ACCOUNTABLE HEALTH COMMUNITY

Project Management ANNUAL REPORT Year One

Prepared for: Kyra Ochoa, MPH, Santa Fe County Community Services Department
Prepared by: Elizabeth Peterson, MPH
Dec 27, 2017

PROJECT MANAGEMENT **ANNUAL REPORT** YEAR ONE

SUMMARY

The Accountable Health Community (AHC) of Santa Fe County is a model to strengthen the network of community service organizations by improving communication, sharing information and resources, and working collaboratively to address the unmet social needs that influence health and well-being of Santa Fe County residents. Interventions have been chosen and are being tested with the aim of creating lasting systemic change.

Project Management for the first contract year (December 2016-November 2017) combined planning for, and implementation of the Accountable Health Community. Planning included strategic discussions and the development and procurement of navigation contracts that brought the concept of the AHC to life in July, 2017. Seven community organizations provide navigation services to residents of Santa Fe County with another joining in early 2018. Navigators screen for unmet social determinants of health and link residents to services and resources to address needs.

In the first quarter (Q1) of the Accountable Health Community model implementation, 65 women and 18 men received navigation services from seven community partner organizations. Individuals screened positive for 352 unmet social needs that influence health. In three months, 174 of those needs were addressed.

A continuous quality improvement process that includes feedback from navigators, advisory committee members, individuals receiving navigation services and other community stakeholders, guides decision making and improvements to the model. The model is flexible and adapted to meet current realities and needs.

PLANNING

Strategic Planning

With direction and input from Santa Fe County Community Service Department (CSD) staff, a **logic model, AHC work flow and model, work plan** and **AHC vision and goals** were developed which guided project management efforts. Meetings with CSD staff, community partner agencies, attendance at Health Policy and Planning Council (HPPC), Santa Fe

Prevention Alliance, and behavioral health, crisis and treatment team meetings coordinated by Tom Starke, provided context for the challenges, assets and key actors in Santa Fe County.

The Accountable Health Community took form in the creation of a vision and goals that have helped to guide the process of planning and implementation.

Vision

By 2020, all County residents regardless of income have access to high-quality health care and are linked to the resources they need for health and well-being

Goals

- Residents and providers collectively identify problems and co-create solutions.

- Navigators link residents to resources within a cohesive provider network.

- Social, economic, and physical environmental resources are available to all residents.

- Information systems are coordinated. Data are collected, monitored and evaluated to improve services and population health while reducing health care costs.

A **fact sheet** was developed to reflect the vision and goals.

Stakeholder Development and Provider Alignment

Stakeholder development and provider alignment have been and continue to be a high priority. A **Stakeholder Luncheon** on 12/15/17 introduced the Accountable Health Community model to attendees from community organizations throughout the county and representatives from Santa Fe City and County. The national AHC model and a local vision for Santa Fe County were described and defined. Stakeholders responded with thoughts about the AHC in Santa Fe County, what their organizations were currently doing to support the model and what their organizations would need to move forward. Over 40 people attended and participated.

In early spring the **AHC Advisory Committee** was appointed by the Director of Community Services Department with a membership totaling 22. Representatives from health clinics, city and state government, community organizations, HPPC, and community members

were asked to serve and represent different constituencies from metropolitan and rural geographic areas for a one year term in an advisory capacity.

The Advisory Committee has met quarterly, with meetings held in May, July, September and a stakeholder luncheon in December of 2017. Subcommittees have formed and met as needed for the Information and Technology (IT) and Evaluation RFP development as well as an ongoing subcommittee for Navigation. Engagement from a core group of the Advisory Committee has helped in the decision making process and foster stakeholder buy-in.

A **Gap Analysis** was conducted by Pam Hyde & Associates and the AHC Project Manager coordinated activities to support that effort. Eight **town halls** were held in locations throughout Santa Fe County targeting different populations and topics to include seniors, the Spanish speaking community, behavioral health and children and families. Due to a late spring snow, a second town hall for the Spanish speaking community was held at a local Zumba class. **Flyers** were designed and distributed via email to stakeholders, town hall sponsors and posted in person.

Five Provider Group Interviews were coordinated by the Project Manager and held at the Community Services Department conference room with topics that ranged from first responders to behavioral and physical health to early childhood and housing and food. Letters were sent inviting individuals from multiple sectors to participate.

Communications and Community Outreach

An email distribution list was created, and an AHC email address secured via gmail for the AHC Project Manager. Monthly **AHC Newsletters** were written and distributed via email beginning January. The Santa Fe New Mexican and Albuquerque Journal North published articles about the AHC and the Health Care Program Manager was interviewed with a panel of AHC stakeholders on a local radio station.

