

Leading with Community Based Organizations: Data-driven Approaches to Support Alignment

All In National Meeting



Who we are

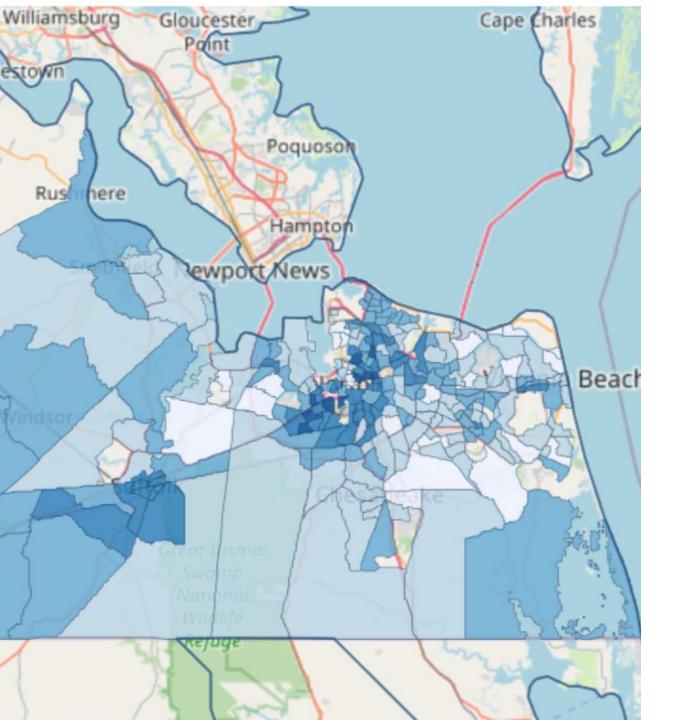


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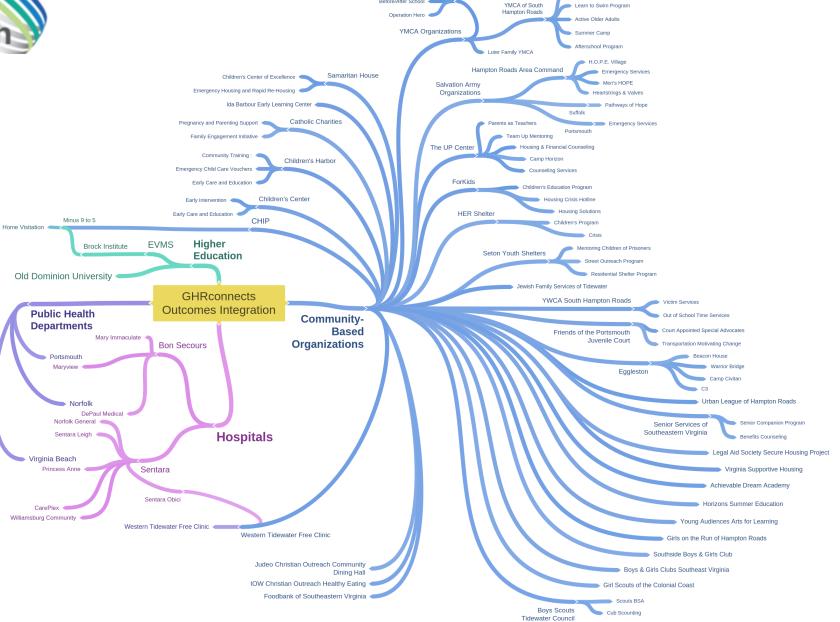




Community Outcomes Integration

United Way of South Hampton Roads

Data Across Sectors for Health



Refore/After School

Preschool Program

Armed Services YMCA

Data Structure & Tools



Population

GHRconnects

Community Health Needs Assessments & Improvement Plans (CHNAs/CHIPs)



Program

Results Based Accountability

Data Reporting Guides



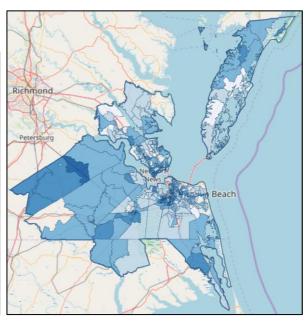
Participant

Unite US – Case Management Early Childhood Developmental Screenings

GHRconnects

- 300+ population-level indicators
- 22 counties, 170 zip codes, 442 census tracts
- Topic-specific dashboards
- CHNA alignment from healthcare partners
- Community Initiative pages
- Resource repository







Indicator List by Location

View a list of all indicators and see at what location data is available



View indicators related to early childhood success. Topics include health, education, social environment, and socioeconomic stability.

