FEASIBILITY FINDINGS: HEALTH CARE AND COMMUNITY BASED ORGANIZATION REFERRAL COORDINATION
Exploration of collaborative partnership between the MACC network and Allina Health

BACKGROUND

PROJECT BACKGROUND

In fall of 2018 The Metropolitan Alliance of Connected Communities (MACC) and Allina Health began a conversation about the potential to work together as partners to address health-related social needs. Both organizations have a strong vested interest in improving health outcomes for individuals and families in the communities they serve.

Before embarking on a formal partnership, MACC and Allina Health wanted to understand what elements would need to be present for collaboration to be successful between community based organizations (CBOS) and health care providers. To answer this question MACC and Allina Health partnered to explore the feasibility of a referral based partnership between our organizations.

THE PARTNERS

MACC AND OUR MEMBER ORGANIZATIONS

The Metropolitan Alliance of Connected Communities (MACC) is an innovative collaboration of human services nonprofits focused on generating solutions together to better serve the individuals and families in our communities. The MACC network is made up of 50 community based organizations that employ almost 6,000 employees, and have a combined operating budget of over $350 million.

Our network believes in the power of unconventional partnerships to disrupt the status quo and drive human service innovation.

ALLINA HEALTH

Allina Health is a dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin.

A not-for-profit health care system, Allina Health cares for patients from beginning to end-of-life. With 12 hospitals and over 90 clinics Allina Health plays a significant role in the health and wellbeing of the communities in which it serves.

GROUNDING BELIEFS

These are the beliefs that ground and center our work and define the rational for exploring partnership.

Health is more than just medical care: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. By addressing these health-related social needs we can improve the health outcomes for our communities.

CBOs are critical resources: The relationships and trust they've built with their communities are invaluable in uncovering, understanding, and addressing the complex social determinants of health that prevent individuals and families from reaching their full potential.

Health care providers are critical connectors: Health care providers recognize that health-related social needs are drivers of unnecessary heath care utilization and costs. Health care can play a critical role in connecting patients to community services.

We have a shared goal. Both partners are excited by the potential of CBOs and health care providers working collaboratively to form a holistic, equitable system of care that improves health outcomes for our communities.

DISCOVERY PROCESS

Between September and December 2018, MACC convened stakeholders and facilitated a series of dialogues to gain understanding and perspective from each group regarding the potential possibilities, and pitfalls of data systems integration and a referral based partnership between CBOs and health care providers.

MACC conducted a series of focus groups, facilitated conversations, and individual interviews among and between key stakeholders. Stakeholders included:

- o **MACC Members**: staff from a diverse cross-section of nonprofit CBOs in the 7-county metro working with their community in many of the areas identified as critical to addressing health-related social needs.
- o **Allina Health**: staff from Allina Health who are working through Accountable Health Communities model to improve the health of patients and reduce the cost of care by identifying and addressing health-related social needs.
- o **Allina Health Navigators**: staff from Allina Health who are responsible for helping patients to access community services to address identified health related social needs.
- o **Additional Health Care partners**: Stakeholders from Hennepin Health and Children's Minnesota who have also been using NowPow to support their patients in addressing health-related social needs.

These conversations uncovered obstacles and opportunities that exist in our specific communities, and identified the elements that would be essential to building a successful partnership between health care organizations and CBOs.

FINDINGS: FEASIBILITY CONSIDERATIONS

SUMMARY

Throughout the dialogues, stakeholders expressed an understanding of, and interest in the potential value of building partnerships between health care providers and community based organizations. All stakeholders recognized and were mindful of the challenges and barriers to building successful relationships, but were energized by a shared commitment to improving health outcomes for our communities. There was substantial interest in the potential for a pilot on a small scale as a demonstration project and a learning platform.

A summary of the findings from our conversations relating to the feasibility of a pilot or further referral relationships between CBOs and health care can be found below. See Appendix for detailed notes.

TECHNICAL FEASIBILITY & CONSIDERATIONS

- o Multiple databases that are not updated consistently or easily accessible create barriers to adequately tracking referral outcomes.
- o Integrating discrete systems can be costly and time consuming and requires considerable technical expertise.
- o There are challenges around transparency, data privacy, and informed consent compliance that need to be considered. There are substantial legal regulations impacting the ability to share data between health systems and CBOs.
- o Staff at smaller community based organizations don't always have the level of technical proficiency needed.