The Gap Analysis revealed a shared community need of a comprehensive and accessible resource directory. Service organizations and residents echoed the need to locate resources and services in Santa Fe County. Despite having resources available, people often don't know where to search, and print directories are often outdated. SHARE New

Mexico, a New Mexican based on-line resource directory offers a platform that provides a comprehensive resource directory, county community pages and calendars.

Conversations with SHARE New Mexico staff have yielded options for a customized service package for Santa Fe County. The IT RFP stipulates that software systems have the ability to link with the SHARE site to ensure that navigators and residents have access to the most up to date and comprehensive resource directory as possible. The SHARE Santa Fe County page now regularly features AHC related materials that include the Gap Analysis, newsletters, fact sheets and presentation slides.

Meetings with a local film maker and photographer have produced a proposal for a **Communication Plan** using video, text and photos to tell individual and collective AHC stories of people receiving services to a broad audience.

Research and Analysis

Research included learning of AHC models throughout the country, exploring software systems for the IT Solution, and seeking cost estimates for mobile and portable dental clinics summarized in **Mobile and Portable Dental Clinic Projects Costs**.

IMPLEMENTATION

Contract Management

Seven navigation contracts were signed late June. In July implementation of the AHC began. The Centers for Medicaid and Medicare Services (CMS) AHC Screening Tool was adopted and adapted to reflect the unique identifier assigned by navigators for each individual screened. The choice of screening tool is also in keeping with CMS funded projects and the Bernalillo/ Presbyterian AHC.

Screening sites were amended to reflect the need for screening at all partner organizations rather than just at clinics. The **Any Door Screening work flow** was created to illustrate screenings would occur where ever people were located within our network. This is a good example of how the AHC model in Santa Fe County is responsive and adaptable to the unique challenges and realities that present.

AHC Policies, an Excel Spreadsheet for data collection and reporting, a Quarterly Narrative Report, a Navigation Plan and Pre and Post Satisfaction Surveys were developed. Individual meetings with contractors were held to review materials, solicit feedback and begin to develop relationships with navigators, program managers and CEO's of new community partner organizations.

A sub-committee of the Advisory Committee met to develop agendas for two Quarterly Navigation Meetings in September and November. A scope of work was developed for independent facilitation of navigation meetings and participation of a facilitator/trainer in a proposed Navigation Educational Series.
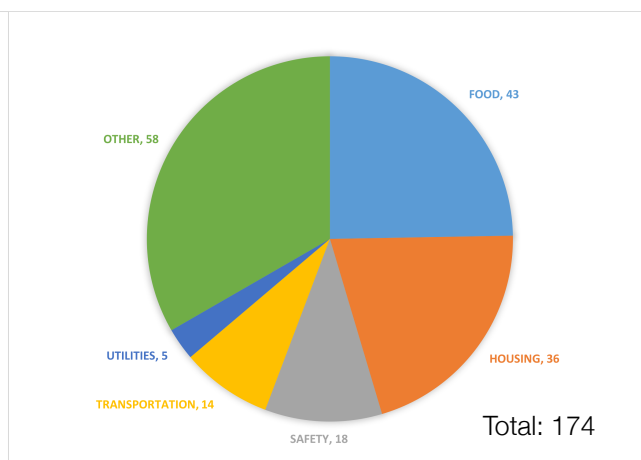
Surveys were sent to navigators. The first to gauge their educational experience with topics from the New Mexico Community Health Worker curriculum and level of interest for further trainings and educational opportunities. The second survey to determine a baseline level of satisfaction for their experiences as navigators in the AHC. Results indicated that navigators would like to have more learning opportunities and felt that they were developing strong relationships within the AHC network.

In the first quarter (Q1) of the Accountable Health Community model implementation, 65 women and 18 men received navigation services from seven community partner organizations. Individuals screened positive for 352 unmet social needs that influence health. In three months 174 of those needs were addressed.

Baseline Social Needs Screened Q1

Food, 43
Housing, 47
Personal Safety, 26
Transportation, 35
Utilities, 25
Other, 176
Total: 352
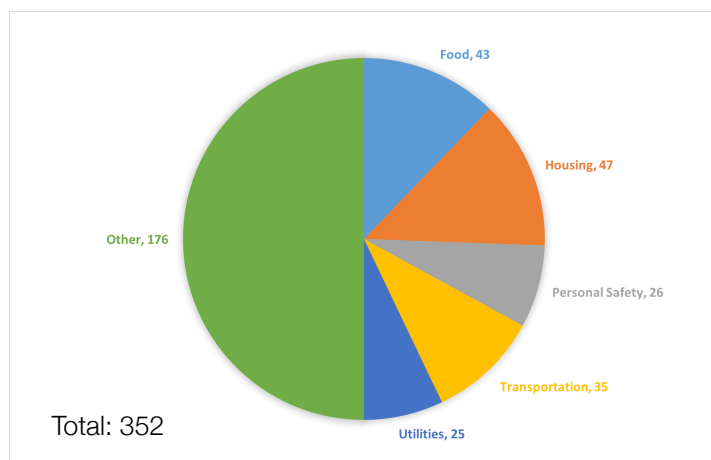
Social Needs Addressed Q1

