# Systems for Action National Coordinating Center Systems and Services Research to Build a Culture of Health



Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Changes in Capacity to Absorb Clinical-to-Community Referrals during the COVID-19 Pandemic

Research In Progress Webinar 18 May 2022 12:00-1:00 pm ET/9:00-10:00am PT

colorado school of public health

### Agenda



Welcome: Annika Gulstrom – Student Communications Assistant

Presenters: Rose Hardy, PhD, MPH and Danielle Varda, PhD, CEO from Visible Labs, Charlene Altenhain, Executive Director and Kameron Hodgens, PhD from The Glasser/Schoenbaum Human Services Center

**Q&A:** Annika Gulstrom – Student Communications Assistant





Rose Hardy, PhD, MPH is a Network Data Scientist at Visible Network Labs. Her work there focuses on measuring social connectedness, its interplay with other social determinants of health, and social network analysis methods. Her independent research primarily focuses on pediatric healthcare delivery with an emphasis on delivery in rural communities. She has a background in work on hospital finances and the use of large datasets to understand the impact on policies on health outcomes and population health. Her research to date has had a common thread: to understand healthcare issues and systems that are particularly meaningful to rural and medically underserved communities. A goal of her research is to ensure that all communities receive the quality care they deserve, provided by systems that address their needs and acknowledge their strengths and wishes.





#### **Charlene Altenhain, Executive Director**

A lifelong resident of Manatee and Sarasota counties in Florida, Charlene Altenhain has a deep commitment to her hometown community. She joined The Glasser/Schoenbaum Human Services Center in 2014, and has helped the organization grow in its reach and stature as a human services nonprofit leader. In addition to her role at Glasser/Schoenbaum, Altenhain is currently chair of the Community Alliance of Sarasota County, and she serves on the Leadership Sarasota Council at the Greater Sarasota County Chamber of Commerce as the Adult Class chair. In 2021, she was appointed to Sarasota County's Human Services Advisory Council.

Previous to her time at Glasser/Schoenbaum, Altenhain's career has spanned the medical practice management, hospitality industry, and entrepreneurial start-ups. She is a past board member of the Central West Coast Chapter of the Florida Public Relations Association, League of Women Voters of Manatee County and of Sarasota Manatee Association for Riding Therapy.





Danielle Varda, PhD, CEO Visible Networks Lab

Danielle Varda, PhD, CEO, is a scientist turned start-up founder, leading VNL as CEO. Her combination of 20 years as a network scientist studying social connectedness and health, published author, 12 years as a tenured professor at the University of CO Denver, and her successful launch and scaling of the Center on Network Science came together in one big idea to start VNL. She is an entrepreneur, technologist, network scientist, fundraiser, and mother to three spirited girls. She is a nationally known expert and keynote speaker on applied network science, with specific expertise in health system, public health system, entrepreneurial ecosystems, and educational system approaches. Danielle has published over 30 peer-reviewed articles on networks and their impact. She leads VNL's strategic partnership approach, is the company's lead fundraiser, and has a vision for how to utilize network science to solve our most pressing and intractable problems.

**Visible**NetworkLabs





Kameron Hodgens, PhD Visible Networks Lab

Kameron Hodgens, PhD is Director of Community Leadership at the Gulf Coast Community Foundation. She previously was the CEO and Executive Director of The Glasser/Schoenbaum Human Services Center in Sarasota, Florida, a 5-acre campus of 14 buildings that houses a collaborative community of 20 nonprofit organizations as tenant partner agencies. The mission of the Center is to connect, support, and sustain a network of human service nonprofits for a stronger community. Dr. Hodgens holds a PhD in Developmental Psychology and is the member of a number of community boards and steering committees..



#### **Project Team**





Charlene Altenhain, Executive Director The Glasser/Schoenbaum Human Services Center

Sarah Glendening, Director of Community Relations The Glasser/Schoenbaum Human Services Center

Kameron Hodgens, Ph.D., Director of Community Leadership Gulf Coast Community Foundation

# Visible Network Labs

Danielle Varda, PhD, CEO Visible Network Labs

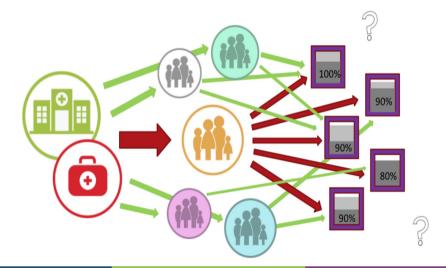
Amanda Beacom, PhD, VP of Research and Data Science Visible Network Labs

Rose Hardy, PhD, Network Data Scientist Visible Network Labs

#### **Previous Work**



In 2017, this research team examined whether nonprofit community-based organizations in Sarasota, FL, and Denton, TX, had the capacity to absorb new referrals from clinical partners as a result of increased screening on social determinants of health.