OPERATIONAL/STRUCTURAL FEASIBILITY & CONSIDERATIONS

- o The capacity of staff to commit time and resources to ensuring a successful partnership can be a barrier – however all parties agreed this is not an unsurmountable obstacle.
- o CBOs are often required to operate within other complex, large, and inflexible systems. This complexity can impact who can access what services, and can create confusion-- sometimes discouraging individuals from accessing services.
- o Dealing with multiple points of contact post-referral to CBOs, especially within multi-service organizations, can create a disjointed, sometimes redundant experience for individuals trying to access service.
- o Eligibility requirements for accessing services can be unclear and can vary from one program to another.
- o Access to certain services, in particular housing and domestic violence services, can take time and require multiple interactions.
- o Language or cultural barriers may hinder participants from accessing services or require extra coordination and support on behalf of the referrer.
- o Staff in health care organizations must also have capacity, commitment, and be comfortable facilitating conversation regarding health-related social needs with patients.
- o Collecting and sharing feedback with all partners on the quality and outcomes of referrals is challenging.

- o In order to build trusting and collaborative relationships, it is critical to establish shared outcomes and identify clear expectations of all partners involved.
- o The partnership needs to be structured so that it is mutually beneficial for all parties involved.
- o The success of referrals and the ability to provide 'warm' referrals is dependent on the quality of the relationship of the referring partners.
- o Face-to-face interactions between partners through regular meetings are critical to developing awareness and trust.
- o Equal support and commitment at all levels of leadership among the partners is critical to the development and implementation of any referral relationship.
- o Staff turnover can put a strain on relationships. It is critical to ensure broad involvement and buy-in to reduce relational risk of key staff departures.
- o An agreed upon process for addressing issues and concerns openly is foundational for success. Conflicts and differences of opinion are inevitable. It is critical that the partners have a defined process for addressing and resolving tensions.

FINANCIAL FEASIBILITY & CONSIDERATIONS
- o The capacity to maintain and monitor the processes needed for successful partnership creates additional strain on already strained resources.
- o The volatility of funding for referral partnerships is a barrier to CBOs that have a very limited risk tolerance due to severely constrained resources. Unequal or inconsistent resource commitment is a concern.
- o Unfunded referrals present challenges for CBOs that are already struggling to meet community needs with limited financial resources.
- o Resource constrained CBOs may be limited in their ability to respond to referrals limiting the ability of participants to be connected with and receive services immediately post-care.

PILOT: RECOMMENDATIONS & PROPOSAL

OUR RECOMMENDATION

Based on our findings, we recommend moving forward with an 21 month pilot with 6 MACC member community service organizations and 1-3 health systems to develop and test a collaborative 'closed loop' or 'tracked referral' based partnership.

The pilot will attempt to integrate MACC's ClientTrack system with health care's NowPow technology with the goal of connecting patients to resources in their community to help address the health-related social needs identified during clinical care.

SCOPE

OPPORTUNITIES & POTENTIAL DESIRED OUTCOMES

The following are potential positive outcomes sought through this pilot. It is important to note these are proposed outcomes. The final outcomes will be defined and agreed upon through a collaborative process that includes all relevant partners.

- o Seamless referral experience for patients/ clients between health systems and community based organizations.
- o Greater understanding of the complexities, challenges and opportunities presented by developing further partnerships between CBOs and health care organizations.
- o Reported improvement on participant's overall stability and quality of health.
- o Reduction in inappropriate utilization of emergency room care/ Increase in appropriate health care utilization.
- o Stability in identified social service need of the participating client.
- o Data gathering for financial support modeling.
- o Secured payer support for ongoing networking models for healthcare and community based organization networks.
- o Develop a well-functioning, replicable economic and structural model for building relationships between health care and networked community based organizations.

LIMITATIONS

The limitations described below are important factors to acknowledge and consider in terms of the scope and reach of the pilot, as well as potential limitations on certain outcomes sought through the pilot.

Data sharing: It is critical that all partners involved understand the importance of and be in agreement as to how participant data will be used. The MACC network, Allina Health, and any participating health systems must be responsible stewards of any individually identified data. Individual participants – clients, patients, people served – participating at any point in the pilot should know exactly how their personal information will be used and by whom. This may impose limitations on what kind of data is shared between partners, and with whom data may be shared.

Timeline: The short duration of this pilot imposes limitations on the ability of the partners to achieve certain outcomes. Resolution of health-related social needs is complex. As acknowledged in the findings section it can take time for certain services to become accessible, it also takes time for the benefit of those services to be realized by the person served and be measurable as it relates to the proposed outcomes sought through the pilot.

Outside factors: Identifying and successfully addressing health- related social needs such that positive health outcomes can be observed in an individual is a complex, multiple-factor process. There are any number of environment and system related factors over which this pilot will have no control that can impact individual health outcomes. Many of these factors are described in the findings sections of this document.

