Metro Denver Connected Community of Care

Sustainability Plan

Summer 2023

METRO DENVER
PARTNERSHIP FOR HEALTH

Contents

Acknowledgements

The Metro Denver Partnership for Health Sustainability Workgroup members, trusted community partners, and Community Board members contributed to the development of this plan.

Thank you to our Sustainability Workgroup members:

- Centura Health
- Colorado Access
- Colorado Community Health Alliance
- Denver Health
- Denver Regional Council of Governments
- HealthONE
- Intermountain Healthcare
- Kaiser Permanente Colorado
- WellPower

Thank you to our Community Board members and to our community partner, Stephanie Salazar-Rodriguez of Blazing Cloud Consulting, LLC, for providing feedback and recommendations for this plan.

Colorado Health Institute staff who worked on this plan include:

- Ashlie Brown, Director
- Kirsti Klaverkamp, Program Manager

Welcome

The Metro Denver Partnership for Health (MDPH) is a collaboration of local public health agencies, health systems, and Regional Accountable Entities working alongside leaders in health alliances, community-based organizations, behavioral health, and human service agencies. MDPH's work impacts roughly 3 million Coloradans who live in the seven metro counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson.

MDPH is working to create a **connected community of care** in the region. The goal is to build connections and strengthen coordination among physical, mental, and behavioral health, human service, and community-based service providers to offer more holistic care for individuals and families. Through these efforts, MDPH aims to promote health equity by:

- Increasing trust and partnerships across sectors and with the community to support whole-person and whole-family care.
- Improving access to resources and services.
- Enhancing intentional investments to address resource gaps and capacity.

Background

What Is a Connected Community of Care?

A **connected community of care** is a network of partners who coordinate care and services for individuals and families, and who make collaborative resource investments to promote health equity and resiliency. A connected community of care:

- Is made up of **cross-sector partnerships** among health systems, clinics, public health and human service agencies, Regional Accountable Entities, community-based organizations, and mental health and behavioral health providers.
- Uses **interoperable technology**, such as social-health information exchange (S-HIE), as a tool to share information appropriately and securely, coordinate care, and determine how to make informed community health investments.

How Can a Connected Community of Care Serve Individuals and Families?

Within a connected community of care, health and social service providers will be able to fulfill five core functions:

- **Coordinate screening and assessment activities** to identify individual and family health and social goals using person-centered and culturally and linguistically responsive practices.
- **Share an integrated community resource inventory** that is comprehensive and up to date so people can choose the services that best meet their needs and preferences.
- **Coordinate referrals** so that individuals and families don't have to unnecessarily repeat their stories.

- **Facilitate whole-person and whole-family care coordination** so that providers are on the same page, and individuals and families can get the right care when and where they need it.
- **Compile community health analytics** to make intentional and informed investments to improve availability and access to services, and advance health equity.

Purpose of This Plan

The purpose of this Sustainability Plan is to document commitments and activities among participating partners to make intentional investments to advance and sustain a **connected community of care** through shared responsibilities and equity-driven practices, and to formalize approval of those commitments.

This plan is a living document. MDPH partners will review the plan annually to determine progress, assess available resources, and determine ongoing work to complete.

The plan focuses on categories of investment needed to develop and maintain a connected community of care. The strategies outlined in this plan highlight opportunities for partners to braid and blend funding streams to better support whole-person care for individuals and families and how to make intentional investments in community-based resources and capacity in the future.

See the MDPH Connected Community of Care Implementation Plan for more details on the core functions of a connected community of care.

How This Plan Was Developed

This plan was developed based on MDPH's three initial health priorities, or use cases, for a connected community of care:

- **Chronic Disease Screening and Referral**, in support of the prevention and management of diabetes, cardiovascular disease, and associated risk factors (e.g., high blood pressure, high cholesterol, and food insecurity).
- **Postpartum Care and Community Connections**, in support of Family Connects Colorado.
- **Social Need Screening and Referral**, focused on food insecurity, housing security/quality, transportation, utility assistance, and interpersonal safety, and in support of the Hospital Transformation Program.

The plan supports all three use cases by providing a sustainability framework that can be used across organizations. By developing this framework, MDPH aims to create a clear pathway for each partner to initiate and sustain engagement in the connected community of care as community health priorities and use cases evolve over time. The plan will not discuss specific sustainability plans for each use case. For more information about MDPH's initial use cases, see the MDPH Connected Community of Care Implementation Plan.

What you will find in this plan	What you won't find in this plan
Four categories of investment needed to develop and maintain a connected community of care in the region	Itemized lists of costs and revenue sources
Financing strategies to support and sustain community leadership, community-based resources, and collaboration between partners	Financing strategies to support and sustain specific technologies or technical vendors
A phased approach to exploring, establishing, and securing a variety of potential long-term funding sources	Financial commitments from long-term funders

Financing Tools and Resources

MDPH used Ripple Health's Beyond the Grant: A Sustainable Financing Workbook and A Typology of Potential Financing Structures for Population Health to develop this plan.

