



REPORT

# *Better care together*

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THE CAMDEN COALITION'S 2021 ANNUAL REPORT



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*On the cover: Coalition staff member Maritza Gomez is joined by Community Advisory Committee members Michael Jackson, Cisily Brown, and Miguel Rodriguez (l to r) for community vaccine outreach.*

\*All photos contained in this report were taken with the explicit consent of the subject.





Camden Coalition staff participating in a conga line.



Care team member at a home visit with a program participant.

# A message from our CEO, Kathleen Noonan

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At our 2019 national conference, I discussed the idea of ecosystems of care and made an analogy based on my early training in child development. At that time, many of the organizational partnerships necessary to build equitable ecosystems of care were still early in their development — we were organizations working alongside each other, the way toddlers play side-by-side, but not *with* each other (this is called “parallel play”). We were not, I said, truly working and building together, with all of the problem-solving and collaboration that this would entail (when children do this, it is called “cooperative play”).

We envision a mature and equitable ecosystem of care that is composed of diverse, cross-sector organizations, where collaboration is routine, and all participants understand that their collective efforts are essential to the goal they are trying to accomplish. In this evolved and advanced ecosystem, participants and their organizations understand their role and the practice and policy norms that accompany them, there is a clear governance structure, and, importantly, there is a palpable sense of group identity. Unfortunately, this is nearly impossible to find in our health and social care systems today.

And yet, despite the immeasurable loss and grief that has been wrought by COVID, in 2021 the pandemic also brought more collaboration than any of us at the Coalition have ever experienced. For a moment, we moved to “cooperative play.” Partners that typically worked in parallel (us included — we must all admit the part we play in the fragmented ecosystems we participate in) came together — and still do — for a weekly meeting convened and hosted by Cooper University Health System in partnership with the Camden County Department of Health, that includes state government, local colleges and universities, and smaller community-based organizations.

The role of the Camden Coalition, one of many partners at the table, is facilitated and supported by our designation at the beginning of 2020 as one of New Jersey’s four Regional Health Hubs. This legislation positioned us to act in a bridging role between the New Jersey Medicaid Office, the state Department of Health, our region’s Medicaid recipients, and the organizations and institutions that serve them. As you’ll read on page 5, our status as a Regional Health Hub has been critical to our ability to support the mounting of a community-wide COVID response centered on the needs of Camden’s most vulnerable residents.

I have also heard from colleagues across the country about new partnerships that developed out of necessity in response to the COVID crisis. These are the types of partnerships that must be commonplace if we are to have the equitable ecosystems of care that our country so desperately needs. The good news is we have the tools to do this; most of us learned a long time ago what it takes to collaborate: how to come up with group norms and rules, design and define roles and responsibilities, and figure out what to do when someone feels like things aren’t fair.

Things aren’t fair in healthcare. We know that. It is time to change that by redoubling our efforts in building equitable ecosystems of care in communities across the country.

Sincerely,



A handwritten signature in blue ink that reads "Kathleen Noonan".

**Kathleen Noonan**  
CEO, Camden Coalition

# COVID response: A complex care ecosystem in action

**Just six weeks after a bill naming the Camden Coalition one of four Regional Health Hubs was signed into New Jersey state law, the COVID-19 pandemic hit Camden.** As a Regional Health Hub, we already had some structures and funding in place to respond to this crisis in concert with state and county agencies, local health systems and nonprofits, and community leaders. Our existing partnerships and intermediary position as a Regional Health Hub enabled us to react quickly and nimbly, pivoting from testing and education to vaccination and local outreach. The pandemic also demonstrated the value of the Regional Health Hub model in quickly and efficiently distributing federal funds into the community as we were able to distribute some of the CARES Act funding we received to smaller nonprofits in our region who were critical to our joint outreach effort.

## ***Fighting misinformation and building confidence***

In the fall of 2020 before the COVID-19 vaccines were available in Camden, we launched a survey to learn about community members' attitudes toward vaccines. We followed that up with a survey for local healthcare providers on their vaccine education practices and whether they felt prepared to address vaccine hesitancy among their patients.

The results of these surveys informed the guide [Talking to patients about the COVID-19 vaccines](#). Along with accurate information about the vaccines, the guide describes how presumptive language, motivational interviewing, and therapeutic use-of-self can be used to drive connection and resolve ambivalence among vaccine-hesitant individuals. Starting in April 2021, after receiving valuable input from our Board's Quality Committee, we delivered a series of trainings on building vaccine confidence. These trainings were initially

open to local providers and clinical staff members, and were then opened up: first to healthcare and social service staff in New Jersey, and finally to healthcare and social service staff across the country.

In January 2021, our Medical Director Dr. Jubril Oyeyemi began filming a series of short videos addressing common concerns he had been hearing about the COVID-19 vaccines. The video series continued throughout the year and was shared widely over social media.

## ***COVID Community Ambassadors: Trusted messengers***

The COVID Community Ambassadors program launched in February 2021 with the goal of empowering Camden community members to play a central role in community outreach and education about COVID testing, contact tracing, and vaccination, as well as the availability of healthcare and social service resources.

The Community Ambassadors program was created as a way to address misinformation, myths, and fears about COVID in the community. Ambassadors are members of our Board's Community Advisory Committee and are compensated for their time, effort, and expertise. As trusted messengers, Ambassadors use their lived experiences to build trust and connections with other community members, and thus are able to effectively do outreach to share important and accurate COVID information with others, such as the importance of getting vaccinated. Using vaccination rate and case count data from the NJ Department of Health (NJDOH), Ambassadors target specific neighborhoods for outreach; attend community meetings and events; participate in public speaking and advocacy opportunities, including presenting at

# 7,200

*vaccine administrations were supported by the Camden Coalition in 2021*

# 99

*pop-up vaccine events were staffed or supported by the Camden Coalition*

# 1,400

*calls were made by staff over one week to schedule South Jersey residents for appointments at the FEMA-run mass vaccination site*

# >360

*frontline staff were trained in addressing vaccine hesitancy*



our national conference (see page 21); and canvassing door-to-door.

Ambassadors have the opportunity to meet with government agency officials and share information they are hearing from community members. For example, even though photo identification was not supposed to be required at vaccination sites, many sites asked for it. Feedback from the Ambassadors supported additional efforts by the state to ensure that vaccine sites knew ID could not be required.

