



**For AUDIO:**  
Dial: 712-775-7035  
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Welcome to:

# LIVE WELL SAN DIEGO IN ACTION: A THREE-PART WEBINAR SERIES

Support  
provided by



Robert Wood Johnson  
Foundation

[www.HealthcareValueHub.org](http://www.HealthcareValueHub.org)  
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# Welcome and Introduction



**Lynn Quincy**

**Director, Healthcare Value Hub**



# Housekeeping



- Thank you for joining us today!
- All lines are muted until Q&A
- Webinar is being recorded

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# BUILDING A REGION OF HEALTH AND SOCIAL WELLNESS

MARCH 1, 2018

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## **Barbara Jiménez, MPH**

Director, Regional Operations  
Health and Human Services Agency  
Central and South Regions  
County of San Diego, CA

## **Susan Bower, MSW, MPH**

Assistant Director, Integrative Services  
Health and Human Services Agency  
County of San Diego, CA





- Mission is to make people's lives healthier, safer and self-sufficient by delivering essential services
- Values are integrity, stewardship and commitment
- Provide vital health and social services to San Diego County's 3.3 million residents, and 1.1 million customers.
- Hub and spokes for safety net and large scale population improvements
- From institution-based initiatives to communitywide social movement



## LIVE WELL SAN DIEGO

San Diegans helping San Diegans Live Well

# OUR VISION



A plan to advance the health and overall well-being of the entire San Diego region:



Building  
Better  
Health

Living  
Safely

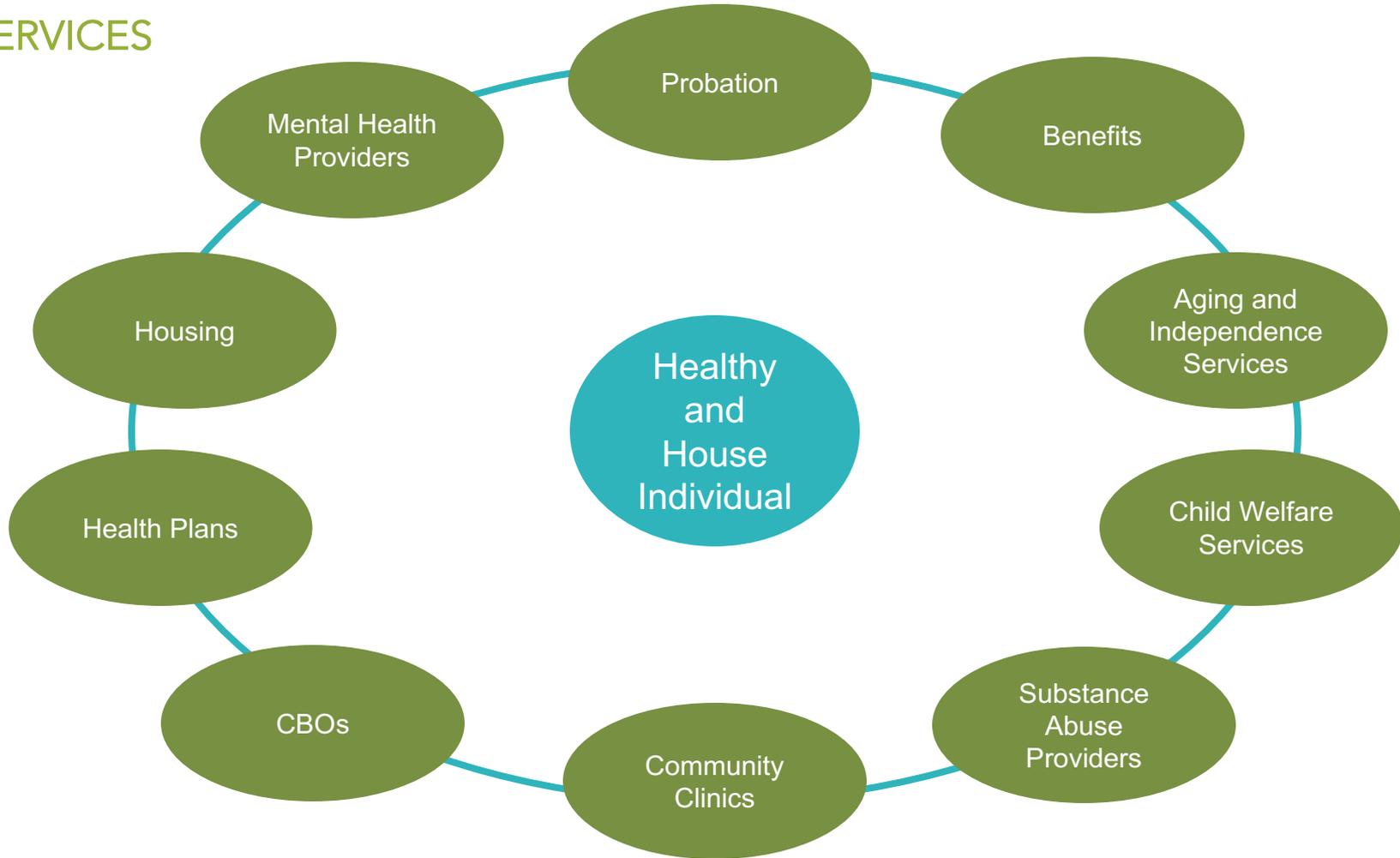
Thriving

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# WELLNESS: AN INTEGRATED APPROACH



