

STATEN ISLAND PPS IMPACT REPORT A YEAR IN REVIEW





STATEN ISLAND PPS BOARD OF MANAGERS

Brahim Ardolic, MD Executive Director Staten Island University Hospital/Northwell Health

Kevin Beiner SVP and Regional Executive Director, Western Region Northwell Health

Thomas Reca Financial Consultant to Staten Island University Hospital

Laurence Kraemer, JD SVP and Chief General Counsel Northwell Health

Frank Morisano, RN, MS Senior Director, Community Health Staten Island University Hospital/Northwell Health

Rev. Victor Brown Senior Director, Community Health Staten Island University Hospital/Northwell Health

Daniel Messina, PhD President & CEO Richmond University Medical Center

Henry Thompson, DSc, FACHE CEO Community Health Center of Richmond

Ericker Onaga, LCSW Executive Director Community Health Action of Staten Island

Rev. Terry Troia President and CEO Project Hospitality

Diane Arneth Community Advocate

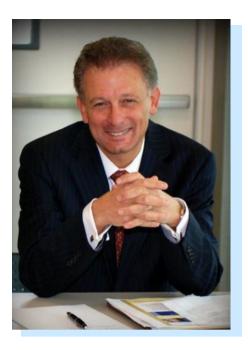
WHAT'S INSIDE

A Message from the Executive Director	2
What's New in 2024?	4
Community Health	5
Social Care Network	6
Ambulatory Care	8
Behavioral Health	12
Hotspotting the Opioid Crisis	13
Workforce Training	16
Veterans Program	19
Grant Funding	22
Meet the Team	23
Media & Publications	25

A MESSAGE FROM THE **EXECUTIVE DIRECTOR**

2023 was a year of significant achievements for the Staten Island PPS. Nearly four years after the completion of the Delivery System Reform Incentive Payment (DSRIP) program, Staten Island PPS partner organizations continue to distinguish themselves in implementing innovative programs to address health inequities. Our comprehensive network of partners has served populations with unmet health-related social needs including pregnant and postpartum people, individuals with substance use disorder, hypertension, diabetes, and asthma, Veterans and Active-Duty service members, and children.

This year, our programs have made notable impacts. With the support of our new partner, Non-Profit Staten Island, we awarded five new CBO partners with a grant opportunity to grow capacity and expand services to address food insecurity and nutrition, provide Certified Recovery Peer Advocate support, outreach to improve education access for children, and referrals to meet health-related social needs.



We work with our network to continue the urgent work to address the overdose and addiction crisis. These initiatives include outstanding partners like Bridge Back to Life, Camelot Counseling, Community Health Action of Staten Island, Project Hospitality, Richmond University Medical Center, Silver Lake Behavioral Health, Staten Island Partnership for Community Wellness, Staten Island University Hospital, YMCA Counseling Service, and additional partners participating in the Tackling Youth Substance Abuse (TYSA). This includes advocacy for opioid settlement funds and participation in the Staten Island Fentanyl Taskforce.

Staten Island PPS participated with the Office of the Richmond County District Attorney and the Staten Island Borough President in the Staten Island Fentanyl and Overdose Task Force to develop and deliver recommendations to local, city, and State elected officials.

Partnerships with faith-based and community partners were expanded to include Mt. Sinai United Christian Church, Central Family Life Center, Canvas Institute, United Activities Unlimited, K Woods Foundation, and Bait-ul Jamaat to reach out to youth and families to learn about issues, confront them, and deliver programs matching their needs.

Due to successful partnerships in the community, the Staten Island PPS network has achieved the following results:

- Achieved an 81% reduction in overdoses and overdose deaths for the 650 individuals engaged in the Hotspotting the Opioid Crisis program, funded by The Secure Future Project and Northwell Health, and implemented by Staten Island University Hospital, Richmond University Medical Center, Community Health Action of Staten Island and the Richmond County District Attorney.
- Received a grant from the Medicaid Innovation Collaborative for New York State to implement a tech-enabled solutions program to address health-related social needs with Healthfirst and technology innovators, Ready Computing and Samaritan City. The goal of the program is to engage individuals experiencing homelessness, individuals with gaps in care and unmet needs.
- Received its first ever \$1.6 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for an Early Diversion Program, diverting individuals affected with co-occurring mental health and substance use disorder.
- CBO partners completed nearly 10,000 Social Determinant of Health assessments, meeting over 7,000 health-related social needs, and connected 2,000 individuals back to primary and behavioral health care. Income, education, and housing are among the highest needs identified and most difficult to fill.
- In collaboration with Community Health Center of Richmond, received a \$6 million grant from the Health Resources and Services Administration (HRSA) to certify and train over 400 individuals as Community Health Workers (CHW), adding a Lay Counselor training component in 2024 to expand community level behavioral health screening and linkage to services and trained over 100 individuals in Apprenticeship roles with Certified Recovery Peer Advocate (CRPA), Community Health Worker (CHW), Certified Home Health Aide (CHHA) and Certified Nursing Assistant (CAN) titles through a \$4 million grant.
- Created a flourishing Veterans and Active Duty Service Members Program in partnership with Commissioner James Hendon of the NYC Department of Veterans Services and State Senator Jessica Scarcella. Through a recently formed Staten Island Veterans Task Force, a program at Blue Star Families at Fort Hamilton Coast Guard base was funded to provide food and supplies to 120 individuals, a Veterans Yoga Project program was initiated to provide weekly yoga classes at the Staten Island Gold Star Post, and 9 webinars on Veteran suicide prevention have been presented.
- Academic and research partnerships continue with MIT Sloan School of Management, George Mason University, New York University, and the CUNY College of Staten Island. Partnerships are expanding to include the Mailman School of Public Health at Columbia University and Wagner College. The 39 member class of Wagner College Physician Assistants, Class of 2026, has been a valuable addition. Staten Island PPS congratulates Program Director Nora Lowy for her leadership and vision.