Education



See information on academic outcomes from Kindergarten Readiness to indicators on higher education.

ALICE Households

Information related to households classified as Asset-Limited, Income-Constrained, Employed (ALICE).



Economic Data

Data on economic indicators such as those related to the labor force, exports, and industry.

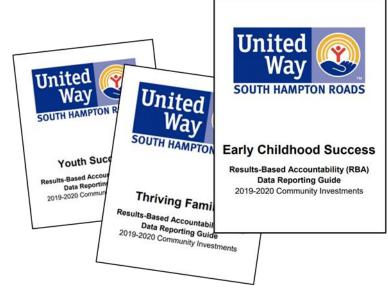


Food Access

Indicators related to Food Access and Food Insecurity, and related health conditions.

Data Reporting Guides

- Shared measurement across CBO grantees
- Evidence-based practices
- Alignment of CHNA priorities to RBA measures
- Building capacity and competencies of existing partners
- Identify service gaps and opportunities for improvement

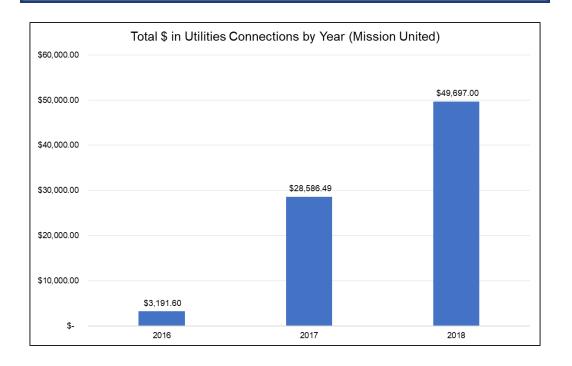


	Quantity	Quality
Input Effort	How much service did we deliver?	How well did we deliver it?
Output Effect	How much change / effect did we produce?	What quality of change / effect did we produce?

Care Coordination

- 2016 Unite US with Mission United
- Currently: 100+ organizations, including CBOs and healthcare partners
- Multiple entry points
- Closed-loop referrals
- Shared assessment tools to incorporate community voice





Engaging Cross-Sector Partners



- Set priorities from population-level data
- Match expertise and existing program efforts to priority areas
- Establish data-sharing workflows and governance
- Strategic investments to fulfill community needs

COVID-19 Response

Leverage existing data structure and workflows:

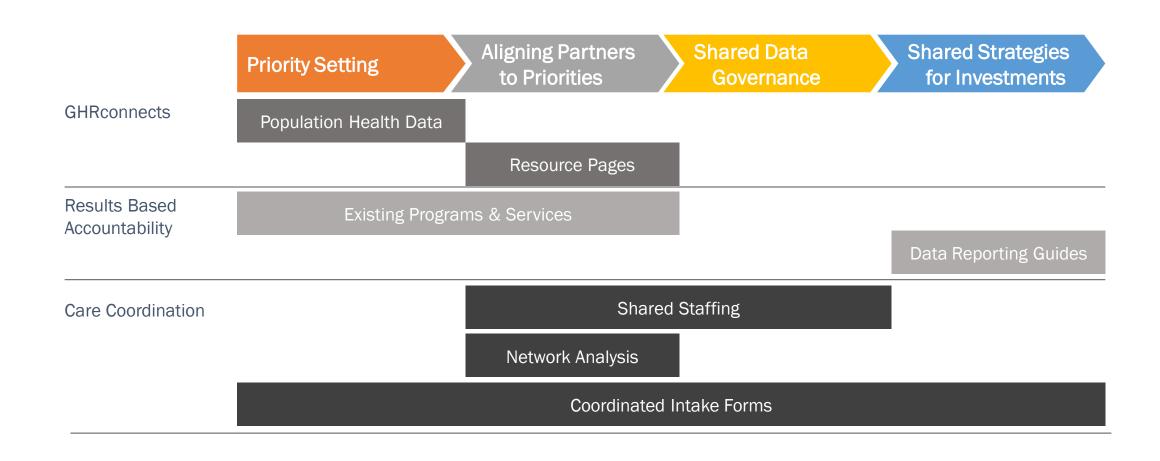
- Population-level: Use GHRconnects for priority setting and partner alignment
- Program-level: Existing reporting guides for accountability and best practices
- Participant-level: Expand care coordination to encompass all residents effected by the pandemic

