Complex Care: Advancing equity and addressing social determinants of health

Oregon Older Adults Behavioral Health Initiative
June 8th 9-10:30 am

Today's Agenda

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None Left Behind

9:00-9:15
Welcome & introductions

9:15-9:30
Workforce and core competencies

9:30-9:45
Meaningful consumer engagement

9:45-10:00
Social needs screening and navigation

10:00-10:30
Discussion and Q&A

About the Camden Coalition & None Left Behind

MISSION

Improve the health and well-being of people with complex needs by demonstrating and advancing equitable ecosystems of care

VISION

Transformed health and social systems that ensure every individual receives person-centered care rooted in authentic healing relationships

ORGANIZATION-WIDE GOAL

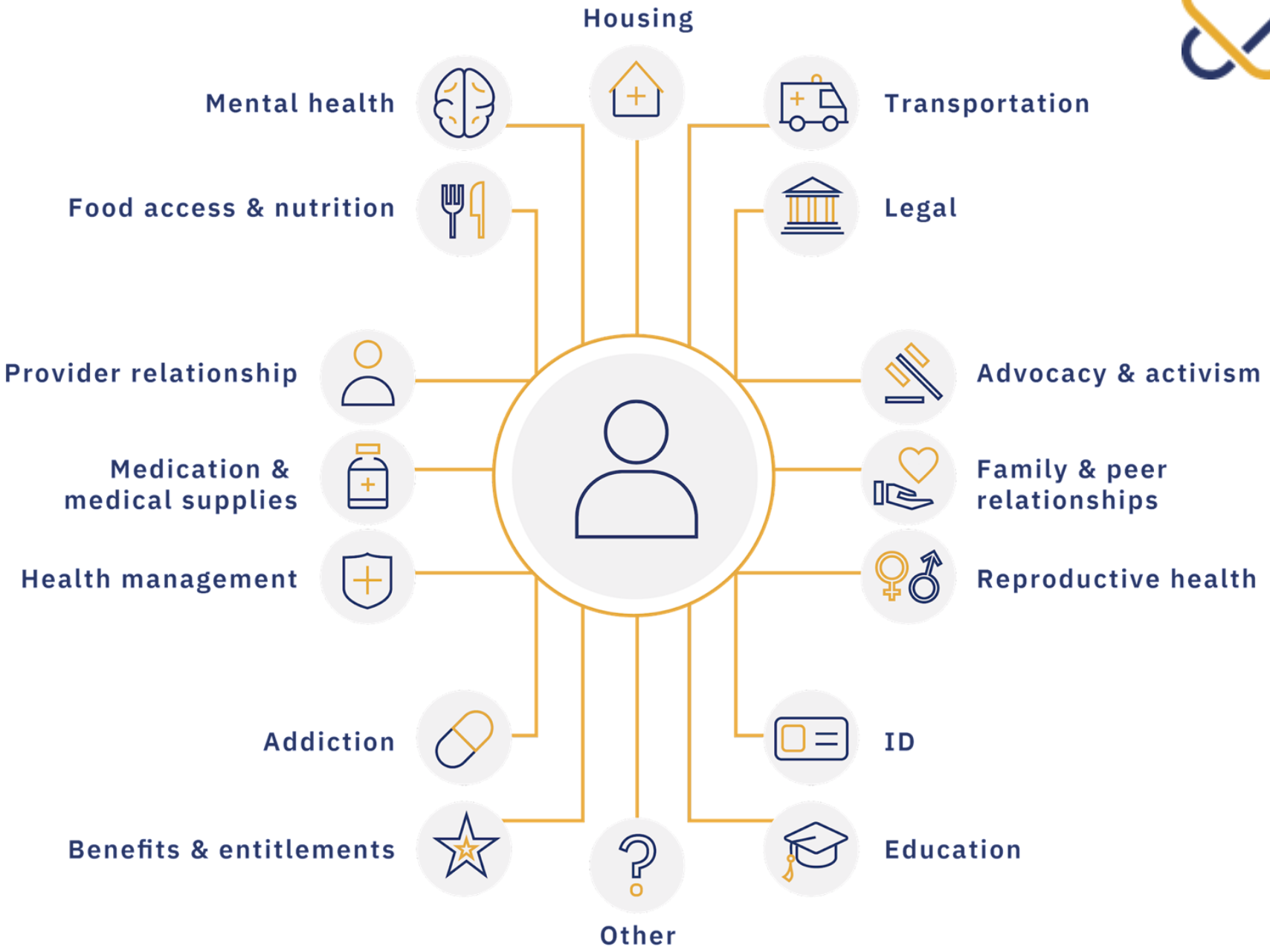
By 2025, confront inequities and system failures by strengthening the ecosystems of care for 500 communities in Camden, across New Jersey, and around the country.