ROLES/REQUIREMENTS

MACC ROLE AND COMMITMENTS

MACC will provide support throughout the 21 month pilot with a specific focus the first 6 months on relationship building and process development.

Administrative and financial commitments
- o MACC will assign a project manager to oversee and manage the pilot. A time commitment of a minimum of 5 hours per week is expected during the implementation phase
- o MACC will create a memorandum of understanding (MOU) that clearly outlines and documents the goals, expectations of participating partners, and process for addressing issues relating to the pilot

Process development and technical commitments
- o MACC will establish, in partnership with MACC member and Allina Health staff, a set of data parameters for what can and should be shared between CBOs and heath care providers that is in compliance with appropriate laws and regulations, and provides sufficient information for a successful referral
- o MACC will develop a compliant release consent and partner sharing agreement that outlines what information will be shared between partners and who will have access.
- o MACC will work with staff at member organizations to train them on the referral system and process, and ensure that appropriate resources are committed by participating organizations
- o Integrate NowPow and ClientTrack systems for seamless tracking of and reporting on referrals

Relationship building commitments
- o MACC will identify and secure the participation of 6 member organizations that have leadership buy-in and capacity to participate. Implementation will occur on a rolling basis to allow for adjustments and improvements to ensure scalability
- o MACC will identify key contacts at members organizations participating in pilot
- o MACC will establish regular site visits between partners to establish meaningful ongoing connections to build trust and mutual awareness
- o MACC will facilitate a client centered design process to establish a process that is effective and equitable for all partners and the clients they serve
- o MACC will serve as communicator, facilitator, and trainer for its members to ensure stability in the event of staff turnover at MACC member organizations
- o MACC will establish regular check-ins and a process with participating parties to monitor compliance with established processes and provide and address feedback

ALLINA HEALTH ROLE AND COMMITMENTS
Allina Health will work collaboratively with MACC throughout the 21 month pilot investing particularly focusing on relationship building and process development in the first 6 months.

Administrative and financial commitments
- o Allina Health will identify and commit a project manager for the pilot
- o Allina Health will identify and secure the participation of up to two additional health care organizations that have leadership buy-in and capacity to participate
- o Allina Health will participate in the development and implementation of a memorandum of understanding regarding goals, expectations of participating partners, and process for addressing issues relating to the pilot
- o Allina Health will provide funding for cost of time commitment of MACC program manager

- Allina Health will cover all costs relating to the integration of the ClientTrack and NowPow systems as agreed upon in the contract

Process development and technical commitments
- Allina Health will provide technical assistance and facilitation where applicable with the integration of the ClientTrack and NowPow systems
- Allina Health will work collaboratively with MACC to identify what critical data should be shared between the NowPow and ClientTrack systems
- Allina Health staff involved in the referral partnership will participate in training to facilitate better understanding of how specific services work such as housing, employment, food shelves, etc.
- Allina Health will work with MACC to provide training to MACC member staff on health system processes and patient identification processes

Relationship building commitments
- Allina Health will ensure participation of Navigators in regular meetings and site visits to facilitate process planning. Time commitment of 5 hours every other week is expected.
- Allina Health will participate in bi-weekly implementation meetings for the first 6 months to facilitate relationship and process development

TIMELINE

Establish Relationships: **April 1, 2019 – October 31, 2019**
- Identify 6 MACC member partners and contact leads
- Identify participating health system partner leads
- Establish bi-monthly meetings, rotating the locations between MACC member and health system sites beginning May 1st 2019 and continuing through December 31st, 2019
- Align on desired outcomes and evaluation metrics and process
- Develop and align on shared language to be used between partners
- Establish agreed upon communication expectations (who needs to communicate what, when, how, and with whom) for information sharing by and between partners
- Create memorandum of understanding identifying desired outcomes and partner responsibilities

Design Systems and Processes: **May 1, 2019 – October 31, 2019**
- Identify critical client needs
- Develop client consent form
- Review health system screening tool, feedback provided, and completion of any adjustments as identified
- Develop data sharing agreement to be used between participating organizations
- Identify key data collection and reporting requirements
- Design and implement NowPow and ClientTrack systems integration
- Systems training

Process Implementation: **October 1, 2019 – January 31, 2020**
- Implement 2 CBO members – October 1st, 2019
- Implement 2 CBO members – December 1st, 2019
- Implement 2 CBO members – January 1st, 2020