## SERVICES





# PROJECT ONE FOR ALL

OUTREACH, TREATMENT, HOUSING



# PROJECT ONE FOR ALL

## WHAT IS PROJECT ONE FOR ALL?



*Project One For All* is an extensive effort by the County of San Diego and its partners to provide intensive wraparound services, including mental health counseling and housing, to homeless individuals with serious mental illness.

Estimate of individuals *in our region* with Serious Mental Illness: **1,250**



# PROJECT ONE FOR ALL

## Regional Initiative for Outreach, Treatment & Housing

### Policy

Serve all individuals experiencing homelessness with Serious Mental Illness (Countywide estimated # of Homeless SMI 1,250)

### Funding

Mental Health Services Act (MHSA)

Mainstream Housing Resources

### Approach

Partnership with local housing authorities to allocate vouchers specifically for this population



# PROJECT ONE FOR ALL

## PROJECT ONE FOR ALL *COMPONENTS*

OUTREACH &  
ENGAGEMENT

HOUSING

TREATMENT

OUTCOMES

-  **OUTREACH AND ENGAGEMENT** : Establish active outreach to people living on the streets to engage them in housing and services
-  **HOUSING**: Identify and prioritize housing resources, including Permanent Supportive Housing, following a Housing First approach
-  **TREATMENT** : Expand the availability of comprehensive wraparound services that are easily accessible
-  **OUTCOMES**: Measure progress and effectiveness of the impact on individuals and systems



# PROJECT ONE FOR ALL

## PROJECT ONE FOR ALL *PATH TO SUCCESS*

- Trained individuals to identify homeless with mental illness
- More capacity to provide mental health treatment
- Implementation of regional Coordinated Assessment and Housing Placement system (CAHP)
- Health and Human Services Agency now has immediate access to Section 8 Housing Choice Vouchers



# PROJECT ONE FOR ALL

## PERFORMANCE MEASURES



# PROJECT ONE FOR ALL

PROJECT ONE FOR ALL

Reporting Period: February 2016 thru January 2018



LIVE WELL  
SAN DIEGO



# WHOLE PERSON WELLNESS

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# OVERARCHING GOALS FOR WPW



- **Provide comprehensive system navigation** for individuals with complex physical and/or behavioral health needs who are experiencing an unstable living situation or homelessness
- **Comprehensive care coordination across multiple systems** including housing, physical health, behavioral health, and social services to result in better health and housing outcomes for the individual
- **Integrated IT infrastructure**

