SANTA FE COUNTY

ACCOUNTABLE HEALTH COMMUNITY

We are building a system that helps residents navigate community services and offers providers access to data and information to better serve residents, improve health and reduce health care costs.

ACCOUNTABILITY AND CONNECTIONS: Technology and the AHC

The Accountable Health Community (AHC) is evolving. Technology coupled with human connection will better serve residents of Santa Fe County and improve accountability.

Where someone lives, if they have reliable transportation, consistent utilities, access to healthy food and feel safe-these social determinants of health impact health and well-being. The Accountable Health Community has a network of over 50 navigators imbedded in community organizations and clinics that screen for these social determinants of health. Navigators currently capture unmet social needs by using paper surveys or an organization's software without automatic sharing of pertinent information with other navigators in the network in a timely or coordinated manner.

Ana, a navigator at Las Cumbres has met Jane who is pregnant. Ana uses a paper version of the Social Determinants of Health screening questionnaire and learns that in addition to housing Jane also needs to establish a medical home. Jane could benefit from Emergency Flexible Funds to repair her car so that she can resume driving to work.

Ana sends emails to navigators at Casa Familia, Santa Fe County Housing Authority, and La Familia to enquire about short and long-term housing and to provide an introduction and warm hand-off for medical care. She pays for a car battery and waits to document the expenditure on the quarterly spreadsheet that is sent to the County.

Navigators have relied on emails, phone calls and Excel spreadsheets to communicate, record and report data quarterly. There isn't a formal mechanism to share Emergency Flexible Fund expenditures with each other. Navigators have built trusting relationships at monthly navigation meetings and respond to group emails asking for help on behalf of individuals they serve. They wait for people to respond, leave messages and answer emails as time and circumstances permit. Is this the most effective and efficient way to communicate?

"Most of the individuals I work with are already involved with other organizations. Simply ensuring that we all have an open line of communication is an imperative piece of the work that we do."

-AHC navigator

Building on the relationship-based Accountable Health Community navigation model, Santa Fe County is introducing a software platform that will capture and share information in real-time. A partnership with Unite Us will provide a network-wide infrastructure for improved communication between AHC partners.

All partners in the network will be connected to each other with Unite Us, with the ability to:

- Electronically connect individuals enrolled in the AHC to both clinical and social service providers;
- Track individual progress and receive automated feedback from partners to ensure care and services are received;
- Share and track Emergency Flexible Fund expenditures per person and category;
- Collaborate with community-wide “care teams” ensuring providers are on the same page regarding an individual’s shared progress; and
- Collect data including structured outcomes to measure the network’s impact, including time-to-service and effectiveness of care.

The software platform is HIPAA, FERPA and FIPS compliant. Unite Us implements controls necessary to maintain the confidentiality and the integrity of Protected Health Information and Personal Identifiable Information stored in the system.

The AHC evaluation team at the Pacific Institute for Research and Evaluation are involved in tailoring the software platform ensuring that we are asking the right questions and acquiring data that can be used for rigorous analysis on the individual, network and system levels.

A soft launch with Unite Us and current AHC partners is scheduled for early April. Additional partners are expected to join in phases throughout the year. The SHARE New Mexico on-line resource directory will be linked so that resources are available to all residents of Santa Fe County.

Eventually a link on the Santa Fe County website will allow any resident of Santa Fe County to answer screening questions, be directed to a navigator or provided with resources. With the Unite Us platform the Accountable Health Community is closer to realizing its bold vision. *By 2020 all Santa Fe County residents, regardless of income, will have access to high quality health care and are linked to resources for health and well-being.*

Connections are a hallmark of the AHC. The Story Telling Project, navigators, and people who have experienced the AHC recognize the fundamental value of AHC connections. We now have a descriptive name for the Accountable Health Community,
Santa Fe County Connect: a network for health and well-being.

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INITIAL RESULTS: One Year of Navigation and Data

John sat at a table with representatives from four community organizations. The group included navigators from a local homeless shelter, a crisis response team, a behavioral health agency and a clinic. John was living on the street. He repeatedly ended up at the emergency room while intoxicated and had ongoing medical issues. Immediate and safe housing and ongoing medical care were identified as short term goals. Admission to medical detox treatment, counseling, and finding sober housing were targeted as intermediate and long term goals.

