



INSPIRES

Integrating Nevada [®] Supporting Partnerships Improving Results
Effectuating Success

Agenda



1. Our Story
2. What inspired us?
3. Envision the Change
4. Design the Change
5. Breaking Down the Barriers
6. Be the Change

Our Story

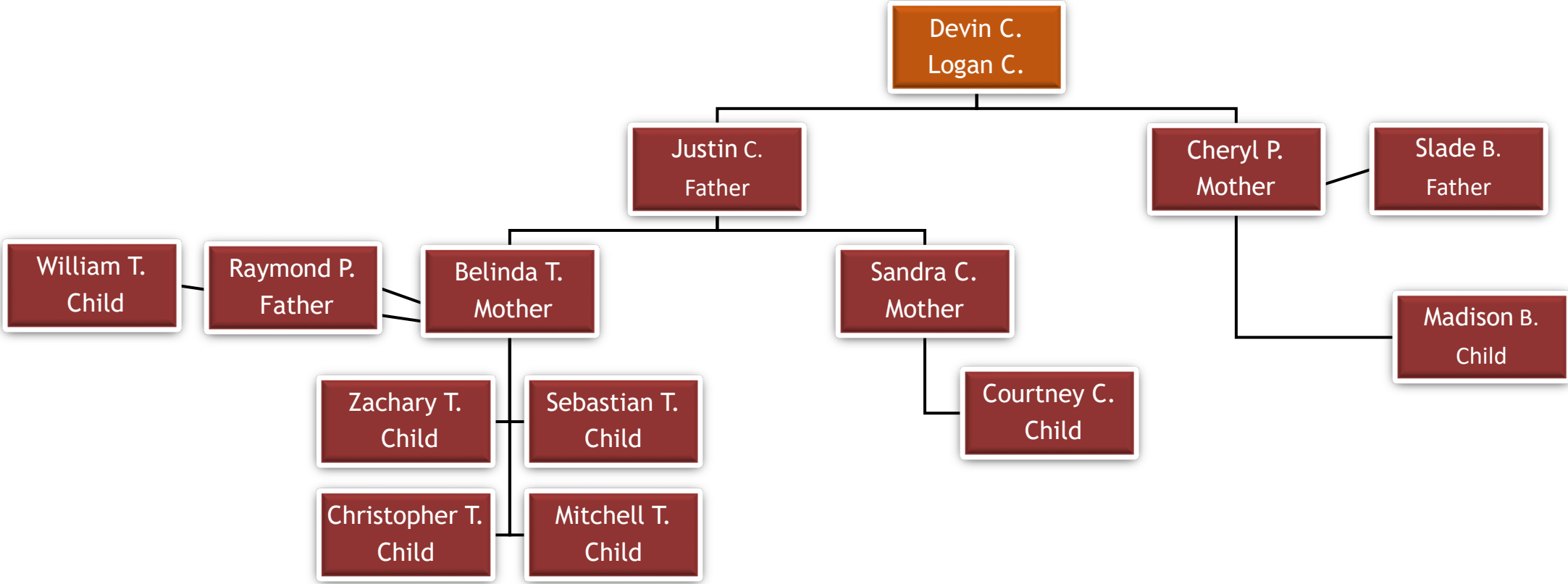


Complex Family