A MESSAGE FROM THE EXECUTIVE DIRECTOR

- Several publications have been accepted in the domains of behavioral health, machine learning, and quality improvement. Staten Island PPS's achievements have been highlighted in multiple media sources and PPS staff have presented results around the country and in the United Kingdom. A list to the link of publications and presentations can be found on page 25 of this report.
- Staten Island PPS has developed a learning collaborative with the Leeds Health and Care Partnership Board of the UKand was invited to visit the UK for 3 days of intensive workshops focused on improving quality, access, and outcomes, meeting with an incredibly dedicated team led by Tim Ryley. A special thanks is reserved for Martin Charters and Manraj Khela.
- The Staten Island PPS network welcomed dynamic new partners including Super Health Pharmacy, AlRnyc, Blue Star Families, A Chance In Life, Celebrate Hope, Health 4 Youths, K Woods Foundation, and COJO SI. Staten Island PPS also expanded relationships with existing partners, Person Centered Care Services, Jewish Community Center of Staten Island, and Make the Road New York, for subcontracted navigation services, adding screening and navigation capacity in preparation of the NYS Medicaid 1115 Waiver for Social Care Networks.

Staten Island PPS and its networks extends gratitude and appreciation to its many friends, foundations, and supporters including The Secure Future Project, Altman Foundation, Net America, and all our city, state and federal grantors who have worked with us to secure financial resources, connect with new organizations, and expand the orbit of our work. There was much to be thankful for in 2023 and we look forward to a highly productive 2024 and remain positive for designation as an SCN lead entity. All of this success would not have been possible without our partners and supporters. A special thanks to our diverse and skilled Staten Island PPS team and our Community Board for their insight and guidance.

We also especially thank our parent organization Northwell Health and Dr. Debbie Salas-Lopez, Senior Vice President of Community and Population Health. When many PPSs were forced to shut their doors in 2020, the commitment of Northwell Health and the trust of Dr. Brahim Ardolic, Executive Director of Staten Island University Hospital to sustain the PPS efforts in the community and beyond, speaks louder than words.

Sincerely,

Doseph Conto

Joseph Conte, PhD, CPHQ Executive Director Staten Island Performing Provider System

WHAT'S NEW IN 2024?

Announced in January 2024, the long-awaited NYS Medicaid 1115 Waiver has created new possibilities. Staten Island PPS is creating a strong application to become a Social Care Network lead entity in Richmond County. This is a major opportunity with significant responsibility to drive care for Staten Islanders, by Staten Islanders.

Staten Island PPS has embarked on numerous initiatives that will also help shape the direction of Population Health on Staten Island.

- In January, we began testing ways for patients to complete self-directed health-related social needs screening in primary care practice settings, and we trained social care partners in using mobile technology to reach individuals in community settings like homeless shelters, transportation centers, and food pantries.
- A Fair Start, Food as Medicine Research project is being implemented in collaboration with Wagner College and Professor Heather Butts at the Mailman School of Public Health at Columbia University, a tireless advocate for Staten Island. The project focuses on addressing food insecurity in Veterans, college students, and NYCHA public housing residents.
- The expansion of programs off of Staten Island is a priority and multiple efforts will come to fruition this year. We hope to expand the Hotspotting program in multiple counties, implement Lay Counselor Training as part of the Community Health Worker curriculum, and expand workforce partnerships with the Health and Welfare Council of Long Island, One Brooklyn Health, AIRnyc, and others.
- Our 2nd Safe Prescriber Event is scheduled for March 27th where we expect over 250 medication prescribers to renew their commitment to thoughtful opioid prescribing and alternative paths to pain management.
- Chronic disease screening and health-related social needs screening at food pantries and other community settings is a goal in 2024 which aligns with the goals of the NYS Medicaid 1115 Waiver. Reaching people "where they are" in a safe and collaborative way starts with consistent presence, coaching, and navigation to services for those most in need.
- Healthy Start is a new initiative being added to Head Start programs and other early childhood programs to develop trust with families and create pathways for families to establish healthy habits in nutrition, weight management, and vaccination awareness to promote a healthy lifestyle and prevent chronic disease.

New Partners Added to the Network



COMMUNITY HEALTH *IMPEMENTATION OF THE SOCIAL CARE NETWORK*

Staten Island PPS contracts with community-based organizations including faith-based agencies to engage people in their neighborhoods around various public health topics. Many community health initiatives and programs focus on social determinants of health, special populations, and reducing health disparities. All programs are designed with input and participation from community agencies and their members, with an underlying focus on health equity.



