Ecosystem case study

Camden, New Jersey
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Ecosystems of care are composed of interconnected programs and services designed to holistically address community members' complex health and social needs. They result from organizations in a community working collectively and intentionally across sectors to better address the root causes of poor health, poor quality of life, and health inequity among populations with complex health and social needs.

In April 2021, the Camden Coalition's National Center for Complex Health and Social Needs initiative convened representatives from five ecosystems of care from around the country to participate in an 18-month Ecosystems Learning Collaborative. The Ecosystems Learning Collaborative was an action-oriented opportunity for teams to learn from peers and technical experts about how to rapidly expand and sustain cross-sector partnerships to address the needs of individuals with complex health and social needs in their communities.

This is the story of how one ecosystem of care — in Camden, New Jersey — was developed.

About this ecosystem of care

Ecosystem participants:

▸ Camden Coalition
▸ Oaks Integrated Care
▸ Cooper University Health Care
▸ Virtua Health

Community of focus: People with behavioral health needs accessing care in emergency departments

Ecosystem aim: Increase access to outpatient behavioral healthcare for individuals entering Camden City emergency departments with a behavioral health driver, with a goal that anyone who wanted would be able to attend a first appointment within 7 and 30 days. The ultimate aim was to improve the mental health landscape in the Camden region and to link patients to resources appropriate to their individual goals.

How it started: The Camden Coalition had previously implemented a city-wide clinical redesign program to reconnect Medicaid-covered individuals to primary care within 7 days of hospital discharge. The program showed statistically significant reductions in 30- and 90-day hospital readmissions.

Based on the lessons from that program, our team partnered with local healthcare and behavioral health organizations to develop a program to connect (or re-connect) patients to outpatient mental health and substance use treatment services following presentation to the emergency department. This initiative employed a two-pronged approach to engage clients: in-person within the EDs prior to discharge and telephonically following discharge.

The partners joined the Ecosystems Learning Collaborative to learn from other sites around the country and improve their data tools and processes.

Successes:

▶ **Emergency department clinicians are interacting with clients at the point of care in a more patient-centered and trauma-informed way.** One of the triumphs of this partnership was changing mindsets and cultures in healthcare. The team worked to educate and raise awareness among community partners about the need for more respectful language and more thorough wellness conversations. The team noticed that emergency department clinicians began talking to patients beyond the required universal depression and suicidality screening about how stressors in their lives are affecting their health.

▶ **Communication increased with hospital partners.** While building their ecosystem of care, the Camden Coalition and its behavioral health partners created a direct pipeline of communication with partners in the hospital and healthcare sector where they had previously faced bureaucracy and opacity.

▶ **The ecosystem participants maintained a pilot mindset to evaluate and implement quality improvement efforts as they went.** For example, in the beginning, hospital partners would send referrals without important information that could have helped the outreach team effectively engage the client. The outreach team communicated the importance of the information to the hospitals, which improved the referral process. The ecosystem participants were consistently thinking about how to meet the needs of the staff so they could meet the needs of clients through better assessment and connection to care.

▶ **An ecosystem approach led to systems-level changes.** The team didn't build their changes on the basis of a single relationship and one person willing to collaborate. Instead, these new collaborations and workflows are now codified in all of the ecosystem members' protocols and processes, including clinical and technological integration and data sharing. This ensures that changes will last beyond any of the individual staff members. Because of these systems-level changes, the pilot will collect and provide data on the quantifiable value (to hospitals and payers) of navigation programs focused on behavioral health connections, allowing the team to identify and advocate for sustainable funding pathways for this work.

▶ **People with lived experience were key ecosystem partners.** The new workflows included consumers of mental health services in specific peer roles. The team also informed and consulted the Camden Coalition's Community Advisory Committee regularly to ensure that their efforts aligned with the preferences of people who receive services from the systems they are working with.

Challenges:

▶ **Connecting with clients telephonically.** When the clients were not engaged in-person, a number of social barriers decreased the effectiveness of engaging with clients telephonically to offer services. These barriers include: sporadic access to a reliable number, screening calls or distrust of cold calls in general, as well as the difficulty of building rapport when not able to engage face-to-face.

▶ **Bridging services with different operating hours.** A mental health crisis can occur at any time, day or night, but there are still not 24-hour behavioral health staff to engage clients within the ED, and most community-based mental health supports operate on standard (or close to standard) business hours. The partnership has worked to increase the number of behavioral health navigation staff who can engage clients in the EDs and offer bridge support to clients across more hours. However, this isn't the same as rapid, 24-hour access to a behavioral health provider in the community.

One piece of advice for others looking to build an ecosystem:

▸ **Have a clear plan and goal in mind for your work, but be willing to pivot or adjust often.** Trying to tackle the challenge of timely and appropriate behavioral health access is one that requires extensive cross-system collaboration and a genuine innovation and piloting mindset. Behavioral health providers can have appointments one week and have waiting lists the next. Policies around behavioral health data sharing can make organizations risk-averse. And a global pandemic can pop up.

Conviction in your vision is essential, but the strategies you employ must be flexible enough to adapt to changes. Rigidly following traditions or established strategies only replicates and recreates the challenges that currently exist. By being adaptable, we can look beyond what is right in front of us to see what other options are available. Authentically including individuals with lived experience in the entirety of the program development and implementation process makes a big difference in your ability to see beyond established blind spots.

"We as healthcare providers like to fall back on tradition. But it's those structures that set up the systems to not serve people well. **So we need to think outside those boxes**, bring in people with lived experience"

– Sharif Braxton, Program Manager, Camden Coalition

Next steps for this ecosystem of care:

▸ **Expanding beyond Camden City.** The ecosystem participants will expand this work to three other regional hospital partners (Virtua Health, Jefferson Health, and Inspira Health) and one additional regional community behavioral health provider (Acenda Integrated Health). They are also shifting the workflow from telephonic follow-up to increased capacity for face-to-face discharge planning and next steps within the ED.

▸ **Centralizing information about appointment availability.** Peer liaisons, community stakeholders, and clinical partners identified a need for broader access to information about behavioral health appointment availability. In response, ecosystem participants are building functionality in the Camden Coalition's existing social service search, linkage, and referral platform, My Resource Pal (powered by findhelp), that will allow both patients and providers to find community behavioral health providers with available appointments based on patient factors (e.g., services desired, insurance type, language preference).

▸ **Evaluating impact.** They will continue to report on the pilot over the next year, including outcomes information about people that interacted with the program.

Learn more about this ecosystem of care ➲

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 well-being. 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**.

The **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward.

Camden Coalition

The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition

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