POPULATION HEALTH:
From Planning to Action

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Cottage Health
Santa Barbara, CA

April 12, 2018

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MISSION

To provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion.

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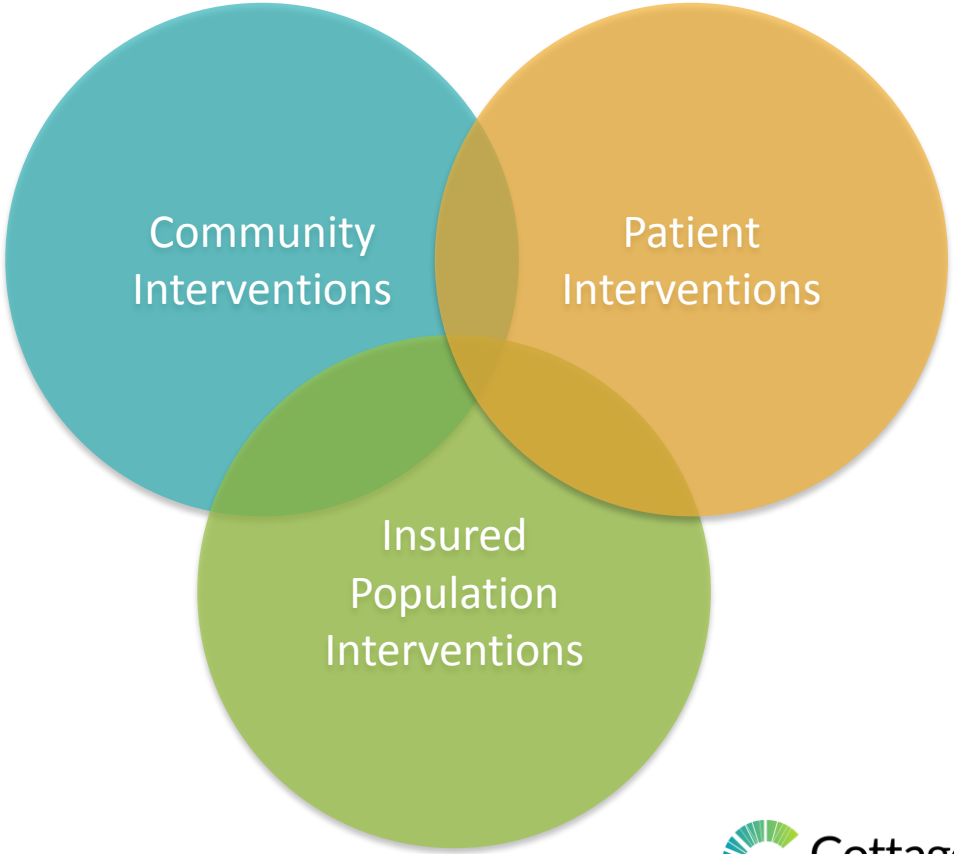
COTTAGE HEALTH FRAMEWORK



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Data Collection and Community Benefit

- CHNA Survey
- Listening Tours
- CHNA Results
- 2016-19 Community Benefit Implementation Strategy

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Listening Tour – Internal Findings

- **Collaboration is lacking**.
- Some of our own **employees struggle** with very poor health.
- In general, participants felt population health could play an important role in **facilitating collaboration** to address root causes of poor health in Santa Barbara County.

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Listening Tour – External Findings

- More collaboration needed.
- Cottage Health can fill the roles of facilitating, convening and coordinating.
- Housing insecurity, mental health and food insecurity were mentioned time and time again.
- Underlying economic and racial/ethnic inequalities make this work more complicated.

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BRFSS Data Collection

Exceeds HP 2020 Target
Overall good health
Alcohol use
Physical Inactivity
Oral health
Smoking
Obesity

Below HP 2020 Target
Insurance status
Primary care provider
Cost as barrier to care
Diabetes
Food insecurity
Depression

HP 2020 Target NA
Housing insecurity

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On average, California and
Santa Barbara are healthy, but
that is not the whole story . . .
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INDICATOR	Santa Barbara	California	Hispanic	White	No HS Diploma	<$35K
Overall good health	81	82	72	87	59	71

% Numbers in % XX Pink fields are below HP2020 target XX Red below target by >20% margin XX Green fields meet/exceed target

Five Priority Areas

BEHAVIORAL HEALTH

CHRONIC CONDITIONS

ACCESS TO CARE

FOOD INSECURITY

HOUSING INSECURITY

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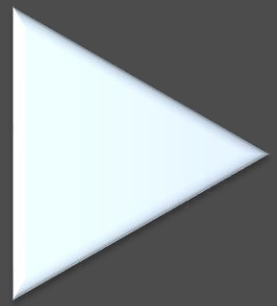

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Who needs help to be healthy?

