



**THE CENTER FOR  
RAPID RECOVERY (CRR)**



CENTER FOR RAPID RECOVERY

# ORGANIZATIONAL HISTORY

The Center for Rapid Recovery, Inc. (CRR) also known as the Training and Research Institute for Cultural Competence is a minority-focused faith-based behavioral healthcare organization located in Hempstead, NY. (CRR) traces its roots to Zion Cathedral Church of God in Christ, located in Freeport New York, formerly known as Little Zion, Church of God in Christ.



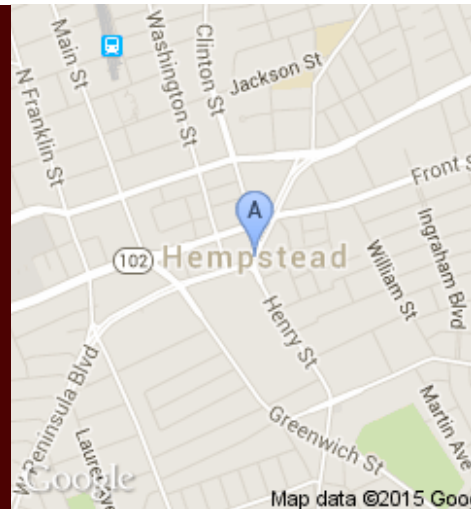
Founder, President, and CEO, Dr. Renee D. Charles with the support of the Senior Pastor of Zion Cathedral, Bishop Frank White, devoted their time, efforts and resources to developing a holistic health ministry approach. Recognizing that people of faith often are reluctant to seek help outside of the four walls of the church, and following the AIDS-related death of relatives and members within the church a ministry of health, faith, and recovery was established in 1990. Psycho-spiritual counseling based on biblical

principles was provided to address the health and faith beliefs of the congregation. Culturally competent services were provided to members in the basement of the church for three years and emphasized the authority of God to use professionals everywhere in and out of the church setting. The demand for services grew beyond the walls of the faith community and the need to formalize services was realized not only for persons with similar faith and health beliefs but for the larger community of those with poor health outcomes.

The Center for Rapid Recovery was incorporated as a nonprofit and awarded 501(c)(3) status in 1994. Concerned about the disparities in health outcomes within communities of color the organization made its mission is to eliminate ethnic and racial disparities in health and improve access to cultural and linguistically competent behavioral healthcare across all systems of care. In February 1994; the governing

members adopted the By-laws and crafted the mission of the organization. Tax-exempt status for the newly formed 501(c) (3) entity was granted on September 5, 1994. Shortly after receiving the exemption status CRR leased with the option to buy (virtually with no money down) a 5500 square foot building located at 312 Greenwich street in Hempstead, New York.

CRR opened its doors on December 28, 1994, during one of New York's worst snow and served its first client. CRR received funding within the same month, to operate early interventions services for children from birth to three-years-old, funded by the NYS Department of Health, a Mobile Intervention, and Outreach program funded by the NYS Office of Persons with Developmental Disabilities (OPWDD). The NYS Office of Mental Health (OMH) awarded funding to establish 24 supported housing for persons with co-occurring mental illness and substance and /or HIV/AIDS. Within 18 months CRR received licensure from the NYS Office of Substance Abuse and Alcoholism Services (OASAS) as a Medically Supervised Outpatient Chemical Dependence Clinic.



*Celebrating 25 Years of Service*

In 1998 CRR open a Day Habilitation and two residential programs in the year 2000 for 12 persons with developmental disabilities licensed by OPWDD. To God Be the Glory!

CRR is dedicated to the promotion of recovery, well-being, community integration, and productivity among persons who are at the beginning stages of recognizing their own strengths. Residential, out-patient and community-based services are developed on the principles of Compassion, Teamwork, Integrity, and Excellence. At the heart of our mission is to love and respect all persons with integrity and diligence in our words and deeds.