Trees

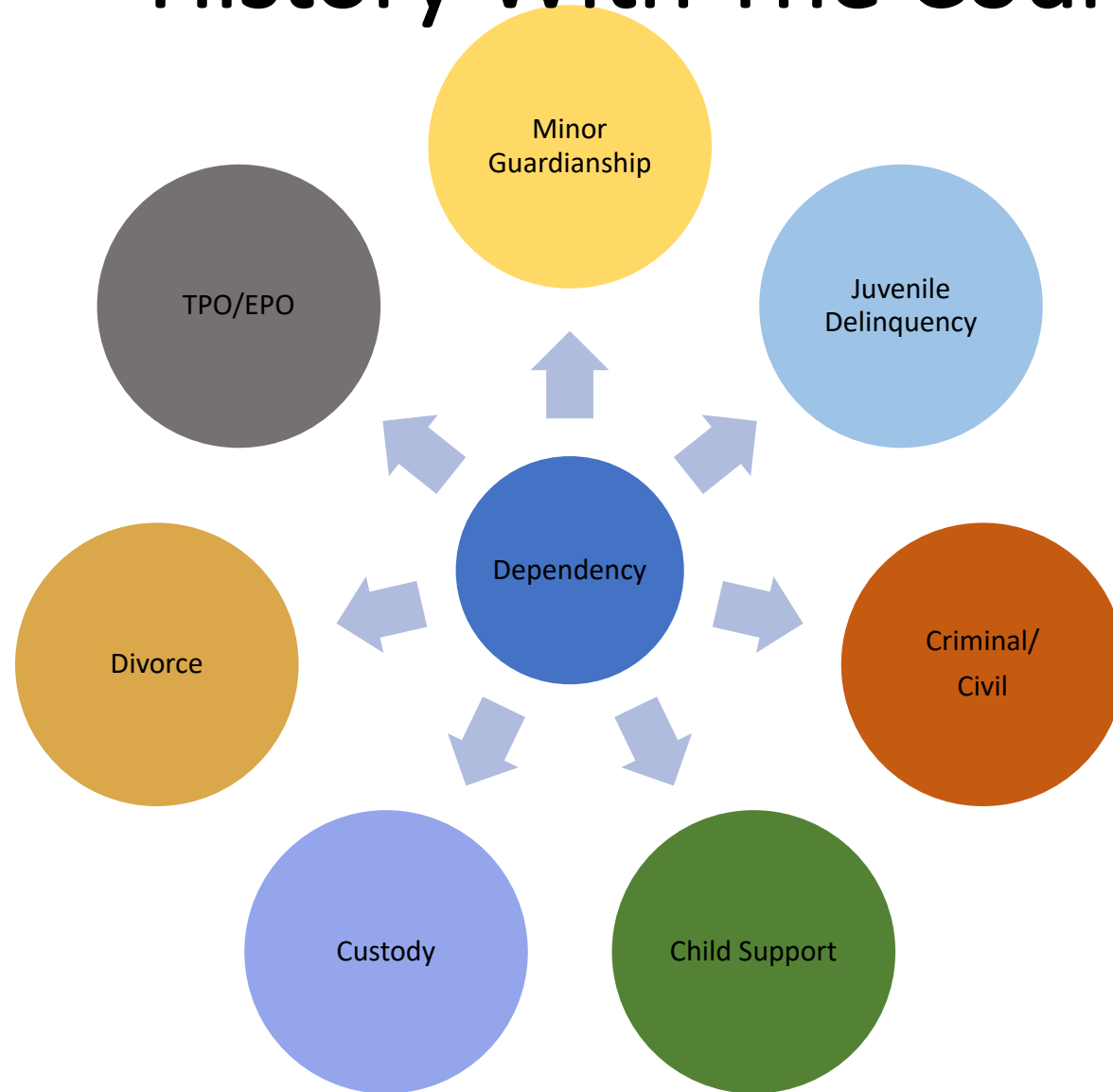
Involvement in
Multiple Open
Cases

Family History
with the Court

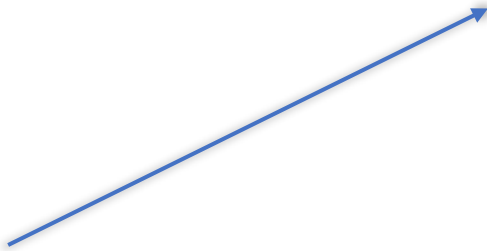
Complex Family Trees



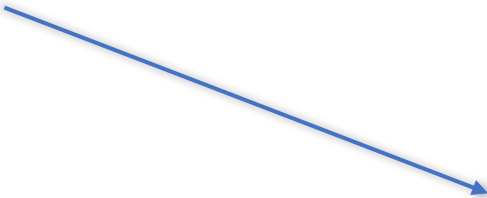
Involvement In Multiple Open Cases & Family History With The Court



What Inspired Us?