**NUMBER OF CLIENTS TO BE SERVED:** 1,049

**COMMUNICATE**  **COORDINATE**  **ADVOCATE**

# TARGET POPULATION



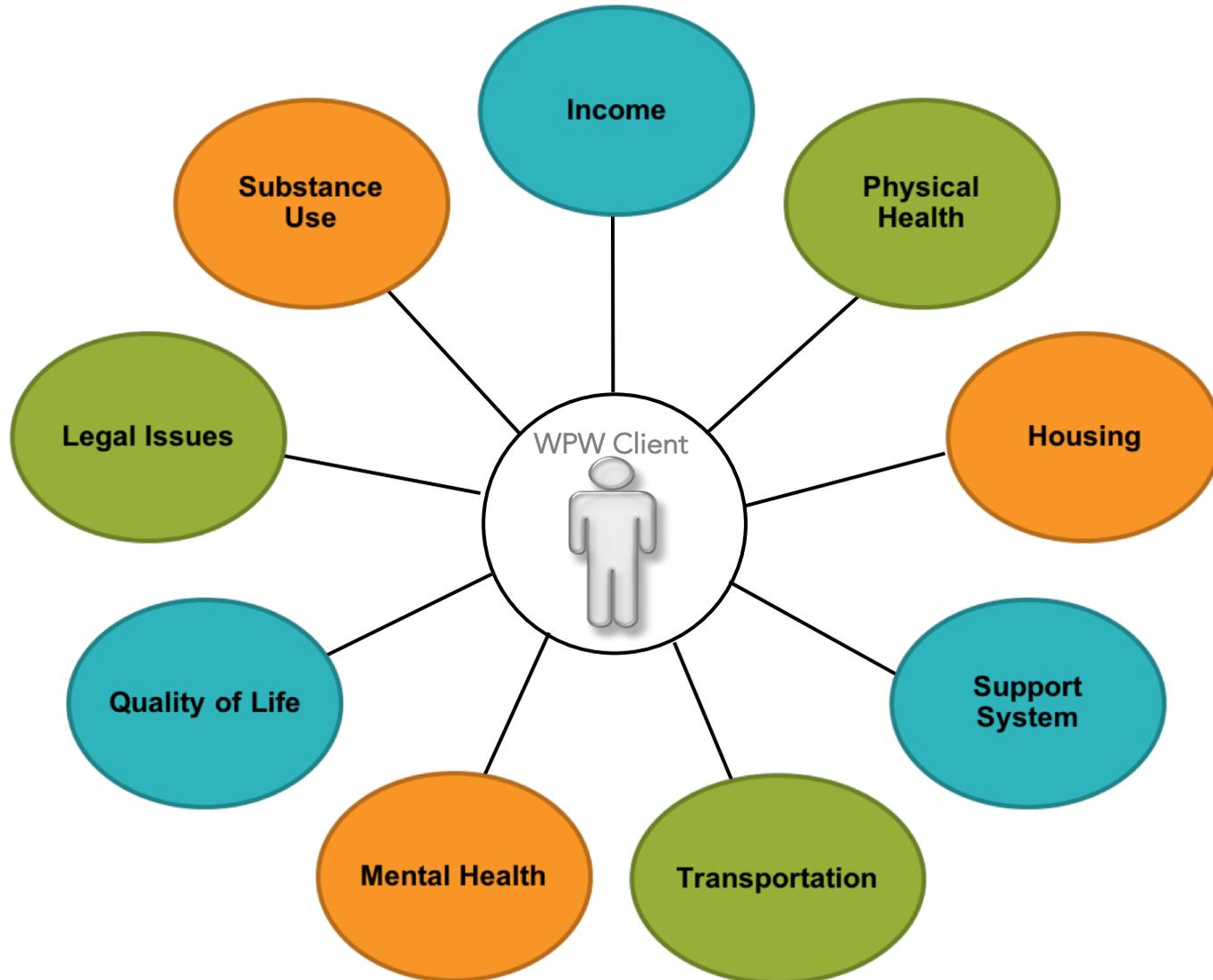
People who are high utilizers of health services AND experiencing homelessness, or are at-risk of homelessness AND have one or more of the following:

Serious Mental  
Illness

Substance  
Use Disorder

Chronic Physical  
Health Conditions

# WHOLE PERSON WELLNESS





- **Intensive Outreach and Engagement**
- **System Navigation**
  - Social workers paired with peer support specialists to help access services
- **Tenancy Supports**
  - Becoming “housing ready”
  - Assistance in maintaining housing
  - Flexible funds for housing supports
- **Technology**
  - ConnectWellSD - deliver services and communicate across systems
  - Community Information Exchange - identify supportive systems
  - SD Health Connect – identify hospital activity



## BECOMING HOUSED

- Permanently house participants

## IMPROVED PHYSICAL HEALTH

- Participants seen by a Primary Care Physician within 60 days
- Decrease number of ED visits and hospital days

## IMPROVED BEHAVIORAL HEALTH

- Decrease number of County Psychiatric Hospital days
- Follow-up care for mental illness within 14 days of hospitalization
- Initiate treatment within 30 days for clients identified with SUD
- Increase depression remission