### ***All hands on deck to get Camden vaccinated***

Throughout 2021, we worked tirelessly to ensure that those most at-risk of contracting the COVID virus in our community were able to access the vaccine. In March, over a third of our staff volunteered to make calls to sign eligible community members up for appointments at a two-week-long, FEMA-run mass vaccination site.

After the mass vaccination site closed, we took the vaccination effort into the community, co-hosting pop-up vaccine events with our local partners. These pop-ups were held in schools, churches, community events, and at a local mall through our partnerships with the NJ Department of Health, local health systems, federally qualified health centers (FQHCs), and pharmacies. Continuing our “all hands” approach, staff from our finance, human resources, and facilities teams walked alongside our clinical and community engagement teams in Camden as we went block-to-block and door-to-door to get people vaccinated.

“ At the end of the day, the most gratifying marker of success is getting shots in arms.

— **Victor Murray**, Senior Director of Community Engagement and Capacity Building, Camden Coalition

“ The Camden Coalition is a major supporter of everything that happens in the community, and a major supporter of our battle against COVID-19.

— **Miguel Arriaga**, owner of Miguel's Pharmacy

To incentivize vaccination, we provided gift cards, ice cream, and food while Coalition nurses administered vaccines, non-nurse staff filled out paperwork, and our Accountable Health Communities navigators (see page 15) helped connect residents in need to social services and community resources. Our community engagement staff and COVID Community Ambassadors (see page 5) went door-to-door throughout Camden to encourage residents to get vaccinated.

By late October 2021 we reached an important benchmark: 70% of adults in Camden had received at least one dose of the vaccine — a 20+ percentage point increase from July. To celebrate, Coalition staff participated — with masks on — in a socially distant conga line through the office.



Camden Coalition staff at a pop-up vaccine event.



A Camden Coalition nurse gives a COVID-19 vaccine shot at an event in a local school gym.

“

[COVID Community Ambassadors] help create a better quality of living in neighborhoods suffering from inaccurate information that causes a domino effect of fear. The Ambassador work instills leadership, awareness, and education — values that bring forth positive changes.

—**Cisily Brown**, Community Ambassador, Community Advisory Committee member, and National Consumer Scholar alum



Twin girls get ready to get vaccinated at a community event.



# Teaching & training: Helping providers deliver better care

## ***New Camden Coalition Learning Center hosts online courses on complex care***

In 2021, we launched the Camden Coalition Learning Center, a new hub for online courses that support complex care learning and practice. While we have long been a teaching and training organization, the Learning Center will allow individuals and teams to access our training without needing an organizational technical assistance contract or established partnership.

The first course available on the Learning Center teaches frontline staff how to implement our COACH framework. Through the virtual, instructor-led course, called *COACH: Moving out of the “fix it” framework towards sustainable change*, frontline staff learn how to act as empowerment coaches for patients and clients, enabling the co-creation of individualized care plans focused on individuals’ long-term goals. The course offers interprofessional continuing education units (CEUs), and launched in January 2022.

In 2022, we will add an instructor-led course on RELATE, our framework for reflective supervision. We are also currently working with an advisory committee to develop a comprehensive curriculum based on the complex care core competencies which we hope will enable providers to be formally certified in complex care. The core competencies curriculum is being funded by Kaiser Permanente, The SCAN Foundation, and the Robert Wood Johnson Foundation.

Access the Camden Coalition Learning Center at [www.courses.camdenhealth.org](http://www.courses.camdenhealth.org).

## ***New toolkit helps educators and managers teach and train the complex care core competencies***

In 2020, we released the complex care core competencies, a set of necessary knowledge, skills, and attitudes for frontline complex care practitioners regardless of discipline, profession, or sector. A year later we released a comprehensive toolkit designed to help educators and managers teach and train their students and teams in the core competencies.

“Implementing the core competencies: A toolkit to guide education and training” includes key considerations for

## **What is COACH?**

COACH is a framework of techniques and tools designed to help care team members engage, empower, and build authentic healing relationships with individuals with complex health and social needs. The Camden Coalition has found that authentic healing relationships are crucial to our clients meeting their goals, building self-efficacy, and creating sustained behavior change.

### **COACH stands for:**

**C:** Create a care plan

**O:** Observe normal routine

**A:** Assume a coaching style

**C:** Connect tasks with vision and priorities

**H:** Highlight progress with data

Learn more about the COACH framework at [www.camdenhealth.org/the-coach-model](http://www.camdenhealth.org/the-coach-model).

teaching and training complex care, publicly available educational resources organized by competency, and case studies and questions to prompt role plays or discussions.

## ***Standardizing training and certification for CHWs in New Jersey***

In May 2020, we began work with the New Jersey Department of Health and a group of NJ employers and community colleges to launch the state’s first-ever community health

“ The CLG-CHWI experience was great. It helped me better understand trauma-informed care and provided more insight into the community health worker role.

— **Dottie Scott**, *Community Health Worker for Care Management Initiatives at the Camden Coalition*

worker (CHW) institute. The Colette Lamothe-Galette – Community Health Worker Institute (CLG-CHWI) provides standardized education and recognized certification for community health workers using an apprenticeship model. The Institute will allow NJ to develop a workforce of highly trained CHWs who can advance health outcomes for communities throughout the state.

We contributed our education expertise to the institute, helping to shape the curriculum to be patient- and community-centered, with a focus on equity and trauma-informed care. County colleges from Camden, Essex, Ocean, and Mercer provide 144 hours of classroom instruction to students before they receive 2,000 hours of on-the-job training with an employer partner. Three of our existing Camden Coalition CHWs enrolled in the program, graduating in the summer of 2021.

### **Supporting statewide complex care initiatives**

As state Medicaid programs begin to incorporate more elements of complex care into their coverage, our Camden Coalition technical assistance (TA) team is working to ensure that health systems, managed care and accountable care organizations, and others are equipped to provide the whole-person, patient-driven care that these new policies require.

In Massachusetts, we are part of the **TA marketplace** for MassHealth, Massachusetts’ Medicaid program. We are currently working with two community-based organizations and one behavioral health provider in the state, training their providers in our COACH and RELATE frameworks, and working

with their leaders and clinicians on developing complex care interventions and ecosystems in their communities. Camden Coalition staff also served as technical advisors to an 18-month, statewide learning collaborative focused on improving integrated care planning between community-based care management services, primary care practices, and Medicaid accountable and managed care organizations in Massachusetts.