Complicated
System and
Processes



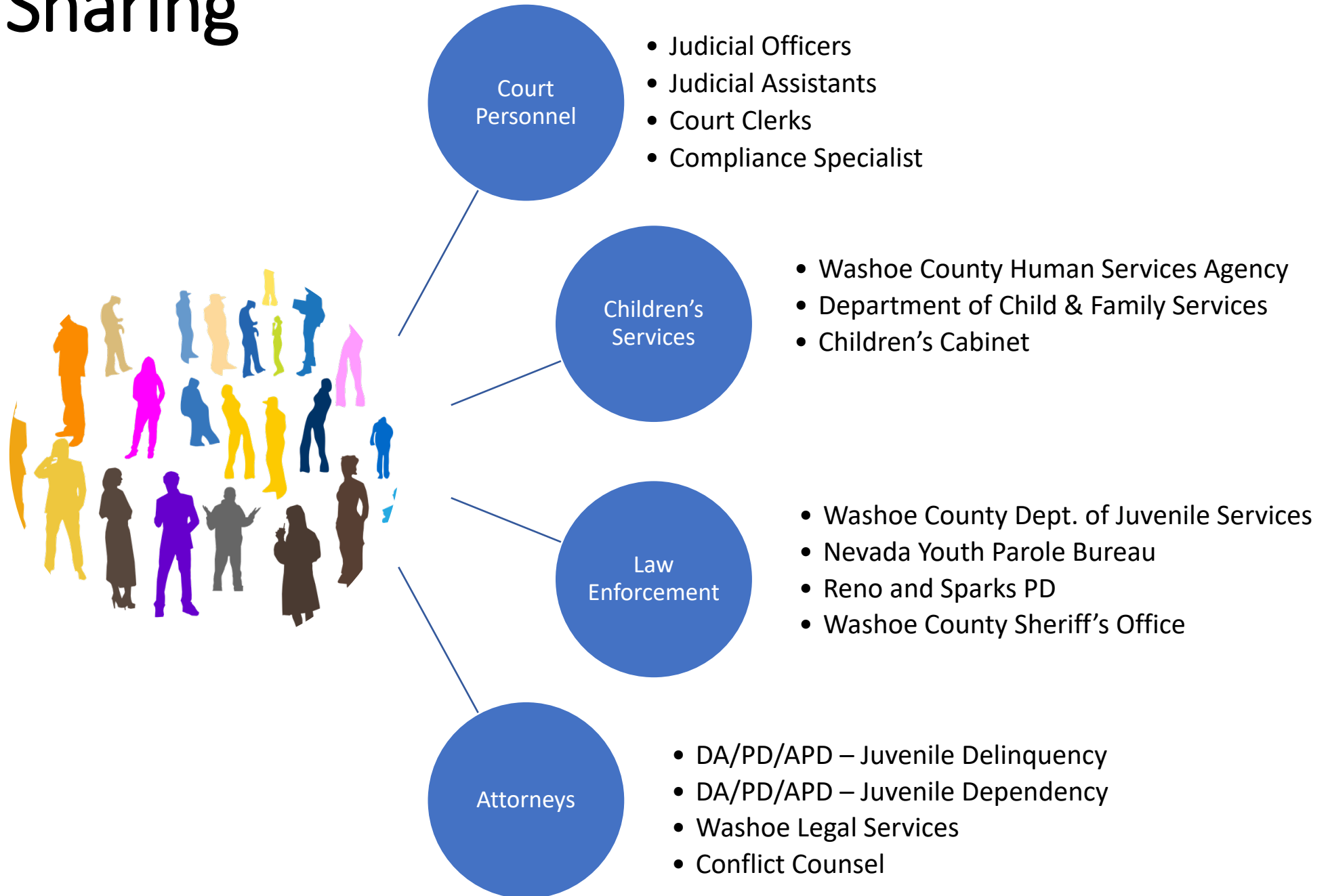
No integrated
source data

Complicated Systems & Processes



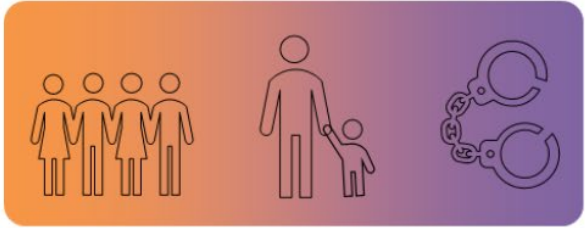
- Multiple Legacy systems
- Legacy systems do not communicate with one another
- One source of integrated information does not exist.

Manual Sharing



Envisioning The Change





Social Worker leverages INSPIRES to access connected data about Johnny and his family to evaluate his current environment prior to a home visit

MDT monitors Johnny and his family through various interactions, updating his case and sharing information through electronic collaboration. Johnny is able to return home in 8 months

Foster Parents collaborate with the MDT by providing updates on Johnny through the portal using their mobile device

Family through an external INSPIRES portal, Johnny's mom keeps the MDT updated on completing activities and providing supporting material to show progress on their plan for permanency

Judge makes a determination to place Johnny in foster care and have the MDT work with his family on a plan for returning home in 6-12 months

Social Worker uses assessment tools and AI bots in the field to assist in making a better informed decision on removing Johnny from his home

Public Defender accesses shared information in INSPIRES to prepare Johnny's case, collaborate with his MDT and negotiate with the DA

Court Administrator reviews Johnny's electronic case file in preparation for his hearing. Follows up with MDT to fill in any updates or missing information

Judge at the bench, reviews Johnny's holistic case summary in INSPIRES (evidence, education, temporary placement, etc.), along with details about his family and their related cases.



Design The Change



Design The Change

Business change enabled by technology



Silo'd Programs and Client Interactions




Data sharing and collaborative care and case management

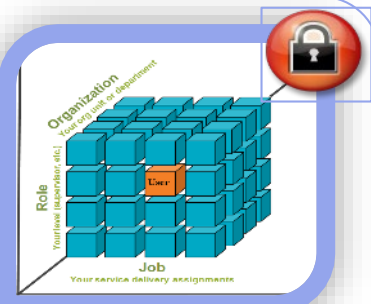
Design The Change


Business enabling technology built for incremental deployment

INSPIRES


 **Info Hub**


Secure hub with consent management allows customer data to be exchanged.