## IMPROVED PUBLIC SAFETY

- Decrease number of incarcerations

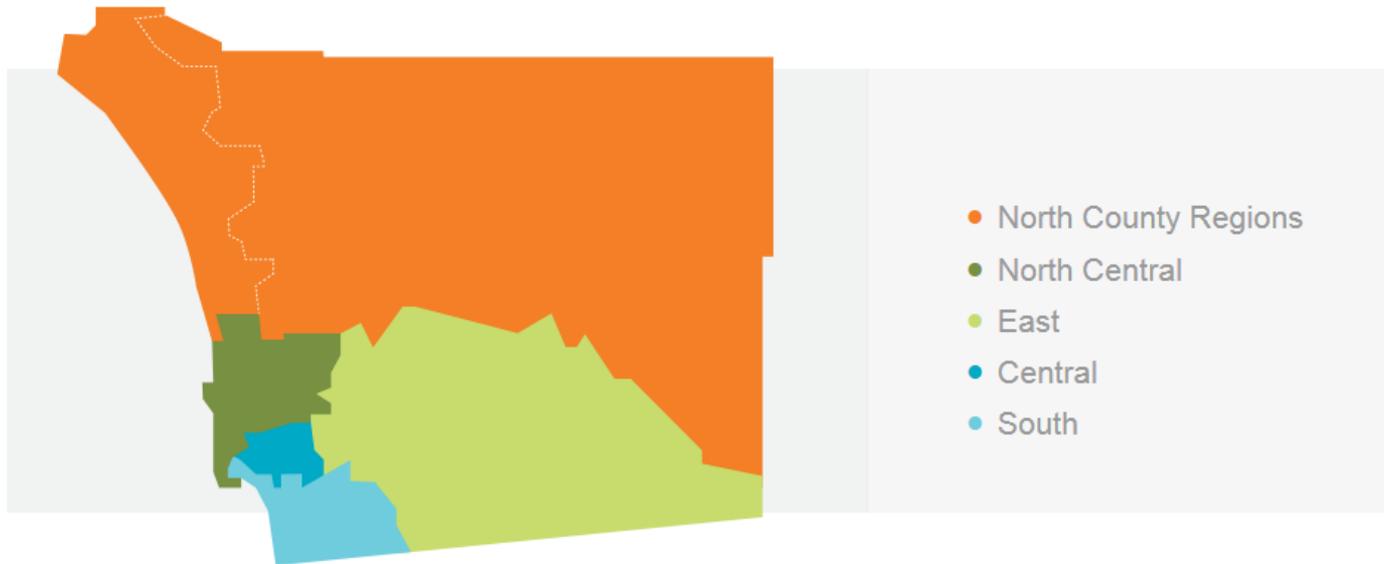


# HHSA REGIONAL LEADERSHIP TEAMS

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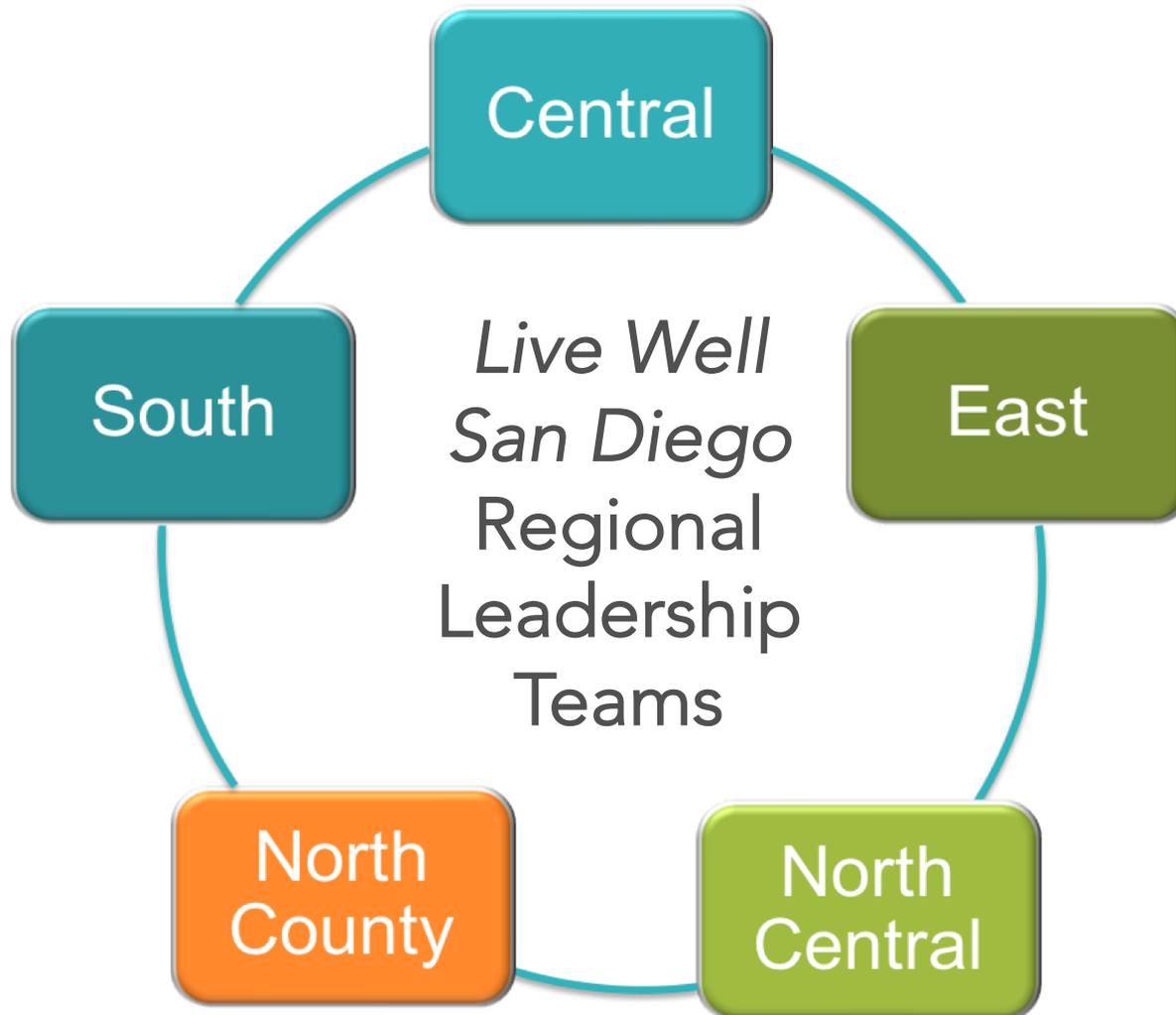
# HHSA REGIONAL STRUCTURE



Region	Central & South Regions	North Inland & North Coastal	East & North Central
Regional Director	Barbara Jiménez	Chuck Matthews	Kimberly Gallo
Community Health Promotion Lead	Tina Emmerick	Carey Riccitelli	Katie Judd



## COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPS)





## EAST REGION

- Co-chaired by Second District Supervisor of the County Board of Supervisors
- Includes 3 workgroups: Active Living, Healthy Eating, Substance Abuse



## NORTH CENTRAL REGION



- Hosted a Live Well San Diego Partner Summit to facilitate collaboration among recognized partners
- Includes 3 workgroups: Physical Activity, Behavioral Health, Preventive Healthcare

# NORTH COUNTY REGIONS



- Covers both North Coastal and North Inland Regions
- Monthly meetings, with annual community forums
- Vision: In North County, healthy choices are easy; prevention is priority; services are accessible; and communities are safe



# CENTRAL REGION



- Central Region Population: 499,760
- 1 School District, San Diego Unified School District
- Nearly 1 in 6 San Diegans live in Central Region





- A group of community leaders and stakeholders actively working together in the HHSA Central Region to fulfill the vision of *Live Well San Diego*



# GRANDPARENTS RAISING GRANDCHILDREN SYMPOSIUM AND LET'S CONNECT EXPO



- Over 220 relative caregivers and community members were connected to resources including:
- Skill-building workshops
- Information and services from 50 resource tables
- Food donations





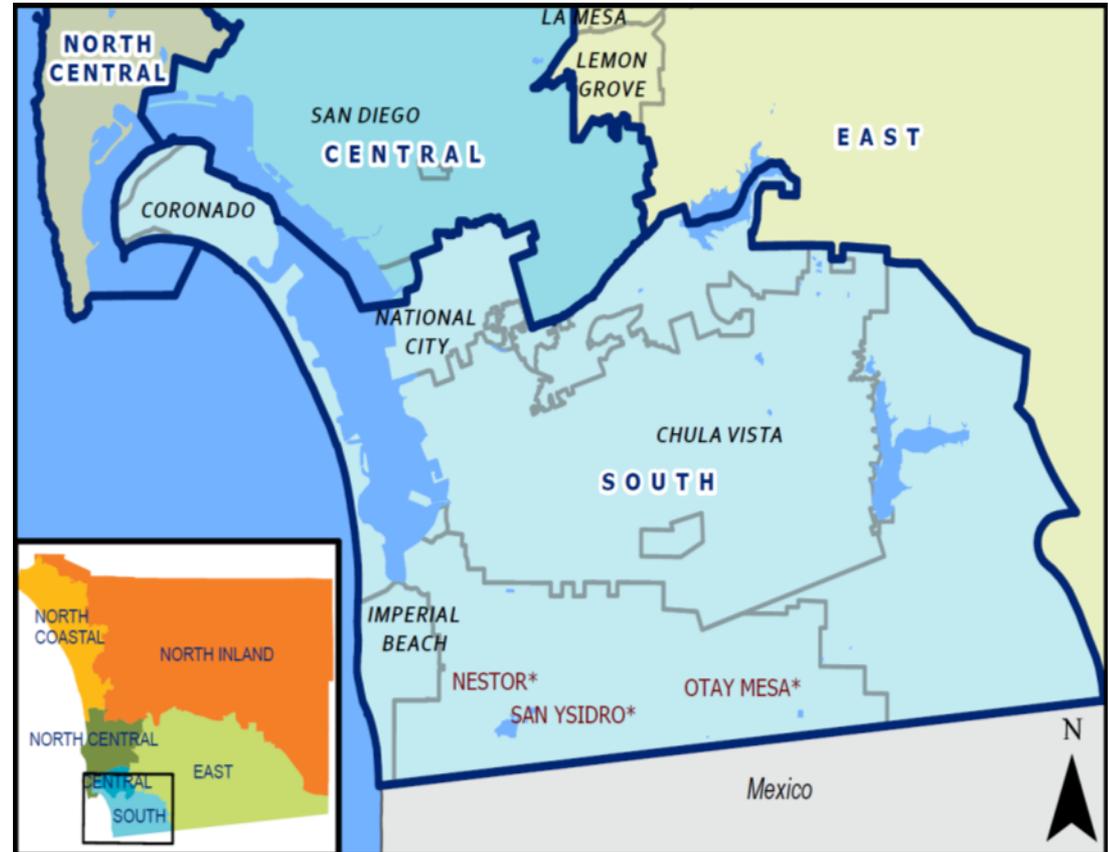
- Re-engaging a group of Resident Leadership Academy graduates



# SOUTH REGION



- South Region  
Population: 494,561
- 6 School Districts
- Includes the busiest land border crossing in the Western Hemisphere



