



**UNM HSC OFFICE OF COMMUNITY AFFAIRS
PATHWAYS REPORT-TO-THE-COMMUNITY**

Thursday, September 29, 2011

CREATING THE HUB

APRIL 2008: Commitment to funding \$800,000 for each year for 8 years beginning in 2009

NOVEMBER 2008: Mil Levy bond issue passed and funding for Pathways was guaranteed thru 2017

JANUARY 2009: Program Manager for Pathways hired and Pathways Design Team formed

MAY 2009: 2-Year Request for Proposals released

SEPTEMBER 2009: Beginning of Pathways – Phase 1

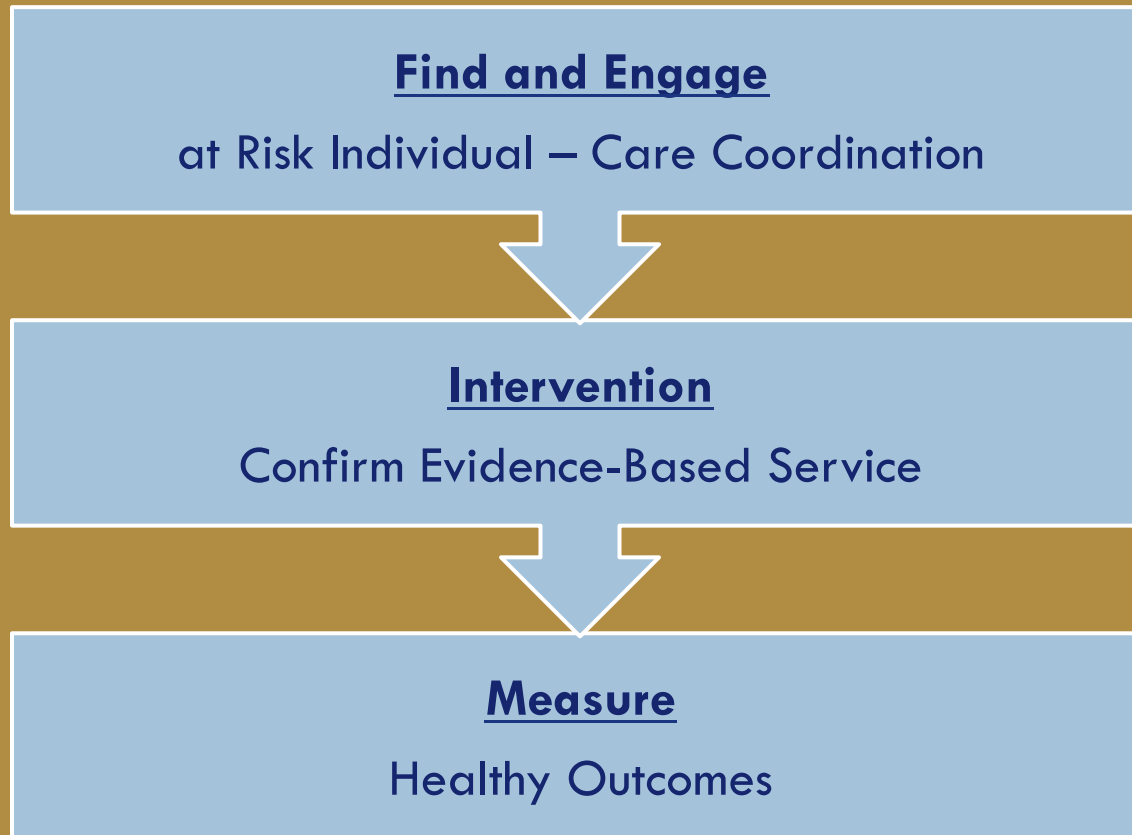
JULY 2011: Pathways begin 4-year implementation period – Phase 2

ORIENTATION TO



MODEL

PATHWAYS PRINCIPALS



Based on the above principles, the Pathways Working Group developed the following mission...

