Advancing Integrated Models

To improve health outcomes, foster health equity, and reduce avoidable utilization and costs for individuals with complex needs, health care systems are increasingly focused on adopting person-centered, coordinated approaches for delivering medical, behavioral health, and social services. As a result, many health care organizations have implemented one or more discrete strategies essential to the care of people with complex needs, including: (1) **complex care management**; (2) **trauma-informed care**; (3) **physical and behavioral health integration**; and (4) **mechanisms to address health-related social needs**. Yet, few systems have adopted all of these strategies, and even fewer have effectively aligned these efforts internally, or externally with community partners.

To support health systems and community providers in integrating an array of innovative, "next-generation" person-centered strategies for individuals with complex health and social needs, the Center for Health Care Strategies (CHCS), through support from the Robert Wood Johnson Foundation, is launching ***Advancing Integrated Models*** **(AIM)**.

Key Project Activities

Over the 24-month pilot period, eight competitively selected organizations will participate in a learning collaborative to:

- Strategically integrate and align one or more of the aforementioned strategies into existing care models for people with complex health and social needs;
- Partner with state Medicaid agencies or local managed care organizations to discuss innovative approaches to supporting integrated models of care; and
- Engage with patients and community members to design integrated care models that recognize and meet the unique needs of the people they serve.

Pilot sites will receive tailored, expert technical assistance and access to national subject matter experts, and participate in a peer learning collaborative to exchange and accelerate solutions and lessons across sites. An external evaluation consultant will also support pilot site efforts to develop outcome measures and evaluation strategies. Pilots are slated to run from September 2019 to August 2021.

CHCS will distill lessons from the pilot sites' efforts, and share best practices nationally through publications and public webinars. Technical assistance tools used by pilot sites may also be shared publicly to support other health care organizations seeking to adopt more integrated models of care for individuals with complex needs.

Made possible with support from the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

Advancing Integrated Models Pilot Site Organizations and Payer Partners

Pilot Site and Location	Organization Type	Approach	Payer Partner
Bread for the City ***Washington D.C.***	Federally qualified health center	Piloting a "food home" model through collaboration between social services, care management, medical, and food teams to reduce food insecurity and improve overall health outcomes.	Department of Health Care Finance
Center for the Urban Child and Healthy Family at Boston Medical Center ***Boston, MA***	Pediatric and family center within a safety-net health care system	Creating the *Pediatric Practice of the Future* by empowering families to define their health priorities and design their own care, and re-imagining community partnerships to address health-related social needs.	Boston Medical Center HealthNet Plan
Denver Health ***Denver, CO***	Safety-net health care system	Expanding and adapting the Ryan White model of HIV care for other high-risk groups with complex health and social needs, including justice-involved and homeless populations.	Health First Colorado
Hill Country Health and Wellness Center ***Round Mountain and Redding, CA***	Federally qualified health center	Integrating substance use disorder treatment into primary care teams, aligning unique complex care models to create a seamless continuum of care, and expanding access to care to people who currently do not qualify for complex care management.	Partnership HealthPlan of California
Johns Hopkins HealthCare ***Baltimore, MD***	Academic health system	Improving care programs for mothers experiencing post-partum depression, children with asthma, and children with sickle-cell disease through the integration of behavioral health services, social supports, and community health workers.	Priority Partners
Maimonides Medical Center ***Brooklyn, NY***	Safety-net health care system	Uniting disparately funded programs, creating a "single point of entry," and developing a centralized navigation resource for patients, families, and providers to increase access to care management for individuals with complex health and social needs.	Healthfirst
OneCare Vermont ***Vermont***	Multi-payer accountable care organization	Integrating social needs data into statewide care coordination platform to inform care management activities and increase collaboration among health and human services providers and alignment across sectors.	Department of Vermont Health Access
Stephen and Sandra Sheller 11th Street Family Health Services ***Philadelphia, PA***	Federally qualified health center	Expanding behavioral health and trauma-informed care services to include awareness and acknowledgment of the impact of racism, and develop race-conscious programming to improve patient engagement across medical, behavioral, and dental departments.	Keystone First

Advancing Integrated Models Advisory Panel

Name	Title	Organization
Renee Boynton-Jarrett, MD, ScD	Founding Director	Vital Village Network
Ken Epstein, PhD	Leadership Coach	Trauma Transformed at the East Bay Agency for Children
Tammy Fisher, MPH	Senior Director	Center for Care Innovations
Sinsi Hernández-Cancio, JD	Director of the Center on Health Equity Action for System Transformation	Families USA
Mark Humowiecki, JD	General Counsel and Senior Director for National Initiatives	National Center for Complex Health and Social Needs at the Camden Coalition of Healthcare Providers
Parinda Khatri, PhD	Chief Clinical Officer	Cherokee Health Systems
David Labby, MD, PhD	Health Strategy Advisor	Health Share of Oregon
Rishi Manchanda, MD, MPH	President and CEO	HealthBegins
Kedar Mate, MD	Chief Innovation and Education Officer	Institute for Healthcare Improvement
Tanya Tucker	Chief of National Partnerships and Outreach	Full Frame Initiative
Mohini Venkatesh, MPH	Vice President of Practice Improvement	National Council for Behavioral Health
Therese Wetterman, MPH	Director, Learning Network	Health Leads

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit **www.chcs.org**.