## ORGANIZATIONAL COMPETENCY



CRR has consistently been licensed in NYS to provide behavioral healthcare treatment and services to individuals who have a mental illness, HIV/AIDS, chemical dependency and developmental disabilities. CRR utilizes its unique position as a minority-governed faith-based organization to promote more widespread recognition of how people from different cultures communicate, interpret illness and disease, access care and make use of that recognition to provide and improve treatment for racial and ethnic minorities on Long Island, NY.

Through a multidisciplinary and culturally sensitive approach the Center for Rapid Recovery undertakes some of the nation's current most significant challenges. In 1997 Georgetown University recognized CRR as one of the nation's foremost cultural competence healthcare providers in NYS. At CRR we measure performance outcomes on the success of our customer-client engagement and referrals, treatment compliance, the expertise of our medical team and the value outcome as articulated by the stakeholders.

CRR employs over fifty-five (55)

employees the average rate of staff retention is seven years. CRR dedicates its resources to the promotion of recovery, well-being, community integration, and productivity among persons who are at the beginning stages of recognizing their strengths. Our vision is to foster an organizational climate, and operational structure through training that supports enhances, and maintains the growth of cultural and linguistic competency assuring access and quality to populations whose healthcare practices, healing and recovery beliefs reflect the cultural context of health behaviors.



## **ORGANIZATIONAL & TREATMENT PHILOSOPHY**

Numerous and anthropological field studies document the influence of cultural background upon a society's definition of illness and appropriate illness behavior. In general, these studies have shown that perception and interpretation of disease, the function it serves, the medical care sought, and the adjustments made are rooted in social-group factors, i.e., religious beliefs, group values, family organization, and child-rearing practices. Within this context, CRR's overall philosophy presumes that cultural norms, behavioral codes, and values, are inextricably linked to health outcomes.



## PROGRAM OUTCOMES

CRR defines and measures success quantitatively (how many clients did we reach) and qualitatively (positive gains made in self-direction, abstinence, and individuation, evidence by enhancing functionality and increased health outcomes. Length of stay or enrollment is one of three indicators used to examine success including the number of completed satisfaction surveys, the number of referrals made to friends and others by persons whose have benefitted from the service. Quality indicators of management success are measured by results of State –related audits yielding for low to no deficiency sited, staff performance and retention rate, client engagement and access to care and the benefit over the short and long term, which make us “successful” by our own definitions.

## DESCRIPTION OF SERVICES

CRR offers culturally competent and high-quality care to people with developmental disabilities, chemical dependency, mental health-related concerns, HIV/AIDS and families of such persons who reside in the Nassau County communities of Freeport, Roosevelt, Uniondale, and Hempstead, New York. Services are organized to examine and respond to culturally influenced health beliefs and behaviors through practice and evidence-based care and achieved person-centered value outcomes, consistent with the consumers’ choice of care. Language competency is as an important variable to engagement and treatment. Service provision in the native and primary language of the clients is one of the hallmarks of our continuum of the care model. Our indigenous staff speaks Spanish, Creole, French, and Spanish. The Center for Rapid Recovery maintains a “no wrong door” to care policy” which includes flexible and accessible system entry points, walk-ins’ are welcomed. Within our treatment component, culturally competent standards, policies, and practices are utilized to increase the quality of services to produce better health outcomes. Annually CRR provides 15, 260 services units to individuals in our care.

**The Center for Rapid Recovery, a continuum of care model, includes the following programs:**

- Chemical Dependence Medically Supervised Out-patient Clinic
- Higher Ground Faith-Based Program for Persons with HIV/AIDS
- Individualized Residential Services for persons with Developmental Disabilities
- Day Habilitation Program for persons with Developmental Disabilities
- Bilingual Community Linkage Program for persons with Developmental Disabilities
- Mobile Intervention and Outreach Program
- At Home Community Habilitation Program
- Spiritual Focus On Minority Health and Wellness Promotion project
- Respite Services
- OASAS Certified CASAC Training School
- Training & Research Institute for Cultural Competence
- Mental Health in Recovery Out-patient Clinic, TBO Summer 2020
- Chemical Dependence Residential Treatment program TBO 2020

**Training and Research Institute for Cultural Competence (TRICC)** is a subsidiary corporation, and the assume name of the Center for Rapid Recovery (CRR). Because health care is a cultural construct based on beliefs about the nature of the disease and the human body; these cultural issues are central to the delivery of health services and central to the mission of CRR.