#### Sarasota



#### Sarasota in Human Service Systems

- Nonprofit Center
- First 1,000 Days
- CoC
- Community Alliance
- Community Needs Assessments
- County Government
- Seasons of Sharing
- 211



Get Connected. Get Help."









#### Research Questions



- What impact did the COVID-19 pandemic have on the carrying capacity of public health, social services, and health care sectors? How does this compare to networks that were already in place pre-COVID 19?
- What network relationships and structures were already in place prior that enabled/supported how the network was/is activated? How effectively have previously aligned linkages across social, health care, and public health services impacted client/patient outcomes?
- What improvements can be made/what are the lessons learned? What can cross-sector community networks do to better prepare for crises like this?
- What tools or processes can successfully track/record these rapid adaptations by community networks as they happen?

### Study Timeline



April 2021: Webinar with Network organizations to introduce this study May/June 2021: PARTNER network survey conducted

July/August/September 2021: Analysis of network survey

In depth conversations between VNL and G/S to inform PARTNER survey

Webinar with
Network
members to
explain the study

PARTNER survey of organizations

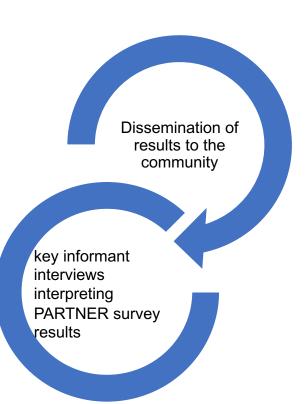
#### Interpreting Data and Disseminating Results



September 2021: General findings webinar to network organizations
October/November 2021: Subnetwork

Cotober/November 2021: Subnetwork analyses

- \* Foundations
- ★ Health systems
- Behavioral health
- First 1,000 Days network (maternal and child health network)
- The Glasser/Schoenbaum Human Services Center campus
- November 2021-May 2022: Smaller presentations of subnetwork analyses back to community members





### Results

### More organizations included in the 2021 network



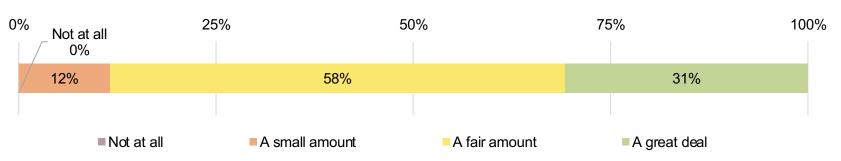
2018							
Organizations Invited	Survey Response Rate	Total # of Relationships					
41	73%	612					
2021							
Organizations Invited	Survey Response Rate	Total # of Relationships					
88	76%	1,605					