John is one of 639 Santa Fe County residents who received navigation services between July 2017 and June 2018 (Fiscal Year 2018) as part of the Accountable Health Community (AHC). In this same period, a cohort of over 30 navigators from 13 community organizations, school programs and clinics, all using the same screening tool, identified 1583 unmet social needs relating to health. Where someone lives, if they have access to reliable utilities, transportation and healthy food, and if they feel safe all impact the health and well-being of an individual. These Social Determinants of Health (SDOH) are screened for by each navigator and documented. For the five SDOH on the screening tool, 1367 unmet needs were identified. The remaining 216 needs relate to education, employment, childcare and income support.

"We are working with the Santa Fe County Detention Center to create more supports and connections in re-entry to create a level of prevention for clients at risk of recidivism."

-Navigator

Spreadsheets collect de-identified demographic data, identified and addressed SDOH, Emergency Department and jail use. Written narratives provide anecdotal information about what's working, trends and challenges. Spreadsheets and reports are submitted on a quarterly basis. Data is reviewed each quarter and shared with stakeholders. Lessons learned from quantitative and qualitative data have shaped how data are collected. This, in turn, has informed modifications of the AHC to effectively respond to the needs of the individuals served, navigators and contracted community partners.

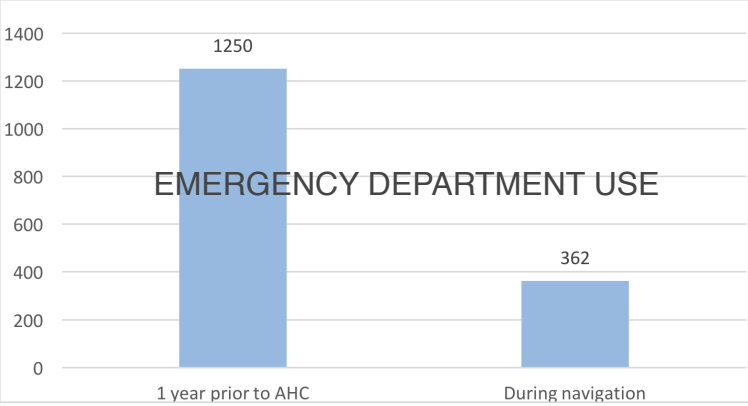
In alignment with the GAP Analysis conducted county-wide in early 2017, annual data shows the need for housing is acute, with 30% screening positive for needing stable housing. Food, transportation, utilities and personal safety follow in that order of need.

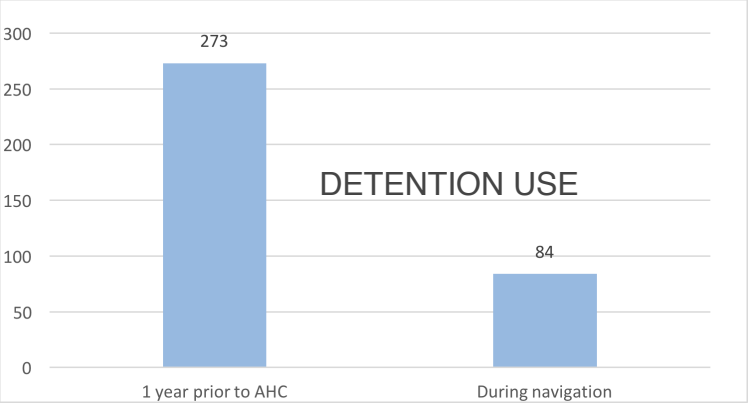
Anecdotal information from navigators suggests that following the initial screening, and after building trust with the individual, additional unmet needs are shared with the navigator. Before building trust, for example, a pregnant young woman who is couch surfing may share that she needs transportation only. After repeated visits the navigator

may learn that safety and housing are more pressing issues, and these additional needs may be addressed.