The approach used to train in the area of cultural competence is based on the recognition that cultural norms, behavioral codes, and values are organizing forces in the lives of people and therefore inextricably linked to their health outcomes. TRICC offers education and training to hospitals, criminal justice providers' and behavioral healthcare practitioners' to enable organizations and other providers to deliver the highest quality of care to everyone regardless of race, ethnicity, cultural background, or "English" proficiency.

Cultural competence training is an educational intervention with the most significant capacity to reduce health disparities by improving all

health practices, including screening and referral. Culturally competent care and bias reduction can only become possible only with the skillful management of relationships with clients at the point of access and encounter. The clinical meeting is the focal point for the delivery of healthcare, as well as a crucible in which the formation of racial/ethnic disparities in care can be observed. Cultural competence training, therefore, is a workforce imperative; it must include introductory level through an advanced level understanding of the dynamic interplay between culture, health behaviors, and health outcomes.



Increasing organizational, structural, and clinical cultural competence, as an approach to eliminating racial and ethnic health disparities is a stated objective listed as part of TRICC's strategic goal plan. Our ultimate goal is to increase the cultural intelligence of practitioners, reduce racial bias and to foster an organizational climate and operational structure that supports, enhances and maintains the growth of cultural competence across healthcare and other domains.

Introductory through advanced level training is designed to sensitize, enhance awareness, and increase the cultural IQ and skills of participants of those who develop at the administrative and policy level services for vulnerable

populations including people of color, uninsured, undocumented, low income, and a wide range of other special need populations. TRICC utilize broad-based training customized curriculum to address disparities in health, client access, and health outcomes and provides the framework in which practitioners can obtain and understand the value of the information. Our certificate level training is developed based on scientific research and commonly accepted principles of how culture effects patient –client care relative to how concepts of health and healing engender attitudes towards health care provides, help-seeking behaviors and how illness, disease, and their causes are perceived.

## ABOUT THE FOUNDER & CEO



**Dr. Renee D. Charles** is the President and CEO of the Center for Rapid Recovery and also an independently certified consultant trainer, and coach with the John Maxwell Team. Dr. Charles' career has spanned clinical practice, program administration, clinical research, professional training and mentoring.

Dr. Charles is an alumnus of Adelphi University, IUG, and Stony Brook University. She holds an earned doctorate (Ph.D.) in Social, Political and Organizational Psychology and hail as one of the leading experts on minority health and racial and ethnic health disparities working on Long Island, New York. She is an author and creator of the Trauma of Change System Model™ and possesses certifications in emotional intelligence, cultural intelligence, core energy leadership, and cultural competence, training, and neuroscience coaching. Dr. Charles has devoted her professional life to sensitizing Long Island's health and behavioral healthcare community to racial/ethnic health issues and health disparities. Dr. Charles is also a National Cultural Competence Leadership Fellow and the recipient of 2007 President Call to Service award.

In 1992, Dr. Charles founded the Center for Rapid Recovery (CRR) in Hempstead, NY, which carved out a mission, is to improve access to culturally and linguistically competent care, and reduce the prevalence of racial and ethnic disparities in health care. Dr. Charles' leadership is aimed at eliminating racial and

ethnic disparities in health ensuring individuals and families have access to cultural and linguistically competent care. Her clinical work has been grounded in the mission and vision to develop an organizational structure and environment that supports culturally relevant practices and evaluation outcomes.

She produced a series of repeated measures questionnaires centering on health beliefs and client satisfaction that were validated in a study entitled Examining Beliefs, Cultures, and Behaviors—Survey Findings from the Center for Rapid Recovery, which was funded by the New York AIDS Coalition. Dr. Charles integrated the use of these pre/post repeated measure questionnaires to track changes in health beliefs to positive health outcomes creating the first truly culturally congruent treatment programs Long Island, NY acknowledged by Georgetown University. Dr. Charles' original research on health beliefs in the African-American community is being employed in two current SAMSHA grants and two proposals currently under consideration. Also, she has authored three published papers.