"Just found out that my husband will be out of work for a month. We are not prepared. We have no funds."





COVID-19 Response Components



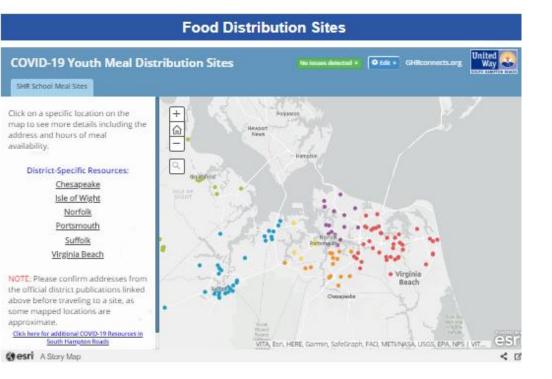


We are compiling resources related to food distribution and food access in the wake of related closings and social distancing due to COVID-19. We will be updating this page as locations and availability is updated.

If you do not have access to food and need immediate assistance connecting to food resources, please call the United Way of South Hampton Roads Coronavirus/COVID-19 hotline at 757-858-7777, or submit an online request for assistance here.

If you would like to suggest a resource to be added to this page, please send us a message.



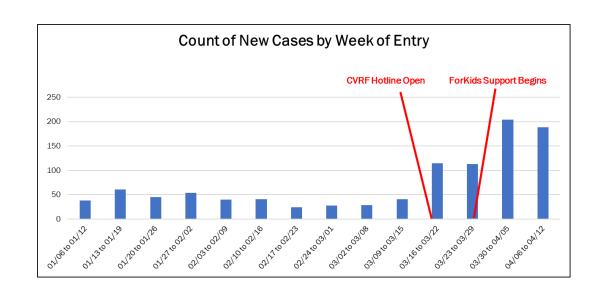


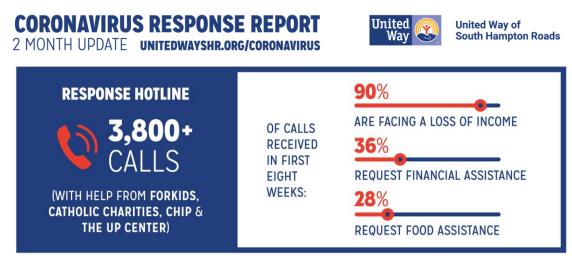
GHRc Resource Pages

- To provide resources for the public: serves as a triage tool for individuals in need of information or connections to services
- To provide resources for our care coordination staff: assists case managers to quickly find information for callers