### Activating a Network

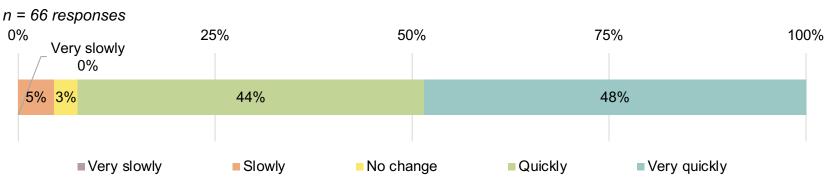


### 2018 Q: To what degree is your organization able to quickly expand services, given your current circumstances?

n = 26 responses



### 2021 Q9: With what speed has your organization been able to respond to COVID-19 specific service changes?



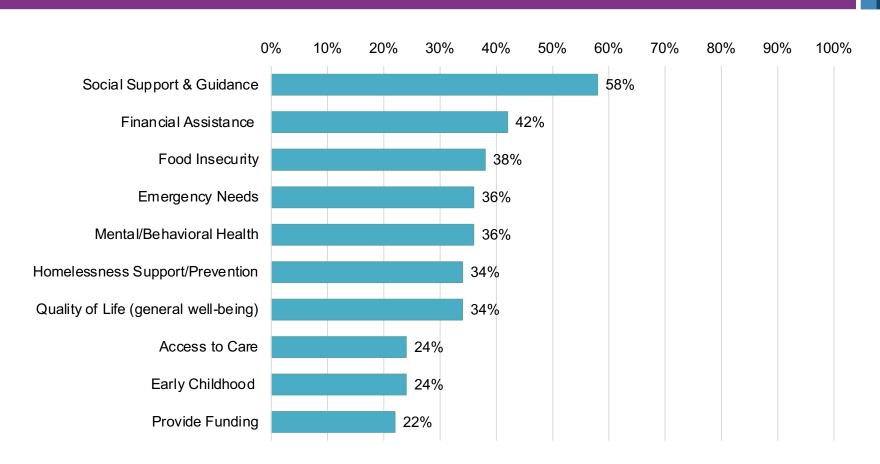
### Top 10 Primary Services During the Pandemic



Social Support and Guidance	Mental/Behavioral Health	Access to Care	Financial Assistance	Quality of Life	
99	***			***	
51%	39%	36%	33%	30%	
Emergency Needs	Food Insecurity	Health and Healthcare	Homelessness Support/ Prevention	Early Childhood	
<u>-</u> <u>_</u>	D				
30%	30%	28%	28%	21%	

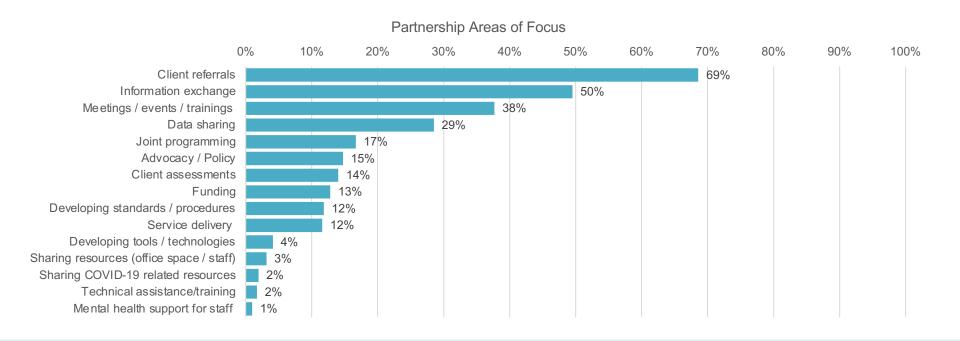
# Partners of Health Systems and Clinical Care Organizations Primarily Provided Services Related to:





# Partnerships with Health Systems and Clinical Care Organizations commonly focused on client referrals and information exchange





- ❖ 36% of Partnerships with Health Systems and Clinical Care Organizations were perceived to led to an exchange of resources
- 33% of Partnerships with Health Systems and Clinical Care Organizations were perceived to improve the community's capacity to address unmet social needs

# Cooperation was common during the pandemic; fewer thought intentionally about enhancing capacity





**Integrated Activities:** In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas.

Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined.

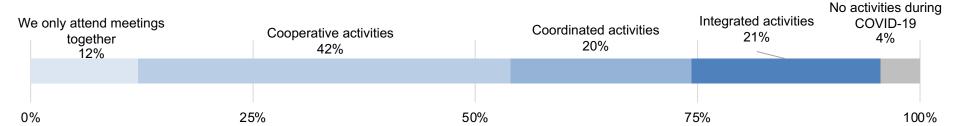
**Coordinated Activities:** Includes cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs.

Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection.

**Cooperative Activities:** Involves exchanging information, attending meetings together, and offering resources to partners.