What is the need? What is the cause?

What is the pathway to health?

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Population Health Initiatives

- Behavioral Health Initiative
- Social Needs Programs
- Medical Respite Program
- Behavioral Health Collaborative

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COMMUNITY PARTNERSHIP GRANTS:
Behavioral Health Initiative

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History of Community Partnership Grants

BEFORE 2014	AFTER 2016
• Broad-based • Reactive • Limited accountability • Individual Programs	• Focused • Data-driven • Evidence-based or best practice • Capacity to evaluate outcomes • Multi-sector collaboration • Potential for sustainability

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Grant Selection Process

Community Health Coordinating Committee

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Child Abuse Listening Mediation

Santa Barbara Resiliency Project

Partnership

- Santa Barbara Neighborhood clinics

Intervention

- Assisted in funding Wellness Navigators, a lead pediatrician, CALM mental health clinicians, and UCSB research and evaluation
- Implement ACEs screening at well-child visits for 0-3 year olds and their parents. Clients randomly assigned to 3 interventions.

Reach

- 44 children screened, 16 (36%) eligible for the study
- 1 home visit, 8 families are receiving ongoing care from a therapist

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Family Service Agency

School-Based Mental Health

Partnership

- Santa Barbara Unified School District

Intervention

- Expand school-based counseling services to high school students by funding 1.2 FTE Marriage & Family Therapists

Reach

- 205 referrals across 3 high schools in the first semester—89 at Santa Barbara HS, 56 at San Marcos HS, 60 at Dos Pueblos HS
- Individual counseling has been expanded to 5 days a week per high school