Participating Partners

Bait Ul Jamaat-House of Community Mobile Food Van



Outcomes



6,745 Meal Deliveries



39 Clients Recruited for Diabetes Prevention Program



41 LGBTQIA+ Cultural Awareness Trainings



29 Disability Ally Initiative Trainings



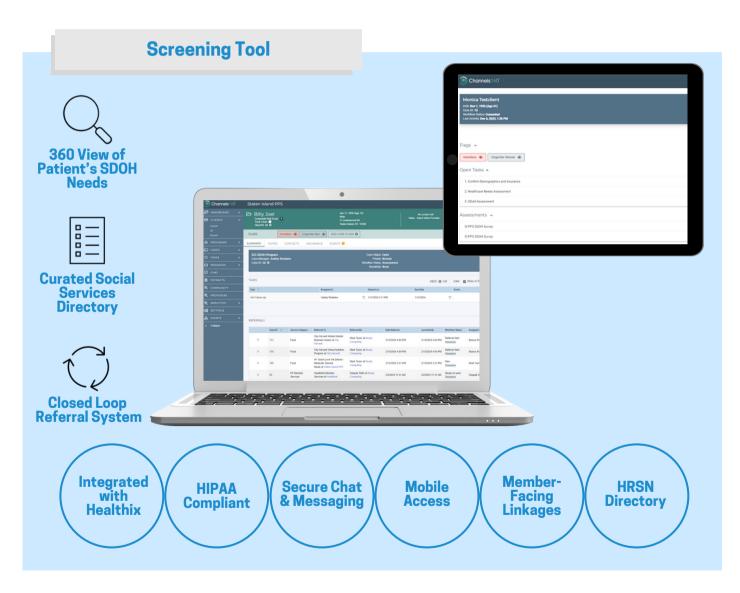
• Health Equity Round Table Events

5 Staten Island PPS Impact Report

SOCIAL CARE NETWORK

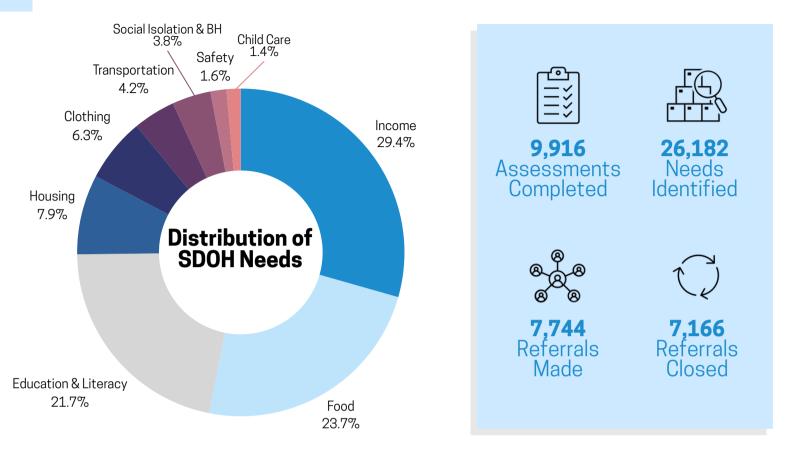
People who struggle to meet social needs like stable housing, nutritious food, or regular income and employment often also have chronic health conditions like diabetes, high blood pressure, and mental illness. Since 2019, Staten Island PPS has developed a social care network comprised of a continuum of community-based organizations and providers who screen individuals for health-related social needs (HRSN) and refer them directly to social services or direct service providers.

Our partners use a referral management platform that offers customized, standardized assessments, workflows, and referral pathways that ensures closed-loop referral closure and seamless coordination of care.



This is a low-barrier technology in terms of accessibility and capability. It connects to the RHIO and sends alerts to the primary care practices to keep them in the loop.

SOCIAL CARE NETWORK HRSN Data & Outcomes in 2023



SDOH Need	Referrals Made	Total % Closure
Food	6,305	98%
Income, Education, & Literacy	767	93%
Housing	131	66%
Transportation	25	96%
Social & Behavioral Health	72	99%
Childcare	18	89%
Clothing	41	90%
Safety	34	97%
TOTAL	8,381	92%

Staten Island PPS leverages it's comprehensive network to engage Medicaid members for HRSN screening and navigation to services. Access to HRSN data by need, zip code, and partner type allows the network visibility into member needs and produces data insights that inform future population health improvement programs.

Key elements of the ambulatory care program include guiding partners to utilize a risk stratification model and applicable screenings to identify high-risk cohorts of patients with chronic conditions and to develop strategies to improve and monitor their outcomes over time. Our goal is to assist in providing practice transformation strategies, workflow optimization, and technical assistance when needed. Some interventions supported in this program include remote monitoring, medication adherence, and addressing gaps in care.

As part of the ambulatory care program, the partners perform several activities. The partners identify high-risk patient cohorts and provide baseline and ongoing metrics on Chronic Care Disease Management. For Hypertension, the partners identify three separate cohorts: patients with greater than Stage 2 Hypertension (>=150 and <= 90), Stage 1 HTN (130-139 and 80-89) and pre-HTN (120-129 and <80). For Diabetes, the partners identify patients with an A1C>9 at the beginning of the initiative and thereafter. On a quarterly basis, each of the cohorts is reviewed to identify opportunities for improvement. For the maternal health and safe childbirth program, pregnant and postpartum patients are identified and baseline rates for pre- and post-partum visit, rates of ever breastfeeding and breastfeeding at six months are provided. Data is also reported quarterly to monitor the rate of postpartum care visits and ensure all post-partum people are provided depression screening, intimate partner violence screening, and an assessment of smoking status.

The Staten Island PPS ambulatory care programs focus on 6 key initiatives:



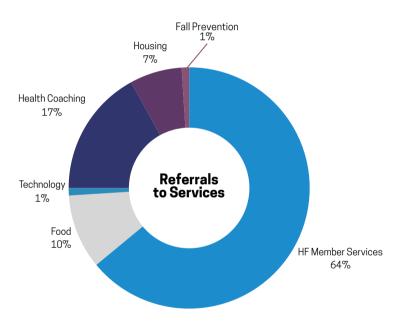
Participating Partners



Program Impact and Outcomes

Initiative	Members Managed
Hypertension	14,999
Diabetes	10,876
Pediatric Well Visits	7,333
Remote Patient Monitoring	1,406
Asthma	500

Maternal Health Program	% of Members Engaged
90-Day Follow-up Post Partum	70%
Breast Feeding	80%
Depression/IPV/Smoking	88%
Health Navigation (CHCR Only)	100%



Cohort	Description
Rising Risk	Members who were recently discharged from the ER and or an inpatient hospitalization
Optimal Life Whole You	Members living with HIV or who may be at risk for HIV
Newly Enrolled Essential Life Plan Members	Members newly enrolled in one of Healthfirst's four Essential Plans

Healthfirst Member Navigation

Healthfirst member navigation focuses on linking Healthfirst members to their primary care provider by offering to assist with scheduling an appointment and administering the Patient Perception of Health (PPH) survey. The PPH helps identify health-related social needs (HRSN) and offers referrals to community-based organizations in the Healthfirst Community Provider Directory that can address identified social care needs and provide on-going follow up to ensure the member received the services.