In California, we are excited about the opportunities presented by the new **CalAIM initiative**, which is the largest at-scale complex care experiment in the country. CalAIM will shift MediCal, California’s Medicaid program, to a person-centered, population health approach that provides coordinated care and addresses social drivers of health. We will be working closely with our current partners in California, including Adventist Health, Kaiser Permanente, and Providence, to ensure that their providers are trained to deliver what CalAIM calls “enhanced care management,” – high touch, community-based, person-directed, comprehensive care management – and that their systems are prepared to connect patients with “community supports”— essential non-medical services such as housing, day programs, personal care services, and medically tailored meals.



A Camden Coalition community health worker celebrates her graduation from CLG-CHWI.

# Care interventions: Providing whole-person care rooted in authentic healing relationships for individuals with complex health and social needs

## *Strengthening care management and care planning*

The 2020 publication of a randomized controlled trial evaluating our Camden Core Model, as well as the disruptions caused by the ongoing COVID pandemic, gave us the opportunity in 2021 to focus on improving and innovating our Core Model and other high-touch care management programs.

### **Evaluating our COACH framework**

For several years, our data team has been working with the Children's Hospital of Philadelphia's PolicyLab to develop and refine a tool to help us evaluate our Core Model's fidelity to our COACH patient empowerment framework. Scheduled to be finalized in 2022, the tool will help us establish a baseline understanding of how COACH is being applied in real time by our care teams, as well as to get feedback from the care teams on the tool's relevance and usefulness.

When the pandemic began in 2020, many of our care management workflows shifted from in-person to telephonic. We adapted the COACH fidelity tool to incorporate this new mode of patient care and subsequently launched a second pilot to ensure that it accurately reflected the updates made to the model. Throughout 2021, we have refined the tool by testing it through our Neighbors in Health and other care management pilots (see page 11).

The finalized COACH fidelity tool will allow us to build an evidence base for the effectiveness of COACH and reliably measure the quality of implementation. This will be useful for our work in New Jersey as well as at other sites around the country where the COACH framework is implemented.

### **Improving care planning with data**

One way to improve care planning is through better data integration and visualization. In 2021, our program and data teams collaborated to update our care-planning software, TrackVia, in order to bridge the gaps between our patient workflows and the data we capture.

The restructured software allows for unified triage, intake, and monitoring across all programs so that information doesn't get siloed within one team. This will allow members of our care teams to easily check eligibility and share insights across programs so that our patients get timely access to all the supports they need. It also allows team members to connect each patient goal to its associated domains of care, participant interactions, and staff time. This improves case conferencing, allowing care team members to better communicate the winding path of progress toward goals.

The revamped software will be rolled out in 2022 across all of our care management programs, including the Camden Core Model.

# 278

*patients enrolled in the Neighbors  
in Health pilot in 2021*

# 53

*referrals were received for  
colorectal cancer screening  
navigation*

# 108

*patients received legal  
assistance through our  
Medical-Legal Partnership*



## **Lowering barriers to colorectal cancer screening in Camden County**

Getting a colonoscopy can be an unpleasant experience for anyone. Along with the discomfort associated with the procedure, we've found that widespread stigma, social barriers, and systemic challenges such as a complicated scheduling process make accessing screening for colorectal cancer even more difficult for many, contributing to a lower than average screening rate in Camden County.

In 2021, we partnered with Northgate II, a Fair Share Housing Development building in Camden, to provide wraparound colonoscopy support through a community health worker- and nurse-led intervention. Patients who are referred to us through partnering health systems and clinics across Camden or are residents of Northgate II receive help for their colonoscopy screening — including scheduling appointments, education on what to expect, support for prepping for the test, transportation to and from appointments, and translation services. In certain cases, we also provide funding to assist with the cost of the procedure or medication.

In order to combat stigma and increase awareness, we will be launching a messaging campaign in 2022, working with members of our Community Advisory Committee and members of the Northgate II Resident Advisory Board who have had colonoscopies to share their stories and experiences with others through community events and social media.

## **Providing care management for Medicaid patients in Camden**

In 2021, we continued our work with Medicaid managed care organizations (MCOs) in South Jersey to provide care management for their patients with complex health and social needs.

We provide care management to Horizon Blue Cross Blue Shield New Jersey's Camden patients through their state-wide Neighbors in Health program. We connect them to resources within four domains — daily life, health behavior, psychosocial support, and health system navigation — in partnership with a personal health assistant from Horizon. Each patient is engaged for a period lasting at least two weeks to as long as six months, depending on the complexity of the care they need.

## **Camden Core Model named “exemplar” in Future of Nursing report**

What does the future of nursing look like?

According to the National Academy of Medicine, a lot like our Camden Core Model. In the June 2021 consensus study entitled “Future of nursing 2020-2030: Charting a path to achieve health equity,” our signature care management model for individuals with complex health and social needs was highlighted as an exemplar nurse-led model.

The Future of Nursing report notes our focus on authentic healing relationships between patients and care team members, the COACH framework we created to facilitate those relationships, and our emphasis on recruiting nurses from the local community as keys to our success.

Read the full report at

<https://nam.edu/publications/the-future-of-nursing-2020-2030/>

## **Why we have attorneys on the care team**

Our Medical-Legal Partnership (MLP) with Rutgers Law School helps participants enrolled in our care management programs resolve the legal matters that affect their health and well-being. We embed attorneys within the care team to provide support with landlord-tenant disputes, accessing government benefits, child support issues, and more. Access to the Camden Coalition Health Information Exchange (see page 18) allows our MLP attorneys to better advocate for benefits like SSI, SSDI, and unemployment, and to document medical reasons for missed court dates.

Other MLPs do not assist participants with criminal matters or in resolving court-issued fines and fees, which can start as civil in nature but may land a person in jail for failure to pay. In Camden, however, fines and fees became a focus of our MLP team's work as they saw how fines for minor infractions turned into arrest warrants for patients unable to pay, jeopardizing their health and well-being. The report ["Why inequitable and burdensome court-issued fines and fees are a health issue — and what health leaders can do about it"](#) provides lessons for both providers and policymakers to ease the burden of fines and fees on individuals with complex health and social needs. The report's publication coincided with a commentary posted on the Health Affairs Forefront blog entitled ["Court-issued fines and fees frequently undermine health equity."](#)

In 2021, our MLP expanded its scope to begin working with patients that were screened for social needs through our Accountable Health Communities (AHC) program (see page 14). Through this expanded scope, they were able to assist 108 South Jersey residents fight evictions, maintain their incomes, resolve custody disputes, and more. As laws around housing and eviction changed rapidly throughout the year, MLP attorneys ensured that our AHC navigators always had the most up-to-date information to share with patients.