Dr. Charles spearheaded the effort to facilitate Nassau and Suffolk Counties (Long Island regions) to adapt culturally and linguistically appropriate standards for mental health, substance abuse, and HIV/AIDS treatment. She was deeply involved in promulgating similar guidelines within the NYS Office of Person with Developmental Disabilities in her role as the Chairperson for NYS Minority Providers.

Today, Dr. Charles implements that vision through more than 10 programs and partnerships that offer secular and faith-based treatment for persons with behavioral healthcare or developmental disabilities disorder.

Dr. Charles has served as a planner, trainer, and consultant to the NYS Department of Mental Health (OMH), NYS Department of Health (DOH), the NYS Office of Alcoholism and Substance Abuse Services (OASAS), and Office of Persons with Developmental Disabilities (OPWDD). Conference planners, policy and community advocates seek her involvement with programming and staff development training to ensure the provision of services are clinical and culturally relevant and responsive to the multicultural needs of diverse communities within New York State.



## **BOARD GOVERNANCE**

The Board of Directors (BOD) comprise seven members all of whom possess a broad organizational awareness of laws and regulations related to licensing, financial accountability, compliance, strategic development as well as their responsibility for evaluating the CEO's performance and compensation. The BOD is realistic and strategic in their goal-setting and intimately aware of the health and safety codes, including incident management reporting and investigation protocols. In 2007 the BOD implemented a Corporate Compliance Policy and continued to ensure annual training are held by the policy directive.



## **EXECUTIVE LEADERSHIP**

The Chief Operations Officer, Cassandra Woods, was appointed by the Board of Directors to serve as the organization's corporate compliance officer and charged with mitigating risk exposure, monitoring compliance with State and Federal laws, annual reporting to the Office of Medicaid Inspector General's (OMIG) attesting that the annual reporting requirements are met. CRR's executive leadership team includes professionals from fields of Medicine, Social Work, Finance, Human Resources, Information Technology, Public Administration, Executive Management and Addiction. Our vision to eliminate racial and ethnic disparities continue to be the over-arching goal and focus in decision making about how to apply different strategies of care across all systems. Our practice-based approach is to foster an organizational climate and operational structure that supports, enhances and maintains the growth of cultural competence in health care.



## **QUALITY ASSURANCE MEASURES AND REVIEWS**

CRR has moved beyond standard quality assurance measures by developing quality indicators aligned with what people with disabilities think constitutes a good quality of life; what challenges were faced to get a good quality of life; and what still needs to change. Consumer satisfaction and perception of care surveys are completed quarterly and used as a guide to adjust or create new programs and services.



## **INFORMATION TECHNOLOGY AND KNOWLEDGE TRANSFER**

CRR demonstrates its commitment to excellence in its investment in information technology. In anticipation of the mandatory requirement for all health-related agencies and institution to electronic system based medical record keeping CRR executed a phased approach implementation of an agency-wide HIPPA compliant HER (health

electronic record system). A fully integrated network is in place which securely linked all departments both local and remote. One of the current projects in progress is the cutting edge mobile technology implementation. This endeavor will equip each field representative with secured access to the agency applications via VPN (Virtual Private Network). Consumer-client-record maintenance and authorized signature procurement with real-time transmission to the back office to facilitate accurate and efficient record keeping and billing.



## **TRANSPARENCY**

CRR is a fiscally viable organization. Audited financials are conducted annually by an individual audit firm. Cost reports and 990 filings are completed timely following the regulatory guideline. Our principles and practices are based on the fundamental values of quality, responsibility, and accountability ethical conduct, legal compliance, public accountability and transparency. CRR regularly and openly conveys information to the public about its mission, activities, accomplishments and decision-making processes.





**DONATIONS TO THE CENTER FOR  
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