Evaluation and Quality Management: **January 1, 2020 – December 31, 2020**
- o   Establish monthly meetings starting January 1st
- o   Establish shared dashboard for reporting on outcomes.
- o   Ongoing review and monitoring of referral data
- o   Monitor client impact – critical health systems access and resolution of identified social
- o   service need
- o   Establish and Implement PQI plan (Process Quality Improvement)

BUDGET

Total Budget = $50,000
- o $40,000 – 21 month MACC Program Manager (Overall Project Manager for April 1 - December 31, 2019)
- o $10,000 – Estimated NowPow Integration

APPENDIX: INTERVIEW NOTES & SUMMARIES

APPENDIX 1
September 19, 2018 Allina Staff and Allina Partner Discussion

The September 19th discussion with Allina and its partner organizations was focused on understanding the barriers and opportunities to partnering with community based organizations. We discussed current partnerships of the healthcare system and how well they were working. A list of participants is included as well as some of the themes discussed.

Dawn Strief, Director for Transition Care	Hennepin Healthcare
Bree Wagner, MSW Intern in Community Benefits & Engagement	Allina Health
Susan Jepson, VP of Upstream Health innovations	HCMC
Craig Malm, Director of Community Benefits and Engagement	Allina Health
Ruth Hampton Olcom, Community Health Improvement Manager	Allina Health
Jessica Block, Manager of Community Connect Program	Children's Hospitals
Patrick Lytle, Director of the Northwest Alliance, HealthPartners	Northwest Alliance
Ellie Zuehlke, Director of Community Benefits & Engagement	Allina Health

Allina and Partner Focus Group Themes:

1. Multiple databases are used for referral tracking. Screening is done through NowPow. Follow up for referrals through REDCAP. Getting community based organizations were not interested in using NowPow. Neighborhood House and Second Harvest have partnered with Children's to pilot screening forms and see what happens. All partners that have access to the same data system can make the process work better.
2. Getting consent to and from the participants to get information to and from and organization is a barrier to closed loop referral tracking.
3. Internal success has happened with NowPow in certain programs. ComRX is the version to take referrals for community partners. Continued evaluation is important for success. Internal did not worry about consent.
4. Clear documented protocols helped, plus proximity and flexibility internally.
5. Facilitating Face-to-face discussion about what a good referral looks like with community organizations.
6. An intake line has helped to minimize the duplication of data collection, although how to create a more streamlined intake process that might be more beneficial to the participant.
7. Senior leadership did not fully commit to the new process and tools. This made it difficult to build external relationships when it wasn't sure if leadership would commit to continue.
8. There is identified a need to create a system that benefits all of our current organizations and is easy to our clients and doesn't make it onerous for organizations. Starting with current relationships, has helped to build a more structured process. Counting referrals to already existing referral sources is easier than getting new relationships.

APPENDIX 2
November 6th, 2018 MACC Member Focus Group 1

Libby Bergman, Executive Director	Family Enhancement Center
Allison Scheel	Neighborhood House
Michelle Ness, Executive Director	PRISM
Gail Dorfman, Executive Director	St. Stephen's Human Services
Tabitha Barrett, Director of Social Services and Transportation	DARTS
Donna Bauer, Chief Operations Officer	Simpson Housing

November 6th, 2018 MACC Member Focus Group 2

Mary McKeown, Executive Director	Keystone Community Services
Charles Thompson, Executive Director	Neighbor's Inc.
Julie Jeppson, Executive Director	Stepping Stone
Molly Greenman, Executive Director	The Family Partnership
Tanya Anderson, Director of Strategic Initiatives	360 Communities
Jennifer Polzin, Executive Director	Tubman
Kristine Martin, Executive Director	East Side Neighborhood Services
Estelle Brouwer, Executive Director	Women's Advocates

MACC Member Focus Group Themes:

Allina Health, Health Care, and Potential Referral Partnerships
There was a general agreement that the relationship and potential for partnership between healthcare and CBO's (community based organizations) are worth exploring. There is an interest in working with healthcare on the social determinants of health. Acknowledgement that the environments in which people are born, live, learn, work, play, worship, and age affect a wide range of physical and mental health. It will take "courageous collaboration" to do things differently and create different results. How we do this is the biggest concern.

Three main themes, alongside several other points of view, were elevated during the discussions:

Theme #1: A trusted relationship must be built between healthcare and CBO's.
There is some skepticism and concern about healthcare partnerships, some based in past experiences. Any pilot project should be well vetted, have the commitment of organizational leaders, and come well-resourced in order to be sustainable and meet objectives. MACC will not be an "easy button" that can "solve healthcare's problems", but would be a partner at the table with shared investment of time and resources. CBO's are a valuable asset and that should be recognized in a partner agreement for any pilot, reflecting trust and a recognition of value and expertise.