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HEALTH LEADS SOCIAL NEEDS SCREENING PILOTS

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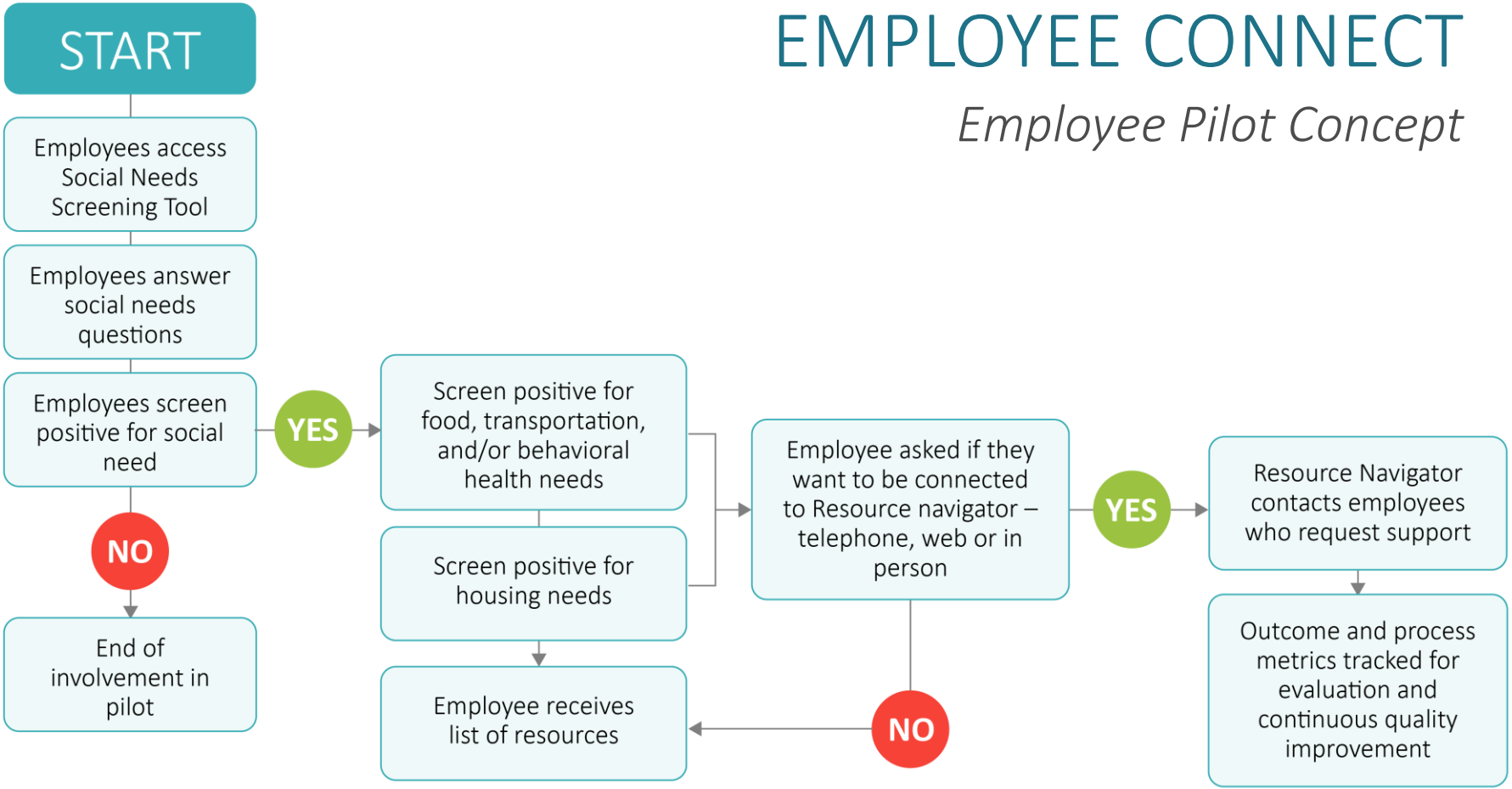
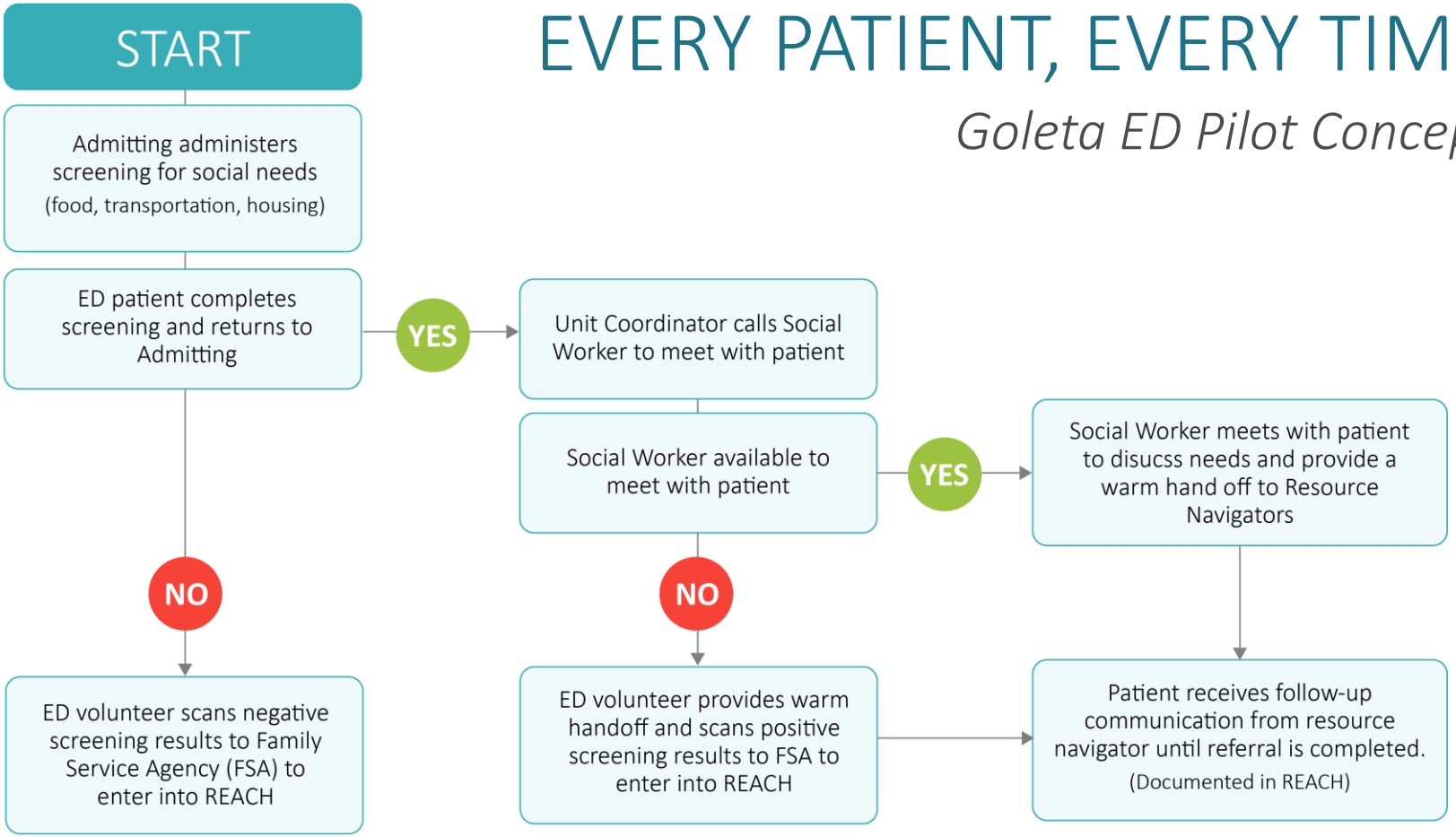
EMPLOYEE CONNECT

