Franklin County
Pathways Community HUB

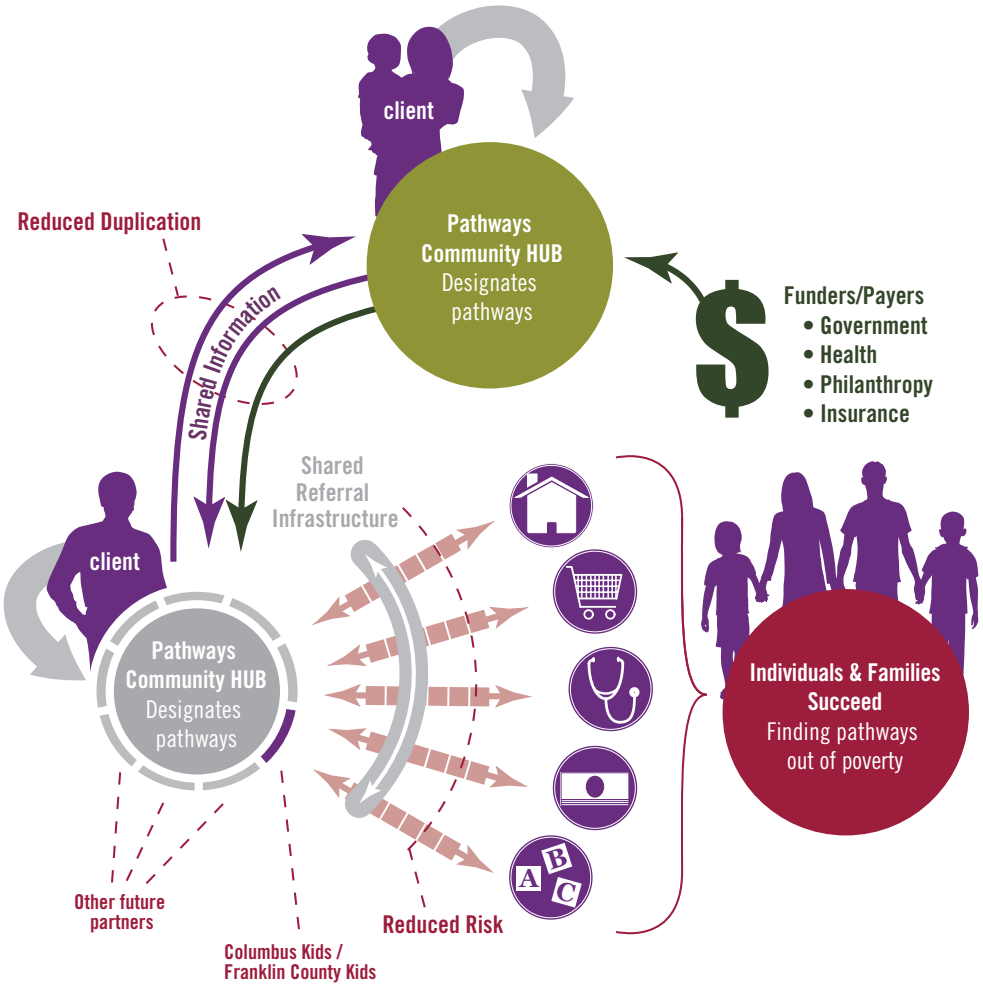
Delivering Results for Families, Providers, Funders and Communities

The new Franklin County Pathways Community HUB offers our community an integrated and comprehensive system that meets holistic needs of county residents in an efficient and organized manner. Using nationally-recognized pathways that help people take coordinated, step-by-step action toward set objectives, the HUB provides:

- A single point of contact for individuals and families managing multiple needs,
- Standard, organized pathways for information flow and funding,
- Clear direction and efficiencies for all involved, and
- Accountability for outcomes.

How it works:

Community care coordinators within various organizations work directly with individuals and families to determine their needs, identify the appropriate service pathways and follow up regularly to ensure milestones along each pathway are completed. The HUB's standard, organized pathways for information flow and funding bring increased efficiency to the process. Providers receive payment for services once a milestone is reached. Having one consistent point of support for individuals and families pursuing multiple pathways builds the relationships and rapport needed to help people achieve a better quality of life.



For example:

- A family with a preschooler receives an early learning checkup through Columbus Kids, which uncovers potential learning delays in the child.
- A Columbus Kids care coordinator will help the family find the pathway for overcoming the learning delay, but will also work to discover other needs the family might have.
- The father is unemployed and needs work skills to get a new job, so the coordinator starts him on a workforce development pathway.
- The mother is pregnant and does not have a health care provider, so the coordinator gets her on a pathway to having a healthy baby.
- The coordinator checks in regularly to make sure milestones along each pathway are completed.

Key Pathways Community HUB components and functions

- **Funders/Payers** – Funding from government, health care and private philanthropy needed to ensure pathways coordination occurs for all populations. Payment made when pathways are completed, or at agreed-upon milestones.

- **Pathways Community HUB** – A neutral, central convener that removes duplication in pathways coordination and can serve as a system entry point for people in need. Owns and manages the IT system that processes participant data, ensures compliance with pathway protocols, and facilitates billing/payments. Has the ability to develop and leverage resources and engage service providers.

- **Pathway** – Specific protocol adopted to standardize work, permit greater accountability and use of pay for performance. A uniform checklist is used to identify the appropriate pathway. Pathways include:

  - Developmental Screening
  - Behavioral Health
  - Health Insurance
  - Immunization Screening
  - Medical Home
  - Social Service
  - Smoking Cessation
  - Developmental Referral
  - Education
  - Immunization Referral
  - Lead Screening
  - Medical Referral
  - Pregnancy
  - Postpartum
  - Adult Education
  - Employment
  - Family Planning
  - Housing
  - Medication Assessment
  - Medication Management

- **Pathways Coordination** – Provides a single point of contact for individuals/families. Coordinators understand all pathways through a common set of credentials; agencies receive payment for pathways coordination services based on effectiveness of performance through ability to connect clients to services. By participating in the Pathways Community HUB, an agency agrees not to duplicate effort of another coordinator.

- **Shared Referral Infrastructure** – An emerging system in our community used by multiple providers that will allow identifiable client data to be used to refer a client to another organization; data is typically demographic. Enhances the effectiveness of the Pathways Community HUB by allowing high-quality referrals between pathways coordination providers and social service providers.

- **Client Entry Points** – Individuals can enter the system from many points, including hotlines, information and referral agencies, issue-based registries and hospital discharge staff. They are connected with an appropriate pathways coordinator who ensures referrals are made and the services provided are non-duplicative.

- **Social Service Providers** – For pathways coordinators to be successful, there must be high quality direct service providers who can work to address distinct health and human services needs such as temporary or long-term housing, health and wellness services, developmental intervention/remediation services, food, material assistance, transportation, etc.

To learn more about the HUB or how to connect your agency with the HUB, contact David Ciccone, HUB Director at 614.227.8700 | david.ciccone@uwcentralohio.org