



Mission Health Community Partnerships & Investment Model



Mission Health Community Investment



7 hospital facilities

Serving **18** counties in western NC



\$200M+ invested in the region last year,
aligned with local community health priorities



Investing in our communities by partnering with community-based organizations that share a focus of addressing identified health needs.

Aligning Strategically toward Population Health



- Social Determinants Driven Medicare and ACO
- Data driven
- Physician led
- System agnostic



- Community Health Assessment Driven
- Data driven
- Directed by regional community leaders
- Primary service county agnostic



Investment Strategy Driven by Local Health Priorities

- **Community Health Assessments** – by county, identifying top health issues:
 - Collaboration between public health, hospitals, and community stakeholders
 - Completed every 3 years
- **Current funding focus** based upon most recent priorities by region:
 - Behavioral Health/Substance Abuse, acknowledging connection to interpersonal violence
 - Chronic Disease
 - Social Determinants of Health, focusing on homelessness and food insecurity

Results-Based Accountability

- Received the 2014 Robert Wood Johnson Foundation Culture of Health prize
 - Relates program-level impact to “big dot” population data
 - Focus on what’s meaningful and measurable
- Answers three key questions:
 - How much did we do?
 - How well did we do it?
 - Is anyone better off?

**Trying Hard
Is Not
Good Enough**
*How To Produce Measurable Improvements
For Customers and Communities*



Mark Friedman

Turning Curves
An Accountability Companion Reader

Mark Friedman

Highlights from Grant Funded Programs

Facilitating Capacity



- Applied for funding in 2016 cycle to help organize data
- Provided performance improvement specialist to share knowledge/approach to data analysis
- Resulted in federal 2017 Drug Free Communities 5-year grant funding
- Received 2018 Community Investment grant funding as a match to the federal grant

How much?

- **145lbs of drugs collected at Take Back events** (vs. 90lbs goal for the year)

How well?

- **Engaged local youth in media campaign** to boost prescription take back efforts:
- Youth recorded radio PSAs and hung flyers around downtown Burnsville and Spruce Pine
- Other efforts included: highway banners and radio Community Spotlights featuring Task Force members

Moving Upstream – Domestic Violence

THE PROBLEM

- 1 in 15 children are exposed to intimate partner violence yearly; 90% are eyewitnesses to this violence.¹
- Only ~55% of domestic violence incidents are reported.²
- In 2013 there were 8 domestic violence homicides in Buncombe County (up from 3 in 2012).³

THE PARTNER



Located in Buncombe County;
serving all of WNC



Video link [here](#).

How much did we do?

- **Served more than 7,000 people** through education including high-risk populations, students, health care providers, and community members

How well did we do it?

- **84% of students** (elementary through college) **demonstrated increased knowledge** of healthy relationships, in pre/post tests

¹“Children’s Exposure to Intimate Partner Violence and Other Family Violence” U.S. Department of Justice, National Survey of Children’s Exposure to Violence, October 2011. ²Ruman, J. L. & Morgan, R. E. (2014). Nonfatal domestic violence, 2003-2012. Retrieved from <http://www.bjs.gov/content/pub/pdf/ndv0312.pdf>
³North Carolina Department of Justice Domestic Violence Statistics.

Moving to Community-Wide Solutions

Community Collaboration: Domestic Violence

BEFORE

In 2013 Buncombe County ranked third in the state for deaths from domestic violence.



COLLABORATION

Agencies from across the community banded together to do better.

