

**Q1** Please provide your contact information below.

Name	<b>Melissa Zapotocki</b>
Title and Organization	<b>Director, Community Benefit; St. Peter's Health Partners</b>
Address	<b>315 South Manning Blvd</b>
Address 2	<b>7 Cusack; Rm. 7528</b>
City/Town	<b>Albany</b>
State/Province	<b>NY</b>
ZIP/Postal Code	<b>12208</b>
Email Address	<b>melissa.zapotocki@sphp.com</b>
Phone Number	<b>518-525-6640</b>

---

**Q2** Please describe your company or organizations overall goals and mission.

We, St. Peter's Health Partners and Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities. Founded in community-based legacies of compassionate healing, we provide the highest quality comprehensive continuum of integrated health care, supportive housing and community services, especially for the needy and vulnerable.

---

**Q3** Please indicate which category your organization falls under. **Health Care Provider**

---

**Q4 Innovation Executive Summary.** Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

Expansion/Update of St. Peter's Addiction Recovery Center (SPARC) Emergency Shelter:

St. Peter's Emergency Shelter has a 22-year long history of providing temporary housing and comprehensive case management services in the south end of Albany, NY. The south end is an economically challenged community with high rates of homelessness, crime and poverty. The south end is also the home of the SPARC Clinic, SPARC Men's Community Residence and the St. Peter's Family Health Center.

Currently our 11-bed shelter operates out of an aging converted single family home and is at full capacity with limited access for female guests. The property is leased to SPHP for \$10 per year by the city of Albany. This two story building is expensive to operate, is not Americans with Disabilities Act (ADA) compliant and presents safety and security challenges to guests and staff. Also, there are no discrete staff offices or programming space creating work flow and confidentiality concerns.

Future State- Need for Shelter: Plan to renovate an existing structure or build a new shelter, paid for with grant funding. Program design includes an increase from 11 to 19 beds including 4 to 5 homeless medical support beds and increased access for female guests. The new shelter design calls for a one-floor, energy efficient and ADA compliant structure that would include offices, program and community space and provide significantly improved safety and security.

This new design aligns with St. Peter's Health Partners mission, vision and core values, population health and social determinates of health initiative and could serve as a vital resource to the ongoing care coordination efforts system-wide. The homeless medical support beds would be a resource to acute care settings who struggle with developing safe and comprehensive discharge plans for homeless individuals with chronic health issues. Stable housing combined with care coordination services reduce hospital lengths of stay, decrease avoidable 30 day readmission rates and decrease avoidable emergency department visits.

As with our current shelter, this new shelter would continue to successfully address the housing, medical and vocational and behavioral health needs of a complex and vulnerable population. Our dedicated staff specialized in providing temporary housing for difficult to place guests who are often high utilizers of emergency departments and hospitals due to poorly managed chronic disease.

Furthermore, shelter staff excel at transitioning guests to permanent housing and preventing future episodes of homelessness. With an increase in shelter beds, including the addition medical support beds, SPHP seeks to increase access for the most vulnerable in the community in which we serve.

---

**Q5** Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

**No**

---

**Q6** Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

**Economic Stability**

---

**Q7** I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

**I consent to have my innovation shared**