In 2023, three community-based partners were added to assist with outreach to Healthfirst members: Jewish Community Center of Staten Island, Person Centered Care Services, and Make the Road New York.

In 2024, continued outreach to Staten Island Essential Plan cohorts will take place and focus on linkage to primary care providers, referrals to food resources, linkages to housing supports, and transportation for medical appointments.



7,600 Members Outreached

The Staten Island Community-to-Clinic Linkage Implementation Program (SI CLIP)

The Staten Island Community-to-Clinic Linkage Implementation Program (SI CLIP), which aims to address hypertension in Black men, is being led by Dr. Joseph Ravenell of New York University Langone Health, in coordination with the Office of the Staten Island Borough President and various local partners. The program will allow eligible men to receive free blood pressure screenings and health coaching within barbershops, as well as referrals to resources that assist in leading a healthy lifestyle.

> SI CLIP Events and Blood Pressure Screenings at Barbershops



2023 Highlights



Staten Island PPS received over 150 blood pressure monitors from the NYC Department of Health Through the NYCDOHMH Blood Pressure Initiative, Staten Island PPS received over 150 blood pressure monitoring devices. Staten Island PPS partnered with several CBOs, FQHCs, Super Health Pharmacy, Richmond University Medical Center, and Staten Island University Hospital. Patients come into the health center or pharmacy every two weeks to review results with their provider. The provider distributes the blood pressure monitors to their patients, provides education on how to use the devices, provides case management to their patients, and report data back to Staten Island PPS.

С)
5	\backslash
Ļ	7
L	

Community Health Center of Richmond was 1 of 10 organizations in the United States and the only organization in the tri-state region (New York, New Jersey, Connecticut) to win the Phase 2 Breastfeeding Innovation Challenge program administered by the Federal Office on Women's Health This national recognition highlights the hard work, commitment, and outreach to expand their breastfeeding education and support to the women, children, and families on Staten Island.



Metro Community Health Center received recognition in 2023 for distinction in Behavioral Health Integration

The requirements to achieve the Distinction in Behavioral Health Integration included 18 criteria across 4 competencies related to behavioral health. Metro Community Health Center was required to complete eleven core competencies and two elective competencies to be successful.



In 2023 all existing pediatric offices were PCMH certified

Pediatric Healthcare is on track for recertification in 2024. Additionally, Pediatric Healthcare partnered with Pariva Health to support families with children experiencing intellectual and developmental disabilities including Autism, ADHD, Down Syndrome, Learning Disabilities and other emotional or behavioral concerns. Their key focus with the Family Support Program is to empower families with the tools and resources needed to unlock their child's full potential.

2023 Highlights

Support for patients with uncontrolled diabetes at Community Health Center of Richmond

Care for diabetic patients is provided by the CHCR Care Team, ensuring a coordinated and comprehensive approach to chronic disease management. Assigned Care Teams provide coordinated care for their diabetic patients and meet to discuss patient needs when a concern has been identified. CHCR also completes HbA1c testing at all clinical sites. This reduces barriers to care for patients who previously needed to access lab services offsite. CHCR utilized their EHR to provide point of visit alerts for patients due for specific services, such as repeat HbA1c testing ordered for patients with diabetes. This enabled them to produce lists of patients who have not had a HbA1c test within the past six months and conduct outreach to schedule them for an appointment with their PCP. Diabetic patients are scheduled for educational visits with nurses to educate them on how to use a blood sugar monitor, how to log results, how to use injectable medications, and how/when to use insulin. These visits are one-on-one individual sessions, which include translation services as needed.

2024 Goals & Initiatives

Asthma Home Visit Program

Staten Island PPS is excited to revive the successful Asthma Home Visit Program with Make the Road New York to support individuals of all ages in managing their asthma. Through educational home visits, Community Health Workers (CHWs) help patients gain control of their asthma by addressing environmental triggers and social issues. Through this partnership, Staten Island PPS will also work with newly enrolled Healthfirst members making sure they are connected to a primary care physician and if needed, refer them to other needs such as food access, legal services, or housing related programs. These services will be offered in English and Spanish.

Children's Healthy Program

The Children's Healthy Program is a partnership between Staten Island PPS, Richmond University Medical Center and four day care centers. By using a less "medically-focused model", the program will assist children in feeling confident and comfortable in talking about body weight, nutrition and exercise while also empowering their parents and other care-givers to maintain a healthy lifestyle.

Fair Start Program

This project focuses on addressing health inequities in New York City generally, and Staten Island specifically. Recent research focuses on the relationship between social determinants of health and morbidity and mortality. The goal of this project is to improve access to healthy food options, exercise, life-skill training, primary care consultations, public health interventions, and impact health outcomes. This project will have virtual components, a weekly hub for individuals to check in regarding their progress during the program, weekly cooking classes, yoga classes, life-skills classes, and as needed consultations with a primary care physician The project will also include an evaluation of the project that will assess gains of participants over time in order to develop an evidence based strategy for impacting health outcomes that can later be initiated in many other underserved communities. The groups will all be residents of Staten Island and will be divided into three subgroups: college students, veterans, and individuals living in NYCHA housing. We will also work with individuals on specific public health policy empowerment through a module training created by one of the co-investigators at Columbia University Mailman School of Public Health. This project will be a partnership with several institutions including Staten Island PPS, Columbia University Mailman School of Public Health, the Wagner College Physician Assistant Program, H.E.A.L.T.H for Youths, and several healthcare and healthy food providing programs. The project is slated to begin in January, 2024 and will last for 12 months, with follow-up and support for participants after the study's conclusion.

