<u>Connecting Those at Risk to Care: A Guide to Building a Community HUB to Promote a System of Collaboration, Accountability, and Improved Outcomes</u>
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Summary

Those working to develop HUBs within communities have used three overarching principles to guide their efforts:
- Find – Identify those at greatest risk.
- Treat – Ensure that they receive needed evidence-based health and social services.
- Measure – Document and evaluate benchmarks and final outcomes.

Phase 1: Planning the HUB

Step 1: Form a Planning Group
- Stakeholders
- Representatives from targeted populations
- Community Health Workers

Key Questions: Which organizations should be involved?
                       What are organizations willing and able to contribute to the effort?

Step 2: Create a New Umbrella Agency or Designate a Lead Agency
Key Question: Designate a lead agency or create a new umbrella organization?

Step 3: Conduct a Complete Community Needs Assessment
- Determine priority health and social needs
- Choose target areas or populations for intervention

Step 4: Discuss Sustainability Issues and Develop a Plan To Secure Funding
- Startup funding
- Long term funding

Phase 2: Creating Tools and Resources for the HUB

Step 5: Build "Pathways" or Other Benchmarks To Create Accountability
- Pathways serve as a tool to document the specific work products that lead to a measureable outcome
- Provide a structure to tie financial incentives to outcomes
- Define the "completion step"
- Define the "initiation step"
- Build series of action steps

Step 6: Create Supporting Tools and Documents for Care Coordinators
- Consent form/notice of privacy practices/release-of-information forms

- Intake/enrollment form
- Assessment via checklist
- Care coordination plan and pathway documentation

Step 7: Create Incentives Tied to Desired Outcomes
- Each collaborating agency should have at least part of its payments tied to achievement of meaningful work products and desired outcomes
- CHW should have a portion of their compensation tied to achievement of outcomes and intermediate action steps. (base pay & incentives tied to pathways)

Step 8: Develop Systems To Track and Evaluate Performance
- Register new clients through a centralized database to minimize duplications
- Monitor progress of individual clients; identify/address barriers
- Evaluate performance of individual workers
- Evaluate and report on organizational performance to stimulate quality improvement
- Monitor community health status

Phase 3: Launching the HUB

Step 9: Hire HUB Staff
   Typically only have a few staff as most work still occurs within local collaborating agencies

Step 10: Train Staff at Participating Agencies
   Significant training of relevant agencies and individuals to use Pathways is required
- Identify a "pathways champion" at each agency
- Train agency staff
- Conduct one-on-one meetings

Step 11: Conduct a Community Awareness Campaign
- Often community members play a critical role in identifying and referring at-risk individuals to the HUB. Teachers, school nurses, ministers, coaches and others may be in the best position to know when someone needs help.

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"It is critical that all Pathways Community HUB functions and services be planned and developed with ongoing input from representatives of the target population (i.e., at-risk individuals) and the care coordinators who regularly work with them and understand their needs. In fact, leaders of the most active Pathways Community Hubs consistently report that the insights and knowledge most critical to effectively serving at-risk individuals come from the clients themselves and those who serve them on a daily basis." Quoted from page 7

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