The **National Center for Complex Health and Social Needs**, an initiative of the Camden Coalition, is catalyzing the **field of complex care** by inspiring, connecting, and supporting an evolving community of complex care practitioners and leaders.

Camden Coalition

The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition

Complex care addresses challenges that interfere with a person's ability to achieve optimal health, well-being, and quality of life.



Theory of change

Problem

Fragmented and inequitable systems of care

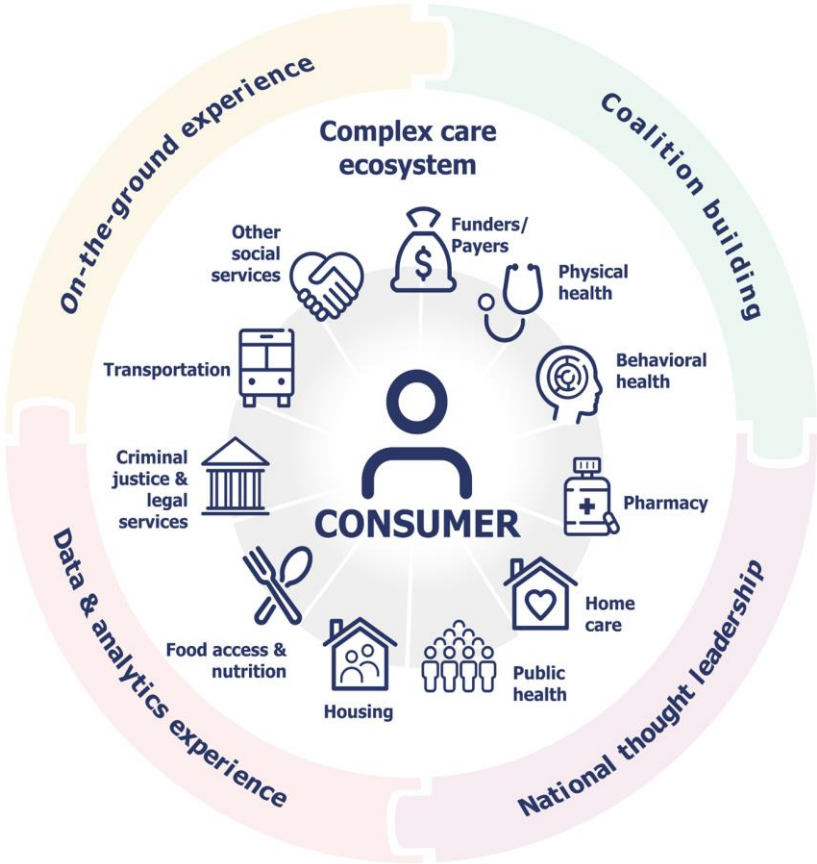
Actions

Empower people, advocate for change, and co-design solutions

Impact

Uptake of new practices and system changes that result in better outcomes

Our approach to ecosystems of care involves facilitating greater coordination and collaboration amongst local healthcare, social care, and other community actors, as well as improving delivery of relevant services and supports.



Amplify: A Consumer Voices Bureau

Amplify, our consumer voices bureau, was created to increase opportunities for organizations to include the voices and perspectives of people with lived experience of complex needs.

More than a speakers bureau, Amplify supports organizations to partner with consumers through convenings, conferences, advisory boards, program design, evaluation, consulting, research, policy initiatives, and other project work, as well as speaking engagements.

None Left Behind

Community building, mentorship, and resources

None Left Behind is a Black-led grassroots nonprofit serving Portland's children and families who have been impacted by gun violence, parental separation, addiction, and trauma.

