



Behavioral Health



# Population Health Management: Presentation to Community Vital Signs



July 19, 2021

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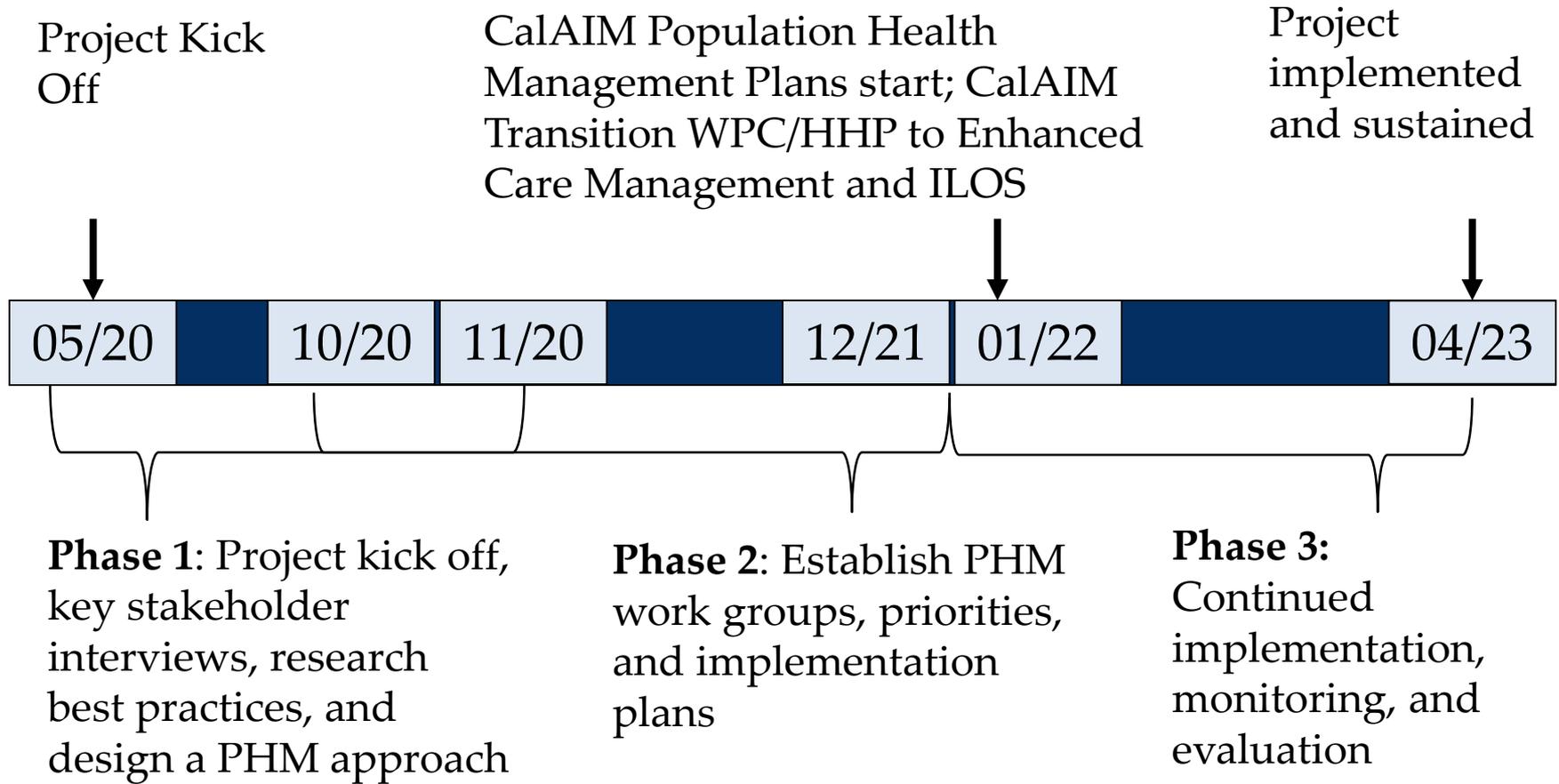
- 1. Overview Population Health Management (PHM) Initiative**
- 2. Social Determinants of Health + Health Equity + Community Engagement (SDOH+EE) Activities**
- 3. Social Risk Factor Screening**
- 4. PHM Goals**
- 5. Questions and Next Steps**