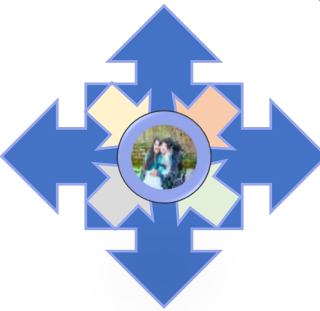
 **Portal**


User can access available information about their client via Portal



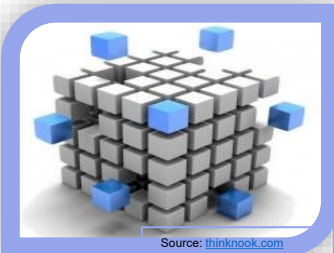
 **MDM**

Master Data Management enables information sharing among systems and across siloes



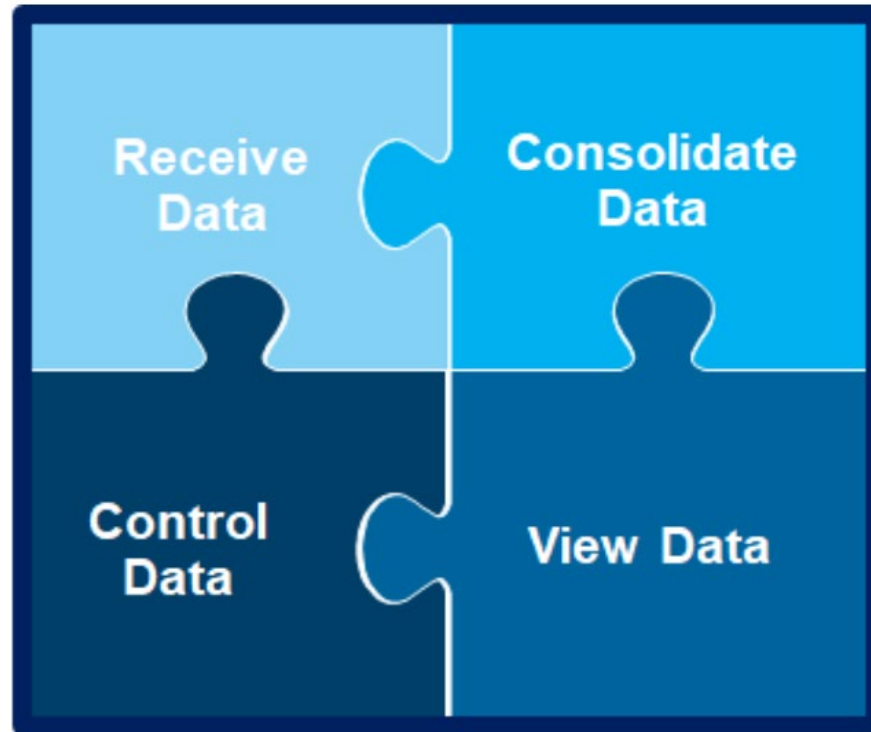
 **Analytics & BI**

Decisions can be made using collective data



Source: thinknook.com

Thought Process



Virtual Client Record

VCR Collapsed

Virtual Client Record: Cook, Alester ? ×

678 Street road 1st Cross , NEW, CA, 32190, 2/5/1941, 919-443-2116, Not registered in Watson Care Manager

⌵ Demographics Each of category is customized

⌵ Extended Demographics

⌵ Benefit Assistance Data - No Records Each of category is controlled

⌵ Justice Data

⌵ Substance Use Disorder Data - No Records Each of category is consolidated

⌵ Physical Health Data - No Records

⌵ Behavioral Health Data - No Records

⌵ Housing Data - No Records

Close

VCR Expanded

Virtual Client Record: Cook, Alester ? ×

678 Street road 1st Cross , NEW, CA, 32190, 2/5/1941, 919-443-2116, Not registered in Watson Care Manager

∨ Demographics

∧ Extended Demographics

MARITAL STATUS	IMMIGRATION STATUS	DATE OF DEATH
Single	Citizen	
ENROLLED IN SCHOOL	IS A HIGH SCHOOL GRAD	EMPLOYMENT STATUS
No	Yes	Part time (less than 35 hours)
NUMBER OF PAID WORK DAYS IN THE PAST 30 DAYS	ENROLLED IN JOB TRAINING	CURRENT LIVING ARRANGEMENT
10	No	Independent Living
NUMBER OF CHILDREN UNDER 18	NUMBER OF CHILDREN UNDER 5	PREGNANCY STATUS
5	4	Not pregnant
DUE DATE	CITIZENSHIP	CITIZENSHIP STATUS
2017-12-18	US	Citizen
VETERAN STATUS	TRIBE	VISA TYPE
No	Unknown	Citizen
SCHOOL NAME	EMPLOYMENT STATUS	JOB TITLE
Fordham	Employed as a bus driver	City Bus Driver
JOB START DATE	JOB END DATE	JOB END REASON
2001-08-13	2018-08-13	not applicable