BEHAVIORAL HEALTH

The Staten Island PPS Population Health programs provides resources for Behavioral Health organizations participating in population health initiatives with the goals of improving access to behavioral health and substance use services and developing innovative and integrated systems along the continuum of behavioral health care. The initiatives goals focus on improving the lives of individuals with behavioral health needs and substance use disorders by screening for social determinants of health, engaging individuals in services, and providing referrals and linkages to medical, behavioral, and social services.

A core mission of Staten Island PPS is to continue to strengthen the mental health and substance abuse infrastructure by partnering with community organizations to improve quality of care and health outcomes for vulnerable communities.

Participating Partners



Outcomes



岱

2,670

5.174

710

Patients Engaged in MAT & Connected to a Peer Advocate for Mentoring & Engagement



200 Individuals Engaged in Alcohol Treatment



269 Screened for Suicide Risk at Project Hospitality

²	

211 Xylazine Kits distributed through RUMC ER



1,515 988 Suicide Prevention Cards Distributed by Project Hospitality



1.837

Individuals Engaged by a Peer Advocate in RUMC ER

Narcan Kits Distributed through Staten Island Emergency Rooms

Fentanyl Kits Distributed

through RUMC ER



289

Individuals Screened for Alcohol misuse

HOTSPOTTING THE OPIOID CRISIS

The Hotspotting Program is an evidence-based, data-driven overdose prevention and outreach initiative led by the Staten Island PPS and funded by a \$3 million grant from a private foundation, The Secure Future Project, and \$1.5 million from SStaten Island PPS/Northwell Health. The initiative aims to leverage predictive analytics to identify individuals at the highest risk of overdose and engage them before an adverse event, using a person-centered care management model. The program also utilizes alternative payment models to incentivize comprehensive and value-based care, as opposed to current fee-for-service models.

Participating Partners Staten Island University Hospital Northwell Health

Richmond University Medical Center

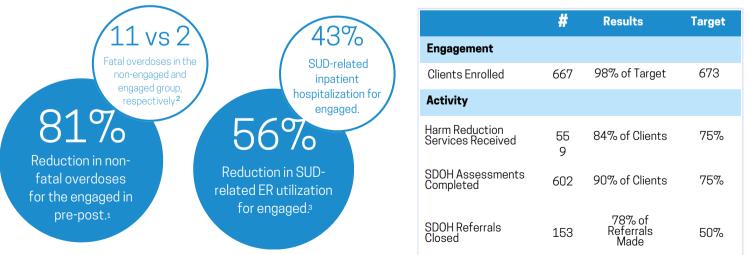




Program Impact and Outcomes *Phase 1: April 2022 - April 2023*

The Hotspotting Program demonstrated greater than-expected initial results in overdose reduction in the first year of the program, despite these troubling trends. There was an 81% reduction in non-fatal overdoses for those clients engaged in the program. More importantly, there were two overdose-related deaths compared to 11 in the non-engaged group. Combined, these two outcomes reveal a program with robust risk reduction capability.

The utilization of services is also of interest in such a program. The implication for value-based care is an important factor in developing alternative payment models and creating a medical home for individuals suffering from substance use disorder. The overall reduction of emergency room and inpatient care demonstrates that coordinated care can not only improve outcomes but impact the cost of care. An analysis of visits that were specifically related to overdose and substance use demonstrated that the engaged group had a reduction of 56.2% and 42.6% for ER and in-patient utilization, respectively.



1. Compared 38% reduction for non-engaged group

2. 643 clients and 737 for clients analyzed for the engaged and non-engaged groups, respectively; only clients enrolled prior to 9/30/2022 were included in the analysis 3. Compared to 35% and 16% reductions for ER and inpatient utilization for the non-engaged group, respectively

HOTPOTTING THE OPIOID CRISIS

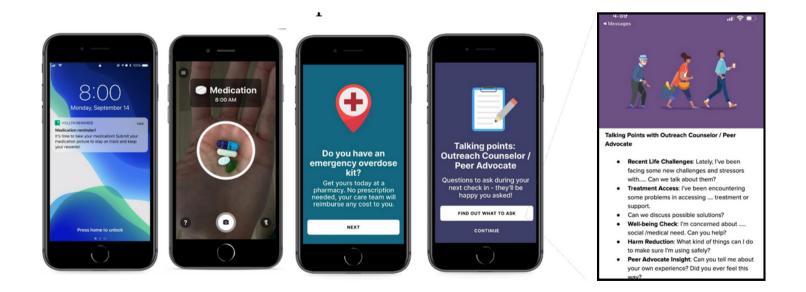
Program Impact and Outcomes *Phase 2: April 2023 - April 2024*

The second phase of the program started in April 2023 and 620 new clients were enrolled.

Services Provided During Engagement	# Clients	% of Enrolled Clients	Target April 2024
Peer Care Plans Developed	609	99%	
Harm Reduction	606	98%	40077
SUD Assessments	495	80%	100% of engaged clients
Primary Care Visit Scheduled	476	77%	
SDOH Assessments	613	99%	

Contingency Management

The Hotspotting Program is an evidence-based, data-driven overdose prevention and outreach initiative led by the Staten Island PPS and funded by a \$3 million grant from a private foundation. The Secure Future Project, and \$1.5 million from SStaten Island PPS/Northwell Health. The initiative aims to leverage predictive analytics to identify individuals at the highest risk of overdose and engage them before an adverse event, using a person-centered care management model. The program also utilizes alternative payment models to incentivize comprehensive and value-based care, as opposed to current fee-for-service models.