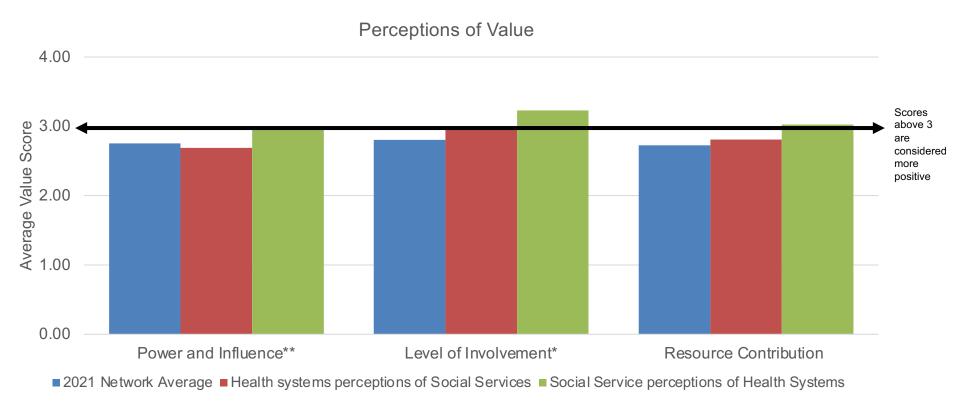
Example: Informs other programs of Request for Proposals release.

n = 1536 relationships



### Social service organizations perceived greater power/influence and involvement from their health system partners than health systems perceived of their social service partners

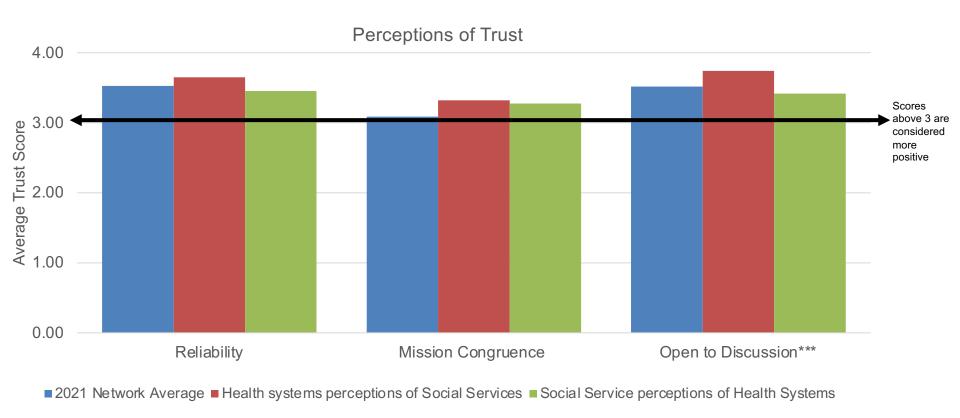




Difference between health systems and social service organization perceptions \*p<0.05 \*\*p<0.01 \*\*\*p<0.001

## Health systems perceived their social service partners to be more open to discussion than social service organizations perceived of their health system partners





Difference between health systems and social service organization perceptions \*p<0.05 \*\*p<0.01 \*\*\*p<0.001



How well did network members understand what's happening in the whole network during a crisis?