[Close](#)

Care Plan Summary

The screenshot displays the IBM Watson Care Manager interface for a patient named Laurie Thompson. The interface is organized into several sections:

- Header:** "IBM Watson Care Manager" with navigation tabs for Summary, Plan, Programs, Data, History, and Team.
- Left Sidebar:** Patient profile for Laurie Thompson (Female, 64 years, Alerts (1)), a "Virtual Client Record" section, and contact information (Address: 55 St. Anns Road, Harrow, HA1 2XY; Phone: 014 7546 3010).
- Programs:** Lists "Cornerstone Program" (Status: Enrolled, Date: 05/25/2016) and "Transition of Care" (Status: Enrolled, Date: 02/08/2017).
- Assessments:** Shows a "PHQ-9 Depression" assessment with a score of 12, categorized as "Moderate".
- Notes Highlights:** Includes a "1 Month" filter, "All Highlights" (last updated on Sep 30, 2016), and categories like Anne Alton, Home Living Difficulties, Depression, Loneliness, and Divorce.
- Goals:** Lists various goals with progress indicators and dates: "Healthy Eating" (Good, 02/10/2017), "Diabetes Education" (Very Good, 02/10/2017), "Healthy coping mechanisms in place" (Average, 02/10/2017), "Alcohol Control" (Excellent, 02/10/2017), and "Medication Management" (Average, 02/10/2017).
- Barriers:** Lists "Transportation".
- Personal Budget:** Shows a total of 200 and a personal contribution of 30.
- Care Team:** Lists team members: Susan Brown (Care Coordinator), Dr. James Wilson (Primary Care Physician), Candice Parks (Psychiatric Social Worker), and Jean Thompson (Daughter), along with "Companion Care Community Service".
- Conditions:** Lists "Congestive Heart Failure", "Diabetes", and "Depression".
- Latest Utilization:** Shows "Discharged: Inpatient", "Total Health", "Disposition: Home", and "C/P Rt shoulder fracture post fall, dx fractured humerus S/P fall".
- Latest Touchpoint:** A section for the most recent touchpoint.