In 2022, a new Rutgers Law School Maida Fellow will bring a focus on addiction medicine to our MLP work.

## *Regaining stability after COVID*

Brittany told our Accountable Health Communities (AHC) navigator that she had not had a source of income after being hospitalized with COVID-19, and being told by her job that she had to quit to get unemployment benefits. Taylor, our navigator, knew this wasn't right, and referred her case to our Medical-Legal Partnership.

Brittany had meticulous documentation of her hospital stays as well as notes from her primary care provider and physical therapists. She was so organized that she created a PowerPoint timeline that detailed her medical visits, unemployment application dates, and correspondence with the unemployment office and her former employer. Our MLP attorneys supported her in filing an appeal for unemployment benefits, and our AHC team helped her apply for SNAP and temporary disability benefits while she waited for her court date. Our MLP team represented Brittany in court through the appeal.

After several weeks of waiting, **Brittany was awarded \$23,000 in back unemployment.**

"It would not have been possible to remain sane without the help of this organization," says Brittany. "The compassionate interactions coupled with extensive knowledge and crucial connections have been the sweetest combination for my healing process from long COVID. Thank you so much for being angels."

*"Thank you so much for being angels"*

"Brittany feels that she has taken back control of her life, and as her community health worker, it is immensely rewarding to be a part of that experience," says AHC navigator Taylor Brown.

# Spotlight on the Housing First men's support group

Our Housing First men's support group began in 2018 as a way to bring individuals with shared experience together for solidarity and mutual support. The group gained extra importance during the pandemic, as our Housing First participants struggled with isolation as the day programs they relied on for social connection closed, and once re-opened, only offered limited hours. Even over Zoom or phone, the weekly support group provided an anchor for the core group of men who attend every session.

Every week Brian Thompson, Camden Coalition Housing Coordinator and facilitator of the support group, sends out a reminder and a potential discussion question for feedback. Sometimes the group decides on the question, sometimes they'd rather have a more open-ended discussion. "We talk about our challenges and troubles, but also our wins," says Brian. "It's always productive, there's lots of love, and we always uplift and support each other."

"Before this I had no positive role models," says E, one of the support group participants. "I go through things on a daily basis when it comes to my self-esteem, and it's always good to have someone to give good advice. They don't tell me stuff I want to hear; they tell me stuff I need to hear."

Along with the challenges each participant faces in their own life, the group has had to contend with internal losses as well. "At the beginning of the year one of our core guys passed away," says Brian. "The group came together to highlight and honor him, and celebrated his life. Seeing all the guys want to participate in that solidified why it's so important to do this work."

**The support group has also become a pipeline to leadership within the Camden Coalition, the Camden community, and the field of complex care.** All of the six core participants are involved in some combination of our Community Advisory Committee (CAC), COVID Community Ambassador, National Consumer Scholar, and/or *Amplify* programs. The two co-chairs of the CAC are both support group members. "Even though we're in the pandemic, I'm growing and doing new things because of what I've been doing with the Camden Coalition," says CAC co-Chair Jamal Brown.

"It's so special to be a witness to that transformation," says Brian. "It's a privilege to be allowed into their lives and to build these relationships that ripple outward — that's what it's all about."



Housing First support group member Andre Brown (L) with group facilitator Brian Thompson (R).



# Clinical redesign: Transforming systems to better serve those with complex health and social needs

## *Bridging the emergency department and behavioral healthcare*

Our 7-Day Pledge program, which ran from 2014-2019, demonstrated that adjusting workflows in order to prioritize connecting individuals to primary care within seven days of hospital discharge successfully reduced hospital readmissions. In 2021, we applied the same model of a citywide pledge among our Camden partners to create smoother transitions of care from the emergency department (ED) to ongoing mental health and substance use disorder treatment.

We partnered with Oaks Integrated Care, Cooper University Healthcare, and Virtua Health to launch this new Pledge to Connect program. We began by talking with ED staff, behavioral health providers, patients, and community members to better understand the existing gaps between the emergency department and outpatient behavioral healthcare.

Next, we launched two workflows — an in-person process for higher-acuity situations and a telephonic workflow for lower-acuity situations — to connect patients visiting the ED to appropriate outpatient services. We are currently working with our partners and peer liaisons to improve the quality of these workflows.

Next year, we will be expanding our data gathering by developing the capacity within the Camden Coalition Health Information Exchange (HIE) (see page 18) to capture and measure the prevalence of behavioral health-related social barriers and system failures. We will use this data to continue to build better workflows and processes for timely behavioral health referrals.

The problem of poor connection between emergency departments and behavioral healthcare has become a main focus of the NJ Department of Health's Quality Improvement Program - New Jersey (QIP-NJ). As a Regional Health Hub, we hope to be able to quickly translate the lessons from Pledge to Connect into state policies that improve behavioral health access across New Jersey.

## *Addressing social needs in South Jersey*

The Camden Coalition is one of 29 sites across the country selected by the Center for Medicare and Medicaid Innovation to implement the Accountable Health Communities (AHC) Model. We are working with practices in Camden, Burlington, and Gloucester counties to train their staff on screening patients for health-related social needs and navigating patients to the appropriate services.

The COVID pandemic made social-needs screening more critical than ever, and also forced us to shift from in-person to telephonic screening through 2020. In 2021, we returned to in-person screening at many of the participating practices. We also provided social needs screening and navigation at our COVID testing and vaccine sites across the city (see page 5). COVID-related needs remained high in 2021, with the need for housing surpassing food needs for the first time since we launched the program in 2017.

We were able to help South Jersey residents fight eviction by connecting them to housing assistance funds made available through the American Rescue Plan Act and legal support through our Medical Legal Partnership (see page 11). We referred individuals experiencing chronic homelessness to our Housing First program (see page 13).

