Collaborative on Accountable Communities for Health for Children and Families*

Call 2: Closed Loop Community Care Coordination Systems

Call 2 of the ACHCF collaborative focused on closed loop community care coordination systems. Closed loop community care coordination systems describe a number of models and practices that communities might have in place, but that all share a common function – they allow stakeholders from different sectors to make referrals for health-related social needs, track the success of those referrals, and measure outcomes at a population level. Three presenters highlighted different models, focusing on different ways that they "close the loop" and highlighting how their models were catalyzed and the factors that help to sustain them.

Health Coalition of Passaic County/ NowPow

The Health Coalition of Passaic County (HCPC) is a collaborative community effort led by 17 Board members and 27 Community Advisory Board (CAB) members from a wide range of community organizations. It is dedicated to significantly improving the health and overall quality of life for residents of the Greater Passaic County area (with a special focus on the Medicaid community). HCPC utilizes the Pathways Community HUB (HUB) model, a care coordination program developed for the Agency for Healthcare Research and Quality (AHRQ). The HCPC is working with NowPow, a healthcare technology startup, to build an integrated health and wellness delivery system for the community. With the integration of the NowPow technology platform, the referral process will be seamlessly connected within the community between referral senders and referral receivers.

Lessons from Community Presenters

Following are overarching themes that emerged from the discussion, as well as bulleted recommendations to build upon the insights shared.

Importance of Child and Family-Focused Partners

Community Coalition Building – Interviewees discussed the role of ongoing community relationship building with child and family-focused partners and the importance of working *with* the community and not *on* the community in building out a closed loop community care coordination system. They shared that it is important for stakeholders to see the community as a value-add instead of a competitor, and leverage this value in the coordination system.

Community Advisory Boards –Community Advisory Boards (CABs) are one way to facilitate ongoing communication among key stakeholders and can provide a forum for agencies to provide feedback and share information about changes to community services and resources. This can provide a platform to establish buy-in and ensure that establishing and implementing a closed loop community care coordination system is a consensus driven process.

Financing

One-time Funding vs. Ongoing Funding – Presenters discussed the distinction between initial funding, or one-time funding, needed to build out/purchase a system and ongoing funding needed to maintain a closed loop community care coordination system. Examples of funding catalysts included a Center for Medicare and Medicaid (CMMI) Innovation award and foundation funding though diversified, sustainable funding was identified as an ongoing need.

Blending and Braiding (Fiscal Coordination) – Presenters identified the importance of blending (i.e., funds are combined into a single pool from which they can be allocated), braiding (i.e., funds from various sources are pooled together but tracking and accountability is maintained at the administrative level), or a combination of blending and braiding to support ongoing needs for the closed loop community care coordination system. For example, Medicaid dollars could be braided with funds from an organization's resources, philanthropic organizations, health care providers, foundations, and in-kind donations. Other examples of federal dollars being leveraged included the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, the Early Childhood Comprehensive Systems Impact (ECCS Impact) Grant Program, and previously the Race to the Top Fund through the Department of Education.

Family Connects

Family Connects is an evidence-based, universal approach to supporting newborns and their families through a newborn home visiting program. Families are typically introduced to the program when a Family Connects representative meets with the family in the hospital shortly after birth to schedule a home visit. During the home visits, a registered nurse assesses family needs in 12 areas across four domains: health care, safe home, infant care, and parent support. Family Connects nurses offer between one and three home visits based on the family's needs and wishes. When needs are identified during the home visit, the registered nurse will assist the family in connecting to community resources, conducting follow-up home visits or telephone calls, as needed, to support the connection, creating a closed loop community care coordination system.

Help Me Grow

Help Me Grow (HMG) is a system model that works to promote cross-sector collaboration in order to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, so that all children can grow, develop, and thrive to their full potential. There are currently 28 HMG affiliates, with 99 operational HMG systems implemented across those states. The HMG system builds on existing resources to ensure communities identify vulnerable children and link families to community-based programs and services through the implementation of four Core Components: (1) child health care provider outreach, (2) a centralized access point, (3) family and community outreach, and (4) ongoing data collection and analysis.