PATHWAYS MISSION

Improve the health of Bernalillo County by:

- ◆ **CONNECTING** underserved county residents with the health care system and supporting them as they navigate through it
- ◆ **COORDINATING** services for underserved residents to achieve positive individual-level health outcomes
- ◆ **ASSURING** collaborative planning and improvement of our health care system in Bernalillo County

People in Bernalillo County will **self-report better health**

People in Bernalillo County will have a **health care home**

Community-Defined Outcomes

Health and social service **networks** in Bernalillo County will be **strengthened** and **user friendly**

Advocacy and collaboration will lead to **improved health systems**

PATHWAYS PARTNER ORGANIZATIONS

- A New Awakening
- Enlace Comunitario
- Catholic Charities*
- NM Immigrant Law Center*
- South Valley Healthy Communities Collaborative (SVHCC)
 - Casa de Salud Family Clinic
 - Centro Sávilá*
 - La Plazita Institute
 - PB&J Family Services
 - South Valley Economic Development Center
- East Central Ministries
- First Nations Community Healthsource
- Samaritan Counseling Ctr.*
- Encuentro*

Amount Awarded to above organizations (FY12) - \$660,000

BASIC DEMOGRAPHICS OF CLIENTELE

PHASE ONE

1,117 Participants

- Women (73.9%)
- Self-identify as Hispanic/Latina (72.8%)
- Primary language is Spanish (49.9%) or English (47.4%)
- 20 to 49 years of age (77.8%)
- Less than a high school diploma (62.3%)
- Residing in southern part of Bernalillo County (55.8%)