Does addressing unmet social determinants of health impact unnecessary or non-emergent Emergency Department (ED) use? Individuals who receive navigation are asked to self-report emergency use for the year prior to receiving AHC navigation. There were 1250 self-reports for ED use. In FY 2018, with AHC navigation, people reported using the Emergency Department 362 times—a 71 percent reduction in ED use.

Does the AHC impact jail use? Preliminary data indicates that the year prior to receiving navigation individuals were in jail 273 times. In FY 2018, with AHC navigation, individuals reported going to jail 84 times—a 69 percent reduction in incarceration.





The cohort of navigators and AHC partners is anticipated to grow in Fiscal Year 2019 and the "reach" of the Accountable Health Community into the County will increase. It is anticipated that 2000 Santa Fe County residents will receive navigation this year. We look forward to the implementation of a software system that will track referrals and provide the AHC network updates on-line and in real-time. Unmet social needs, Emergency Department and jail use will continue to be tracked. Data will inform improvements to the Accountable Health Community. A Story Telling Project will highlight individual experiences with the health and human services system generally and the AHC in particular.

In the meantime, John has completed detox treatment, is living in stable housing and continues to attend counseling and AA meetings. His Emergency Department utilization has decreased and his health has stabilized.

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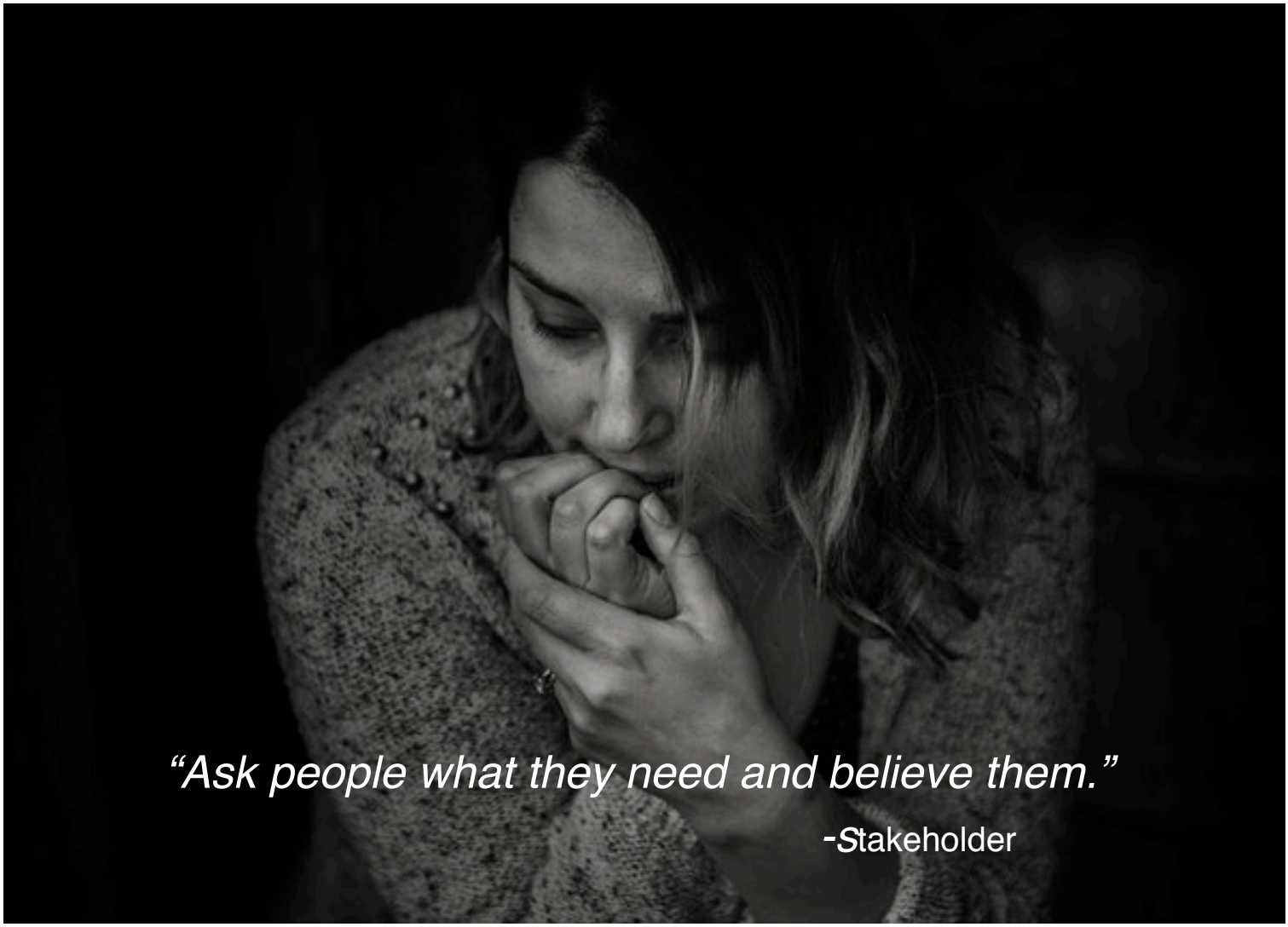