- Funders should be intentional and work together to support communities wishing to blend and braid funds to support a common vision for community health improvement across generations, which could include maintenance and continuous improvement of the closed loop community care coordination system.

Accelerators to Financing, Spread, and Scale

Partner Collaboration – Interviewees discussed the importance of: 1) forging strong relationships among stakeholders in a community to build a solid foundation for shared future work; and 2) ongoing collaboration, where partners have a mechanism to dialogue and share resources, as critical for model sustainability. To help to catalyze successful community collaborations ultimately needed for success:

- Funders should invest in capacity building, i.e. protected time for meaningfully engaging in the activities needed to make collective impact a success, to help form relationships among community partners so that stakeholders are in the best position to design a community care coordination system.
- Communities should consider developing CABs where leadership and key staff members meet to share general information about community assets, gaps, and changes to community services and resources, creating a process for ongoing maintenance and improvement of closed loop community care coordination systems.

Innovative Funding Mechanisms – The need for a *next-generation approach* to social systems funding would accelerate current ACHCF initiatives. Presenters suggested the need for longer-term, multi-year investments and coordinated funding versus categorical, programmatic funding.

- Funders should invest in infrastructure for cross-sector data sharing, long-term collective impact, systems change, and ongoing evaluation at the community, state, and national level, allowing for measurable outcomes to promote the sustainability of the initiative. Evaluation should include both child and family focused metrics covering health and well-being across domains and as appropriate.
- Funding streams needs to be nimble and consider longer-term, multi-year investments and evaluation criteria beyond process metrics.

Barriers to Financing, Spread, and Scale

Interviewees discussed several barriers to financing, spread, and scale such as a lack of coordinated funding efforts and challenges related to return on investment. Three core elements (i.e., Shared Vision and Goals, Integrator Organization, Trusted Relationships and Governance), which were identified as accelerators in the first ACHCF call, were also identified in this call as ways to overcome the barriers described below.

Investments in population health often require a long-term perspective which creates challenges for ACHCFs, as many funding opportunities programs require progress to be shown in the span of a few years. Another challenge is determining which methods are appropriate to measure effectiveness..

- Funders should be flexible and work with communities and researchers to test methods for conceptualizing and calculating Return on Investment (ROI) and identify strategies to remove some of the burden of communities proving themselves cost effective and innovative during the process of negotiating and entering into Medicaid managed care contracts (MCOs).

Lack of Expertise in Child Development – Interviewees emphasized the importance of community partners who have expertise in serving children and families. Lack of knowledge in early childhood development and two-generation approaches were seen as a barrier to priority setting.

- Communities should engage partners with child development expertise at the onset of their work, and ensure that a developmental lens frames every discussion.

Lack of Coordinated Funding Efforts – A competitive funding market can serve as a barrier, particularly when community partners compete, instead of collaborate, for funding. A competitive funding environment can give rise to multiple, uncoordinated community care coordination systems instead of collective impact under a single system. Interviewees highlighted how conducting conversations early on with potential partners can help to overcome some of these hurdles.

- Funders (both governmental and private) should continue to invest in and catalyze innovation related to community care coordination systems targeting children and families, requiring that a variety of partners come together as a community to adopt the technology to avoid duplication and promote coordination. Funding for a community-level backbone or integrator organization promotes this coordination.
- Communities should explore pathways for working with MCOs to invest in closed loop technology systems and incentivize completion of referral pathways.

Role of Technology in Closing the Loop

All interviewees discussed using technology in some capacity; however, there was variability in how they utilized technology to close the loop. The use of technology ranged from early stage development of an internal case management system, to an electronic resource directory, to a platform designed to complete referral pathways through algorithms.

- Communities should consider how leveraging technology could help meet client's unmet social needs and facilitate sustainability of the model.

Conclusion

There is significant momentum among child and family community collaborations to develop effective models of community care coordination and implement technology to support "closing the loop". Funders and policy makers can accelerate these efforts and encourage sustainability through a range of investments informed by early innovation.