Theme #2: A Pilot must include an investment in the network in order to increase capacity.
Unfunded referrals will be difficult to serve due to current challenges with capacity. Referrals must come with resources. Funded referrals help build capacity and prevent hospitalization. Healthcare should recognize that funding the safety net could serve a preventative purpose and move the system away from being reactive. MACC can propose a pilot plan, but the real strength

will be in the pilot budget and the pilot partner's agreement. MACC members have examples of other healthcare pilots, and those that succeeded have partnership fees built into their models.

Theme #3: Referral systems must be integrated into existing systems and remain streamlined.
Referral information is already out there. CBO's haven't seen an increase in NowPow usage. More data systems aren't the answer and could lend themselves to incorrect information. Complexity can negatively affect a pilot and simplicity can support pilot success. Resources to integrate referrals and expand users in the ClientTrack system should be considered. Referrals are generated thru healthcare via front end services that include Nurses and Case Managers. MACC members want to understand Allina's goals in order to create a successful partnership.

APPENDIX 3
November 16th, 2018 Allina Health Navigator Focus Group:

A round table discussion was conducted with three key individual Navigators from Allina Health. This discussion focused on the practical barriers and opportunities to a successful referral partnership from a provider or practitioner perspective. A list of individuals is included as well as some of the key findings from these interviews.

Allina Navigator Themes to Recognize:

1. Many barriers were suggested by the navigators based on their experience referring to community based organizations.
    a. The NowPow system had challenges being up to date and comprehensive enough to make good referrals although it was acknowledged that this has gotten better. Usually rely on Google to look up resources.
    b. Community based organizations don't always have the capacity to keep their information updated on websites.
    c. Limited language capacity means that someone is not always available when the client needs support.
    d. Complex eligibility requirements or misunderstood requirements often discourage clients from getting services.
    e. Transportation issues limit a client's availability for accessing services.
    f. Job requirements limit a client's availability for accessing services.
2. Opportunities exist to create better partnerships for making referrals.
    a. Making connections with one key person at each organization works best.
    b. Bridging the gap for clients in the system works best for the navigators on getting the clients to access systems.
    c. Navigators often do site visits to be able to understand where they are sending their patients.
    d. Monitoring websites to make sure data is accurate.
    e. Keep enhancing NowPow to make it more useful. Include various program requirements and various document needs for clients.

APPENDIX 4
December 4th, 2018 Allina Partners and MACC Member Combined Focus Group:

The December 4th focus group was a meeting between MACC Member Community Based Organizations and Allina Health organizations and its partners. The focus of this meeting was to discuss the opportunities and barriers of the potential partnerships from a systemic perspective. A list of participants is included as well as the themes that were presented at this meeting.
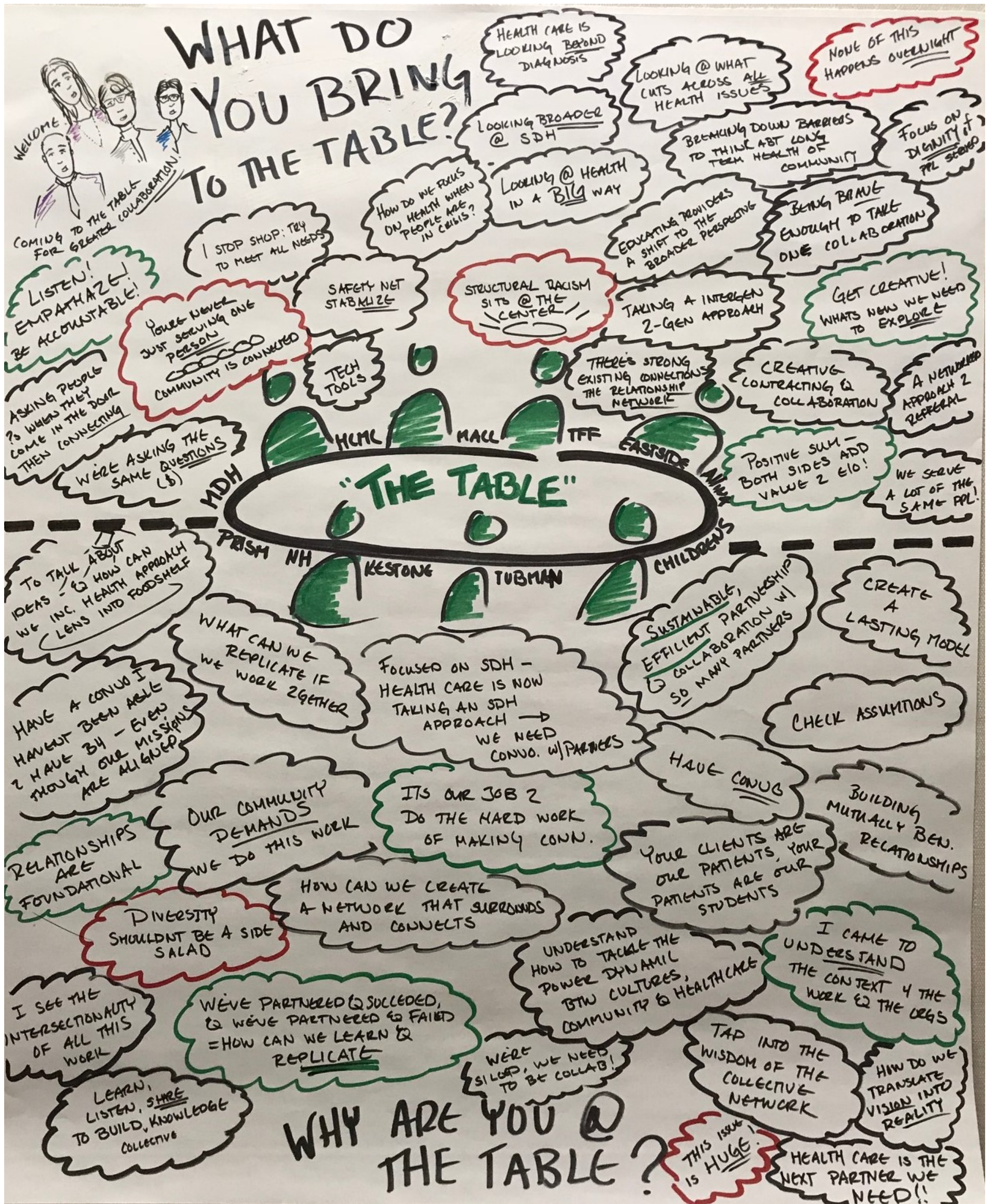
Alison Pence	Allina Health
Allison Scheel	Neighborhood House
Clara Owen	MACC
Craig Malm	Allina Health
Dawn Strief	Hennepin Healthcare
Ellie Zuehlke	Allina Health
Jennifer Polzin	Tubman
John Till	The Family Partnership
Kristine Martin	East Side Neighborhood Services
Lara Pratt	Minneapolis Dept. of Health
Laurel Hansen	MACC
Mary McKeown	Keystone Community Services
Michelle Ness	PRISM
Pam Ross	Children's MN
Patrick Lytle	Allina Health
Shane Miller	MACC
Trisha Reinwald	MACC

Themes to Recognize:
- The Potential Opportunities and the Role of Healthcare Organizations with the Social Determinants of Health:
    - Healthcare organizations are motivated around and engaged with the social determinants of health. Various comments indicate that the time is here and this approach is bubbling to the top.
    - Healthcare is holistic, impacted by the social determinants of health, whole person, whole family, physical and mental health.
    - Relationships can go beyond the referral strategy. Example could be a partnership between food shelves and mobile food marts with a healthcare representative. Put the health lens on site where people receive food.
    - There was a thread of hope and willingness at the table; a commitment to figure this out. A pilot on a small scale could be a demonstration project and a learning platform.
- Potential Systemic Barriers to Partnership Solutions:
    - Acknowledgement of disparities and structural racism, system issues.
    - For clinics to engage with families around basic needs during appointments, practitioners must also have the capacity, and commitment, to pursue that line of conversation with patients.
    - Recognition that healthcare is good at "pushing patients into the community"; "How can healthcare be a true partner, supporting community organizations in new ways?" Health care doesn't want to overwhelm community based organizations by flooding them with referrals.

- Community based organizations have capacity issues and turnover challenges.
- "Buy in" on both sides (staff at healthcare and community organizations) is a potential barrier.
- Pressing question is "who is paying for it"- when it comes to assessing healthcare around the social determinants of health. Is it healthcare practitioners? Social workers? Community Based Organizations? Funding is a bridge and a barrier.

What do you bring to the table today? What knowledge, experience, capacity do you or your organization bring to the conversation? And why are you at the table? What do you want from the conversation?

Based on past collaborations, what creates bridges between collaborators, what creates barriers between collaborators, and how does that impact your expectations for future collaborations?