RESULTS

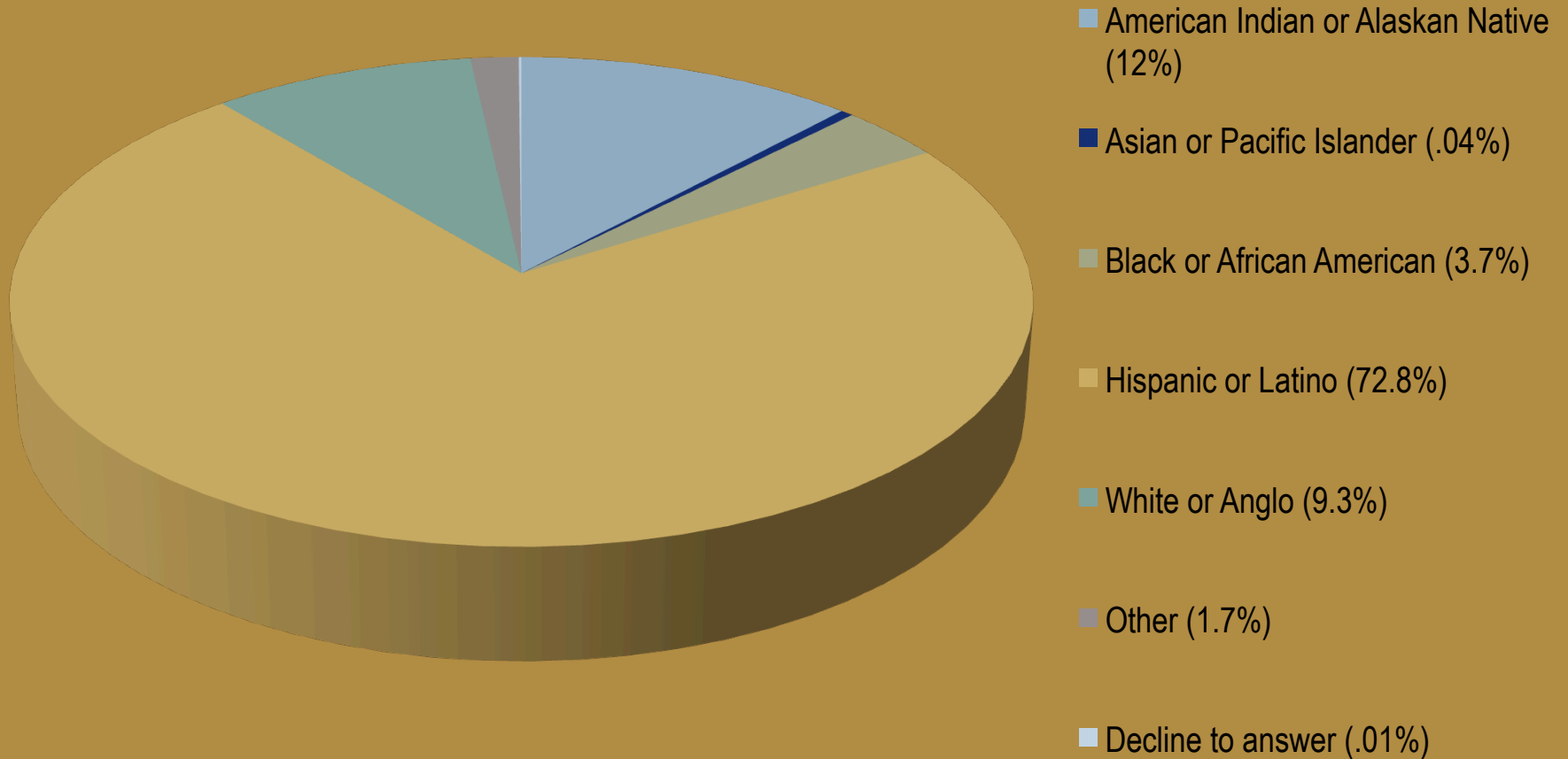
THRU 06/30/11

Total: 1,117 Pathways Clients

- ◆ Active : 239 (21.4%) – presently enrolled in Pathways
- ◆ **Completed: 513 (45.9%) – completed program**
- ◆ Inactive: 276 (24.7%) – inability to follow up
- ◆ Withdrawn: 89 (8%) – participant choice to leave

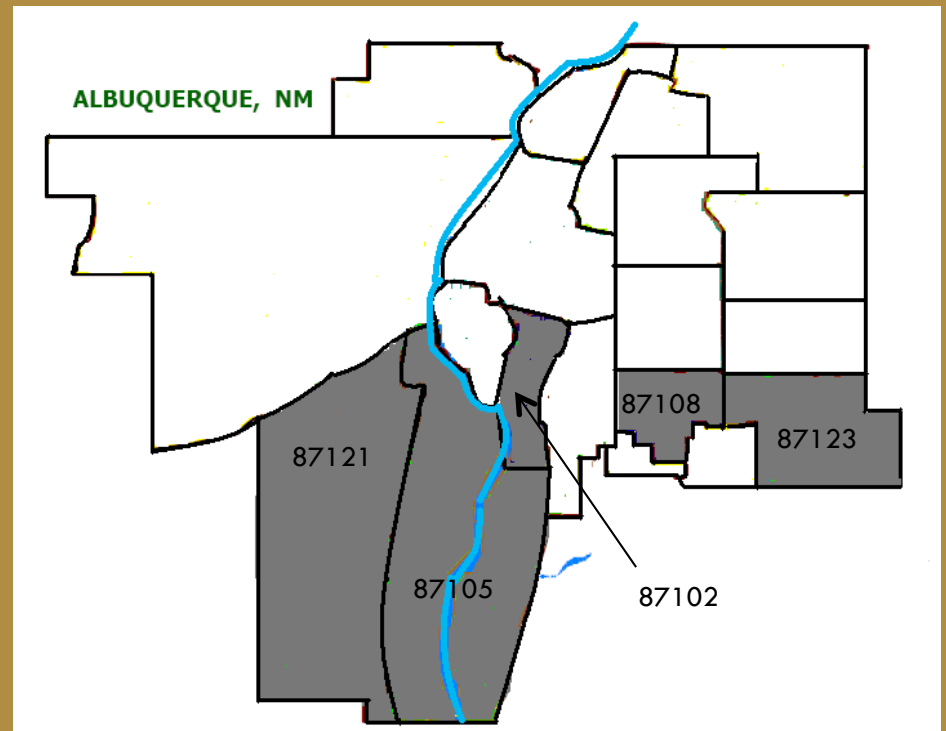
Retention Rate: 67.3%

PATHWAYS CLIENTELE: SELF-REPORTED RACE/ETHNICITY



PATHWAYS CLIENTELE: ZIP CODE OF RESIDENCY

Zip Code	#	%
87108	270	24.2%
87105	191	17.1%
87121	162	14.5%
87102	123	11.0%
87123	103	9.2%
87106	52	4.7%
87107	45	4.0%
87109	33	3.0%
87110	33	3.0%
87112	23	2.1%