Breaking Down The Barriers



Learning Process



Nevada

- Managing Stakeholders expectations
- Myths about data sharing

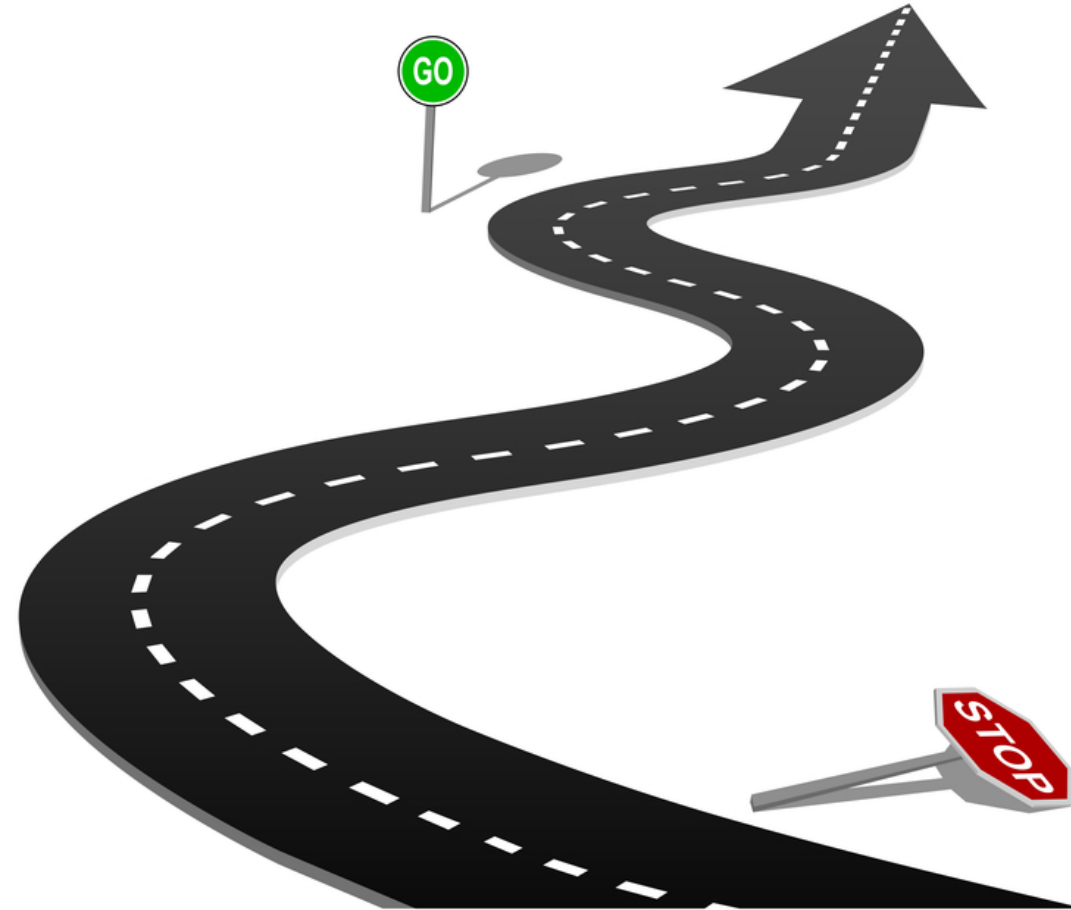
Shared Barriers

- Understanding everyone's business process
- Identifying common goals
- Challenges (including technical, functional, and legal)
- Building trust

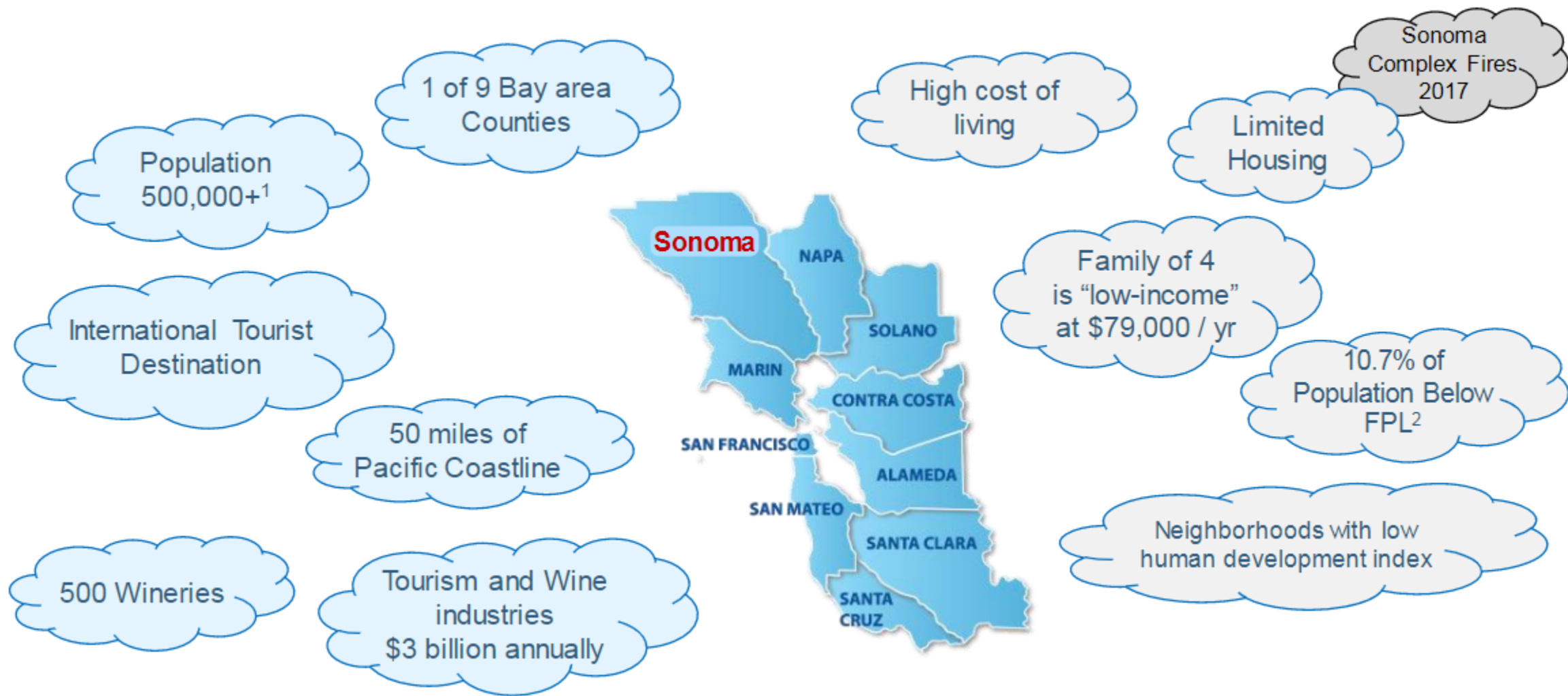
IBM

- Understanding the complications and adversities each source system to share their data.
- Understanding the business enough to verify that the system can address requirements.