BRIDGES

SHARED OUTCOMES & VISION OF SUCCESS

IMMUTABLE VALUES — SET IN STONE & NO — OR — INCONGRUENT VALUES ≠

IDEAS, NEED, RESOURCE, TIMING → CONVERGENCE

ALL PARTNERS BENEFIT!

TIME IS SO SHORT 4 EVERYONE

LONG TIME HORIZON

OPEN UP THE CONVERSATION

FOCUS ON A SPECIFIC NEED

TOO MANY PEOPLE @ THE TABLE

BARRIERS

INDIVIDUAL, FACE 2 FACE CAN HELP BRIDGE DISTRUST

ASKING QUESTIONS & LISTENING

TRANSPARENCY

CHANGES IN LEADERSHIP

TOO FEW PEOPLE ??? @ THE TABLE

MAKE SURE YOU CHECK IN & REFLECT

INSTITUTIONS HAVE A LOW THRESHOLD FOR DISTRUST

TRANSPARENCY IS KEY BE OPEN, BE HONEST.

FUNDING & SUSTAINABILITY

EXPECTATIONS

DO YOU HAVE CAPACITY TO DO THE WORK. HONESTY

IF YOU'RE NOT HAVING CONFLICT → YOU'RE NOT WORKING 2GETHER

BE READY FOR ACTION

BRING ENOUGH PPL TO THE TABLE

MAKE SURE YOU HAVE THE SAME VOCABULARY

BE CLEAR ABOUT HOW 2 RESOLVE DISPUTES

PUT A MECHANISM IN PLACE

BE CLEAR ABOUT YOUR RISK TOLERANCE

TRUST THE PROCESS

BALANCED LEADERSHIP

CLEAR OUTCOMES & GOALS

APPENDIX 5

Interviews were conducted with several individuals from various organizations. These interviews were focused on the practical barriers and opportunities to a successful referral partnership from a provider or practitioner perspective. A list of individuals is included as well as some of the key findings from these interviews.

Individual Interviews

Pam Ross	Children's MN
Jennifer Ramji, Director of Clinical Services and Education	Guadalupe Alternative Programs
Jeff Lundgren, Executive Director	North Metro Pediatrics
Dawn Wambeke, Workforce/Development Director	CAPI USA
Kristina Doan, Human Services/Civic Engagement Manager	CAPI USA
Liz Riley, Director of Programs	Valley Outreach
Shawn Johnson, Intake Coordinator	The Family Partnership

Summary of Findings and Recommendations

All community-based organizations interviewed were excited about the potential of getting involved in a pilot project. They all thought the benefits of trying something out-weighed the potential strain on capacity. There was still some apprehension about how the details and what the partnership would look like. The opportunities and barriers to a successful partnership generally fell into three categories. These categories are outlined with corresponding recommendations.

- Relationship Development
    1. Every conversation referenced the need to develop a trusting and collaborative relationship that was bound by shared outcomes, stated organizational benefits, clear expectations and "warm" referral processes. The term "warm" often referred to the client centered approach of the process, but also implied a level of knowledge and understanding between the referrer and the referral receiver that help facilitate the connection.
    2. Every individual interview discussed the importance of face-to-face introductions between partners and regular meetings to ensure trust and facilitate greater awareness. This relationship development process takes an investment of time and commitment with both partners. The closer the individuals are in proximity virtually or literally the more potential there is for success.
    3. The capacity of staff to commit time and resources to developing these relationships can be a barrier, but both members and navigators said this was not a permanent obstacle. Navigators suggested that site visits to partner locations was the best way to become acquainted with referral organizations in order to be most effective with their patient support.
    4. Support and "buy-in" at all levels of the organization was considered critical to successful implementation of a referral system by all interviewees and focus group discussions. In one example from an Allina partner, the lack of buy-in at upper levels of the organization had caused a considerable delay in the successful adoption of the system.

5. A considerable barrier identified to developing relationships was the inevitability of staff turnover of key relationship managers within the referral system. Often systemic pressures of low wages and high-pressure positions cause staff to turnover at high rates. Consistency is critical and the ability to create redundant systems with in the relationships is critical to success.

6. Both CBOs and navigator staff identified the capacity of CBO organizations to keep critical contact and program information up to date on web sites and other communication platforms as a barrier to successful referrals and warm hand-offs. Navigators often rely on these tools for information about language proficiency, hours and contacts for referral sources. Often changes do not get updated on these key platforms.

7. Finally, a barrier to relationship development for some CBO organizations is the volatility of funding and participation of referral partners. Funding aside, partnerships often become dependent on the ability for funders to continue the relationship and often a change in focus or direction by a larger "funding or system" partner can place a partnership in jeopardy and make CBOs wary of the entering into these types of relationships. Creating realistic relationship expectation with shorter time limited pilot projects could help develop relational trust and create new opportunities to collaborate based on shared learning of these shorter engagements.