# LIVE WELL SAN DIEGO SOUTH REGION LEADERSHIP TEAM

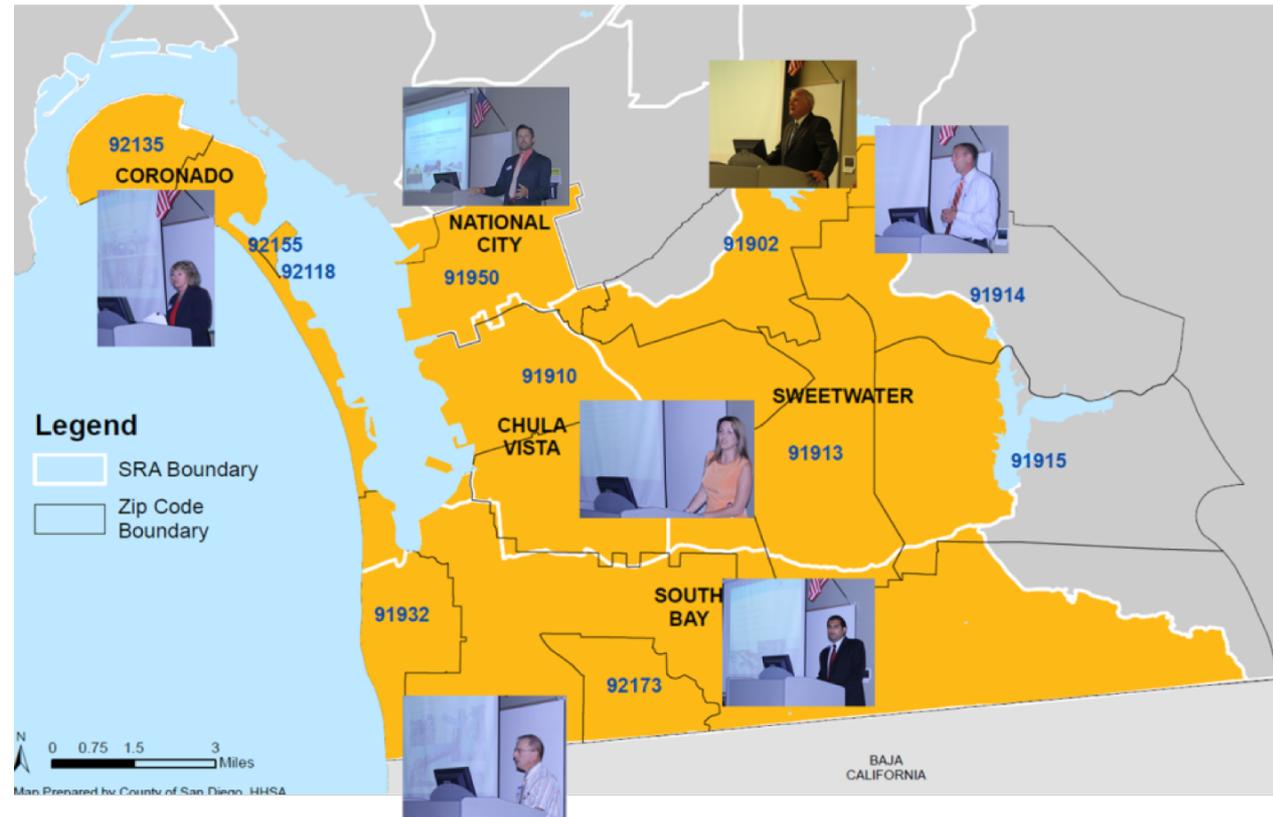


- Two Co-Chairs
- Advisory Group
- Three Subcommittees
  - Chronic Disease Prevention Work Group
  - Economic Vitality Work Group
  - School Work Group