HOTPOTTING THE OPIOID CRISIS

Media Highlights

- **Press conference for phase 1 results:** Staten Island PPS presented the results of the first phase of the Hotspotting program at a press conference in September 2023.
- Alliance for Addiction Payment Reform: The Alliance for Addiction Payment Reform is a cross-sector learning collaborative that has brought together leading health experts and stakeholders to support the design and implementation of alternative payment models for SUD. The Alliance published an interview with Dr Joseph Conte about the Hotspotting Program in their newsletter. In addition, Jolani de la Porte and Dr. Conte did a 30-minute presentation about the Hotspotting Program during the Alliance's Quarterly Learning Collaborative.
- **Opioid Crisis Management Summit:** Dr. Joseph Conte is presented the Hotspotting Program at the Opioid Crisis Management Summit in Arizona in January 2024. This conference brought together some of the leading national experts responding to this ever-increasing public health crisis.
- **Health Technology Outlook Editorial:** Healthcare Tech Outlook is a print and digital magazine with over 101,000 qualified subscribers across the U.S. region, where senior business and technology leaders from the Healthcare Industry share their experiences, views, and insights with their peers. Jolani de la Porte and Joseph Conte wrote an editorial titled "The Importance of Technological Innovation to Address the Overdose Crises" for their January 2024 issue.



Expand the program and model through partnership with the public sector, healthcare organizations, and Medicaid Managed Care Organizations.

Hotspotting Follow-up _ Press Conference: A One-Year Update, Sept. 26, 2023



WORKFORCE TRAINING

Staten Island PPS has built sustainable workforce training programs to address unemployment needs in underserved communities. There are four training and apprenticeship programs offered:

- Certified Home Health Aide (HHA)
- Certified Nursing Assistant (CNA)
- Certified Recovery Peer Advocate (CRPA)
- Community Health Worker (CHW)

Recruitment efforts have been ongoing throughout Staten Island with a specific focus on target ZIP codes with low-income undeserved communities in the North Shore: 10301, 10302, 10303, 10304, 10305, and 10310.

Outreach to Staten Island Zip Codes

Zip Code	Community Health Worker	Certified Recovery Peer Advocate	Home Health Aide	Certified Nursing Assistant
10301	125	7	6	25
10302	93	4	3	11
10303	121	5	8	28
10304	156	8	12	29
10305	44	3	5	25
10306	58	9	5	5
10307	7	2	2	3
10308	5	3	-	2
10309	11	-	2	2
10310	90	12	8	24
10312	22	4	5	5
10314	72	-	7	20



Participating Partners

Northwell Health

Staten Island PPS collaborates with employers throughout Staten Island, Long Island, and contiguous counties to offer upskilling for staff. Staten Island PPS continues to connect and collaborate with organizations to help expand our training and apprenticeship services. This past year, Staten Island PPS has worked with Health and Welfare Council of Long Island and Northwell Health to expand our reach.

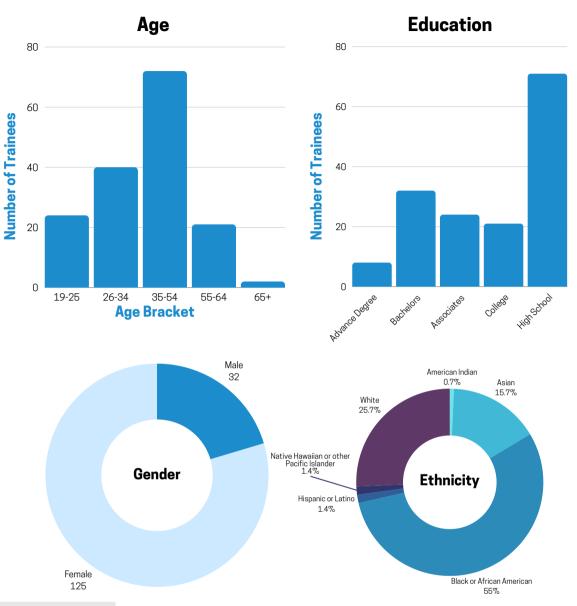


Organization #	of Upskilled Staff
Air NYC	6
Carmel Richmond	17
Central Family Life Center	12
Community Health Action of SI	10
Long Island Coalition for the Homeless	6
Northwell Health	11
Project Hospitality	17
Staten Island University Hospital	3

WORKFORCE TRAINING

Demographics

Staten Island PPS provided training and employment opportunities to over 150 individuals throughout the past year. The average age is 39 and a maiority are in the 35-54 year age bracket. The highest level of education for the majority is high school. The demographic information presented here is for the people that Staten Island PPS has served.



2024 Goals & Initiatives

Staten Island PPS is currently offering a Community Health Worker training program with a mental health focus funded by The Health Resources and Services Administration (HRSA) grant. This training program is offered to employers who are looking to upskill current employees in mental health. The first phase provides the core curriculum for the CHW training program provided by College of Staten Island. The second phase is provided by Lay Counselor Academy offering the mental health training curriculum.

In this current CHW/Lay Counselor program, the employer partners are Central Family Life Center, Community Health Action of Staten Island, Project Hospitality, Long Island Coalition for the Homeless, and Northwell Health. There are 32 nominated individuals who will serve as Lay Counselors. Lay Counselors offer a response to the mental health crisis, and they could provide an added layer of offerings for people in need of mental health services.

Staten Island PPS will continue to expand our workforce programs throughout the years. These programs are funded by Apprenticeship Building America (ABA) Grant Program (2022-2026) and the Community Health Worker Health Resources and Services Administration Grant Program (2022-2025).

WORKFORCE TRAINING **2023 YEAR IN REVIEW**

98 CHWs Trained

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member or has a particularly good understanding of the community served. CHWs serve as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery.



19 CRPAs Trained

Certified Recovery Peer Advocates (CRPAs) are people who have lived experience or are in recovery from addiction, who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, CRPAs help people start and stay engaged in the recovery process.





