California Community Care Coordination Collaborative (5Cs)

Holly Henry, PhD
Research Program Manager
Maternal, Child and Adolescent Health Directors Meeting
June 22, 2017
OUTLINE

• The Foundation
• Children with Special Health Care Needs
• Care Coordination
• CA Community Care Coordination Collaborative (5Cs)
• Challenges and Opportunities
• Next Steps
• Resources
Mission: To elevate the priority of children’s health, and increase the quality and accessibility of children’s health care through leadership and direct investment.

Unique Dual Focus: Philanthropy and Fundraising
• Invest in efforts that promote better systems of care in California, for children with special health care needs (CSHCN).

• Operate kidsdata.org, the gateway to comprehensive information about the health and well-being of children in communities across California. This easy-to-use web tool offers data on more than 500 measures, from asthma to vaccinations.
• CSHCN have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition that requires more than routine health and related services.¹

• There are more than one million children in California with a special health care need.

IMPACT ON FAMILIES

• 47% of families of CSHCN report that they did not receive effective care coordination

• 35% of families of CSHCN had difficulty accessing community-based services

• 24% of families of CSHCN reported that their child’s condition caused financial problems

• 330,000 families cut back or stopped working to care for their children

Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs in order to achieve optimal health and wellness outcomes.³

The “set of activities that happens in between”³

- In between doctor visits, in between providers, in between hospital stays, or in between agencies
- E-mails, prior authorizations, communication between providers (community and subspecialists), insurers, prescriptions, equipment needs, in-home care providers, access to community resources

RATIONALE

Ideal

Integrated System of Services

Reality

Siloed Agencies and Services

5Cs (community-level)

Care Coordinators – Facilitate Communication

Providers – Make Referrals

Families report, “I’ve got to coordinate the care coordinators.”
• Goal is to assist community-based, multi-agency coalitions to improve local systems of care coordination for CSHCN and participate in a learning collaborative.
5CS STRUCTURE

- Phase I – 2013-14, Phase II 2015-16
- 10 Regional Coalitions
- $25,000 to $45,000 grant over 18 months
  - Does not cover direct services
- Quarterly webinars, quarterly in-person meetings, monthly check-in calls, annual site visits, and targeted technical assistance, evaluation and networking opportunities.
5CS COALITIONS

Phase I Only:
- Fresno
- Kern
- Monterey
- Shasta, Siskiyou, and Trinity

Phases I and II:
- Contra Costa
- Orange
- San Mateo

Phase II Only:
- Alameda
- San Joaquin
- Ventura
GOAL 1

Improve local inter-agency systems of care coordination for CSHCN

• Inter-agency consent form
• Trainings for agency staff
• Development of trusting relationships
“We are finding that, presently, there is a ‘non-system’ of care coordination. The simple yet intentional act of bringing people and agencies together is creating greater understanding of services, mechanisms for referrals, barriers to services, and gaps in services.”
GOAL 2

Develop community-based care coordination models with potential to be replicated

• Adaptation of tools created

• Leveraging Federal Financial Participation

• External presentations to spread models
"My mind was blown by the learning collaborative.... The thing for me that was such an ‘aha’ was the way that people are billing for care coordination. To hear in depth how people were doing this. The different federal funding streams that we could draw down. It has moved our thinking and our intention for the future."
Provide an opportunity for coalitions to learn from one another and discuss emerging challenges

• Identification of systems challenges and policy recommendations:
  – delays for durable medical equipment
  – integration of mental and physical health services
  – transportation challenges
“People [at our local coalition] would have questions about what other counties were doing. We could send that question up and get answers and bring it back to the group. Having that connection was key.”
Engaging and sustaining agency partners
Systems issues seem insurmountable
Issues may be at the state, rather than local, level
Providing meaningful participation for families
Thinking about system barriers, rather than barriers for individual families
Financial sustainability
10 care coordination coalitions now functioning across the state

Coalitions have produced over 20 care coordination tools that can be adapted for use in other counties

So far, 6 of the 10 coalitions have received external funding to continue their work
Each community is different.

Relationships are critical.

The Collaborative’s success depends on
- Consistent participation of community agencies and service providers
- Meaningful incorporation of family representatives
5CS PHASE III GOAL

• Improve coalitions’ local care coordination systems by executing work plans to achieve solutions to specific system-level issues in their communities

• Currently open to 10 existing coalitions
ENHANCEMENTS FOR PHASE III

• More frequent in-person Learning Collaborative meetings
• Consultative support for evaluation activities
• Focus on system-level issues specific to each 5Cs community
• Possibility of longer time-frame for grant funding
• Visit the 5Cs webpage: www.lpfch.org/cshcn/community-engagement
  – Care Coordination Tools
  – Key Literature
  – Phase II Coalitions Overview

• 5Cs Phase I Report: www.lpfch.org/publication/experiment-local-care-coordination
Holly Henry
Lucile Packard Foundation for Children’s Health

Holly.Henry@lpfch.org
www.lpfch.org/cshcn
(650) 736-0677

Sign up for the CA Advocacy Network for CSHCN:
www.lpfch.org/network