# Many organizations did not know how well the referral process was functioning during the pandemic

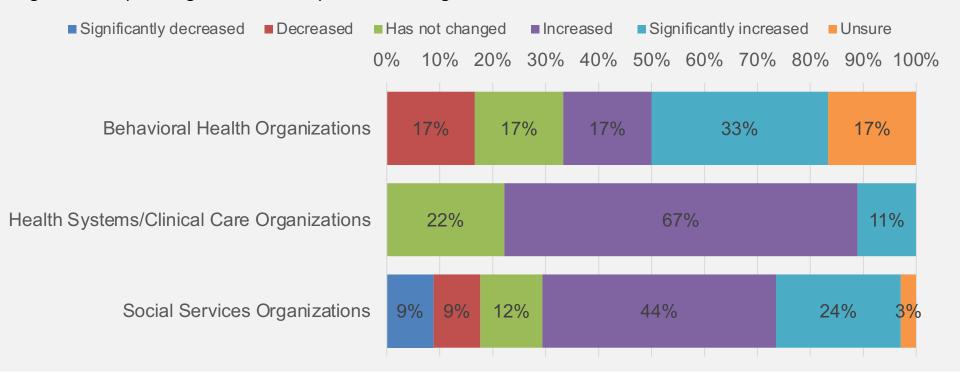


■ Working well	■ NOT working well ■ Don't kn		OW				
0%		25%	50	0%	75%	100%	
Partnerships with other local nonprofits	92%					8%	
Meetings to discuss service delivery/referrals	70%				11%	19%	
Centralized resources tool (i.e. 211, Unite Us)		60%		5%	35%		
Use of case manager	56%		9%	35%			
Partnership with law enforcement	55%				45%		
Partnerships with faith-based organizations	54%			46%			
Partnership with hospitals	54%		3%	43%			
Centralized referral point person	53%		13%	34%			
Wraparound support services	53%		15%	32%			
Screening for social needs	51%		3%	46%			
Referral follow-up	49%		20%	31%			
Use of intake specialist	44% 6%		50%				
Screening protocols/assessments	43% 3 <mark>%</mark>		3%	54%			
Coordinated entry	41% 10%		10%	49%			
Data sharing	40%	40% 10% 50%					
Shared space/services hub building	30%	6%	o l	64%			
Shared tracking system/database	<b>29% 6%</b> 65%						
Universal client releases	<b>27%</b> 73%						
Health care coordinator	27%	8%		64%			
Discharge planning	24%	5%		71%			

# Many community organizations perceived an **increase in social service referrals** during the pandemic.



How have social service referrals (either outgoing from your organization or incoming to your organization) changed since the pandemic began?



# 33% of behavioral health organizations perceived that COVID-19 had **increased** their ability to provide services



#### To what degree has COVID-19 affected your ability to provide services?





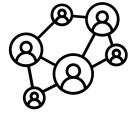
What were some of the factors that helped?

# Behavioral health organizations found several factors valuable during the pandemic











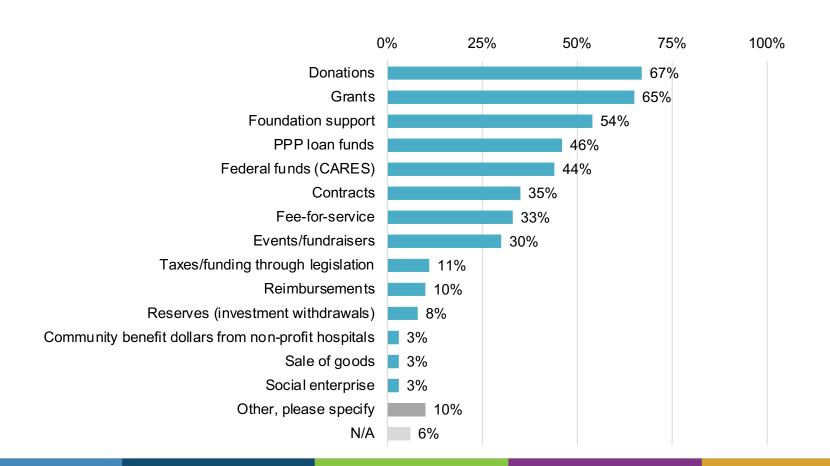
ehealth Health phonelines

Referral platforms

Community relationships and provider comradery

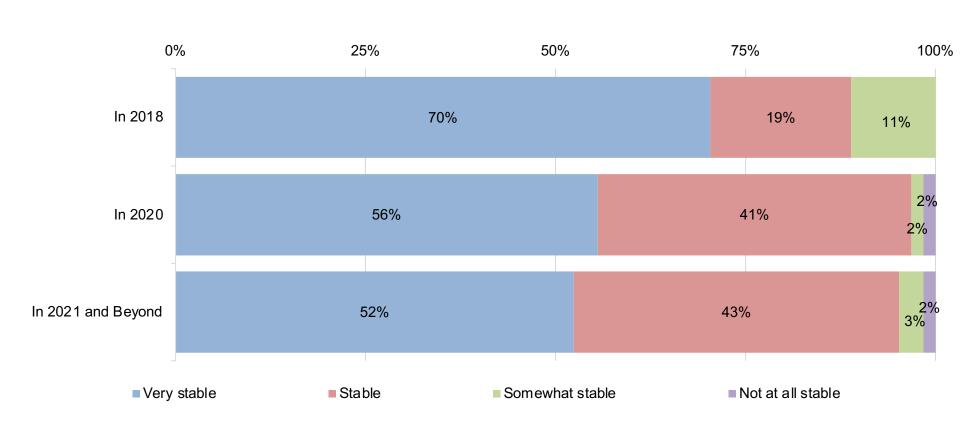
## Donations, grants, and foundation support along with pandemic specific funds were vital to many organizations