11 CNAs Trained

Certified Nursing Assistants (CNAs) provide or assist with basic care or support under the direction of onsite licensed nursing staff. CNAs perform duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility.



19 HHAs Trained

Home Health Aides (HHAs) play an integral role on the healthcare team in homecare settings. They perform non-medical services and supports for clients who need help with basic daily activities and physical care, or require assistance with shopping, cooking, or paying bills.

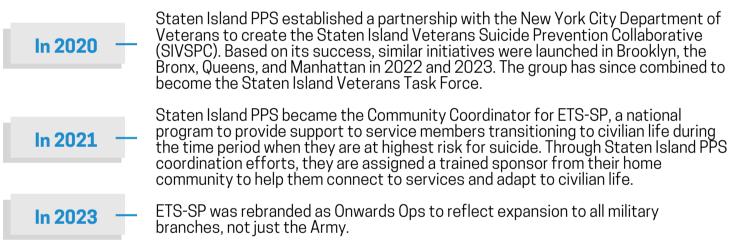
VETERANS PROGRAM

Of the 5 boroughs of New York City, Staten Island has the highest per capita concentration of veterans, and Sector New York is the largest Coast Guard operational field command on the East Coast. Sector New York is located at Fort Wadsworth on Staten Island with 1,000 active duty and reserve service members. The Army Reserve 353 Civil Service Command, also located at Fort Wadsworth, organizes, trains, and equips soldiers to mobilize, deploy and conduct civil military operations with a primary focus in the U.S. Africa and U.S. European Command regions.



Although many veterans and active-duty military service members live on Staten Island, the civilian and veteran and military communities and services are not well integrated and aware of each other. Among the veteran population, many health

disparities exist, especially related to accessing behavioral health services. Veterans have high rates of serious mental illness, including post-traumatic stress disorder (PTSD), and suicide.



Participating Partners

Along with the partners listed below, Staten Island PPS works with individual veterans, the Harbor VA Community Engagement and Partnership Coordinator, the Staten Island VA Community Clinic, the Staten Island Vet Center, the Staten Island Borough Presidents Office, State Assemblyman Tannoukis, and State Senator Jessica Scarcella.



VETERANS PROGRAM STATEN ISLAND VETERANS TASKFORCE AREAS OF INTERVENTION

Food Insecurity

Food insecurity has been identified in the veteran and active-duty Staten Island Population as an important issue to tackle. The larger Task Force formed the Staten Island Veterans Food Insecurity Taskforce. Participants in bi-monthly meetings include Staten Island University Hospital, Meals on Wheels, Gods Love We Deliver, Harbor VA Community Engagement and Partnership Coordinator, DVS, New York Military One Source, CHASI, City Harvest and NYC Department of Probation.

In April 2023, the Food Insecurity Taskforce supported the development of the Department of Probation Veterans Neon Kitchen program which provides free and nutritious groceries for our Staten Island Veteran and active-duty individuals and families. Weekly an average of 11 veterans or family members receive food at Neon Kitchen.

The Food Insecurity Taskforce provides support to the Blue Star Families Nourish the Service Essentials Program at the Coast Guard Station. Every other week, 125 military individuals representing five hundred family members obtain food and supplies. AmeriCorps Senior RSVP volunteers operationally assist Nourish the Service, the American Legion Gold Star Post collects and delivers food, and Staten Island PPS has provided financial support.

11

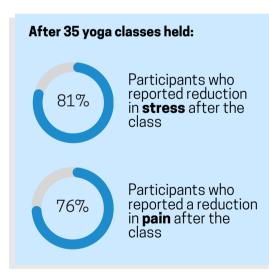
Weekly average of veterans or family members who receive food at Neon Kitchen

125

Military individuals representing five hundred family members who obtain food and supplies every other week

Outreach to the College of Staten Island Veterans

The College of Staten Island has **150 student Veterans**, the veteran cohort at highest risk for suicide. The Taskforce collaborated with the Veterans Department and provided presentations to share information and resources about available services and programs on Staten Island.



Veterans Yoga Project

In June of 2023, the Taskforce obtained New York State Dwyer funding through the NYC Department of Veterans Services to provide free weekly yoga classes to Veterans at the Staten Island Gold Star American Legion Post. The yoga classes are given by the Veterans Yoga Project, a national organization whose mission is to provide free yoga to veterans. 35 classes held Participants report their pre and post class levels of pain and distress. They report an 81% reduction in distress and 76% reduction in pain after the class.

A collaboration has been established with Harmonetics, a practical program which combines the wisdom of ancient Eastern medicine with modern neuroscience to help individuals lead a more balanced lifestyle. Harmonetics is being introduced for free to veterans in New York City and on Staten Island at the American Legion Gold Star Post yoga class.

Lock and Talk Lethal Means Suicide Prevention

Staten Island PPS has an agreement with Lock and Talk, a lethal means suicide prevention program from Virginia to implement Lethal Means Suicide Prevention strategies across Staten Island. Staten Island PPS is the only New York City County participating.

The Harbor VA Community Engagement and Partnership Coordinator has supplied 60 Medication lock boxes for distribution in lethal means education on Staten Island.



VETERANS PROGRAM

STATEN ISLAND VETERANS TASKFORCE AREAS OF INTERVENTION

Fair Start Research Program

Staten Island PPS is collaborating with the Mailman School of Public Health at Columbia University on a research project studying food insecurity and social determinants of health. One of the research cohorts is veterans and activeduty service members. Implementation of the program is set for Spring 2024.

Veterans for Life

In collaboration with Onward Ops, Cognitive Exchange developed a food insecurity program in Texas called Texas Family Life which provides access to food, counseling, and encouragement of coping skills. In collaboration with Cognitive Exchange, Blue Star Families Nourish the Service food pantry, Fort Wadsworth Coast Guard Base, and Shoprite, Staten Island is piloting a program called Veterans for Life, which will mirror the Texas Family Life program.