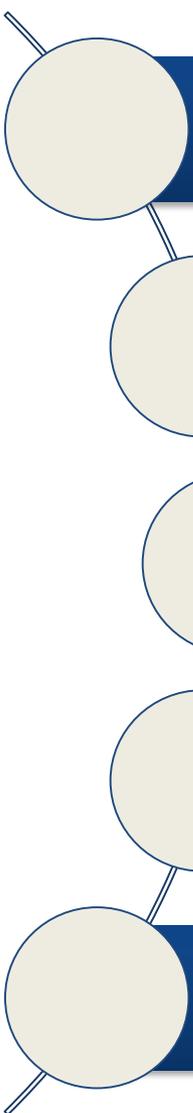
- In May 2020, three County departments jointly convened a multidisciplinary, multi-year Steering Committee to develop and implement a coordinated population health management strategy. The departments are:
  1. Arrowhead Regional Medical Center (ARMC),
  2. Department of Behavioral Health (DBH), and
  3. Department of Public Health (DPH)

- Establish a collaboration between ARMC, DBH, and DPH leadership and key stakeholders to *collaboratively design and implement a PHM strategy* and work plan that spans across *physical, behavioral, and social health* domains to *improve outcomes, reduce disparities*, and position San Bernardino County as a *high value integrated public healthcare network*, aligned with the 2021-22 County Goals and Objectives.

- To provide high quality, coordinated, person-centered care and services to our diverse communities with a focus on equity.
- Together, ARMC, DBH, DPH and local providers will function as a financially sustainable, highly effective healthcare network to improve population health for all.

# PHM Overview and Key Milestones: Timeline





Behavioral Health Integration & Primary Care

Program & Resource Alignment

SDOH, Health Equity & Community Engagement

Data Analytics & IT

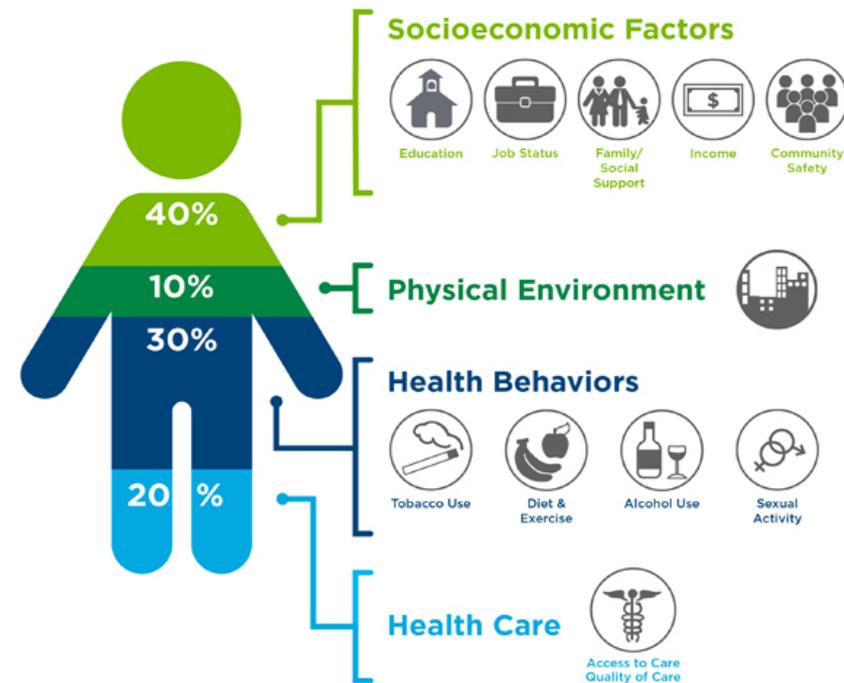
Value-Based Payment Infrastructure & Models

- The Social Determinants of Health + Community Engagement + Health Equity (SDOH+EE) Workgroup has three main areas of focus:
  1. To design and implement approaches to better identify and refer patients/clients at ARMC, DBH, and DPH for support for social (non-medical) needs that affect health.
  2. Community engagement for Population Health Management activities.
  3. To develop a health disparities dashboard.
- The SDOH+EE Workgroup is designed to complement and support, not duplicate work going on with Community Vital Signs.