The youth and families we serve have been battling each of these complex issues for generations and experience the trauma that often leads to feelings of despair and hopelessness. **None Left Behind** provides healing relationships, community, and resources that promote a sense of hope.

noneleftbehind.org

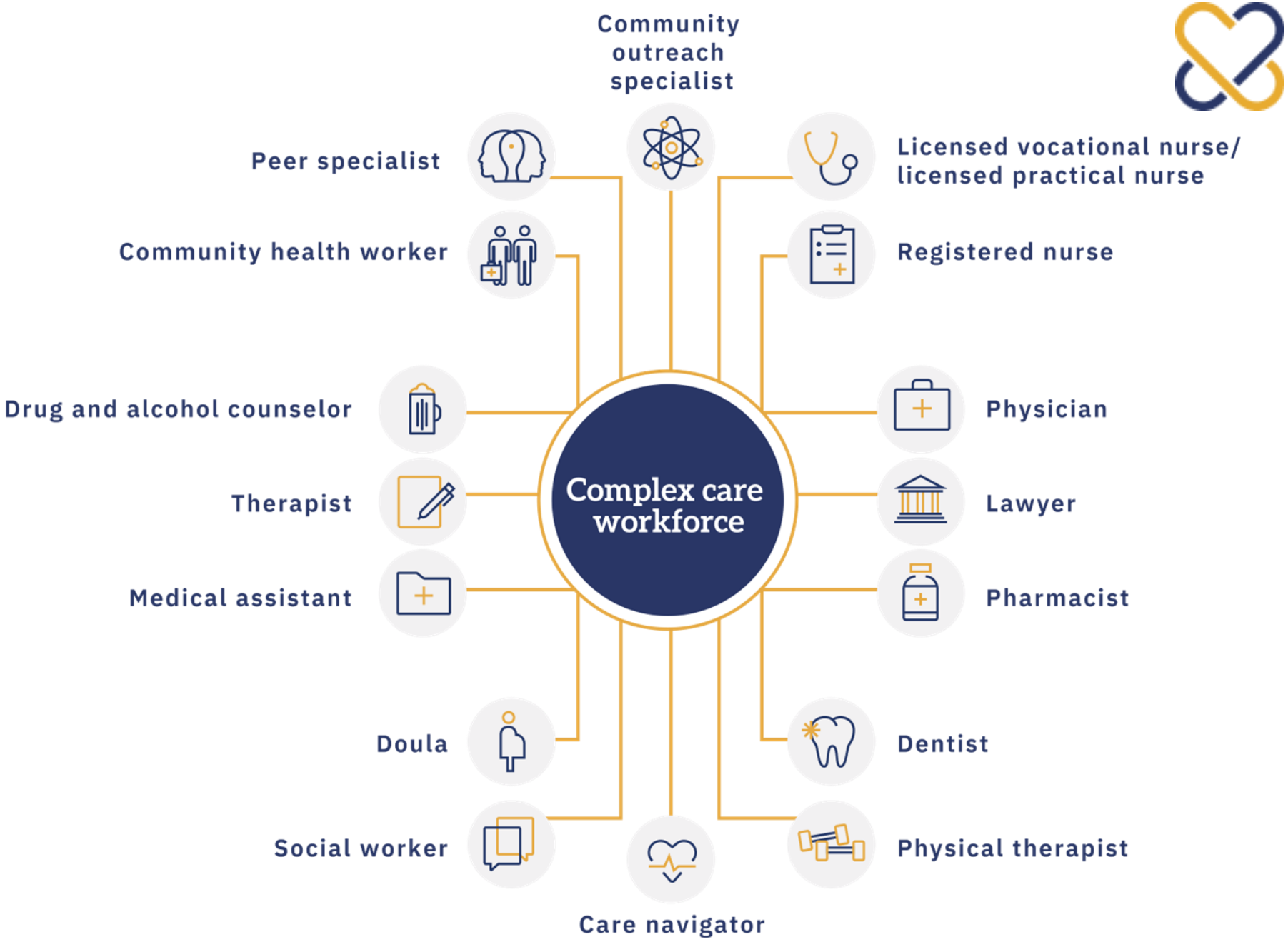
Complex Care Core Competencies

Complex care core competencies

Six domains

- Human complexity and context
- Personal and professional commitment and ethics
- Person-centered, relationship-powered care
- Integrated team collaboration
- Diverse information management
- Systems complexity and context

Complex care providers operate in various roles, sectors, and settings.



Curriculum - overview

What is the complex care curriculum?

- A **comprehensive introduction** to the essential knowledge, skills, and attitudes required to provide complex care, including client engagement, care planning, trauma-informed care, and team-based practice
- A way to bridge the gap between what frontline staff learned in school or other training programs and the **actual knowledge, skills, and attitudes needed in the field**, and build on current practice and create a common language with and across care teams
- A shared language and framework to **support collaboration within multidisciplinary teams** and across organizations/sectors.