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FLEXIBLE FUNDING: When It Matters the Most

The car Alice drives to work every day needs a new battery. Miranda has left an abusive relationship and she and her three children, who live fifty miles from the nearest domestic violence shelter, need a safe place to stay for a night. Recently widowed, Mrs. Lopez must decide whether to pay the heating bill or buy groceries. John is homeless. His backpack has been stolen and with it, his identification.

Circumstances can change in an instant, and have a snowball effect. A vehicle we rely on to get to and from work needs repair; we courageously leave an abusive partner but also lose housing; an unexpected change of income leaves us unable to cover monthly expenses, or a lost driver's license means lost access to ongoing food benefits–all of these circumstances impact health and well-being tremendously.

According to the Centers for Disease Control, resources that enhance quality of life can have a significant influence on individual and population health outcomes. When people are unable to access reliable transportation and utilities, safe long-term housing and healthy food, these unmet social needs, also called social determinants of health, make the difference in the health of an individual and that of their community overall.

Accountable Health Community (AHC) navigators link residents to resources and services to address unmet social needs. When an emergency arises and there is no other funding source, the AHC Flexible Fund can be used as a one-time response to a crisis that is standing in the way of achieving goals established in a navigation plan.

The use of the Flexible Fund allows an agency and its navigators to respond quickly to avert a crisis. Protocols collectively developed by Santa Fe County Community Services Department, partnering agencies, and navigators themselves provide guidance and parameters on when and how the fund may be used. Navigators are encouraged to be innovative and work with community partners who may donate or partially fund purchases, and to encourage clients to contribute what they can. Fast access to funds that solve an immediate problem is what the flex fund is all about. The purchase of a $50 car battery could save a man from losing his job, and secure his family's home and long term health and stability.

Emergency flexible funds pay for goods or services. Money cannot be given directly to the individual. These funds serve *as a payor of last resort* and are not meant to supplant other available funding sources. Chronic needs that require ongoing funding are not

paid for with flexible funds except as a stopgap, when ongoing funding has been previously secured but is not yet available.