- Highlighted South Region Cities designated as LWSD Cities





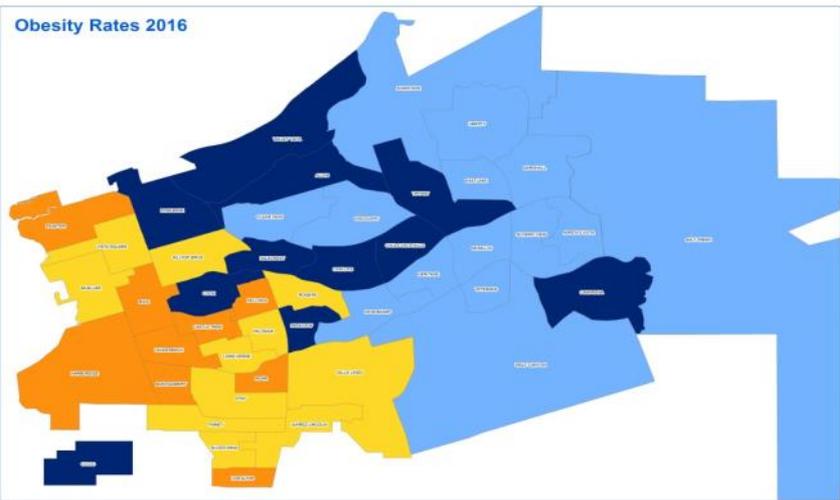
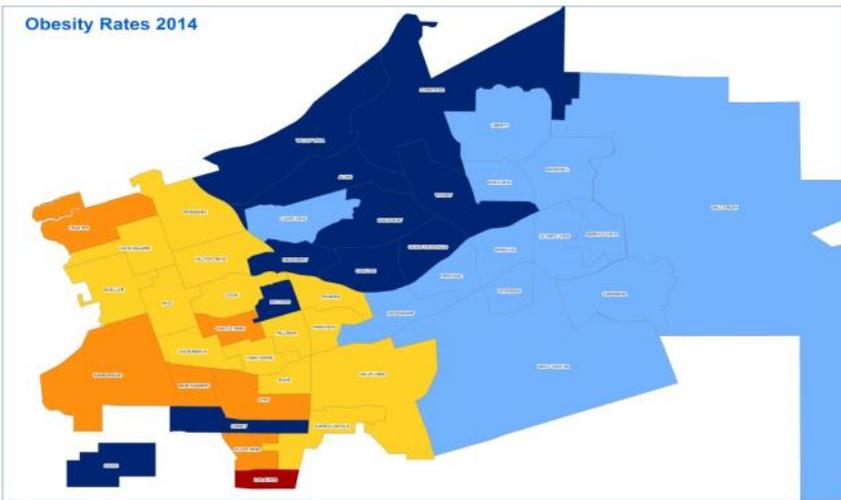
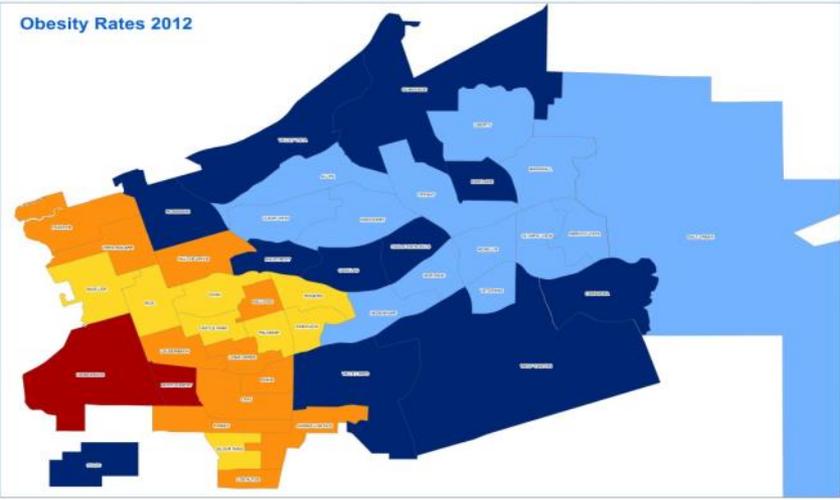
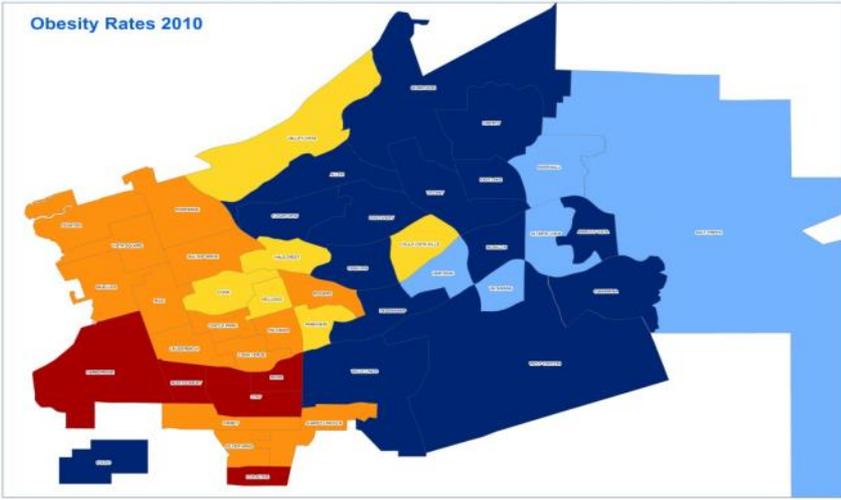
## Purpose

- To identify innovative strategies to help lift families out of poverty

## Key strategies

- Bring services to residents
- Create partnerships
- Coordinate services
- Create conditions for families to thrive
- Reduce recidivism

# CHULA VISTA ELEMENTARY SCHOOL DISTRICT OBESITY RATES 2010-2016



**Chula Vista Elementary School District**  
 Student Obesity Rates by School of Attendance (K-6)  
 Four-Year Comparison



Source: Law Center, Chula Vista Elementary School District 2010, 2012, 2014, 2016