Sonoma County Provided The Map



Sonoma County Profile

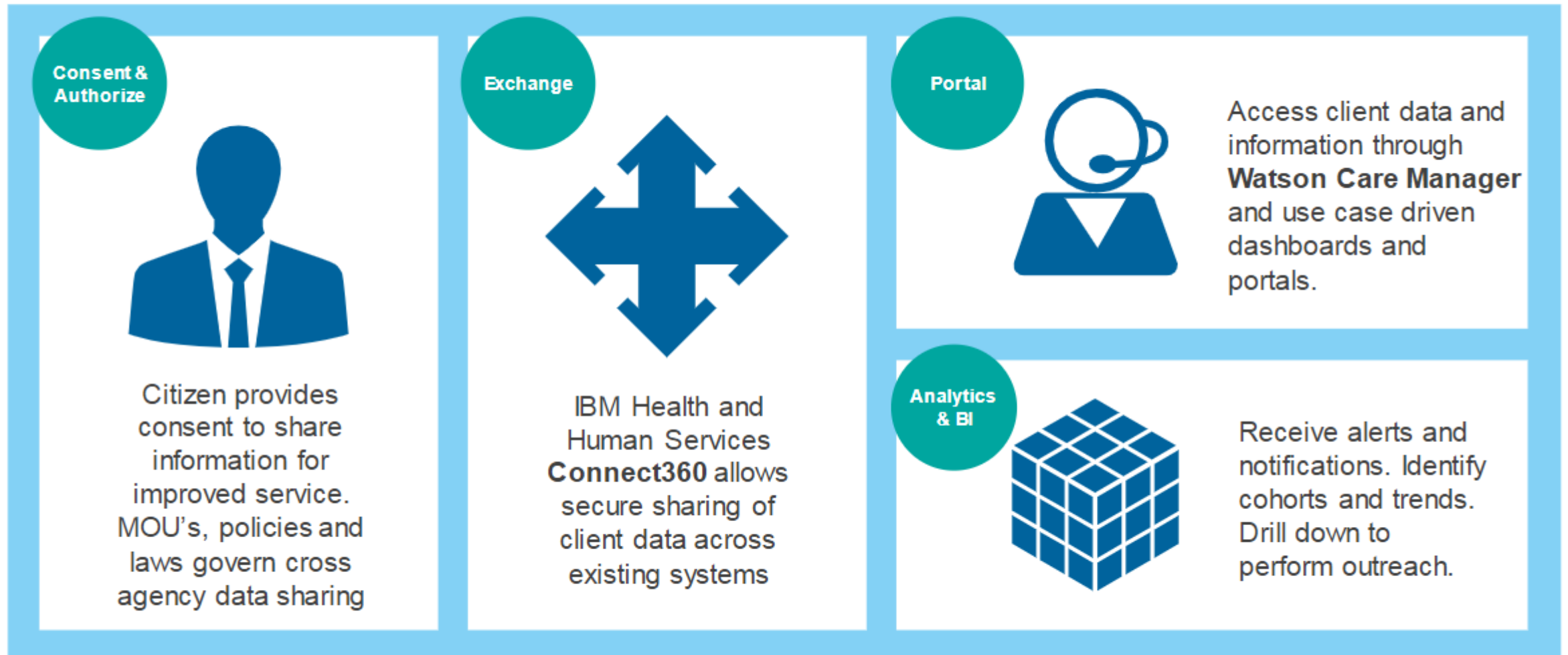


Committed to designing better coordinated service delivery

- Collaborate to provide care to shared clients
- Understand what services are being accessed in other departments
- Collaborate on creating an effective, efficient care management plan
- Working together on a client by client basis to provide holistic services for those in need



ACCESS Sonoma: Key elements of the integrated solution



Collaborate and manage cases by transcending traditional boundaries

Many clients face difficulty accessing and navigating across health, housing and social service programs and support systems

Meet Sandy Beech



Sandy is...



69 year old homeless woman



Physical and behavioral health needs



Fleeing domestic violence



Living in her car

Sandy often...

- Foregoes medical services
- Goes to sleep hungry
- Uses the Emergency Department as her first choice for her healthcare needs
- Struggles with Trauma and mental health issues

Sandy wants to...