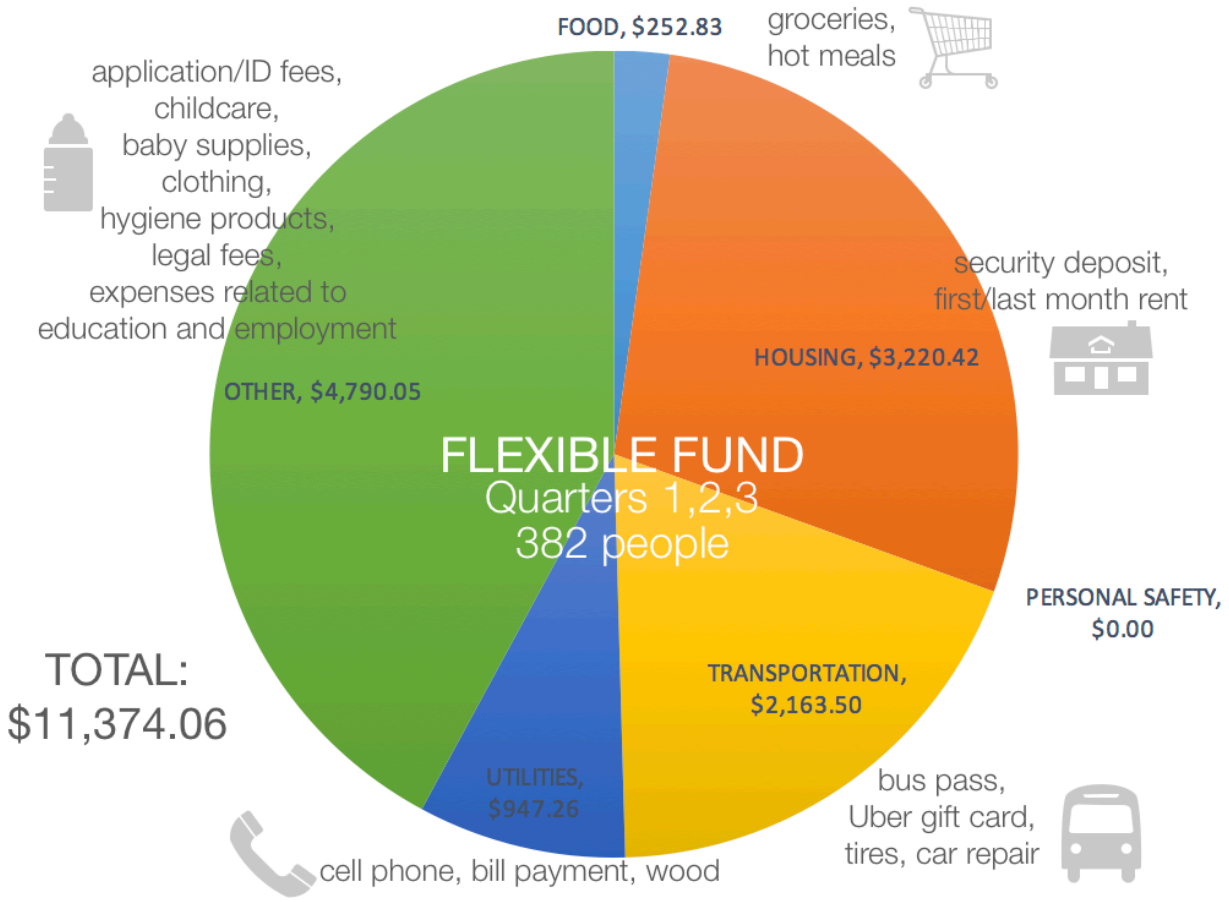

Chart provides aggregate data reported between July 2017 and March 2018 in Quarters 1, 2 and 3 of AHC data collection for Flexible Fund expenditures.

Currently the Flexible Fund is available to help residents who receive AHC navigation, an estimated 2000 people by the end of 2018.

And what about longer term solutions? Other AHC's throughout the country are establishing Wellness Funds supported by private, state and local resources to achieve collective impact. Santa Fe's AHC is exploring this model to achieve a broader, longer term impact for more Santa Fe County residents. For now, a navigator can ask a resident what they need to be healthy, access assistance immediately, and see the difference it makes in that person's life when it matters most.

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STRENGTH IN NUMBERS: data helps tell the story