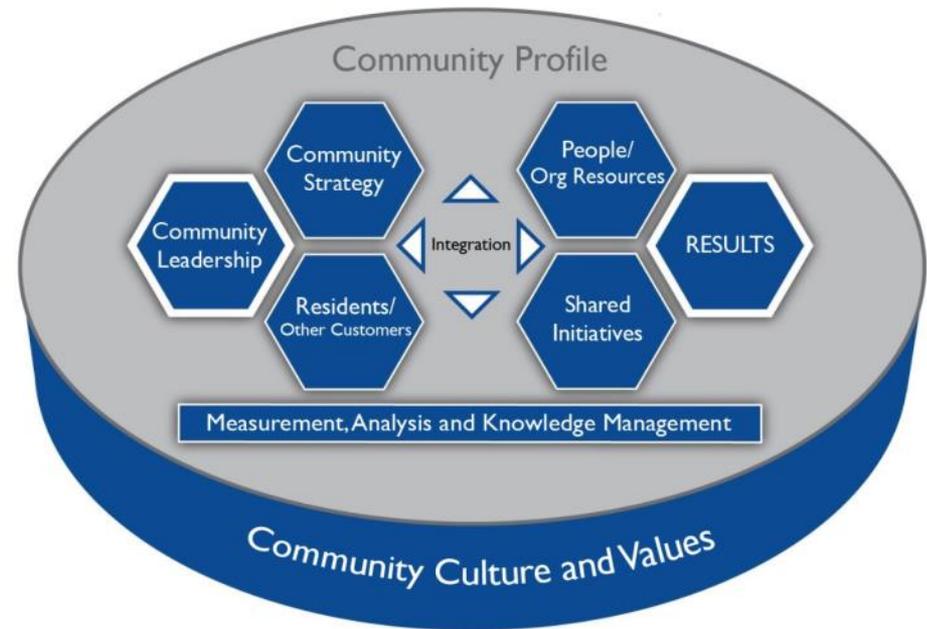
## Resident Leadership Academy (RLA)

- Curriculum based training program
- Empowers residents to make positive policy and environmental changes to their community to support healthy behavior





- Journey from great to excellent
- Two-year pilot
- Adapted from the Baldrige Framework



From Baldrige Performance Excellence Program, 2015. *2015–2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance*. Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. <http://www.nist.gov/baldrige>.

# LEADERS ACROSS BORDERS



- Building binational leadership capacity among public health, health care, academic and community professionals.
- 119 health professionals from the ten U.S.-Mexico Border states have completed the program.
- Project implementation and ongoing impacts.



## AMA CORAZÓN

- 2015: 1<sup>st</sup> Binational LYH in one U.S.-Mexico Border State in Mexico.
- 2016: Five U.S.-Mexico Border States with 84 sites and over 13,700 blood pressure checks.
- 2017: All six US-Mexico Border States, 186 sites with over 32,098 blood pressure checks.



# THANK YOU!



## ANY QUESTIONS?

## Visit [LiveWellSD.org](http://LiveWellSD.org)



# Resources from the Hub

- Taxonomy of Accountable Health Structures
- Glossary of Terms
- Reports on this topic
- Webinar Slides, Recording and other resources

[www.HealthcareValueHub.org/Accountable-Health-Structures](http://www.HealthcareValueHub.org/Accountable-Health-Structures)



## A Taxonomy of Accountable Health Structures

	Accountable Community for Health (ACH)				Accountable Care Community (ACC)
Funding	Centers for Medicare and Medicaid Services (CMS)			Other Sources	<ul style="list-style-type: none"> <li>• State funding</li> <li>• Private foundations</li> <li>• Hospitals (via community benefit requirement)</li> <li>• Other private sector investments</li> </ul>
	Accountable Health Communities (AHC) Model	Section 1115 DSRIP Waivers	SIM Grants	<ul style="list-style-type: none"> <li>• State funding</li> <li>• Private foundations</li> <li>• Hospitals (via community benefit requirement)</li> </ul>	
Population Served (within a defined geographic area)	Medicare & Medicaid beneficiaries	Medicaid beneficiaries	All residents		All residents
Convener	Health plans, hospitals, and/or health systems		Non-profit organization		Local public health agency
Participating Stakeholders:					
Providers	✓	✓	✓	✓	✓
Community-Based Organizations	✓	✓	✓	✓	✓
Public Health Agencies				✓	✓
Other Local Government				✓	✓
Local Businesses					✓
Educational Institutions					✓
Focus & Goals:					
Alignment of Community-Based and Clinical Initiatives	✓	✓	✓	✓	✓
Promoting Health Equity	✓	✓	✓	✓	✓
Cost Containment/Delivery System Transformation	✓	✓	✓	✓	
Early Intervention for Behavioral & Mental Health Needs	✓			✓	✓
Chronic Disease Prevention					✓

# Remember to Dial in to Our Next Webinar in the Series:

<b>Date</b>	<b>Description</b>
<b>Thursday, Feb. 22, 2018</b>	Introduction & Background: This session set the stage regarding the evolution of Live Well San Diego (LWSD). It provided an overview of the LWSD vision and strategy and described their system of measuring impact.
<b>Thursday, March 1, 2018</b>	Infrastructure and Approach: This session illuminated the vital role of building a region of health and social wellness, and the importance of advancing social capital and expanding community capacities.
<b>Tuesday, March 6, 2018</b>	Key Lessons and Takeaways: This session provided a review of the goals, challenges, successes achieved by LWSD, as well as next steps for the group, and identified the key ingredients for replication in other communities.