Whatcom County Resource Roundtable

The Journey to Increased Access to Services

The Resource Roundtable conversation convened in January of 2019 in response to an articulated concern from families and social services sector professionals that the current tools and modes of collecting and retrieving available resources was not optimum in its use—even though hundreds of staff and volunteers are investing hours and life energy to collect and store this information. Access to finding what one needs, when needed is limited at best and at its worst is decreasing hopefulness and efficacy as individuals give up or believe what they need cannot be obtained.

A convening of 50 to 60 professional human service workers convened on June 21, 2019. The patterns and themes of the conversation about what needed to happen for community agencies to improve their ability to resource and refer others are attached. Please see the summary document attached.

Research to determine what hubs of resource knowledge were currently available broadly to both a public interface and human services/business interface resulted in understanding that we are not alone in looking for a better, more dynamic way of increasing access to services for service providers and individuals. The following are descriptions of what the team has found and explored.

2-1-1: Statewide system available to provided resources to any individual who calls. In Whatcom County, 2-1-1 is not relied on. The information is only as good as the information that organizations have submitted or what 2-1-1 can get by relying on the Opportunity Council's Community Resource Center.

We have not yet had in depth conversation about 2-1-1's current capacity or future plans, especially in light of some of the developments discussed below. This effort to communicate is in our plan.

Opportunity Council's Community Resource Center (CRC): The OC has spent decades producing, updating and assisting clients one-on-one with finding resources. They are a primary source of information in Whatcom County. Even so, the database is "flat" meaning that is acts more as a directory (think phone book) on line—than as a searchable location where people who don't know what agencies do what can find what they need. For example: If a parent needs or wants "coats for kids"—they cannot search "free coats" or "coats for kids" and find two or three sources that may have what is needed. They would need to physically take themselves to the CRC's physical space to talk to a person. There they would be given a list of places they can then call individually to see if there is or is not supply or active programming to meet the need. There is not capacity for warm hand-offs to resoruces; for in the moment contacts to sources; communication between agencies; coordination of services or time for follow up to see if the client ever were able to get coats for their children.

CRC staff and direct supervisors are co-leading this roundtable effort, but have not yet had indepth discussion with higher level organization leadership about any strategic steps toward implementation of a different system.

Healthbridge: This is an online site with public access interface and private/organizational/business access interfaces available. Currently, Northsound ACH, uses Healthbridge as the platform for their Pathways Community HUB model, as part of the Medicaid Transformation Project.

Currently, if you register with Northsound ACH as part of the Pathways HUB, there is case management and coordination modules that allow professionals HIPPA secure designed access to history of referrals and to intercommunication between professionals/agencies to where clients have been referred.

In this private access interface, it is possible to communicate between "registered" organizations. For instance Agency A can write a note to Agency B. I have just referred Client Z for two children's coats in children's sizes 5 and 9. The client's name is X. Their contact is xxx-xxx-xxxx. I have provided your name and number. Please let me know by DATE if this need has been fulfilled.

Then the receiving agency can respond. NO we do not have coats in those sizes at this time. We are sending clients to Agency F.

Healthbridge is searchable by keywords. Organizations can enter their agency mission, services, and other details to whatever extent they wish. The data is only as good as the organization's entry.

Healthbridge is a software developed by Care Coordination Systems, a private software development company. https://carecoordinationsystems.com/about/

We have seen a demo. We recognize that until organizations commit to interaction with the system, it will not provide the depth of service requested by the Roundtable group in June.

We do understand that Healthbridge, as a baseline, did interact with 2-1-1 systems pulling forward what was in that database. We do not know if the relationship goes two-ways, meaning that as Healthbridge grows will 2-1-1 benefit.

Thrive Local/Social Care Network: This is a partnership between Kaiser Permanente medical systems and Unite Us, a private software company. Here is how they describe their effort in an article that can be found at: https://blog.uniteus.com/kaiser-permanente

"On Monday, May 6th, Kaiser Permanente announced the launch of Thrive Local, the most comprehensive and far-reaching social health network of its kind. Thrive Local will connect a curated network of local social services organizations with Kaiser Permanente's health care providers through Unite Us' social care coordination platform.