**400**

*patients engaged through Pledge to Connect*

**10,610**

*screenings for health-related social needs completed in 2021*

**\$20K**

*in Food Bucks Rx coupons distributed*

The **Accountable Health Communities Model** tests whether systematically identifying and addressing Medicare and Medicaid beneficiaries' health-related social needs through screening, referral, and community navigation services impacts total healthcare costs and reduces inpatient and outpatient utilization. The Accountable Health Communities Model aims to identify and address beneficiaries' health-related social needs in the following core areas:

- *housing instability and quality,*
- *food insecurity,*
- *utility needs,*
- *interpersonal violence, and*
- *transportation needs beyond medical transportation.*

To combat food insecurity, we connect patients to food pantries and help them enroll in the federal Supplemental Nutrition Assistance Program (SNAP). In 2021, we were also able to distribute vouchers for fresh fruits and vegetables through Food Bucks Rx. We distributed \$17K in vouchers to Camden residents from January-October 2021.

The AHC program ends in April 2022. As part of our work strengthening the complex care ecosystem in South Jersey, we are working with the participating clinics to ensure that they can continue to address their patients' social needs once the program ends.

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## From social needs screening to new homes: Two stories from our AHC program

**"Tom"** is an older man who was connected to one of our Accountable Health Communities (AHC) navigators because he was experiencing homelessness and staying at a shelter in Camden. Tom wasn't able to connect to the city and state resources our navigator provided him with, so our navigator talked with Tom's caseworker at the shelter about assessing him for Housing First. Tom qualified for our Housing First program, and nine weeks later in mid-December, he moved into a new apartment. "He was extremely thankful and happy with both programs," says his AHC navigator, Melitza Beltran. "Now he won't have to worry about spending the day outside while the shelter is closed and can focus on his health and work."

**"Mariah"** was evicted from her home and was couch-surfing with her three young children, all while working

and going to school simultaneously. "When I connected with Mariah, I noticed how stressed she sounded," says Ashley Serrano, one of our AHC navigators. Ashley tried to connect Mariah with local shelters, but since Mariah was not receiving cash assistance, the shelters were unable to help her.

Ashley helped Mariah complete an emergency housing voucher application, and one month later Mariah was approved for a Section 08 voucher for a four bedroom house. A month later, she and her children moved into a beautiful home. "She almost started to cry because she was so happy," says Ashley. "I was so excited for her." Ashley and her team will continue to follow up with Mariah to make sure that she and her family have all the assistance they need to thrive.

### *Training addiction navigators across New Jersey*

Since 2019, we have trained and supported substance use navigators throughout New Jersey through the state's Office-Based Addiction Treatment (OBAT) program, Support Teams for Addiction Recovery (STAR) program, and Opioid Overdose Recovery Program (OORP). These programs were created to connect individuals with substance use disorders to evidence-based addiction care, using navigators as integral members of the care team.

In 2021, we continued to train navigators in harm reduction and in COACH, our patient engagement framework. We also held virtual skills labs on topics like trauma-informed care and patient-centered hepatitis C navigation. In addition, we hosted regular support events where navigators and case managers from across the state can share barriers and resources.

As we talked with primary care offices interested in joining the OBAT program, we discovered that a major barrier was difficulty understanding the process for billing for navigator services through different Medicaid managed care organizations (MCOs). In 2022, we will continue working with the New Jersey Medicaid Office and the MCOs to ensure that documents, marketing materials, and stated requirements across insurers are aligned and up-to-date.

### *Connecting pregnant people to the care they need*

Camden was one of ten initial cities selected in 2019 for the Safer Childbirth Cities program by Merck for Mothers and a group of New Jersey funders that included The Nicholson Foundation, the Burke Foundation, and the Community Health Acceleration Partnership. The program aims to lower pregnancy-related mortality and morbidity, and to reduce racial disparities in pregnancy-related health outcomes.

## **Training in curiosity**

When Kathryn Quinn, Practice Manager at Genesis Addiction and Behavioral Medicine, realized that she wanted to work more directly with the patients she sees at her practice, she decided to train to become an office-based addiction treatment (OBAT) navigator.

Kathryn started our OBAT navigator training in the summer of 2021, and found that tools like motivational interviewing represented a “hit-you-in-the-face shift” from how she had previously been interacting with patients. “It made me aware of how hard it is sometimes to just be curious and stay out of thinking I know what the problem is and here’s how to fix it,” she says. “The trainings and presenters were amazing —intelligent and compassionate and just so good at what they do.”

Our work in Camden has focused on connecting pregnant people with the services they need: prenatal care, options counseling, abortion services, and social services and benefits. This year, in partnership with five health systems, clinics, and community-based organizations in Camden, we co-designed and introduced a prenatal care initiation workflow that uses the Camden Coalition Health Information Exchange (see page 18) to identify individuals who are early in pregnancy and not yet connected to care. From August-

# 400

*people trained and supported in addiction treatment navigation*

# 1,107

*pregnant patients identified through Safer Childbirth Cities*

# 364

*pregnant patients scheduled for pregnancy-related appointments*



December, 1,107 people were identified and 364 connected to care.

Each site receives a \$10K patient cost budget, which they can use flexibly to address the barriers to care that their patients are facing. Sites have used this money for patient transportation, supplies, childcare, and more. We also meet with sites monthly to uncover system barriers and brainstorm solutions. One issue highlighted has been the need for better guidance and follow-up care for patients experiencing miscarriages.

Maternal health is a major priority for New Jersey. In 2022, we will continue building more structured referral mechanisms so that pregnant people across our region can get connected to the care and services that they need when they need it.



A participant in a Camden Coalition maternal health program with her new baby.



A mom brings her young child to a community vaccine event.



Camden Coalition staff table at the 2021 CCSNJ Regional Economic Perspective: Camden County.

# Connecting data: Using data to identify and engage patients with complex health and social needs is the foundation of our work.

## ***Expanding shared data from South Jersey to Southeastern Pennsylvania***

Shared data is the lifeblood of complex care ecosystems, giving each organization serving an individual a full picture of that person's health and social history, needs, and goals. As our ecosystem in South Jersey has been formalized into a Regional Health Hub (see page 5), the Camden Coalition Health Information Exchange (HIE), in concert with the statewide New Jersey Health Information Network (NJ HIN), provides the data infrastructure necessary to enable coordinated, seamless experiences of care.

