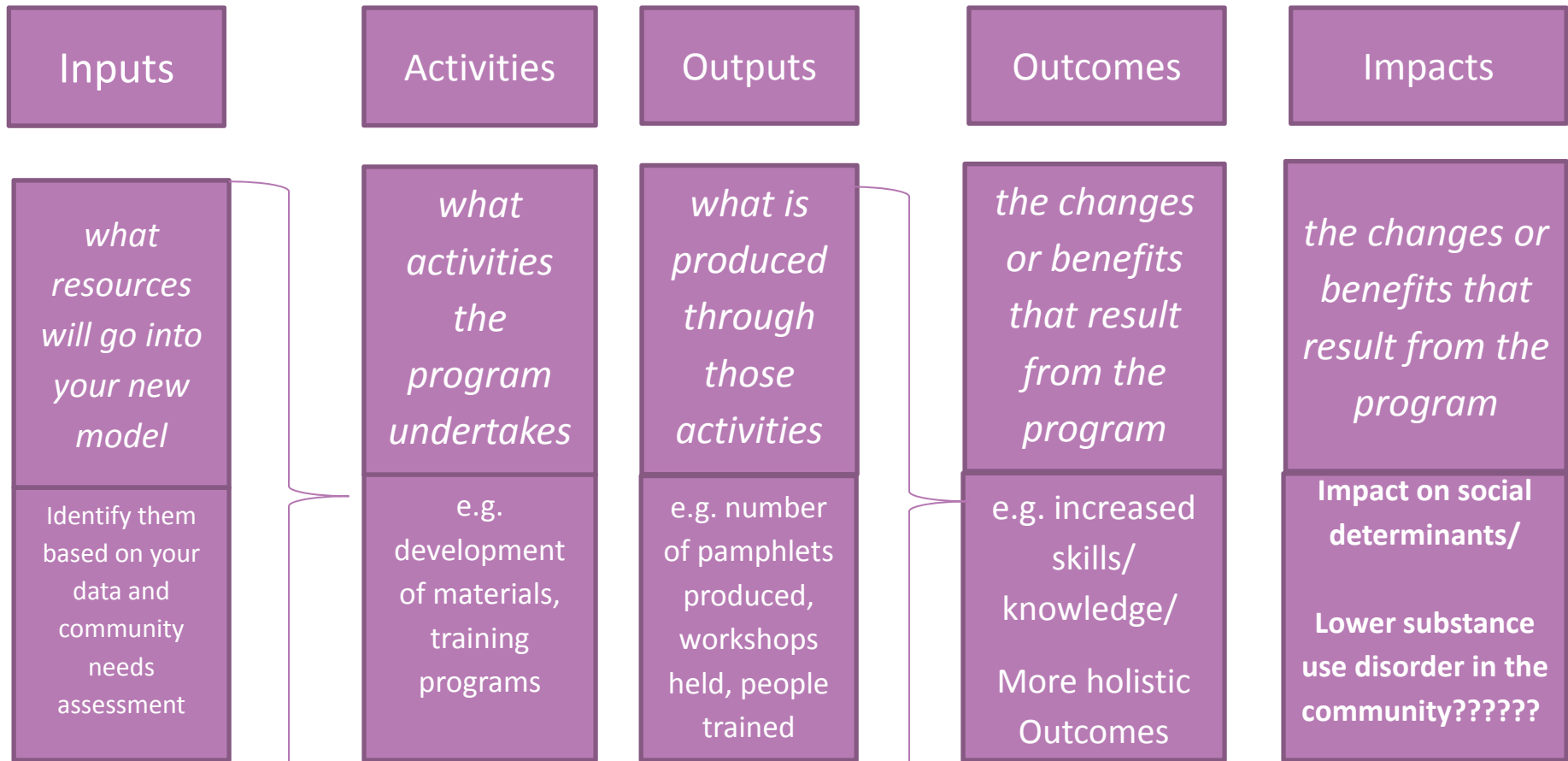
By addressing the community, we can:

- Connect community members to internal and external resources, including additional services and activities
- Utilize the community and its strengths as a tools for prevention, treatment / recovery and wellness
- Address underlying factors that contribute to substance use, mental health symptoms, and other negative impacts from social determinants

Overarching goal: Bring down substance use disorder rates in the community by providing opportunities for wellness



Center for Recovery and Wellness Logic Model



Next steps

ID and Explore stage

- Explore setting the context of Healthcare Reform and educate your Board and important stakeholders
- Focus on your contributions as a Community-Based Provider- develop a list of what you do well and collect data
- Analyze Costs of Services, Revenue Options and Risks
- Start building “Strategic Relationships”
- Support the development of your agency’s “**Value Proposition**”

Next steps

Action stage

- Lead your agency through Healthcare Reform
(Keep the Board and stakeholders informed;
create buy-in at all levels)
- Implement linkages with community partners
- Develop the actual **Value Proposition**
- Identify key relationships with MCOs and get
ready to negotiate!
- 2020 is around the corner!!!

Miracles Happen Here



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