Referral Network: Shared Staffing

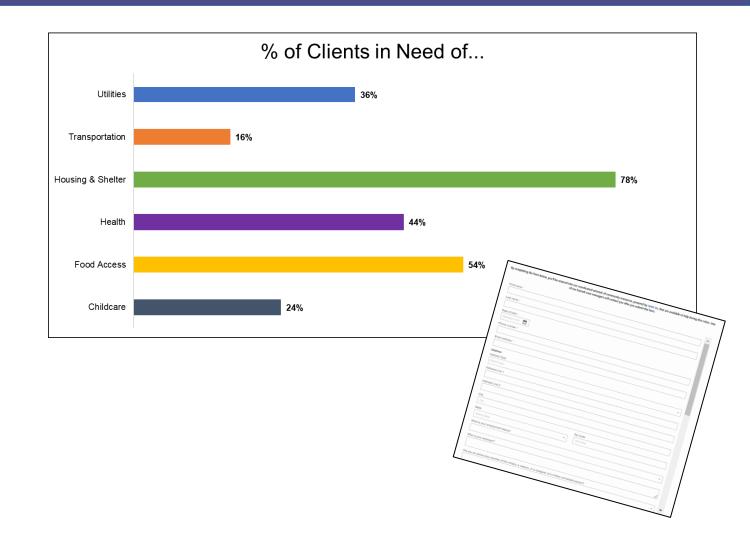
- Expansion of coordinated care network beyond military-affiliated population.
- Local CBOs sign MOUs to assist with intake and call management.





Coordinated Intake Assessment

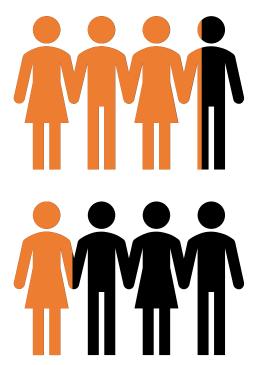
Self-reported service requests and coordinated care entry by individuals allows case managers to more efficiently connect clients to appropriate partners.



Data Sharing / Reporting

Common intake forms and coordinated referrals allow for improved reporting on COVID-related community needs and contribute to decision-making with regards to fund distribution and RFPs.





Over 78% of callers to the hotline request assistance for housing and shelter.

1 in 4 callers requests childcare assistance.

Strategic Investments

To date, United Way of South Hampton Roads has raised

\$2,500,000 IN FUNDING

and has been able to support

81 AGENCY PROGRAMS

LONG TERM RECOVERY (36%)

COMMITTED: \$900,000

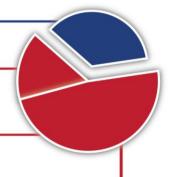
HOTLINE ASSISTANCE (16%)

COMMITTED: \$400,000

IMMEDIATE SUPPORT

TO FRONTLINE AGENCIES (48%)

COMMITTED: \$1,200,000



WORKFORCE DEVELOPMENT (2%)*

INVESTED: \$25,000

AGENCIES:1

HOUSING & FAMILY STABILITY (28%)

INVESTED: \$335,596

AGENCIES: 17

FOOD ACCESS (14%)

INVESTED: \$173,060

AGENCIES: 25



INVESTED: \$344,628

AGENCIES: 17

United Way
of South Hampton Roads

PHYSICAL & MENTAL HEALTH (28%)

INVESTED: \$345,383

AGENCIES: 21

* Grants in progress

Lessons from our work....

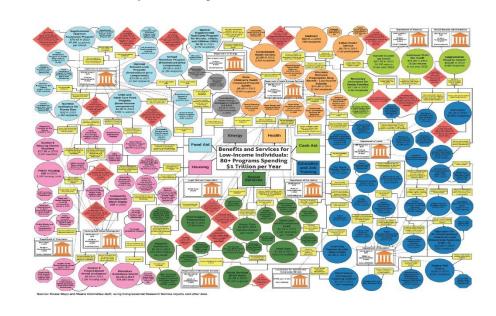
- Community data as the foundation for decision-making
- Allow CBOs to serve as experts
 - CBOs as sources of community voice
 - Collaborative efforts via community initiatives
- Healthcare partners are excited about the work
 - Many engage with CBOs for CHNAs/CHIPs
- Strategic growth based on community need
 - COVID-19; CSR projects



Monroe County Systems Integration Project

Collective Vision

The greater Rochester community is working across a diverse network of committed providers to build an **interconnected**, **person-centered system** of health, human services, and education leveraged by a **unified information platform**, to improve the **health and economic well-being** of individuals and families, especially those who are **vulnerable and/ or impacted by poverty.**





What will be different?