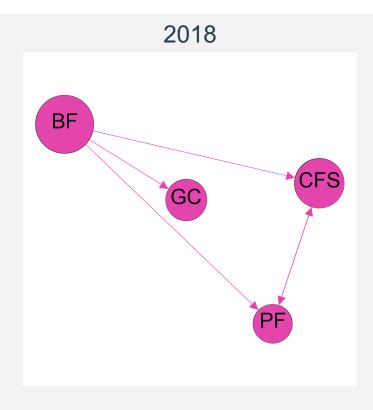
# More organizations believed they were financially stable during the pandemic than did in 2018



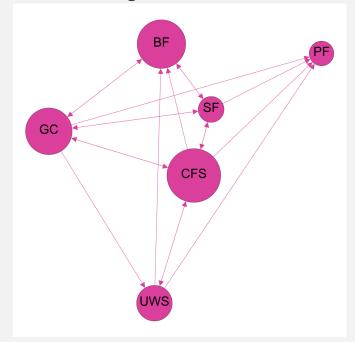


# Foundations were more collaborative with each other during the pandemic than in 2018





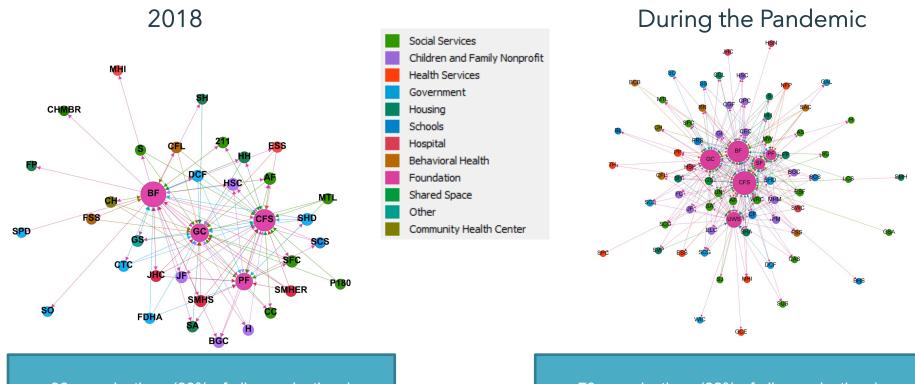
#### **During the Pandemic**



More foundations indicated that they had worked together with each other during the pandemic.

# Foundations and community organizations were active before and during the pandemic



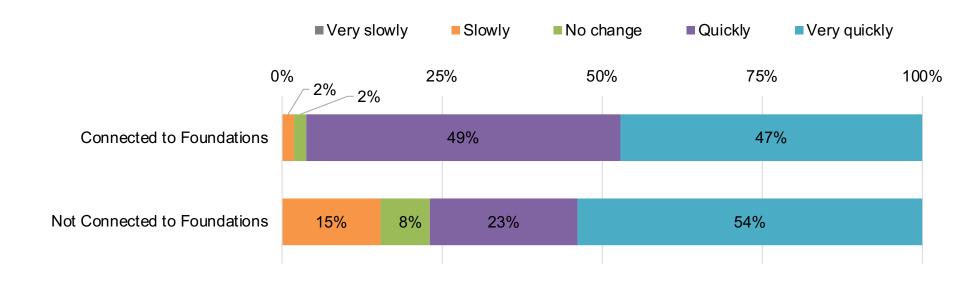


36 organizations (88% of all organizations) 125 relationships (**20%** of all reported relationships) 73 organizations (82% of all organizations) 359 relationships (**22%** of all reported relationships)

# Foundations were critical to the financial stability of community organizations during the pandemic



Although almost all organizations have felt that they were financially stable through the pandemic, the organizations connected to foundations have felt that they were more able to quickly or very quickly respond to COVID-19 specific service changes compared to organizations that were not connected to foundations during the pandemic.



### Next Steps



- Registrative Interviews with network members
- Regional Questions left to answer:
  - What improvements can be made/what are the lessons learned? What can cross-sector community networks do to better prepare for crises like this?
  - What tools or processes can successfully track/record these rapid adaptations by community networks as they happen?
  - The role of foundations during and after emergencies/crises

### **Questions?**



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One will be emailed to you.

### **Upcoming Webinars**



#### May 25<sup>th</sup>

Systems in Focus Panel: Addressing the Impact of System
Alignment Efforts in Law Enforcement

Systems for Action Panel Discussion

### Acknowledgements

Foundation



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