Each year, we expand the Camden Coalition HIE's capabilities and diversity of data sources. In 2021, we added 20 additional skilled nursing facilities to our HIE. We began addressing the lack of data from long-term healthcare providers in 2020, and these 20 new sites will allow providers to coordinate care for even more patients transitioning between hospitals, skilled nursing sites, and the community. In 2022, we will begin integrating data from Oaks Integrated Care, which will be the first behavioral health provider sharing data with the Camden Coalition HIE.

In the fall, we signed contracts with both HealthShare Exchange, an HIE for the greater Philadelphia region, and NJSHINE, an HIE serving the southern Jersey Shore. Once completed, these integrations will ensure that providers who participate in any of the three HIEs will be able to see information on their patients' health encounters from across the region.

Also in early 2022, Camden Coalition HIE users will be able to search for and refer patients to local social services and resources right from the HIE via an integration with our My Resource Pal platform (see below). This integration is one step toward our goal of transitioning from a health information exchange to a true community information exchange (CIE) with data that reflect all the facets of the complex care ecosystem.

## ***Making finding help easy***

Finding comprehensive, up-to-date information about local community resources can be a challenge for both individuals in need and the providers that serve them. Since 2016, we have partnered with Findhelp (formerly Aunt Bertha) to power My Resource Pal, a customized community resource referral platform for Camden and South Jersey. Community members and providers can use My Resource Pal to find information about and connect with over 7,000 programs throughout New Jersey that provide resources for housing, food, transportation, and more. My Resource Pal is used by our Accountable Health Communities (see page 14) screeners and navigators to connect patients to resources that address their social needs.

In 2021, we began the process of integrating the Senior Citizens United Community Services (SCUCS) landlord database into My Resource Pal. This database will be available to case managers throughout the region in early 2022, allowing them to more easily identify housing for their clients.

# 20

*new skilled nursing facilities  
added to the Camden Coalition  
HIE in 2021*

# 2.2M

*unique patients in the HIE*

# 42K

*searches in My Resource Pal  
in 2021*

We also initiated a project to connect My Resource Pal with our Camden Coalition Health Information Exchange (HIE) (see page 18). This will allow providers across South Jersey to access social needs information and refer patients to local resources without leaving the HIE platform. By early 2022, providers will be able to see records of past referrals to social services through the HIE, giving them a more cohesive record of their patients' or clients' social needs connections and insight into how these needs may affect their health.

### **Measuring complex care: Exploring patient-reported outcome measures**

We know that the value of complex care programs extends well beyond cost savings and reduced acute care utilization. As a first step toward identifying more nuanced and holistic measures, in 2020 we worked with the Institute for Healthcare Improvement to publish "Measuring complexity: Moving toward standardized quality measures for the field of complex care."

In 2021, we published two additional reports that explore the potential of patient-reported outcome measures (PROMs) in particular. Through PROMs, individuals assess their own health status using a structured tool that can be either self-administered or completed in an interview. In the brief "Person-centered implementation of patient-reported outcome measures (PROMs) in complex care programs," our National Center team found that simply including PROMs in a complex care measurement strategy is not enough to uphold person-centered values — they must be thoughtfully implemented using person-centered principles.

One of the themes discussed in the PROMs implementation brief is the importance of including care team members and program participants in the measurement selection and evaluation process. A second brief published in 2021, "Lessons from the Camden Coalition care team efforts to improve Healthy Days data collection," underscores this principle. The brief chronicles how our data and care teams worked together to evaluate the use and effectiveness of a patient-reported outcome measure. Even after improvement efforts, the teams concluded that the PROM was too burdensome for the care team to administer and not meaningful enough for the participants. The brief includes discussion of the challenges of PROM

implementation within complex care programs and lessons for other organizations.

This work on patient-reported outcomes will allow us to test and implement new measures that better evaluate our care management work in 2022. As we learned through the development of the Building the Value Case for Complex Care toolkit (see page 20), complex care measurement requires a balanced approach and expanded definition of value that includes equity, well-being, and quality of life as well as traditional cost and utilization measures.

### **Data-driven community partnerships**

We bring value to our complex care ecosystem in Camden by collaborating and sharing capacity with our partners. Since many social service and public sector organizations we work with don't have a dedicated data team, our ability to support streamlined data collection and analysis can have a huge impact on the success of our ecosystem's collaborative initiatives. Projects we worked on in 2021 include:

- *Working with the Camden County Jail to evaluate the impact of their innovative medications for opioid use disorder (MOUD) program on overdoses, criminal justice contact, medical need, and more among formerly incarcerated individuals.*
- *Working with the New Jersey Department of Children and Families to challenge bias in the child welfare system and align stakeholders around solutions, including supporting the implementation of Predict Align Prevent (PAP), an innovative, data-driven approach to addressing child maltreatment.*
- *Working with Northgate II, a Fair Share Housing development, to implement an internal data system for their case management program. In 2022, we will expand the database to support three additional senior living facilities across the state of New Jersey.*
- *Supporting ongoing quality improvement work as part of the Camden Promise Neighborhood initiative, as well as conducting an evaluation of the initiative's Head Start program.*
- *Partnering with the Center for Health Care Strategies (CHCS) on a Preventing Adverse Childhood Experiences (P-ACEs) grant from the CDC, developing data surveillance systems to track ACEs across New Jersey.*

# Building the field of complex care: Inspiring, connecting, and supporting the evolving community of complex care practitioners and leaders across the country.

## *Aligning complex care messaging*

Released in 2018, the [Blueprint for Complex Care](#) identified “aligned messaging” as one of its 11 recommendations. In 2021, the Camden Coalition and the Center for Health Care Strategies began working on a messaging guide for the field through support from the Robert Wood Johnson Foundation.

In July 2021, we sent out a survey on complex care messaging to practitioners and other experts in the field. We interviewed multiple stakeholders at different organizational levels, including consumers, social sector leaders, providers, payers, and system leaders. We also conducted a literature review, focus groups, and working group sessions at *Putting Care at the Center 2021* to get input from those in the field on the work they do. We found that while there was clear alignment within the field on what we do and why we do it, there was more diversity among programs in terms of who they serve and at what level they operate.

The messaging guide includes talking points and core messages on the value of complex care at the individual, community, and systems levels. We hope that it will give organizations, advocates, and leaders in communities across the country the tools they need to articulate the impact of the work they do and to collectively contribute to national conversations on social determinants of health, health equity, and person-centered care.