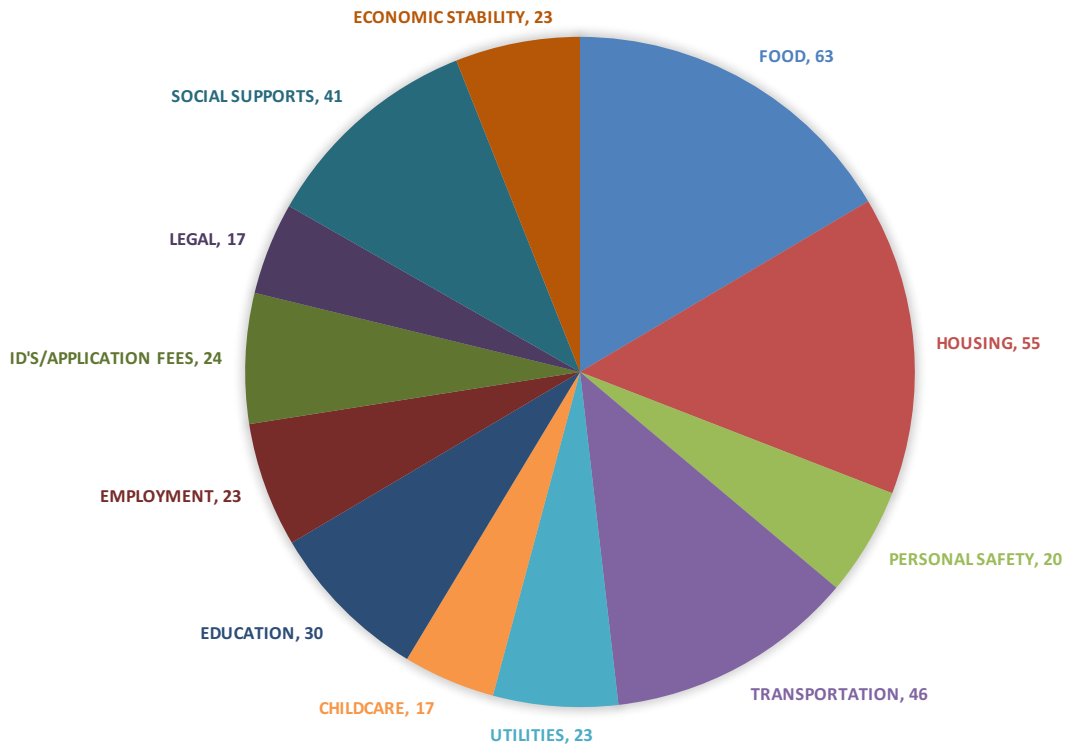
Where someone lives, if they feel safe, if they have access to nutritious food, reliable transportation and utilities--these are factors that impact health and well-being. The Accountable Health Community (AHC) is interested in learning about and addressing the needs of Santa Fe County residents by linking individuals to resources and services.

If a young mother doesn't have reliable transportation she may not be able to bring her daughter for medical appointments or arrive at work on time. Without access to nutritious food a senior citizen may not be able to manage his diabetes. Without stable housing children may not be able to attend school regularly and manage their emotions. Food, housing, transportation, utilities and feeling safe are important for the health of individuals and the health of our community.

In the AHC project during the months of October, November and December of 2017 (Quarter 2), 98 individuals in Santa Fe County were screened for and linked to resources and services that addressed unmet social needs that affect health. Thirty-five of the 98 received navigation in Quarter 1 as well. With an average age of 33, 75 women and 23 men were screened for 396 unmet needs. The results mirror what the Santa Fe County Health Services Gap Analysis discovered: There are food deserts in the county and housing remains a high need for many people.

Seventy-two individuals served in Quarter 2 in the AHC were Hispanic. Sixty-one were white, 13 multi-racial, 9 are Native American and 14 declined to comment or selected other. 28 people indicated that Spanish was their primary language and 73 of 98 had insurance, with Medicaid being the most common insurer (for 61 people).

Navigators from seven community organizations assisted to address 382 social needs prioritized by each individual. Needs addressed almost doubled from Quarter 1 to Quarter 2.



Until a software system is procured navigators are collecting and reporting data with the use of Excel Spreadsheets. Although not a sophisticated system, Excel has enabled us to refine data fields and spreadsheets to more accurately reflect what is going on in the field based on suggestions from the navigators.

A narrative report from each contractor provides qualitative data that helps illustrate what Excel spreadsheets can't--stories of how the flexible fund or navigation services have linked someone to a service or resource that was hard to access prior to navigation.

Implementation is a process, with room for experimentation, error and improvement. Creating the AHC is a work in progress that asks for patience, collaboration and thoughtful responses to the obstacles and opportunities that arise. Quarter 2 yielded more standardized data and a cadre of navigators who met quarterly. They reported as a result they are developing stronger relationships, better communication with each other, and improved work flows.