Who are the courses for?

- Frontline complex care practitioners and individuals delivering complex care, including those delivering ECM and CS services
- Interdisciplinary teams that can include community health workers, nurses, doctors, peers, social workers, case managers, and more
- Anyone practicing complex care across settings and organization types

Complex care certificate (15 CEUs) – available Nov. 2023

Courses

Introduction to complex health and social needs
Interplay and compounding effects of multiple health and social needs

Relationship-building in complex care
Skills for building authentic healing relationships, set boundaries, and build self-care practices

Motivational interviewing for complex care
Principles and practices of motivational interviewing in complex care settings

Care planning in complex care
Knowledge and skills to generate, implement, and maintain strengths-based and person-centered care plans

Trauma-informed care
Principles and practices of trauma-informed care in complex care settings

Harm reduction
Principles and practices of harm reduction in complex care settings

Person-centered care
Person-centered orientation, implementing care plans, and navigating complex systems

Introduction to complex care practice
Introduction to frameworks, orientations, and skills needed in complex care practice

Teamwork & communication in teams
Knowledge for understanding team roles, coordinating care, and collaborative decision making, impact of interdisciplinary teams in care delivery

Meaningful Consumer Partnership

Spectrum of Consumer Engagement

From: https://vcccalliance.org.au/assets/about-vccc/Consumer-engagement/Documents/2021/bd9d1d3455/200921Model-of-CEngagement.pdf

Considerations for consumer engagement work

- Recruitment and representation
- Empathetic and empowering story sharing practices
- Fostering authenticity & avoiding tokenization
- Building relationships & building trust
- Dedicating resources & compensation
- Removing barriers: accessible, flexible & trauma-informed

Recruitment & story sharing

Recruitment and representation

- Start by understanding the communities you serve to ensure representative participation
- Understand barriers to participation
- Partner with consumers/PWLE to design recruitment approaches

Empathetic and empowering story sharing practices

- Informed consent
- Control over the narrative and audience
- Paint a portrait of a whole person, don't over-simplify, cast consumers as the protagonists

Fostering authenticity

Define the specific role and level of engagement consumers/PWLE will have

- WHAT role will PWLE play, what skills/knowledge (in addition to lived experience is needed)?
- WHY are PWLE crucial to this work (specifically)? What impact/outcomes do you hope these partnerships achieve?

Close the loop with consumers by letting them know the outcome of their work/feedback

What experiences/perceptions does the community have of your organizations/the systems you work with or represent?

- (How) can (past) harms be acknowledged and corrected? (How) can relationships be repaired?

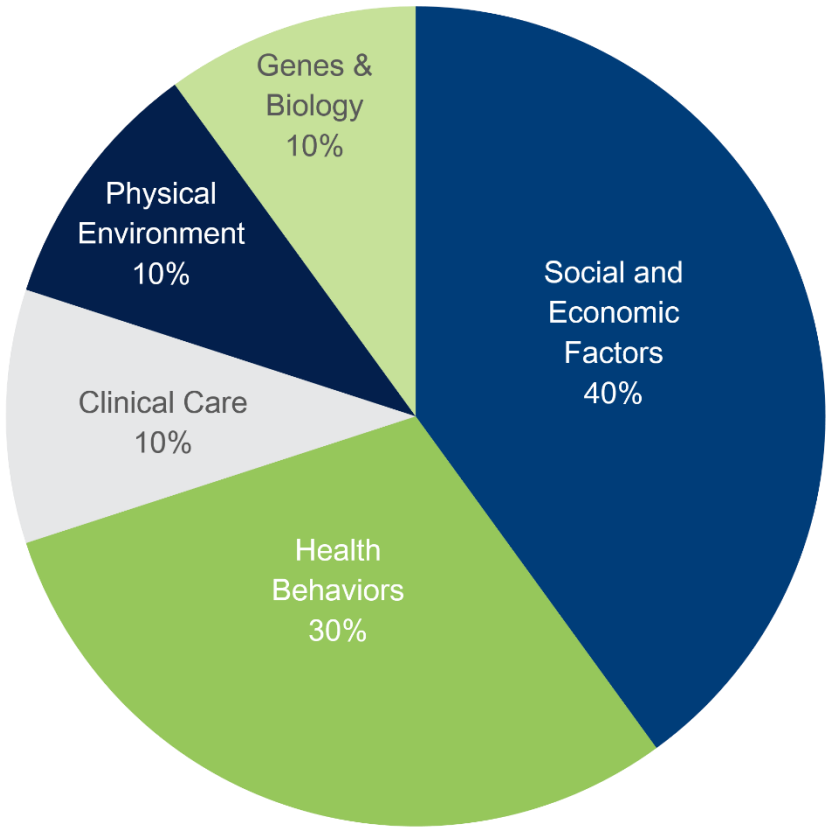
Dedicated resources

Dedication of resources for consumer engagement should **always include providing fair and flexible compensation** for time and effort, but should also include:

- Time to: build relationships, recruit representational participation, understand interest and intrinsic motivation of consumer partners, etc.
- Flexibility to: project timelines, meaningfully respond to feedback, communicate in multiple and different ways
- Dedicated staff to provide support, build relationships, & take a trauma-informed approach to consumer partnerships

Screening and navigating for social needs

Social and economic factors contribute significantly to individual health outcomes

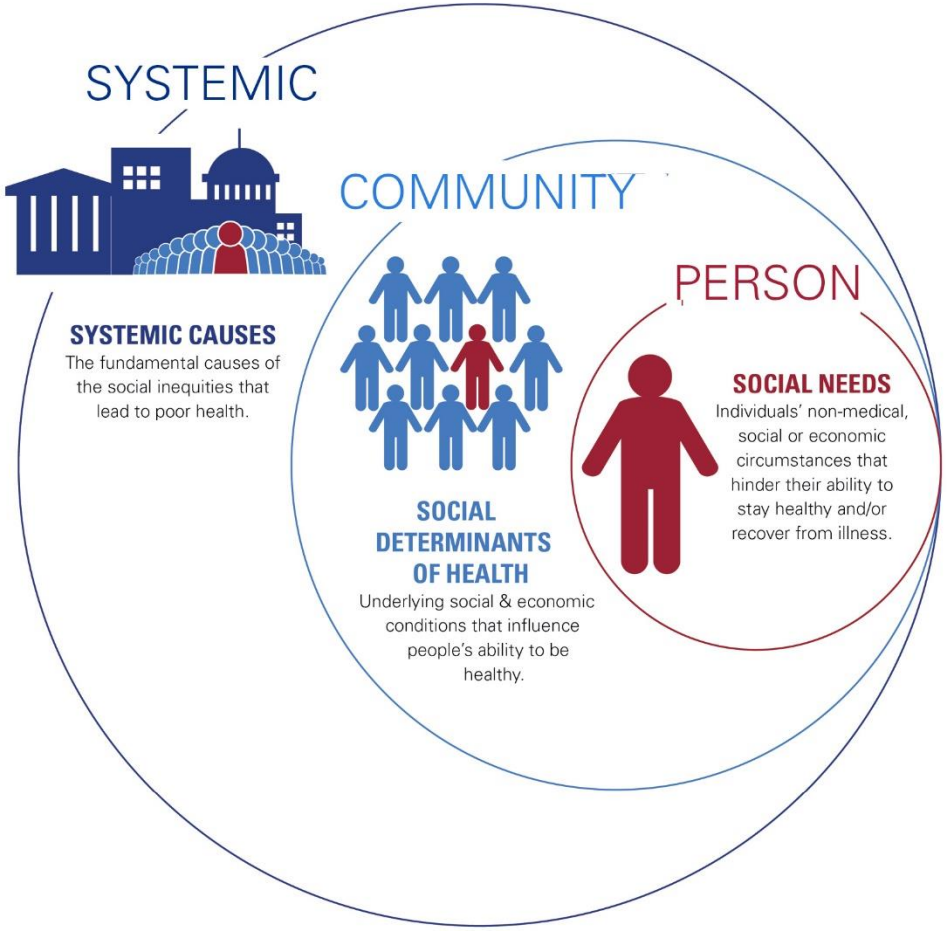


Definitions: Social determinants, health-related social needs & social risk factors

Social Determinants of Health:
The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, development agendas, social norms, social policies, and political systems.

Health-related Social Needs:
Individual needs such as food insecurity and homelessness that have a direct impact on the ability to maintain and improve health.