# Why Focus on Social Risk Factors (SRF)?

- Social, environmental, and health behaviors influence up to 80% of health outcomes.
  - Health care only accounts for 20% of health outcomes.
- Certain groups, like low-income individuals and communities of color, disproportionately experience SRF, leading to health disparities.
- Screening identifies who experiences SRFs, so that they can be offered help.
- **The goal is to improve health and wellness, reduce health disparities and decrease health care costs.**

## What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

- ARMC, DBH, and DPH are developing new screening approaches as part of their patient/client registration or care management processes. The goal is to identify and address needs related to:
  - Food Security
  - Housing Stability
  - Reliable Transportation
  - Digital Connectivity (phone/internet access)
  
- ARMC, DBH, and DPH are exploring how to better use Connect IE, a platform that allows users to look up and refer individuals to social services.
  - Connect IE is supported by supported by Inland Empire Health Plan. 211 maintains Connect IE's directory of social services.
  
- ARMC, DBH, and DPH currently for screen and address SRF. Their approaches are being revised as part of the Population Health Management Initiative.

1. To deliver high quality, coordinated, person-centered care and services to our diverse communities;
2. To improve health outcomes in a cost-effective manner;
3. To optimize collaboration and coordination between ARMC, DBH, DPH, providers, and other key county and community stakeholders;
4. To leverage and strategically align available resources to maximize impact on health and outcomes and optimize resources, and
5. To build sustainable operational infrastructure and clinical models necessary to support value-based contracting and opportunities for risk-sharing over time.

- ARMC, DBH, and DPH have adopted a phased approach to this work, with some PHM activities occurring during 2021 and others being developed and implemented in 2022 or beyond.
- We will build upon the finding of DPH's recent Community Health Assessment and CVS.
- Part of the ongoing PHM work at the Departments will include community meetings and engagement.
- *Do you have any questions on the PHM Initiative or the SDOH+EE workgroup activities?*

# Appendix

- **Executive Sponsor:** Andrew Goldfrach (DPH)
- **Leads:** Monique Amis (DPH), Maribel Gutierrez (DBH), Staci McClane (ARMC)
- **Members:** Chris Aquino (DPH), Dori Baeza (DPH), Dr. Borger (ARMC), Josh Dugas (DPH), Erin Managbanag (ARMC), Lynn Neuenswander (ARMC), Dr. Sequeira (DPH), Dr. Wong (ARMC)
- **Bailit Health Support:** Mary Beth Dyer, Rachel Isaacson, Jennifer Sayles

## Digital Connectivity

1. Do you or a member of your household have reliable access to a phone?
  - a. Yes
  - b. No
2. Do you have reliable internet that you can access for personal use, like for school or doctor's appointments?
  - a. Yes
  - b. No

## Food

3. Within the past 12 months, you worried that your food would run out before you got the money to buy more.
  - a. Never
  - b. Sometimes
  - c. Often true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - a. Never
  - b. Sometimes
  - c. Often true

## Housing

5. In the last 12 months, how many places have you lived?
  - a. >3 = high risk
6. In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?
  - a. Yes
  - b. No
7. In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?
  - a. Yes
  - b. No

## Transportation

8. Has the lack of transportation kept you from medical appointments or from getting medications?
  - a. Yes
  - b. No
9. Has the lack of transportation kept you from meetings, work, or from getting things needed for daily living?
  - a. Yes
  - b. No

- DBH intends to incorporate two additional housing questions:
  1. Are you worried about losing your housing?
    - a. Yes
    - b. No
    - c. I choose not to answer this question
  2. What is your housing situation today?
    - a. I have housing
    - b. I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
    - c. I choose not to answer this question
- ARMC and DPH will also screen for active homelessness.