Mission Health

(provision of SANE Forensic Nurses)

Helpmate

Our VOICE

Health & Human Services

County Sheriff Department

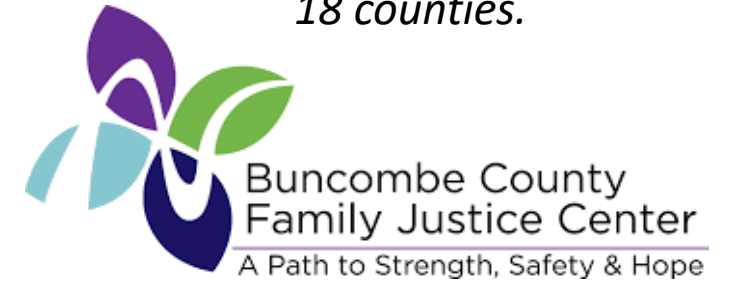
Asheville Police

Pisgah Legal Services

District Attorney

AFTER

In 2016 wrap-around services were brought together in a victim-centered model serving 18 counties.



Community Collaboration: Child Victims



Child Advocacy Center

Located in space donated at Mission Health Reuter Outpatient Center to allow collaboration with Mission Health Child Safety Team



Community Collaboration: Behavioral Health

THE NEED

The CHNAs across the region pointed to behavioral health as a priority need (for services and ease of care access)

CONTRIBUTORS

Mission Health

VAYA LME/MCO

Health and Human Services

North Carolina Crisis Solutions
Initiative

Other Community Partners

ABCCM

Family Preservation Services

NAMI of WNC

RHA Health Services

THE SOLUTION

24/7 Comprehensive Behavioral Health Urgent Care
serving 23 counties



What's Next: Child Crisis Support

serving 23 western North Carolina counties

Opening
June 2018

The Caiyalynn Burrell Child Crisis Center

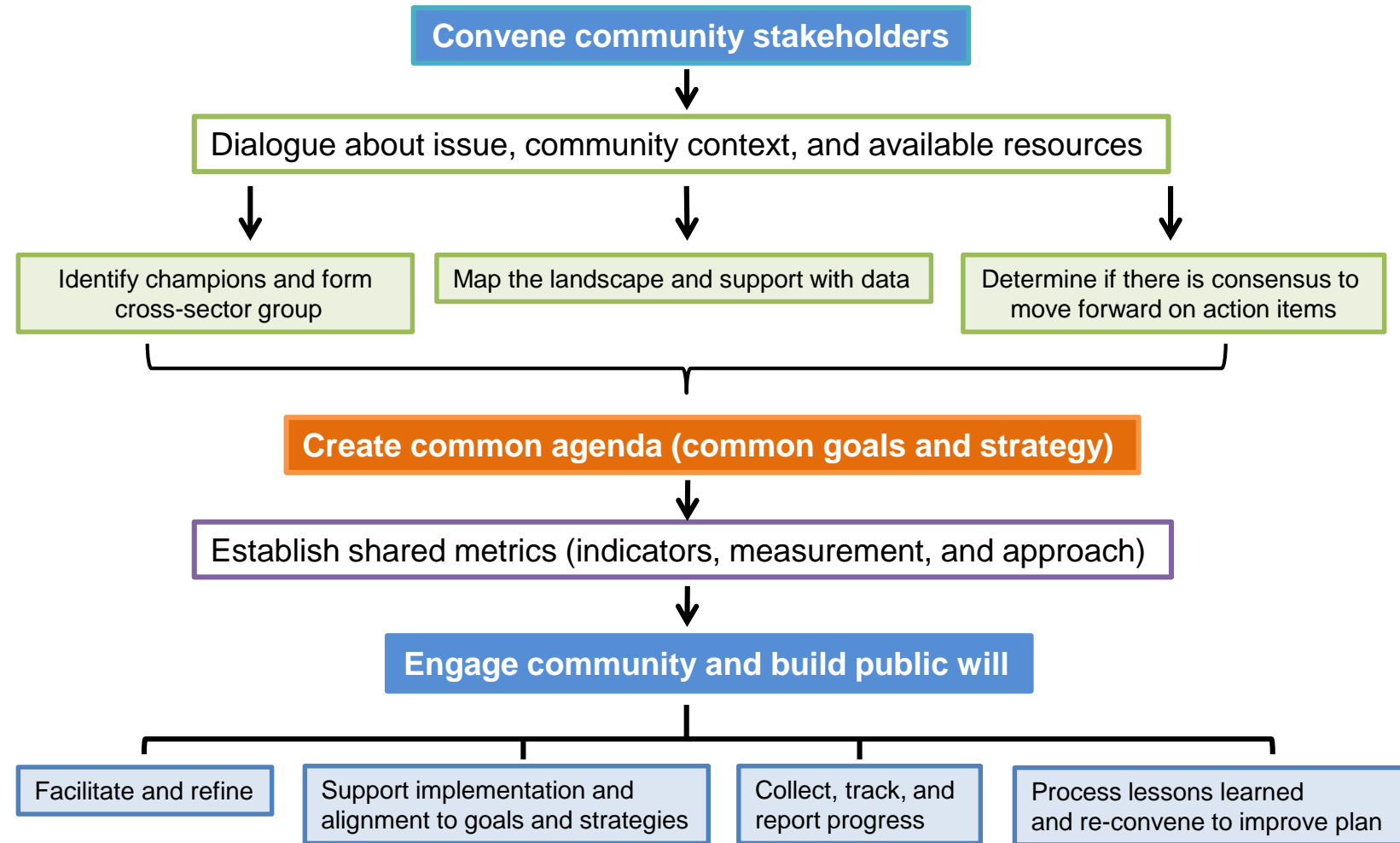
Named for a 12 yo child who died in 2014 from a prescription cough medication overdose following social media bullying.