Social Risk Factors:
Adverse social conditions associated with poor health, such as food insecurity and housing instability

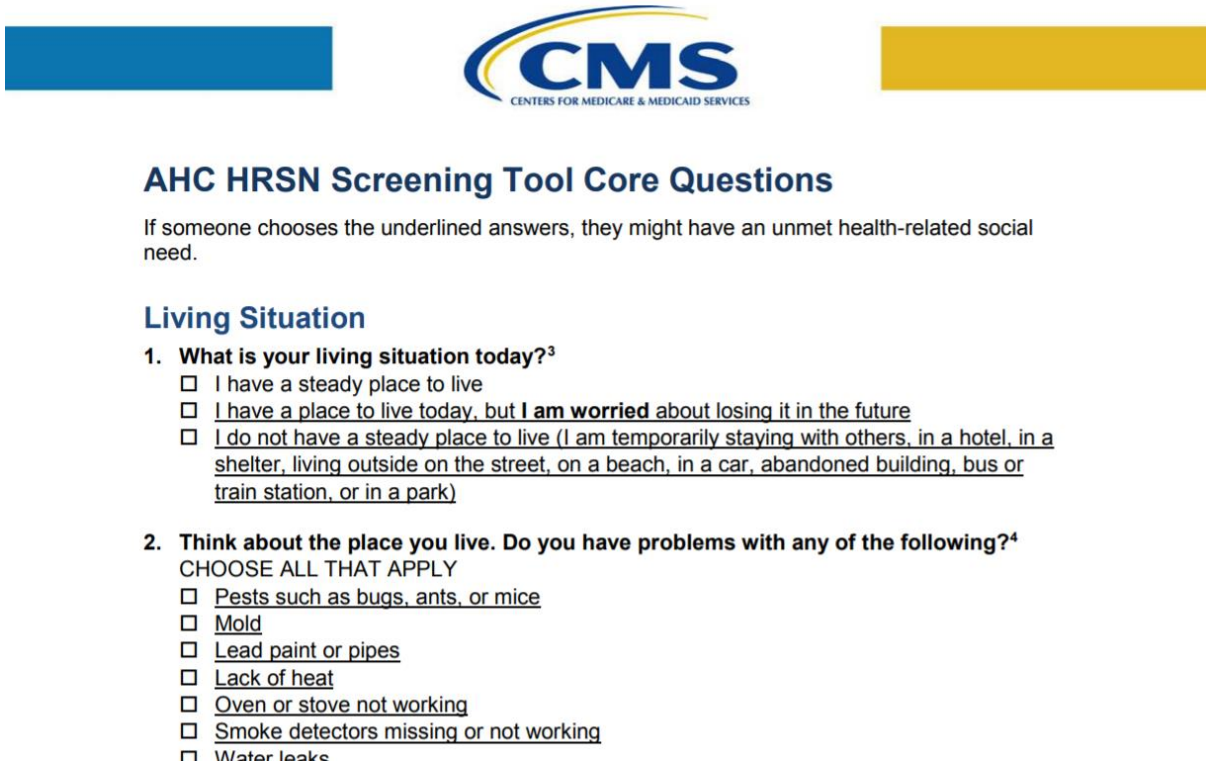


Health-related social needs screening tools

1. CMS Accountable Health Communities: 10 Qs
   - Mandatory: Living situation, food, transportation, utilities, safety
   - Supplemental: Financial strain, employment, family & community support, education, physical activity, substance use, mental health

2. American Academy of Family Physicians: 11 Qs
   - Housing, Food, Transportation, Utilities, Personal Safety, Assistance

3. PRAPARE (NACHC) : 21 Qs
   - Family & home, Money & Resources, Social & Emotional
   - Optional: Incarceration, Refugee, Intimate Partner Violence



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation

1. **What is your living situation today?**[3]
   - ☐ I have a steady place to live
   - ☐ I have a place to live today, but **I am worried** about losing it in the future
   - ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. **Think about the place you live. Do you have problems with any of the following?**[4]
   CHOOSE ALL THAT APPLY
   - ☐ Pests such as bugs, ants, or mice
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Lack of heat
   - ☐ Oven or stove not working
   - ☐ Smoke detectors missing or not working
   - ☐ Water leaks

New healthcare requirements re HRSN

- HEDIS (NCQA) – health plans measured for 1) % who are screened for social needs, 2) % who screen positive receive an intervention
- Inpatient Quality Reporting (CMS) – two new measures for hospitals: 1) % screened, 2) % positive screens
- Joint Commission – hospital systematically screens for health-related social needs and provides information about community resources
- Health Equity Plus (NCQA) – accreditation for organizations that provide social needs screening and navigation, CBO partnerships to address HRSN, and have significant consumer and community involvement

Thank you!

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