Current System

Misaligned services and programs

Disconnected and reactive service delivery

Little input from those navigating multiple services

Future System

360-degree view of individual and family assets and risk that can be accessed by all institutions and providers

Clear workflows created between agencies and across multiple sectors like health, education and human services

Organizations and community members trained to collect, leverage and amplify community input to redesign the system

Impact

150,000 people
supported by the
system through
proactive
interventions and
access to technology

300 providers

connected through service pathways and common digital tools

10,000 community members inform and co-create the system redesign

Strategies

Data Sharing

New and Integrated Workflows

Human Centered Design

Systems Integration Project Operations

- √ Vision, Culture and Operating Agreement
- √ 100 Participating Organizations
- ✓ Strategic Decision-Making Body with 40 organizations representing Health, Human Service, Education, Philanthropic, and Public Sectors
- ✓ 12 Workgroups of Subject Matter Experts
- ✓ 9 FTE Staff
- √ 5 Year Project Plan and Agile Operations
- ✓ \$16.3 million
- ✓ 8 SIT-Approved Workstreams and Strategies
- √ ~350 actively participating individuals



Work To-Date

Planning (2017)

- Collective Vision
- Theory of Change
- Stakeholder Map
- Design Goals
- Culture

Structure (2018)

- Work Plan
- Decision-Making Structure
- Project Membership
- Staffing
- Resource Development
- Project Management Framework
- Business Requirements

Strategy (2019)

Design

- Communications
 - Partner Engagement
- Community Engagement
- Data Ecosystem
- Integrated Service Delivery
- Shared Language
- Impact and Evaluation
- Legal Framework
- Equity and Inclusion

Implementation (2020)

- Data Sharing
- 360 Degree View (Dashboard)
- Legal Framework
- Prototypes and Pilots
 - New and Integrated Workflows
 - Point of Entry
 - Intake
 - Informed Consent
 - Navigation
 - Referral Management
 - Service Pathways
- Human Centered Design
- Equity Review Board
- Long Term Governance



Systems Integration Project Toolkit



- Modular Design is the most potent and practical means of handling change and implementing complex designs, without getting lost in the process.
- Modular Design has created the ability to create a complex product from smaller subsystems that can be designed independently yet function together as a whole
 - J. Gharajedagh, Systems Thinking: Managing Chaos and Complexity: A Platform for Designing Business Architecture. (2011)



Impact of COVID-19 on the Systems Integration Project

Assumptions

- The "system" must be immediately improved to successfully support individuals and families through COVID response and recovery
- Service providers are "change ready"
- The number providers and programs that make up the system will contract, even as the need increases
- Reimagining is essential
- Systems Integration Project strategies, plans and resources offer a ready and waiting asset to support this transformation

Impact

- Start/Pause/Stop/Continue
- Systems Integration must deploy precise, focused implementation strategies
- Human Centered Design must remain central to our work
- Tools, workflows and procedures created for COVID response and recovery must concurrently support the long-term vision of an integrated system
 - Modular Design
- Project implementation accelerated





SIP Phase I Scope: Support Community-Wide Recovery

Reusable, Interconnected Sub-Subsystems

Navigation

 Supporting a person's progress through The System based on a person's defined priorities and the operating rules/standards that govern the health, human services and education sectors

Point of Entry

• Repeatable process and standards for initiation into the service delivery system

Intake

• Repeatable process for identifying a person's need for services and supports; process includes data collection to compare a person's current situation against standard eligibility criteria

Informed Consent

 Centralized, repeatable process for obtaining and communicating consent given or withdrawn to share a person's data across the system

Service Pathways

• Repeatable process for selecting and following a plan of service delivery to completion

Referral Management

 Repeatable method for connecting individuals and service providers to complete interactions/transactions in support of the service pathway goals

Service Domains

Food

Housing

Income

- Financial Management
- Employment

Behavioral Health

Education (youth focus)



Example: Eviction Prevention

Pre-Covid

Goal

Use Case: Estimate up to 20,000 households will receive eviction notifications when the moratorium is lifted in August.

