



Ecosystem case study

San Diego, California

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 San Diego, California — was developed.

About this ecosystem of care

Ecosystem participants:

- ▶ [Rady Children's Hospital – San Diego](#)
 - California Kid's Care
 - [Center for Healthier Communities](#)
- ▶ [Copley-Price YMCA](#)
- ▶ [The Urban Collaborative Project](#)
- ▶ [UCSD Mas Fresco Prescription Program](#)

Community of focus: Families enrolled in Medicaid with children who are chronically ill and/or have complex social needs, and who are struggling with their emotional and mental health.

Ecosystem aim: To expand and reinforce Rady's San Diego community network of social and behavioral health providers, with the goal of increasing the percentage of California Kid's Care members (pediatric Medi-Cal members) rating their overall mental or emotional health as good or excellent from 69% to 72%.

How it started: In 2018, Rady Children's Hospital San Diego was awarded a demonstration pilot, California Kids Care (CKC), to provide care for Medicaid-eligible children in San Diego County with specific medical conditions. Before CKC, families often experienced communication challenges across multiple healthcare providers, supply delays, and fragmented care. Both internal and external partnerships were key to the CKC pilot. By building upon these relationships, with consistent meetings and open and bilateral communication, the CKC team was able to quickly identify and facilitate resolution for member issues. This group joined the Ecosystems Learning Collaborative to learn how to identify and address root causes of health inequities, build community partnerships for long-term sustainability and success, and further engage families.



“We had a lot of fun doing this as a team. We looked forward to these meetings and they brought us closer together as a team. In healthcare, you can get bogged down with the regulatory requirements, the data, and the financial constraints, but this was a way for us to really enjoy working together as a team.”

– Keri L. Carstairs, MD MBA FACEP FAAP, Vice President, Network Operations and Clinical Integration, Chief Population Health Officer, Rady Children’s Hospital-San Diego

“When you have to go into a part of the community that you don’t normally go to, you have to reach out as a guest. You’re more vulnerable because you’re asking, ‘Can we be your guest? Can we use your space? Can you host us?’ Those are things that I don’t think we normally have done. We got very comfortable in our hospital and system and this pushed us out of our comfort zone in a great way.”

– Donna Donoghue, MSN, MBA, RN, NE-BC, Director Ambulatory Care Redesign and Specialty Services, Rady Children’s Hospital-San Diego

Successes:

- ▶ **The ecosystem participants took a more community-focused approach.** Through the process of building an ecosystem of care, the team began supporting the community in ways they hadn’t before. Their mindsets shifted from a medical approach to a more community-focused approach as they were more intentional about how they built programs and incorporated the lived experience of the families.
- ▶ **The ecosystem approach bolstered existing programs by helping to source funding and expand existing grant programs.** One of the ecosystem’s services is ChildLife, a resource for emotional and mental well-being in the health system. During the learning collaborative and the COVID-19 pandemic, ChildLife grew from a hospital resource to providing telemedicine visits in place of psychologists. As a result, children are better able to access services and are more likely to accept those services because of reduced stigma.
- ▶ **The team became braver and built new partnerships.** As they adopted the ecosystems approach, the team began thinking about and looking for new partners in the community to meet the needs of their families. They were pushed out of their comfort zone to meet new people and offer services to people they’ve never offered services to before. They became braver in their outreach to new partners and brought the local YMCA into their ecosystem of care to provide diabetes and asthma resource fairs and health education classes to the community.

Challenges:

- ▶ **There’s no clear way to pay for this work.** Initially, there was a lack of comfort, bandwidth, and funding to address the comprehensive ecosystems approach. The team needed to get creative to pay for staff time and to bring in new partners. They used role clarification, identification of partners, and workflows across teams to address whole-person needs.
- ▶ **There was hesitancy among partners around screening for and addressing social drivers of health.** When the team introduced the idea of broad screening practices, partners were wary. They feared that they’d identify a need and then not know how to address it. The team recognized that to get buy-in, they had to not only provide the questions but also the script on how to respond to flags for social needs — and build the community partnerships necessary to meet those needs.

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

- ▶ **Ecosystem participants should be consistently re-evaluating, updating, and sharing goals with their organizational leadership to reflect the work they're doing.** The team found that in their health system, executives didn't know what an ecosystem of care is or understand the importance of it. They spent time educating senior leaders on the ecosystem approach, and maintained strong lines of communication to update leadership on their work. In all of their presentations to executives, they had 1-2 slides on their ecosystem and what they've learned. They were constantly talking about the project to new people from the organization. This constant communication ensured alignment, buy-in, and support.

Next steps for this ecosystem of care:

- ▶ **Expanding to new populations.** Under CalAIM's Enhanced Care Management, a new statewide Medicaid benefit available to select populations in California, the ecosystem will begin to support up to 200 children under age 19 who are incarcerated in San Diego County. Although this is a new population for this ecosystem of care, the team now has the tools and capacity to identify needs and find community partners to meet those needs.
- ▶ **The ecosystem participants are going to continue their community-based work.** They are going to continue listening to family voices about what is most important to them. A few of their upcoming events and initiatives include Sickle Cell Family Day, support for refugee families who have difficulty navigating refilling prescriptions, and community resource classes with the YMCA.

[Learn more about this ecosystem of care](#) ➔



“We take a much more community-focused approach in a way that we all wanted to do, hoped to do, and thought we were doing. But now we’re very intentional in the way we put programs together where we’re thinking about the lived experience. We’re thinking about the voices of the family and not just doing what we think they should do or what we want to do. We’re really pausing and taking that extra moment in every conversation.”

**– Keri L. Carstairs, MD MBA FACEP FAAP,
Vice President, Network Operations and Clinical
Integration, Chief Population Health Officer,
Rady Children's Hospital-San Diego**

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.



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