FOOD, 43
OTHER, 58
HOUSING, 36
UTILITIES, 5
TRANSPORTATION, 14
SAFETY, 18
Total: 174

With field testing and feedback from Navigators, CSD staff and other stakeholders, the Excel spreadsheet was revised for the second quarter (**AHC Navigation MASTER Quarterly Report BLANK QUARTER 2**). Drop down menus, additional data fields and formulas to calculate totals were included. It is anticipated that data will be easier to collect, report and provide more comprehensive data for analysis in quarter two.

Information and Technology (IT) and **Evaluation Referrals for Proposals** (RFP's) were drafted and submitted to procurement. Advice from Advisory Committee members and other stakeholders was sought for both RFP's. An IT sub-committee with representation from community partners including a health clinic reviewed the draft IT RFP and participated in researching software systems.

Careful consideration of the needs of navigators and the agencies and clinics that employ them has been woven into the development of the IT RFP. The AHC team recognizes that individuals and agencies are already at or beyond capacity. Additional data entry and redundant reporting will ideally be kept to a minimum with systems linking to import and export data while creating on-line and in real-time navigation notes and updates of services provided. Using technology to enhance and perhaps streamline work flow, provide timely information sharing and meaningful data reporting is the goal.

NEXT STEPS

Year two brings the continuation of many of the components summarized in this report. Strategic planning that follows a continuous quality improvement framework of *plan, do, study, act* will identify what is working, respond to challenges and address circumstances that present. The AHC model is continuously tested given the structure of county government, county demographics and the unique and varied needs of our residents, the variability of community partner organizations and changing state and federal policies.

Choosing, introducing and integrating a software system to a navigation network comprised of clinics, homeless shelters, a city fire department high utilizer pilot and public school programs will be challenging and necessary in our attempts to strengthen communication and information sharing.

Implementing an evaluation plan that allows Santa Fe County and the AHC team to measure outcomes ourselves will be an important step in gauging the success or failure of the AHC model in our community. An evaluation design that incorporates quantitative and qualitative measures to evaluate the implementation of the Accountable Health Community, the impact on individuals served, impact on providers and ultimately population health, will provide invaluable information as we look forward to sustainability. Efforts that respond to Santa Fe County indicators from the Santa Fe County Health Action Plan will continue to guide the process.

Successful integration of three clinics into the AHC network that will provide screening and navigation in early 2018 are crucial to expansion and reaching further into the community. The numbers of residents screened and receiving navigation to resources and services will increase dramatically with the addition of the clinics.

Integrating AHC screening and referrals with the re-entry specialists at the Santa Fe County Detention Center will help to track and improve connections to resources and services for folks released from detention.

Inclusion of the AHC Screening questions in the Health Tracks senior pilot will help identify unmet social needs of senior citizens. Collaboration with the Health Tracks team to coordinate efforts will be key to attend to the needs of the burgeoning senior population.

The Santa Fe County Behavioral Health Crisis Center has goals that echo the AHC's goals. Integration of and collaboration with the Crisis Center in a meaningful way can reduce unnecessary admission to hospital emergency departments; prevent unnecessary detainment of individuals in criminal facilities; provide immediate crisis management and de-escalation support; ensure individuals are connected with ongoing clinical and social support, including navigation; prevent further crisis; and enhance communication and cooperation between co-located services.

Implementing a **Monthly Navigation Meeting and Educational Series** where navigators can pause from their demanding work, meet each other and participate in group learning experiences will help to create a resilient network who confer, refer and successfully provide warm hand-offs can make the difference for someone to enroll in health insurance, secure safe housing or get necessary medical or behavioral health care. Offering regular opportunities to

meet, time to build relationships, triage difficult situations and learn about supportive and clinically sound interventions will benefit each navigator, their organizations and ultimately the outcomes of the AHC.

Increased communications and further definition of the AHC identity will help strengthen the AHC network and promote it within the county. The Accountable Health Community should be a visible and known network. Individuals who receive services should know about the AHC and have a formal mechanism to provide feedback that improves services.

Resources should be current and available to everyone, not only to community partner organizations but any resident of Santa Fe County. A public outreach effort to introduce SHARE New Mexico to all residents in the county will help people learn about useful resources.

Sustainable funding sources that mix local, state and federal funding for ongoing elements of the AHC will be vital for continuity and is a high priority for year two. A wellness fund that can offer flexible funding to more people will be explored.

The AHC is a long term project with long term implications to the health and well-being of our county. Thank you for the opportunity to be a contributing member of the AHC team!

Respectfully submitted,

Elizabeth Peterson, MPH