How might we transform the system to prevent evictions across Monroe County, ensuring housing stability?

Shared Language/Risk Management Protocol

Thriving: I can afford to live where I want, my rent/mortgage is manageable. My housing is safe, stable, and appropriate for my needs.

AffordableSafe, stable housing

Self-sufficient: I can afford to live where I want, but my rent/mortgage is expensive. My housing is safe, stable, and appropriate for my needs.

Barely Affordable Safe, stable housing

Stable: I can live where I want, I have a subsidy that helps pay my rent/mortgage. My housing is safe and appropriate for my needs.

Safe, appropriate housing
Some Public
Assistance

Vulnerable: I have a place to live, but it is not where I would like to live. My housing is safe but may not meet my needs.

Housing exists, but does not meet needs Potential public assistance

Crisis: I am homeless or I live in a place that isn't safe

_ Homeless or unsafe environment

A New, Integrated Process





Define interventions and supports to move a person to a previous or improved state of well-being.

Complete Universal
Application

(CBO assisted)

Circumstance

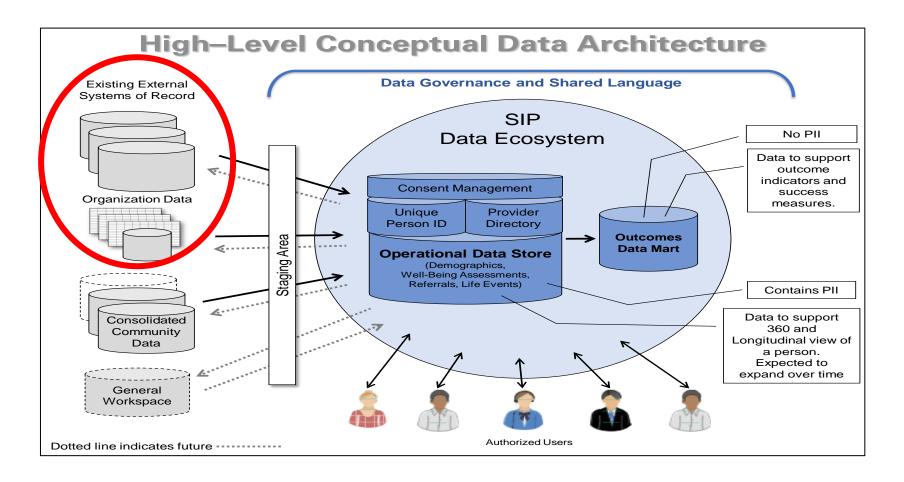
Intake

Establish replicable process for determining an individual's need for services.

<u>Outputs</u>

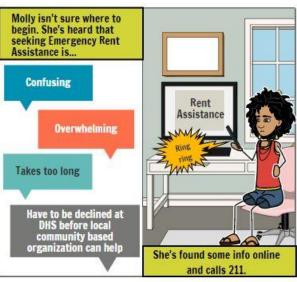
- ✓ Completed forms (2921, HMIS)
- ✓ Ready for DHS intake -or-
- ✓ Financial Assistance from CBO

SIP Data Architecture



Human Centered Design: Storyboard Interviews



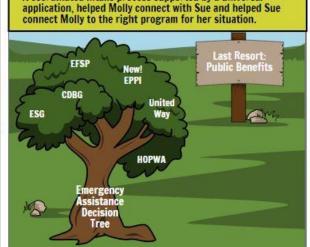












A coordinated intake process supported by a universal



Molly's back rent was paid to her landlord, Jean.

The program that was used to pay the rent included 6-months of case management which is helping Molly maintain financial stability. Molly remained in her home and didn't have to go to court to fight an eviction.

Key Learnings to Date

- Designing and implementing an integrated solution takes time
 - (3-6 Month Redesign Process for complex workflows)
- Each stakeholder interview (Human Centered Design) makes our process better
- Stay Agile: Sometimes you need to implement a short-term contingency plan
- Phased roll-out
- Widely celebrated innovation –shared across the state



Q&A