Find the final messaging guide, “Talking about complex care: A guide for clear and effective communications,” here: [www.nationalcomplex.care/complex-care-messaging](http://www.nationalcomplex.care/complex-care-messaging).

## New tools for complex care programs

In 2021, we published three new toolkits to help providers and leaders start, strengthen, and sustain complex care programs.

- The **Complex Care Startup Toolkit** includes guides, templates, and other tools to help organizational and program leaders launch and grow new complex care programs. Looking to avoid reinventing the wheel? Find the toolkit at [nationalcomplex.care/startup-toolkit](http://nationalcomplex.care/startup-toolkit)
- The **Building the Value Case for Complex Care Toolkit** includes insights from health and social system leaders as well as downloadable tools and resources. Looking to align your program’s margin and mission? Find the toolkit at [nationalcomplex.care/value-case](http://nationalcomplex.care/value-case)
- **Implementing the core competencies: A toolkit** to guide education and training includes key considerations for building curricula and training programs for complex care, as well as resources for teaching and training each of the complex care core competencies. Find the toolkit at [nationalcomplex.care/core-competencies-toolkit](http://nationalcomplex.care/core-competencies-toolkit)

# 432

*combined tools and resources in  
the three toolkits in 2021*

# 100

*health and social system  
leaders and innovators’ insights  
contributed to value case toolkit*

# 100

*survey responses for the  
complex care messaging guide*



## Consumer leadership

Our National Consumer Scholars program began in 2016 as a way to bring individuals with lived experience of complex needs to our inaugural conference. Since then it has grown in scope to become a true leadership development and peer-learning program.

Consumer Scholars work with the Camden Coalition to help lead field-building efforts like the establishment of the complex care core competencies. They also develop and present on webinars and workshops, conduct and publish research, and more. Alumni of the program have served on our National Advisory Committee and conference planning committee, and many work with other organizations across the country through *Amplify*, our consumer voices bureau (see page 22).

In 2021, three Consumer Scholars worked with Camden Coalition staff to publish a research brief called

**“Exploring consumer engagement experiences.”** The brief provides insights for organizations looking to implement mutually beneficial consumer engagement programs, and also functions itself as a model for how organizations can benefit from consumer partnerships.

The 2021-2022 National Consumer Scholar cohort was introduced at *Putting Care at the Center 2021* (see page 24). In a testament to how our local and national consumer leadership work is increasingly aligning, these 12 new Consumer Scholars include three of our Camden-based Community Advisory Committee members, with the rest of the Consumer Scholars representing organizations and communities across the country. This new cohort will help inform our complex care core competencies curriculum (see page 8), our policy and advocacy work, and our clinical redesign work (see page 14), as well as presenting a national webinar and a workshop at *Putting Care at the Center 2022*.



National Consumer Scholar Cisily Brown speaks at a conference.

# Getting consumer voices to the table with Amplify

Amplify: A consumer voices bureau was launched in the fall of 2020 in order to connect complex care consumers with the programs seeking their input and expertise. Our 17 “Amplifiers,” as we’ve been calling the consumer experts on the bureau, had a busy 2021:

## **Improving care in NJ**

In 2021, three of our Amplifiers were involved in the activities of the Quality Improvement Program - New Jersey (QIP-NJ). Launched in July 2021, QIP-NJ is a Medicaid pay-for-performance initiative from the NJ Department of Health, focused on improving behavioral and maternal healthcare in acute care hospitals. Amplifier LaKeesha Dumas from Oregon spoke on an expert panel at a QIP-NJ event in February. Cisily Brown, an Amplifier and Community Advisory Committee member from NJ, participated in a storytelling video for QIP-NJ’s learning collaborative kick off event, and Jonathan Harp co-led a learning session on community engagement practices for a subsequent learning collaborative session.

## **Keynoting in California**

In September, Amplifier Janice Tufte presented the keynote address at a grantee convening of California’s Local Indigent Care Needs (LICN) program. LICN aims to expand the delivery of locally-directed indigent care services for low-income, uninsured, and under-insured adults in rural counties across California. Janice’s speech focused on the theme of “connection” and drew from her lived experiences as well as her extensive experience as a patient advisor.

## **Advancing health equity**

Stephanie Burdick presented at the sunset session for the first cohort of the Advancing Health Equity Program’s grantees in September 2021. This three-year national collaborative supported teams made up of state Medicaid agencies, payers, and frontline health organizations in creating payment models that advance health equity. Stephanie’s remarks touched on both the “whys” and “hows” of advancing health equity, drawing from both her lived experience and her work advocating to bring greater value to Medicaid programs in Utah.

“Having a consumer expert and advocate comfortable with speaking up on behalf of the consumer experience on a panel with many clinicians was valuable in planning a program meant to serve the needs of the patients while following clinical recommendations. Getting a meaningful perspective of the patient experience is so important.”

– **Emma Trucks, MPH**, Senior Program Manager, Public Consulting Group (Amplify client)

### **Strengthening complex care ecosystems across the country**

As we work to strengthen our complex care ecosystem in Camden, NJ, we are also learning from and providing lessons and support to other growing ecosystems across the country. 2021 saw the conclusion of the second cohort of regional complex care convenings and a third cohort selected by our National Center, as well as the launch of our National Center's Ecosystems Community Learning Collaborative.

Our regional convenings project supports organizations in bringing together partners from across their region (often metro area, county, or state) to address a barrier to complex care in their community. In spring 2021, the second cohort of selected organizations held their convenings, including an immersive virtual workshop to address deeply rooted health disparities in Pennsylvania, a convening to connect housing quality and safety to health in New Orleans, and a conference series focused on improving systems of care for children with complex health needs in North Carolina. In the summer, a new cohort was selected, which will hold convenings in early 2022 in Denver, CO; Clark County, WA; New York state; and other regions across the country.



We not only had a successful convening with higher than anticipated attendance, but also are continuing to leverage the success to build an ongoing, sustainable community.

— **Jay Smith, LICSW**, *Director of Community Services, The Brookline Center for Community Mental Health*

Spring 2021 also saw the launch of our Ecosystems Community Learning Collaborative. Six teams of partnering organizations — including one team composed of the Camden Coalition clinical redesign team and our Pledge to Connect (see page 14) project partners — were selected to learn how to expand and sustain cross-sector partnerships to address

the needs of individuals with complex health and social needs. They've worked with our technical experts to create and follow individual work plans, met regularly as a group to learn from each other, and in 2022 we will be sharing lessons from the learning collaborative with the field.