Recommendations-

8. Create a small pilot of organizations that have executive support and have signaled capacity to participate in regular meetings to develop relationships and create systems and processes.

9. Leverage MACC member relationships to facilitate meaningful on going connections that build trust and awareness through regular meetings and site visits. MACC can move Healthcare organizations virtually closer faster.

10. Leverage MACC as an intermediary to create a Memorandum of Understanding that clearly outlines the goals and expectations of the participating partners as well as the systems for conflict and performance issue remediation. The pilot should be a shorter time limited project of closed loop referral tracking with regular monitoring and evaluation of the potential to continue the partnerships.

11. Leverage MACC as an intermediary to be able to identify and train Member staff during critical transitions at CBO partners. They would be the key communication conduit to Healthcare partners in awareness of the transition and facilitation of the relationship hand off to the newly identified staff member. They could also play a role in facilitating participating organizations to understand the impact of transition on their communication tools such as websites, in-order to remind them to update these to manage transitions.

- Systems and Process Development

  Most of the opportunities and barriers for successful referral partnerships came in the ability to design good systems and processes.
  - Complexity and inflexibility of the systems to which people are referred can often discourage participants from accessing services.
    - Multiple points of contact especially in multiservice organizations can create a challenge to creating a seamless participant centered experience. A system

needs to be redundant and consistent in how intakes are handled in order to not overwhelm a participant that already identifies as being at risk.

- o Program eligibility requirements can be unclear and inconsistent from one program to the next. Navigators often hear from a client that they didn't qualify for a service only to find out later that it they needed one piece of information to get qualified.
- o Multiple data gathering points often makes the process onerous for participants. The referring organization will often ask multiple questions only to have those questions repeated at the organization that they are being referred to.
- Language barriers hinder many participants from getting services or require an extra layer of coordination on behalf of the navigators to access the systems. Limited diverse language capacity or availability of the community-based organizations also make it difficult for participants to access services when they are needed versus when they are available.
- Technology can become a barrier to creating a successful referral.
    - o Multiple compliance databases that are not up to date or easily accessed create barriers to adequately tracking referral outcomes.
    - o Systems that are not up to date can create frustration for participants looking for services that may no longer be available or have changed process owners.
    - o The ability to integrate systems can be costly and time consuming.
- Data privacy and informed consent compliance can create a challenge for creating smooth referral systems when it comes to the ability to share data between health systems and community based organizations.
- Program capacity issues can create a challenge for participants in crisis to getting timely service when the needs are immediately present. Access to certain services, especially housing and domestic violence services can take time to access.

Recommendations-
- Facilitate a client centered referral process design that capitalizes on the idea of "warm" handoffs.
- MACC and Allina can facilitate a process between Navigators and identified community partner staff to establish a streamlined set of data that can be shared with CBOs that is consistent an adequate to create a baseline for the referral.
- MACC can create a compliant release consent and partner sharing agreement that outlines the information to be shared and with whom.
- Identify pilot members currently using the ClientTrack system to integrate with NowPow for seamless tracking of incoming referrals and reporting out of referral outcomes.
- MACC can work with member organizations to establish key contacts, train them on the referral system and work with organizations have a backup system in place to mitigate potential turnover impact.
- Integration of the NowPow client system fully into the ClientTrack system of our pilot members to ensure seamless access and data sharing.

- Process Management

  The capacity of organizations to do the administrative work of overseeing compliance and managing the data related to referrals can be time consuming. Making sure organizations are following the process and training on the most efficient use is critical. Providing this capacity would be helpful to our organizations as well as Allina.
  - Limited administrative staffing to understand whether the data is being entered creates a barrier.
  - The ability to get reports on an organizations performance as well as the outcomes of that performance would be extremely helpful for the clients as well as the partnership.
  - Having access to the tools required to monitor compliance can often take a level of technical proficiency that small organizations don't have.
  - Partnerships require constant attention to ensure the best possible outcomes and the capacity to create and maintain these processes and monitor them can cause a drain on already constrained resources.

  Recommendations –
  - MACC can plan a role in monitoring the compliance and follow through of member to reporting and entering data on the outcomes of referrals.
  - MACC can run regular reports for partners that captures the number of referrals and the outcome data associated with the referrals.
  - If data is not entered, MACC can act as the initiator of action through knowledge reporting and follow up.
  - When turnover happens, MACC can act as the trainer on the system to the newly appointed CBO staff.