

Communities Together for Health Equity

The DSRIP Innovation Fund

The DSRIP Innovation Fund provides a groundbreaking means for local community groups to bring their best ideas, best practices, and deep experience to meeting the overall DSRIP goals by joining with their local PPS's to implement community projects that have enormous potential for improving well-being and reducing hospital and emergency room use. At this time, the state proscribed DSRIP projects allow little practical potential for community groups to participate; nor did the "top down" planning of DSRIP allow local communities to bring forward their best ideas and practices. Now the Innovation Fund will assure that community potential and experience becomes the integral part of DSRIP they must to achieve the over-riding goal of health system transformation.

The DSRIP Innovation Fund specifically gives funding through every PPS to implement projects proposed and undertaken by local community groups as an integral component of each PPS's focus and strategy.

The Innovation Projects can both use local assets as well as address the "social determinants" of health in a way that has been largely impossible so far---despite the recognized need for community-based services that are accessible, trusted and that strategically recognize community needs while, to the largest degree possible, involve local residents as "assets" to carry out projects.

There are endless examples of evidence-based strategies and projects that communities might implement with Innovation Funding just a few are:

- **Extra food for local food banks to provide to diabetics who generally have higher admissions at the end of the month when food stamps run out**
- **Birth doulas**
- **Many kinds of evidence-based, peer-delivered health and self-care education, including falling prevention education provided at senior centers**
- **The many well-proven approaches to mentoring, from mentoring high-risk re-entry populations to mentoring for kids whose high ACE scores underlie their hospital overutilization for both mental and physical conditions**
- **Peer workers for mental health and substance abuse programs; new approaches to distressed/depressed populations, such as teaching meditation and yoga; cooking classes, walking clubs and other wellness activities dispersed accessibly throughout the community and run by community members.**

Right now such community approaches, even with evidence of outstanding results basically---and tragically--- have no place in DSRIP. But, through the Innovation Fund they can. We propose that 5% of the DSRIP PPS allocations for years 3 to 5 be set aside for the Innovation Fund. PPS community partners would work with the PPS to decide the projects and funding that most address local needs and conditions. The PPS could, with input from community partners, issue an RFP for community projects---with the guidelines that a committee equally composed of PPS personnel and representatives of community partners would select the final projects.

The Innovation Fund will follow some guidelines of the state community RFP in being reserved for community groups with annual budgets of \$5 million or under and groups that don't provide clinical services or have clinical licenses; however, since more CBOs are now billing Medicaid for support services as members of Health Homes, it should include CBOs who bill Medicaid for other than clinical/licensed services.

The best of community work---addressing local needs---and delivered by community members---The Innovation Fund will build wellbeing even as it measurably decreases unnecessary hospital and emergency room use.