### **Findings from a Mathematica evaluation on our National Center**

In 2021, the Robert Wood Johnson Foundation commissioned the expert evaluators at Mathematica to conduct a formal evaluation of our now five-year-old National Center for Complex Health and Social Needs. Based on interviews with complex care thought leaders and program participants as well as a document review, the evaluators identified four key strategies and assessed our progress on and value in each of them:

- *Support application of best practices;*
- *Conceptually define the field of complex care;*
- *Promote underrepresented leadership in complex care; and*
- *Grow and organize the complex care community.*

Overall, the stakeholders interviewed agreed that the National Center brought great value to their work and to the complex care field. Findings included praise for our integration of consumer voices and leadership, as well as our annual conference and technical assistance offerings. Evaluators also heard a desire for more resources targeted to community-based organizations. We have been using the evaluation findings in planning our national work and strategic plan for 2022 and beyond, and continue to work with Mathematica to help design and implement a comprehensive ongoing evaluation plan for the National Center.

Find the full report here: [www.nationalcomplexcare.org/mathematica-report](https://www.nationalcomplexcare.org/mathematica-report)

### **Trust, trauma, and healing at our second virtual conference**

The COVID-19 pandemic and its disproportionate impact on people with complex health and social needs shaped the theme of our sixth annual — and second virtual — conference for the complex care field. The theme of *Putting Care at the Center 2021* was *Trust, trauma, and healing in our communities*.

Complex care professionals, consumers, and caregivers from across the US logged on on October 20-22 to hear our two keynote speakers, Daniel Dawes and Dr. Angel Love Miles, discuss how racism and ableism are created and maintained, and how they can be dismantled. Plenary sessions focused on creating and strengthening trust on all levels — between patients and providers, within complex care ecosystems, and between the public and its systems and institutions.

“To move beyond nibbling at the edges of these [racial health inequities], we first need to look back... and address the laws and policies that prop them up.

— **Daniel Dawes**, Executive Director of the Satcher Health Leadership Institute at Morehouse School of Medicine

“Ableism happens when the only response [to difference] is to attempt to cure or rehabilitate, not to accept or to change social norms.

— **Dr. Angel Love Miles**, scholar and activist for disability, racial, and gender justice

In workshop sessions and our interactive Beehive, attendees heard about the broad range of innovative models, tools, and partnerships created by complex care programs and practitioners across the country to meet their participants' needs, ensure equity in access to services and care, and promote healing and recovery in their communities.

Our 2022 conference, co-hosted by Adventist Health, will be held in-person in Sacramento, CA, September 21-23. Learn more at [www.centering.care](http://www.centering.care).



Camden Coalition staff behind the scenes at *Putting Care at the Center 2021*.

# 12

new National Consumer Scholars  
selected for the 2021-2022  
cohort

# 495

combined attendance at all  
2021 regional convenings

# 28

organizations in six  
communities participating in  
the Ecosystems Community  
Learning Collaborative



# Looking ahead: A new strategic plan, revamped mission, and more

In conjunction with the work detailed in this report, in 2021 the Camden Coalition embarked on a strategic planning process that maps out the Coalition's work over the next four years (2022-2025). The plan notes that 2022 will be a learning year for us, which will enable us to deepen our work in Camden and across the country in 2023 and beyond. In December, the strategic plan was approved by our Board of Trustees.

Our strategic plan for 2022-2025 lays out our mission, vision, goals, and priorities that will guide our work to advance health equity and improve the health and well-being of people facing health and social complexities. As five years have passed since the development of our last strategic plan, we engaged local, regional, and national stakeholders and the full Camden Coalition staff to assess what we have accomplished and where we need to innovate.

Our revised mission statement affirms our central commitment to improving the health and well-being of people with complex needs. It now includes direct language for how we plan to do that: by demonstrating and advancing equitable ecosystems of care. Our new strategic plan is organized around five themes, based on what we heard from our partners, staff, and key stakeholders:

- ▶ **Demonstrating what works** in South Jersey and across the country
- ▶ **Expanding the evidence base** for complex care
- ▶ **Being the expert** through technical assistance, teaching, training and knowledge dissemination
- ▶ **Enhancing alignment** between our local, state, and national work
- ▶ **Advancing equity** by ensuring equitable practices are embedded in all aspects of our work

The new strategic plan provides a framework for many of our anticipated and continuing initiatives for 2022, including:

- ▶ *A reboot of our core care management work with adaptations based on lessons learned from our RCT, and the piloting of a fidelity tool for COACH, our patient engagement framework.*
- ▶ *Advancement of our data integration that will dramatically expand the capabilities of the Camden Coalition Community and Health Information Exchange and its usefulness for regional partners across sectors.*
- ▶ *The expansion of the Camden Regional Health Hub model to other counties in South Jersey, based in part on the success of the collaboration of the Camden COVID work, and an expansion of the Community Ambassador model.*
- ▶ *The launching of our new Camden Coalition Learning Center platform as a key vehicle to disseminate the lessons we've learned in our work, and helping to replicate and scale complex care ecosystems in communities across the country.*
- ▶ *The celebration of our 20-year anniversary since our founder, Dr. Jeff Brenner, asked colleagues to gather for breakfast about what seemed like intractable problems for health practitioners alone.*

We believe 2022 will offer more ways than ever for you to engage with our work. We hope you'll check out the courses on the Camden Coalition Learning Center, attend some of our national webinars, and [sign up for our newsletter](#) to get the latest updates on our work and that of other complex care innovators across the country. And of course, we hope to see you at *Putting Care at the Center 2022* in Sacramento, CA, September 21-23.

Strong ecosystems take trust. We remain humbled that our patients, staff, partners, and supporters continue to place their trust in our commitment to improve care for those who need it most. Thank you for your continued support and collaboration in 2022 and beyond.

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## About the Camden Coalition

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals in Camden and regionally.

Through our National Center for Complex Health and Social Needs (National Center), the Camden Coalition works to build the field of complex care by inspiring people to join the complex care community, connecting complex care practitioners with each other, and supporting the field with tools and resources that move the field of complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.



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