- **24/7/365 16 bed Facility-Based Crisis and Non-Hospital Medical Detox** inpatient treatment
- **Assessments and short-term therapeutic interventions** for 6-17 year olds
- **Evidence-based practice and trauma-informed** care curriculums



Food Security Collaborative Planning

- Community Investment team saw **duplication of efforts and lack of collaboration** in funding requests
- **Engaged 20+ agencies** in collaborative planning
- **Mission Health donated** Performance Improvement Specialist to facilitate



Adapted from *Collective Impact Components for Success* by FSG and *Aspen Institute Forum for Community Solutions* Collective Impact 101: Nuts & Bolts for Getting Started (Webinar).

https://www.regonline.com/custImages/400000/400477/2015CIConvening_May5Breakout_CINutsandBolts_Slides_FINAL.pdf

Community Collaboration: A Food “Prescription”

MANNA FoodBank and the **YMCA of Western North Carolina** joined with **Mission Health providers** to pilot a referral process for food insecurity in Buncombe and McDowell counties. Key program elements include:

- 2-question Feeding America Food Insecurity Screening Tool; patients who screen positive get physician referral
- MANNA equips pantries to support patients with chronic disease
- YMCA Mobile Kitchen has new sites near each participating physician practice



Community Investment 2017 MANNA FoodBank-YMCA Partnership



from **Mission Health**
4 days ago

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[Video](#) overview of the program

Cultivating a Performance Improvement Mindset for Aging Services

- **Mission donated time** by a Performance Improvement Specialist
- **Facilitated** a three month strategic planning process
- **Engaged** more than 30 aging services agencies from Buncombe County
- **Resulted in creation of multi-agency task forces working on three priorities** with scheduled report outs to the larger group:
 - Develop Standardized Client Form
 - Create Communications Plan
 - Explore Aging Services “Hub” Models



What's next: Going Regional and Partnering for Community Caregiving

Creating a Community Collaboration Model Flexible to meet each Community's Needs

- Nearly half of North Carolinians are adherents to some religion¹ and there are more than 1,300² non-profits in WNC.
- Learning from best practice faith and collaboratives across the nation
- Leveraging technology to support communication and collaboration



“Connecting those in need with those who want to help.”