50% OR GREATER COMPLETION RATE

- ❑ Income Support (61%)
- ❑ Food Security (60%)
- ❑ Legal Services (58%)
- ❑ Domestic Violence (56%)
- ❑ Child Care Services (54%)
- ❑ Medical Debt (53%)
- ❑ Transportation (51%)

35% OR LESS COMPLETION RATE

- Homelessness Prevention - 31%
- Employment – 29%
- Dental – 24%
- Housing – 23%
- Education/GED – 22%

Note: Vision & Hearing, Depression, and Pharmacy & Medications are all below a 40% completion rate

PATHWAYS OUTCOMES

□ EVALUATION TEAM REPORT

OUTCOME 3

HEALTH AND SOCIAL SERVICE NETWORKS IN BERNALILLO COUNTY WILL BE STRENGTHENED AND USER-FRIENDLY

- Frequent referrals to organizations outside of Pathways network
 - Albuquerque Health Care for the Homeless
 - Catholic Charities Housing Programs
 - CNM
 - Human Services Department, Income Support Division
 - Salvation Army
 - Centro de Igualdad y Derechos
 - Mexican Consulate
 - Noon Day Ministries
 - Pearl Vision
 - St. Martin's Hospitality Center

- Lovelace Clinic Foundation Research – PARTNERS evaluation tool
- Monthly Navigator Meetings

OUTCOME 4

ADVOCACY AND COLLABORATION WILL LEAD TO IMPROVED HEALTH SYSTEMS

- Top Barriers
 - Housing
 - Employment
 - Access to Health Care/Difficulty Connecting to Specialists
 - Timeline of Appointments / Cancelations / Rescheduling
 - Substance Abuse Treatment Facilities
 - Lack of Resources / Funding
 - Immigration Status / Client Discrimination
 - Affordability / Financial

STORIES FROM THE



NAVIGATORS

GHOST RANCH RETREAT

OCTOBER 2010



ROLE OF COMMUNITY HEALTH NAVIGATORS

- ◆ Find most at-risk community members
- ◆ Build trust
- ◆ Assess and identify problem[s]
- ◆ Guide clients thru Pathways steps
- ◆ Complete Pathway/achieve meaningful outcome
- ◆ Document information in database