Employee Pilot Concept



EVERY PATIENT, EVERY TIME

Goleta ED Pilot Concept



MEDICAL RESPITE PROGRAM

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Homeless Patient Visit Data

Santa Barbara County has 1,400 homeless individuals

South Santa Barbara County has 900

On average at Cottage Health hospitals:

- 155 homeless patient visits/month
- 2.57 inpatient visits/homeless patient/year
- 3.90 ED visits/homeless patient/year
- $10,602 – direct cost/homeless inpatient visit
- $611 – direct cost/homeless ED visit

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Medical Respite Models

Conducted phone calls with and site visits to Hope of the Valley in Mission Hills and Illumination Foundation

Reviewed 23 CA programs described in National Health Care for the Homeless Council's 2016 Medical Respite Program Directory

Consulted with National Care for the Homeless Council on medical respite models

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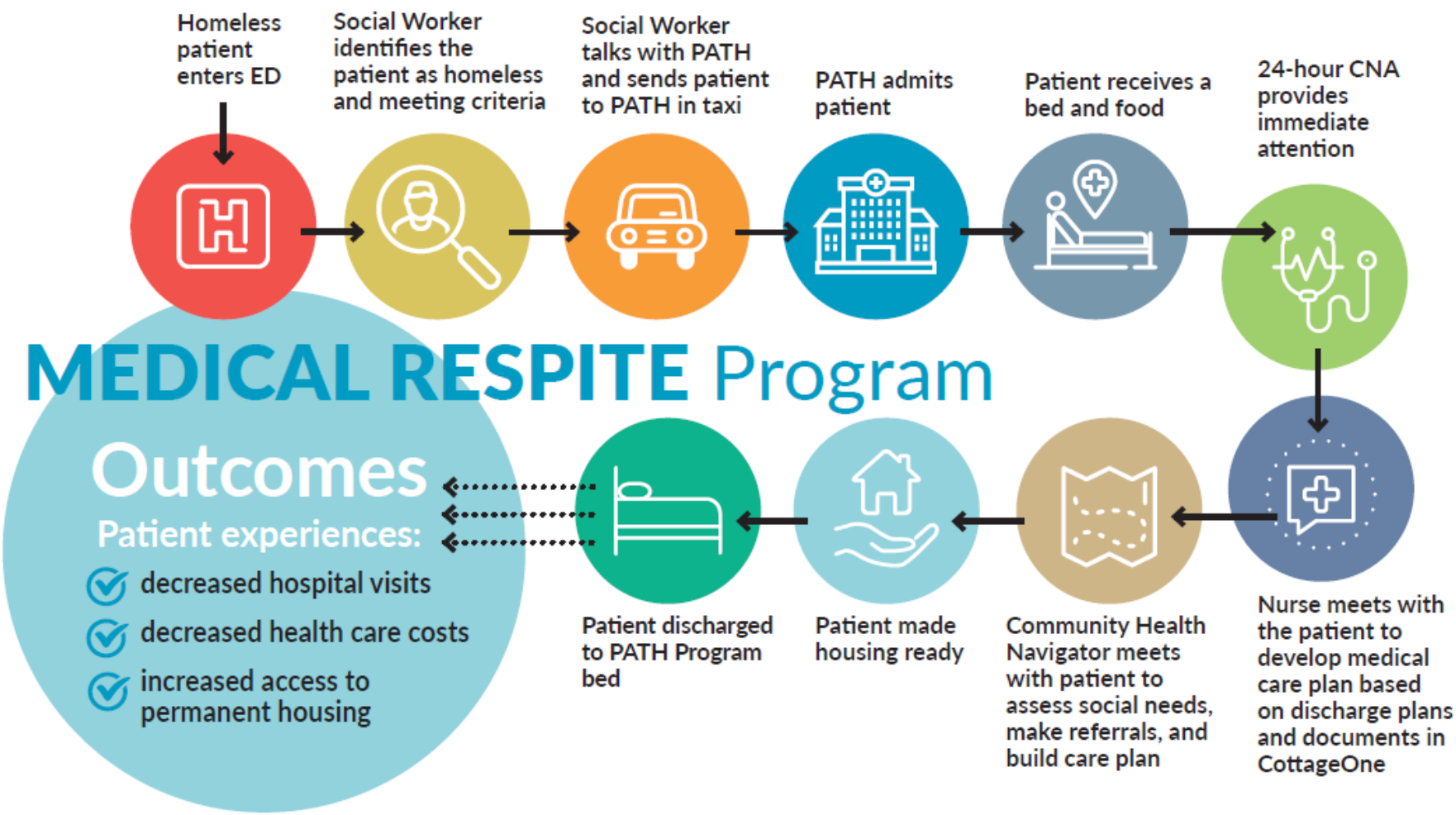
Homeless patient enters ED
Social Worker identifies the patient as homeless and meeting criteria
Social Worker talks with PATH and sends patient to PATH in taxi
PATH admits patient
Patient receives a bed and food
24-hour CNA provides immediate attention
MEDICAL RESPITE Program
Outcomes
Patient experiences:
decreased hospital visits
decreased health care costs
increased access to permanent housing
Patient discharged to PATH Program bed
Patient made housing ready
Community Health Navigator meets with patient to assess social needs, make referrals, and build care plan
Nurse meets with the patient to develop medical care plan based on discharge plans and documents in CottageOne