Quarter 3 welcomes navigators from three health clinics in Santa Fe County to the AHC. First Choice in Edgewood, Pecos Valley Medical Center and La Familia Medical Center have joined the AHC and will screen for the same social determinants of health (SDOH) and provide various levels of navigation to their patients. The initial cohort of 16 navigators will expand to 26, and numbers of residents who receive navigation will rise to more than 2000.

To coincide with the expansion of the number of navigators, the number of networking and educational opportunities will grow. Santa Fe County is offering a monthly navigation meeting and educational series that will bring AHC navigators together to network, share resources and learn from each other and from invited presenters.

Organizations that provide services and resources addressing food, housing, transportation, utilities and personal safety will be invited to share information about what they offer. SHARE New Mexico will attend to update their resource directory while providing a comprehensive county list for the five SDOH that navigators screen for. Opportunities for professional growth will be included as well as time to define benchmarks or pathways for successful achievement for the social determinants of health.

A goal of the AHC is for navigators to link residents to resources within a cohesive provider network. We look forward to working with and learning from our community partners while using data to guide our efforts and strengthen the network. As Thomas Paine said, *"It's not in numbers but in unity our great strength lies."* Perhaps there is strength in both.

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THE GAP ANALYSIS: What did we learn?

As part of the Accountable Health Community, Santa Fe County Community Services Department contracted with Hyde & Associates Policy and Practice Consulting, LLC to provide an analysis of the County's population demographics and needs, while highlighting gaps in existing services to meet those needs. The following excerpts are some of the highlights from the Gap Analysis Report, Executive Summary.

Population Data and Disparities – Highlights

The combination of age and sex with race, ethnicity, and poverty – along with housing costs, transportation challenges, the rate of uninsured, and food insecurity – creates a unique mix of social determinants that represent assets as well as challenges impacting health in Santa Fe County.

Santa Fe County is facing a "Silver Tsunami," with the largest concentration of the 147,108 population being adults 50 – 70 years of age. The growth rate of adults 65 years and older is expected to grow by 62 percent by 2030, with the fastest growing group being the very old. This expected growth is even higher than those of the state and the nation.

English is the primary language spoken in 62 percent of the County's households; Spanish is the primary language spoken in 33 percent of households. Neighborhoods with higher than average poverty rates have higher proportions of individuals who are Hispanic, immigrant, and individuals not born in the U.S. and not citizens, and also have the highest proportion of persons paying up to 50 percent or more for rent/housing.

Neighborhoods with the highest proportion of individuals and families with lower incomes have average to above average percentages of people in the workforce.

Provider and System Issues – Highlights

Santa Fe County has significant Health Profession Shortage Areas in primary care, behavioral health, institutional and hospital care, dental care, and care for specific populations. The aging of the healthcare workforce, limited educational opportunities and the cost of health care education, along with lack of diversity, and funding and policy challenges create considerable concern for the future healthcare workforce.

Collaborative efforts are significant, but are often experienced as unfocused with multiple activities drawing on limited provider capacities.

Provider Survey – Highlights

Community needs identified include expanded provider locations and hours of operation, streamlining of services, housing for low-income individuals and

workforce, behavioral health services, transportation and basic needs, before and after school programs, and more preventive upstream services.

Provider challenges identified include services in certain geographic areas and population groups; housing, quality of care issues, the fast pace of change, and inadequate funding.

Priorities recommended by providers include expansion of services, especially behavioral health services; addressing social determinants like housing, transportation, employment, and child care; shifting the service delivery system to focus on upstream targeted prevention activities; and using current services more efficiently by addressing high utilizers, assisting with public benefits, more navigation, and better information and referral capacity.

Town Halls, Key Informants, and Provider Groups – Highlights

Priorities for services include: a) affordable housing for all residents, including those with low incomes, seniors, and non-profit staff as well as City and County first responders; b) behavioral health care of all kinds; c) services and supports for seniors, including use of volunteers and more in-home care; and d) information about and navigation of existing resources and supports.

Selected Recommendations – Highlights

Create a comprehensive coordinated capacity for on-line and person-to-person real time up- to-date crisis assistance and information for law enforcement, providers, and the public.

Coordinate navigation resources to assure efficiency and effectiveness.

