Sustaining Wellness through Community Partnerships

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Strategies for Building Successful Community Partnerships

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Poll Question: Do you currently volunteer in some capacity with a non-behavioral health organization in your community?

- Yes
- Unsure
- No

Brief Background on My Interests

- People in the community, but not of the community
- Need to move away from segregated participation to inclusive participation in mainstream settings
- Behavioral health agencies need to also become of the community by partnering with community organizations
  - Decrease prejudice and discrimination
  - Increase knowledge about community resources
  - Enhance connections and create enabling environments to promote community inclusion and wellness
What Community Partnerships Are We Talking About?

- Community Centers
- Recreational Centers and gyms
- Religious and spiritual organizations
- Civic organizations
- Non-BH health and human service organizations
- Colleges and universities
- Business community
- Housing community

General Strategies and Principles

1. Ask for help and/or engagement
2. Reciprocity
   - Promote volunteering by staff and consumers
   - Offer something that might interest them
   - Offering services, as much as possible, to a broad-range of “consumers”
3. Identify and Utilize Current Community Relationships
4. Create a Community Partnership Coordinator (even part-time is better than nothing)
5. Coordinate efforts with other local behavioral health providers
1. Asking for Help and/or Engagement

- ALTEC in Montco (PA)
  - ALTEC and Home Depot (Internships, jobs, and building)
  - ALTEC and Hatfield Athletic Club
- Veterans Empowerment Center (Philly VA)
  - Groups and other supports to veterans provided in
    - Baptist Church
    - Library
    - Looked for other community venues

2. Reciprocity

- Alternatives, Inc. (MA.) promoting volunteering
- Alternatives, Inc. (MA.) partnering with community and businesses to build business space that creates jobs
- Penn Foundation and Santa Barbara, CA. MHASP integrated housing initiatives
- Converting “Dropin Centers” into “Community Centers”
- SPIN (Philadelphia): A recreational center open to all community members
3. Identify and Utilize Current Community Relationships

Example from BH Unite Project supported by the North Penn Community Health Foundation ([www.npchf.org/](http://www.npchf.org/)) and partially supported by a grant from the National Institute on Disability and Rehabilitation Research (NIDRR: Salzer, PI - H133B031109).

What Current Relationships Exist with Community Agencies/Organizations?

Key informant at each of the 10 collaborating agencies was asked to identify and describe their agency’s relationships with community agencies/organizations

- All 10 responded with some information

Categorized in four areas

- Community organization type (e.g., health and human service provider, church)
- Life domain (e.g., employment/education, religious)
- Nature of relationship (e.g., training, volunteering)
- Resources into the agency or out into the community
Key Relationship Findings

Agencies reported 157 different relationships with community agencies/organizations

- agencies reported between 10 and 20 contacts
- one agency noted 60 contacts
- Numerous “intra-system” relationships among behavioral health provider agencies

Numerous additional, but non-quantified relationships were reported

- Distribution of literature on mental illness and the availability of mental health service resources via libraries, retail stores, doctors offices, etc.
- Public meetings on mental health topics and/or to facilitate referral to mental health service resources.
- Numerous relationships with businesses who hire consumers

Types of Community Agencies

Community Connections by Type of Community Agency (N = 101)

- Health and Human Service Providers: 53%
- Churches: 13%
- Businesses: 11%
- Schools and Colleges: 11%
- Civic and Recreational Groups: 4%
- Other: 8%
More Going Out Than Coming In

Community Connections by Life Dimensions

Life Dimensions

Number of Connections

Resources Out Resources In

Employment and Education
Housing and Community Life
Legal and Human Services
Self and Recreational Activities
Out and Beyond Life

Resources In

23
13
18
12
30

Resources Out

11
16
12
8
14

Material Resources Coming In, But Other Resources Going Out

Community Connections by Type of Contact

Type of Contact

Leadership Volunteering Resources Training

Number of Connections

Resources Out Resources In

23
25
38
20

Resources In

11
4. Create a Community Partnership Coordinator

- Assigning part of someone’s time to identify community resources and develop sustainable partnerships and relationships

5. Coordinate efforts with other local behavioral health providers (See BH Unite Document)

Identify activities in which staff at various agencies are engaged in similar activities and develop strategy for collaboration

Share
- Contact information
- Connections
- Strategies

Collaborate on initiatives with a lead agency
- Promote reciprocity where everyone contributes
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Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org

Norfolk Community Services Board
Organizations That We Partner With

- Hampton Roads Community Health Center (HRCHC)
- Local Farmer’s Market
- Therapeutic Recreational Center
- Norfolk Health Department
- Hampton Roads Community Health Center (HRCHC) Dental Van
- Norfolk Redevelopment Housing Authority (NRHA)

Process for Establishing Partnerships

- Care Coordinator/Wellness Coordinator reaches out to local agencies to talk about a collaboration in regards to wellness activities for the consumers that we serve.
- Memorandum of Understanding may be established between the CSB and the local agency.
- A contact person is established at each local agency
Partnerships

• **HRCHC** – We have two care coordinators who are embedded in their day to day operations 20 hours each a week.

• **Farmer’s Market** – They have a truck that comes to our office to sell fruits and vegetables to our consumers at a discounted rate once a month.

• **Therapeutic Recreation Center** – Staff come over to our office to educate client regarding exercise and health eating habits.

• **Health Department** – Staff come over to our office to provide health screenings to our consumers as well as other resources

• **Dental Van** – The staff bring the Dental van over to our office once a month to provide preventative services to our consumers that are not covered by insurance.

• **NRHA** – They provide housing resources to our consumers.

Future Development

• How we keep our partners engaged.

• Role these partnerships will have in sustaining the wellness center post-funding

• Lessons learned