Medical Respite Evaluation

Reduce ED and inpatient use for program participants

- CH ED utilization rates and costs
- Inpatient utilization rates and costs

Community referrals offered and utilized

- Patients with established care plans
- List of referrals offered or appropriately identified
- Successfully completed referrals

Document-ready for housing

- Patients discharged to temporary housing (e.g., SB New House, PATH program beds, family reunification)
- Patients that are document-ready for housing

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Medical Respite Sustainability

PHILANTHROPY

REIMBURSEMENT

COST SAVINGS

COMMUNITY BENEFIT

BEHAVIORAL HEALTH COLLABORATIVE

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Collaborative Approach

- Key community health care players met for first time: public health, large medical group, FQHC, community health care system, medical benefit provider, and community foundation.
- Shared health data
- Defined priority as behavioral health
- Agreed to work together to ensure individuals with mild to severe mental health and substance abuse needs are able to access timely and appropriate care in Santa Barbara County

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Collaborative Approach 2.0

- Improving behavioral health care access is a shared goal.
- County has strong culture of collaboration and accountability to the community.
- Challenges: psychiatric provider shortage, insurance coverage, lack of beds, alignment of many existing efforts
- Opportunity: transitions of care, improved communications among providers
- Opportunity: empowering primary care physicians to meet mild behavioral health care needs (with psychiatrist support)
- Partners are willing to share their distinct data to help best identify areas of need.

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Collaborative Approach Next Steps

- Additional data analysis and environmental scan
- Conduct behavioral health listening tours
- Research successful community collaboratives
- Convene health leaders to share summary of interviews and prioritize next steps

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TOOLS AND RESOURCES

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Population Health Tools and Resources

- Ongoing Data Analysis
- CottageData2Go.org
- Population Health Learning Lab
- Population Health Workshop Series
- Outreach Inventory
- Environmental Scan
- Evaluation Support
- Population Health Consultations

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Population Health Research Projects

- Factors Associated with Primary Healthcare Avoidance Among Homeless Adults
- Gestational Diabetes Education Pilot Study: Improving Health Outcomes for Hispanic Women and Their Infants Through an Education and Care Curriculum
- Surveillance Analysis of Hospital-Acquired Versus Non Hospital-Acquired Clostridium Difficile Infection