HEALTHY NEIGHBORS NETWORK

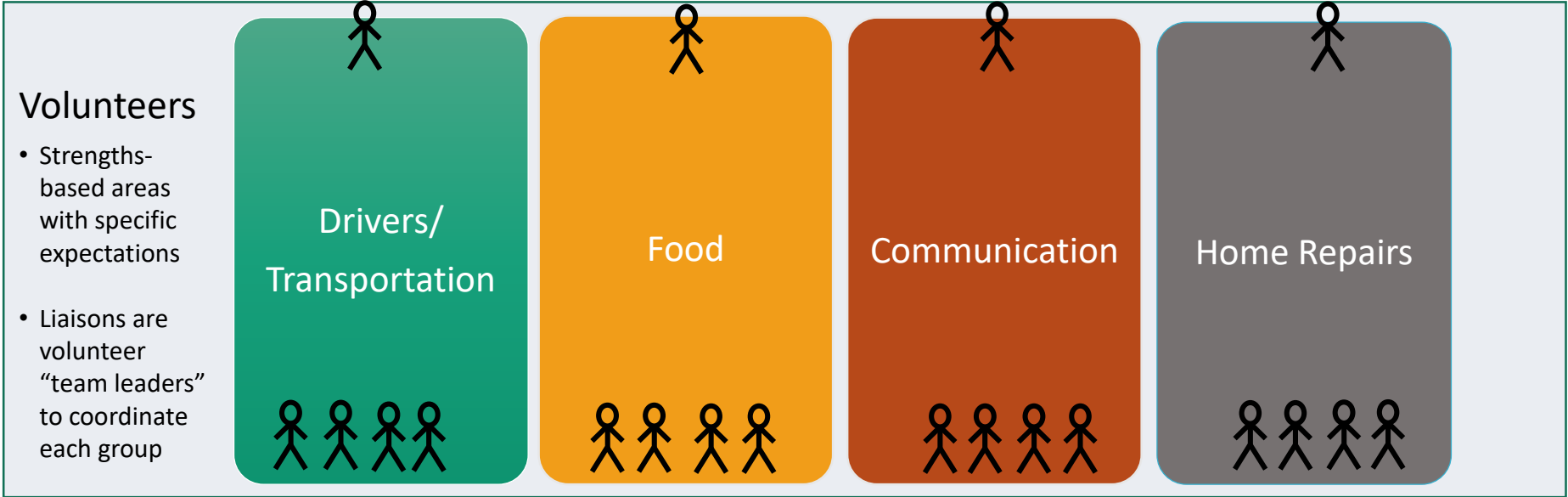
Community Steering Commit
Community Champions, Anchor Organizations, Churches, Hospitals and Community Agencies

Healthcare Providers

Charity Tracker
(communications/coordination software tool)

Community Agencies

Liaisons



- Mission Health's latest initiative to support community caregiving.
- Currently piloting in Macon County.





**HEALTHY
NEIGHBORS
NETWORK**

Metrics of Success:

- Improved communication between agencies
- Volunteer coordination (fewer unmet needs)
- Increase in service access
- Collaboration between organizations
- Heightened sense of community

Community Investment: How Mission Health Gives Back to the Community

TOTAL = \$201,112,158

Charity Care and Other Unreimbursed Patient Expenses	Community Health Improvement Programs & Services	Grants, MOUs, and In-Kind Contributions to Community Groups	Medical Education & Research	Other Community Activities
\$118,462,000	\$68,120,942	\$8,382,565	\$5,450,000	\$696,651

Note: FY17 Audited Numbers



THE GAP



- Population of western North Carolina is older, sicker, and poorer than state/national averages.
- Western North Carolinians are proud and won't admit to their needs and barriers to health.
- When they do, Mission caregivers see patients with needs they can't address:
 - Transportation
 - Home repair/access
 - Food
 - Clothing
 - Companionship needs

- In 1996 HIPAA changed how community members were able to support friends and neighbors.
- **Nextdoor** is one of the fastest growing social networks—now in 160,000+ neighborhoods across the US (145,000+), UK, Netherlands, and Germany.³

The opportunity: To build community by connecting people's strengths and desire to help with those in need.