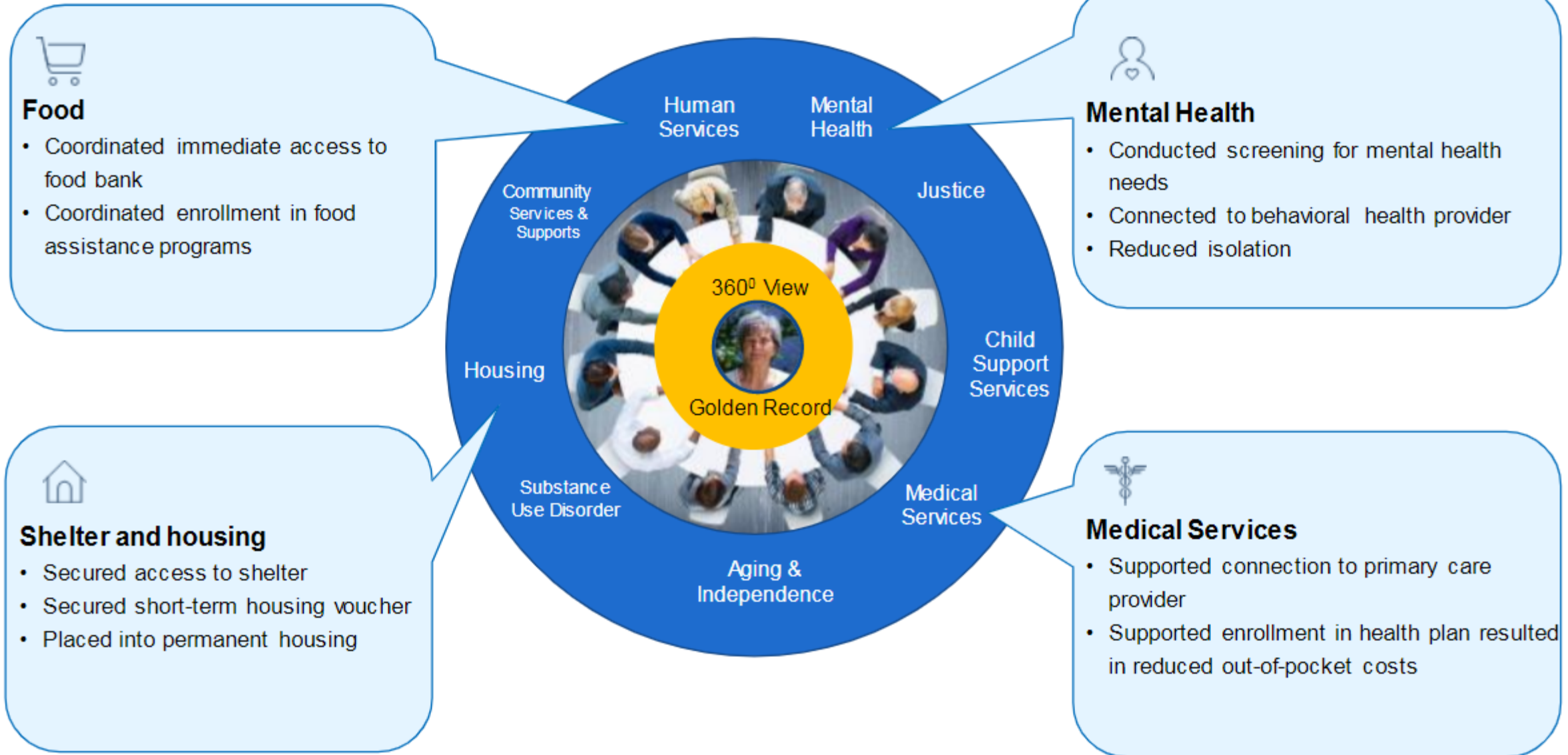
- Have a better life
- Be safe
- Find housing she can afford
- A care team that works together

Prior to ACCESS Sonoma the pathway to services was complicated and siloed

Client's pathway to services ...



Services tailored to Sandy – and more



Better solutions mean better outcomes and a Path Forward



Initial cohort

Included victims of the Sonoma Complex fires

- **74 clients** with complex multi-dimensional needs
- **34 clients** increased stabilization: housing improvements, increased services, multi-disciplinary team collaboration



Ongoing

- **50 clients** actively worked by the multi-disciplinary teams
- New cohort focusing on high need homeless populations with serious and persistent mental illnesses and other co-occurring conditions is being identified for the next round of implementation – **goal is 300 by year end**



Operational Efficiencies

- Reduced duplication of services and improved workflow efficiencies through CalFresh and Medi-Cal applications
- Warm handoff reduces likelihood of dropping off
- Increased awareness of services and programs offered by other departments
- Reduced recidivism in systems
- All service providers able to get all related case information in one meeting (IMDT) rather than tracking down information from multiple sources
- 360° view for service providers improves work quality and satisfaction – more efficiencies and better results



Client Improvements

- Clients linked to primary care, reducing ED utilization
- Extended temporary sheltering and achieved permanent housing more efficiently
- Being sheltered increased contact with staff, building relationships and trust and effectiveness of contacts
- Simplified access to programs across departments, reducing stress and burden



Sonoma County is sharing best practices with other California Counties with vulnerable populations and that have experienced increased burden from wildfires

Be the Change



Vision



- »» What we hope this system will do for our society as a whole
- »» What we hope to our society gets out of this system
- »» Hopeful attitudes

Questions?