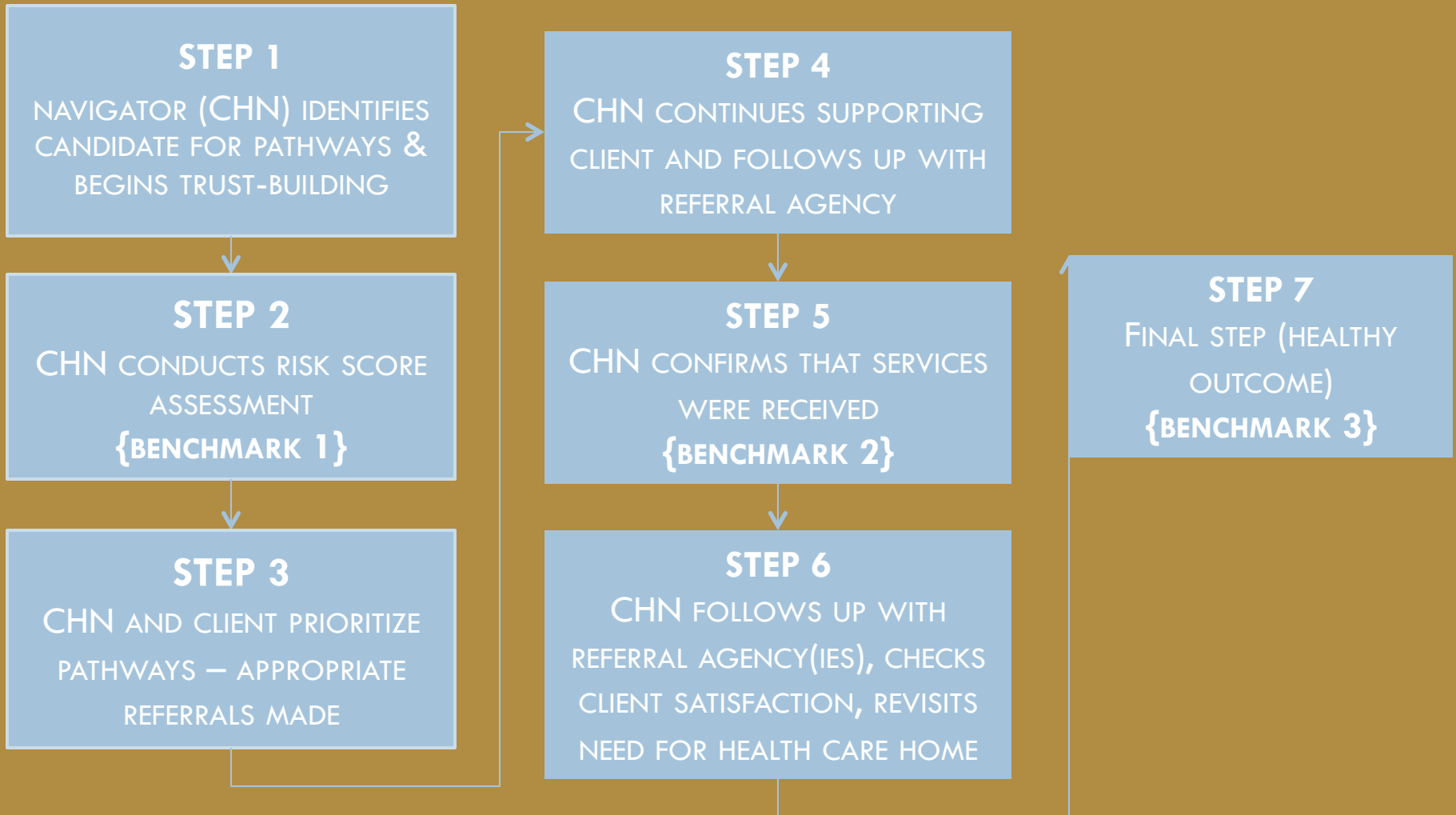
PATHWAYS AND STEPS

CURRENT PATHWAYS

- ❑ Employment
- ❑ Behavioral Health
- ❑ Domestic Violence
- ❑ Food Security [*]
- ❑ Heat and Utilities
- ❑ Housing
- ❑ Health Care Home
- ❑ Medical Debt
- ❑ Diabetes
- ❑ Education/GED [*]
- ❑ Pregnancy [*]
- ❑ Child Support [*]

- Depression
- Substance Use/Abuse
- Legal Services
- Income Support [*]
- Vision and Hearing
- Homelessness Prevention
- Access to Pharmacy/Meds
- Disability Income/Appeal
- Dental Care
- Transportation [*]
- Child Care [*]

SAMPLE PATHWAY STEP-BY-STEP



SAMPLE OUTCOME

HEALTH CARE HOME

Client has appropriate health coverage or financial assistance program in place to establish health care home and has seen a provider a minimum of 2 times at their new health care home.

Final Payment – Level 2 Benchmark

ADDITIONAL SAMPLE OUTCOMES

- ◆ **Behavioral Health:** Client has appropriate health coverage or financial assistance program in place to establish behavioral health care home and has seen a behavioral health specialist a minimum of 3 times.
- ◆ **Employment:** Client has found a steady job and is gainfully employed for a minimum of 3 months.
- ◆ **Food Security:** Client has achieved food security and has had over the last 3 months, access to a minimum of 2 hot meals per day.

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