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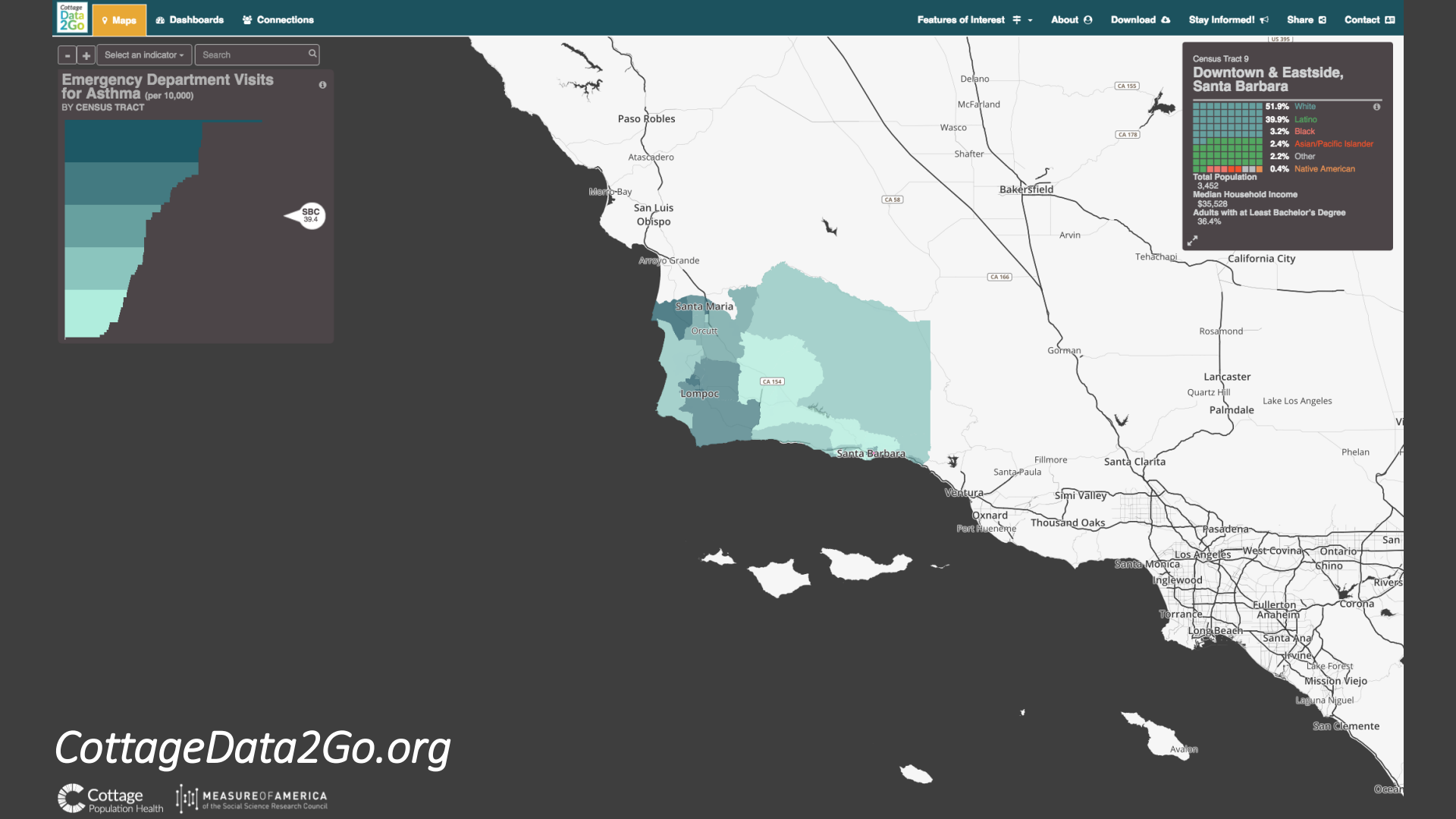

CottageData2Go.org

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MEASURE OF AMERICA of the Social Science Research Council

Cottage Health Data Party

- Pose a formative research question and hypothesis
- Behavioral health strengths or challenges
- CottageData2Go.org
- Data Party Review Committee rates posters, plus one people's choice
- 5 poster proposals receive grants of $10,000 each
- Create videos of their results

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JANUARY 9, 2018

When Disaster Strikes

Urgent Need

Providing care to our patients in a mass casualty event

Immediate Need

Ability to get our staff to work

Long Term Need

Disaster Recovery

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Cottage Health's Role in Disaster Recovery

- How We Heal Presentation and Panel
- Expanded Employee Assistance Program
- Long-Term Recovery Group
- Case management services
- Support groups for adult, adolescent, and chilren

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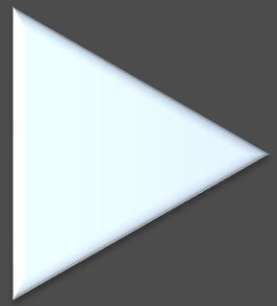

QUESTIONS

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