Embrace, prioritize, and work to support creation of expanded affordable housing units county-wide and housing subsidies for low-income households, critical practitioners, and first responders.

The entire Gap Analysis is available on the Santa Fe County website santafecountynm.gov.

Join us as we prioritize, focus efforts and collaborate with residents and community partners to create a healthier Santa Fe County.

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Access to Health Insurance for All = Healthier Communities for All

Estevan is a “Dreamer” who came to the United States with his parents when he was a child. He is an undocumented immigrant who has assimilated into American culture, has been educated by the US school system and would qualify for a pathway to legal immigration status under the Dream Act if it had become law. He attends high school, works at a part time job, plays football and has untreated diabetes. Estevan does not have health insurance. He is afraid of providing information that would identify his parents, and fear of his parent’s deportation is greater than the fear of his diabetes going unmanaged.

Social determinants of health influence the health of an individual and the health of a community. The Accountable Health Community addresses the need for stable and safe housing and utilities, reliable transportation and access to nutritious food for residents by screening for and targeting navigation to tackle the social determinants of health including access to health insurance, which ultimately drives down costs for all.

Without health insurance, health access decreases and the likelihood for reaching optimal health outcomes diminishes. Receiving health care when it’s needed, from providers who are trusted and can communicate with the patient and provide the right care at the right time creates the optimal environment for achieving the best health outcomes.

23% of adults and 10% of children do not have health insurance in Santa Fe County.

Robert Wood Johnson Foundation
County Health Rankings
Data source: US Census Bureau, 2014

According to Robert Wood Johnson Foundation’s County Health Rankings, **20% of Santa Fe County residents are uninsured**. 23% of adults and 10% of children do not have health insurance. “Health insurance coverage is an important determinant of access to health care. Uninsured children and non-elderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts.” (National Center for Health Statistics)

Without insurance, people tend to avoid or delay needed health care or use the Emergency Department for non-emergencies. Access to health care impacts physical, social and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death and life expectancy. Access to health insurance and access to health care make for a healthier community, and Santa Fe County is closely following national and state policy changes that may affect our community, with an eye to maintaining and improving current levels of access.

The first priority goal of Santa Fe County's Health Action Plan is to increase the percentage of residents enrolled in health insurance. The vision of the Accountable Health Community (AHC) is: *By 2020 all Santa Fe 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.*

In an effort to reach the Health Action Plan goal and to maintain the vision of the AHC, Santa Fe County Community Services Department has contracted with the New Mexico Immigrant Law Center and also with Health Action New Mexico to provide outreach, education and enrollment assistance to uninsured residents of Santa Fe County.

New Mexico Immigrant Law Center works on select cases where residents, such as women and children who are victims of domestic violence, qualify for humanitarian paths to public benefits like health insurance.

Health Action New Mexico (HANM) believes all people in New Mexico should have access to the resources that allow them to lead a healthy life, regardless of geographic location, language, ethnicity, race, citizenship, age, disability, sex and sexual orientation, gender and gender identity, religion. The team at HANM is founded on the belief that health care is a right and are committed to the goal that all people of New Mexico have universal access to health care.

These two partnerships provide training to Santa Fe County Health Care Assistance staff to screen, refer, and also conduct outreach and enroll difficult-to-enroll populations such as the elderly and low-income Hispanics who do not qualify for Medicaid. In addition, HANM will connect Santa Fe County residents to health care coverage who are eligible for Medicaid or the Health Insurance Exchange, or, like NM Immigrant Law Center, find other means to obtain health care for those who may not qualify for current programs, particularly special populations who are immigrants with humanitarian status, "Dreamer" children who may be eligible under Deferred Action for Childhood Arrivals (DACA) and other eligible monolingual Spanish speaking residents. HANM will also lead health literacy and discussion circles with those interested in learning about health care policies and changes that are taking place at the federal and state levels.

Providing outreach, educating and enrolling children, teens like Estevan, and adults in a health care insurance plan is the goal. Increasing enrollment and reducing the 20% of the population of uninsured county residents will help to improve the health of our residents and of our county. Santa Fe County Community Services Department is committed to making access to health insurance and health care a reality for all residents.

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