End Veteran Debt and Mission Possible

The Taskforce has joined a newly formed national collaborative addressing veteran suicide prevention, elimination of medical debt, social determinants of health and healthcare reform led by Jerry Ashton, a Navy Veteran who created RIP Medical Debt, a nonprofit which has forgiven \$12 billion of medical debt since 2014. Participation in the weekly meeting directly led to the collaboration with Harmonetics.

2024 Goals & Initiatives

- **1** Increase the average attendance at the Neon Kitchen Veterans Food Pantry above 11 families.
- 2. Recruit and implement the veteran and active-duty cohort of the Columbia University Fair Start research study.
- **3.** Implement the Veterans for Life pilot on Staten Island.
- 4. Provide at least 3 in person panel presentations to the College of Staten Island Veteran student group
- 5. Continue Veterans Yoga Project classes and add a hybrid model to increase participation. Staten Island PPS will assess if the hybrid model increases participation or decreases in-person participation as an important component of the class is to build peer connections and support.
- 6. Harmonetics will be introduced to the yoga class with the possibility of offering additional virtual training to those who may be interested.
- 7. Apply for an additional yoga class at the Cespino-Russo American Legion Post.
- B. Distribute more Lock and Talk modified flyers and medication lock boxes to engage the participants in lethal means education.
- **9.** Launch a monthly SMVF Newsletter linking Veterans resources and programs, which will also be linked to the Staten Island PPS website, the NYC Department of Veteran Services newsletter and the Bob Woodward Foundation newsletter.
- **10**. Conduct a survey to assess needs of Staten Island active duty service members and veterans.

GRANT FUNDING

Funder	Amount	Purpose
US Department of Labor	\$2,000,000	Apprenticeship Building America (ABA)
Health Resources and Services Administration (HRSA)	\$3,000,000	Community Health Worker Training Program
Altman Foundation	\$250,000	Workforce Infrastructure
SAMHSA	\$330,000	Early Diversion of Individuals with Co- Occurring Behavioral Health Disorders
Cigna Foundation	\$100,000	Mental Health & Wellbeing
Astra Zeneca	\$25,000	SDOH Survey Infrastructure Funding for Social Care Resource Development
Booth Ferris Foundation	\$300,000	Hotspotting Program Infrastructure (FTE) Funding

MEET THE **TEAM**



Joseph Conte, PhD, CPHQ Executive Director



Salvatore Volpe, MD Chief Medical Officer



Ashley Restaino, MPH Managing Director, Strategic Initiatives & Operations



Sheylah Alava, MBA Director, Ambulatory Care Initiatives



Anyi Chen, PhD Chief Information Officer



Jolani de la Porte Director, Hotspotting the Opioid Crisis Program



Mary Han, CPHQ Director, Workforce and Quality Management



Mike Matthews, LCSW Director, Veterans Programs



Valbona Lajqi, MBA Operations Manager

MEET THE **TEAM**



Lauren Tepfer Communications & Marketing Manager



Mark Slavutsky, MBA Senior Business Intelligence Analyst



Mindy Mannarino, LMSW, CCM Care Navigation Manager



Connor Stapleton, MBA Workforce Engagement Specialist



Dhruvit Patel Software Engineer



Morinsola Moroof-Mustapha Community Engagement Coordinator



Edina Kolenovic Executive Assistant



Opioid Crisis in NYC Reaches Historic Levels, 'Killing a New Yorker Every Three Hours' People, September 2023

New drug treatment touts dramatic reduction in overdoses on Staten Island Silive.com, September 2023

After success of Staten Island Al overdose prevention program, what comes next? Silive.com, September 2023

New opioid treatment in Staten Island program saves lives, offers hope to addicts New York Post, September 2023

Computer-based pilot program on Staten Island offers hope for opioid epidemic Spectrum News NY1, September 2023

Innovative program fights opioid crisis as NYC overdose deaths climb to historic highs ABC 7, September 2023

Experimental Drug Treatment Program on Staten Island Yields Impressive Results VNY La Voce di New York, September 2023

New Staten Island program could be a gamechanger in treating drug overdoses PIX11, September 2023

Staten Island officials create fentanyl and overdose task force to combat ongoing epidemic silive.com, September 2023

Nasal spray that can reverse opioid overdose soon available over the counter in US | Video CNA, May 2023

PUBLICATIONS

Clinical risk prediction using language models: benefits and considerations Journal of the American Medical Informatics Association, February 27, 2024

The Importance of Technological Innovation to Address the Overdose Crisis Healthcare Tech Outlook, January 2024

Clinical Risk Prediction Using Language Models: Benefits and Considerations Journal of the American Medical Informatics Association (JAMIA), December 2023

Behavioral Health Provider Network Decreases Utilization of Emergency Departments Using Clinical Integration Tool NASW-NYC, CURRENT, Spring/Summer 2023 issue

Collaborating to Address Social Determinants of Health (SDOH) with Data Analytics HFMA 2023 Annual Conference

A case study in effective integration: the Staten Island PPS Integrated Care Journal, August 2022

Safe opioid prescribing: a community-based approach Journal of Substance Use, December 2021

Reducing Sepsis Hospitalisations through a Standardized Quality Improvement Program in Skilled Nursing Facilities Journal of Long-Term Care, October 2021

Preventing Opioid Overdose: From Prediction to Operationalization SSRN, July 2021

Fentanyl Test Strips as a Form of Harm Reduction: Study Outcomes Behavioral Health News, Spring 2021, p. 29



CONNECT WITH US



Phone (917) 830-1140



Email SIPPS-ContactUs@Northwell.edu



Website www.statenislandpps.org



Office Address **1 Edgewater Street, Suite 700 Staten Island, NY 10301**