Thrive Local will systematically address the social factors that impact the overall health and wellbeing of individuals and communities across the country. These social factors include housing, transportation, food, utilities and more. Over the past six years, Unite Us has worked closely with communities across the country to build strong connections between medical and social care providers. The organization's approach to building social health networks has now become a standard for communities across the country. This partnership with Kaiser

Permanente will scale the model and make it available to the 68 million individuals living in communities served by Kaiser Permanente."

In conversations between Whatcom County's Resource Roundtable leads and Unite Us, we are to believe that there will be a public interface, a social services interface and a private medical interface—so 3 sided access that will house resource information, ability to do coordinated care, as well as medical specific interface that has all required HIPPA secure design.

We have yet to see a demo.

We do understand that Unite Us is working with 2-1-1 so that there can be shared information. We do not understand if this is two-way or one way at this time.

Generations Forward Effort: A team with the Generation's Forward effort in Whatcom County is working with a grant from X to pursue how to increase access to resources for families of those raising children ages 0 to 8.

SEAS: A specific one-stop resource outlet specific to families raising children with special needs. This is a great local model of comprehensive resourcing effort.

CHW Network: This newly forming group of professionals and para-professionals focused on community imbedded health and human services resources and professional development is a budding opportunity as a hub of resource and referral. There are not formal systems in place, but in this process we see potential for the Network to play a role in improving information sharing and human connection.

Powerhouses of Knowledge: There are several individuals who hold immense community histories of services and social capital to make meaningful and useful connection. What is possible from their perspectives will be explored in this process. What do we have enough of to do SOMETHING better?

INTERVIEWS about WC History in Like Efforts:

Information was received via personal communications with:

- Byron Mannering, Executive Director of Brigid Collins Family Services.
- Geof Morgan, Former Executive Director of Whatcom Family and Community Network.

Themes from this information gathering indicates three primary issues that halted progress in the past.

Complexity in Collaboration: Complexity of wedding Resource and Referral with Coordinated Care within systems that were very specific and monolithic in terms of structure challenged the ability for "one shared system" to fruitfully meet everyone's needs at the time. While there

may have been some level of "will" to collaborate—it was not at the deeper levels, where change could happen. Technology advancement/Software developments were not as sophisticated.

Commitment: Commitment by the "right" leadership of a backbone organization or partnership to invest in what was needed did not fully develop. No one or more organizations stepped forward to say, "YES, this IS where we wish to lead with this. We will invest funds, effort, time and human resources into upstart, management and growth.

Capacity: The capacity of those working on the efforts was limited. Each had demanding jobs that did not allow for the amount of time and effort dedication to sustain these efforts beyond the intensity of the work, which was extensive. There was not "community energy" behind continuing at those times. Leadership was not authorizing increased capacity investment to ensuring the work/concepts moved forward.

Even with the databases currently available, capacity to update information was LOW!

What's Changed? What's the Same?

At this time, while technology has advanced and we see SOME interfaces that begin to bridge R&R with Coordinated Care history and communication, limitations exist.

Clarity about who are the right "Leads" for this work in this community? Commitment of higher level leadership to invest and set the tone for capacity and collaboration and with the leverage to request collaborative commitment and capacity across the entire human services field. We see healthcare leading the way, such as Kaiser Permanente and Medicaid Transformation models.

Organization capacity remains taxed. Individuals demonstrated low capacity when it comes to time or effort to update even the databases that are currently available. To keep them up to date without dedicated staff at each organization providing updates regularly, it is nearly impossible for a single agency to host a "real-time, useful" hub of information.

Our Questions:

Is one of the current resources one that we believe is a better option—strong enough to invest time and energy into pursuing?

Which organization would be the "right" leaders to approach about their future commitment to invest in this WITH the community?

What does capacity really look like within each agency. Is it realistic to expect organizations to update monthly, quarterly? Whose job is it? Will leadership add it to a position description and

hold accountability? How do we build that capacity in organizations? What would motivate or incentivize this shift?

What do we have enough of to do SOMETHING better?

What are Your Observations? Comments? Questions?