Categories of Investment

A connected community of care is a significant undertaking that will involve hundreds of partners and require a comprehensive suite of technologies, tools, and other resources. MDPH identified four categories of investment needed to support and sustain this work:

- **Community Leadership and Shared Governance.** Investment needed to support collaborative leadership, including the costs of convening, strategic planning, analytics, and evaluation.
- **Shared Interoperability Implementation.** Investment in the shared technologies, resources, and tools required to share information across systems and sectors.
- **Internal Implementation at Partner Organizations.** Investment required for MDPH partner organizations to implement internal technologies, policies, and workflows related to screening, referral, care coordination, and community health analytics.
- **Service Provider Capabilities and Capacity.** Investment to support the capabilities and capacity of direct service providers to participate in the connected community of care and to serve individuals and families in the region.

MDPH partners placed each category of investment along a spectrum ranging from collaborative funding to independent organizational funding (Figure 1). This plan identifies potential funding sources across the spectrum but focuses on categories of investment that require collaborative funding.

This plan answers the following questions for each category of investment:

- What are the typical costs included in this category?
- Who benefits the most with fully funded costs?
- How are these costs funded? What funding gaps exist?
- What are the limitations of current funding?
- Is additional funding available through other potential funding sources?
- How can MDPH pursue and secure additional funding sources?

Figure 1. Categories of Investment to Support and Sustain a Connected Community of Care

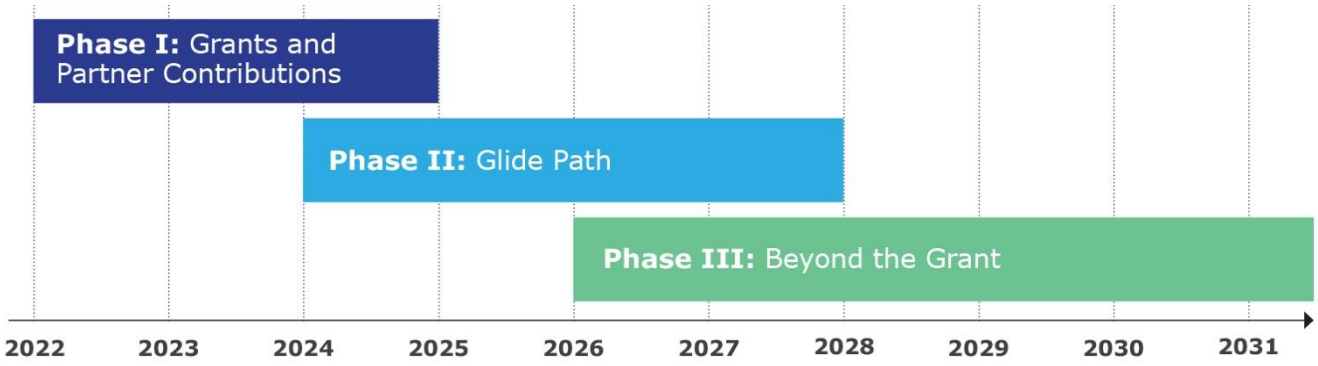
Phases of Sustainability

MDPH seeks to develop and maintain a comprehensive, connected community of care for current and future generations. MDPH's intends to sustain and grow its network of partners as community health priorities evolve over time. This plan focuses on the first decade of implementation, which the partners split into three overlapping phases of sustainability:

- **Phase I: Grants and Partner Contributions.** The Metro Denver Connected Community of Care initiative relies on private and public grants and partner contributions. *Expected timeline: 2023-2025*
- **Phase II: Glide Path.** Grant funding becomes harder to obtain over time, requiring increased partner contributions and additional sources of funding to support implementation costs. *Expected timeline: 2024-2027*
- **Phase III: Beyond the Grant.** MDPH partners identify and secure long-term funding streams to support ongoing maintenance and operations of the connected community of care. Grant funding may continue to support new developments in and expansions of the connected community of care. *Expected timeline: 2026-2031*

Overlap between phases allows for a transition between one-time grant funding and long-term funding sources (Figure 2). This plan organizes partner commitments for each phase of sustainability.

Figure 2. Phases of Sustainability



How to Use This Plan

Follow these steps to implement this plan within your organization:

Step 1. Identify an organizational champion (typically a senior leader or executive) who has decision-making power and can direct resources to support plan implementation.

Step 2. Ensure a consistent representative from your organization participates in MDPH integrative governance workgroups to coordinate and align all partners. This individual may be your organizational champion or another individual who stays closely connected with the leadership and management of the organizational champion.

Step 3. Begin implementing the plan in collaboration with other MDPH partners.

Category I. Community Leadership and Shared Governance

Commitments and Activities

MDPH partners collaborate within an integrative governance structure to leverage unique strengths, foster shared responsibilities, and reduce duplication of efforts to build and maintain a connected community of care. The integrative governance structure:

- Is designed to empower community leadership in shared decision-making and accountability.
- Provides a consistent venue and process to support collaboration among all partners, including public health agencies, health systems and hospitals, community-based organizations, community members, human service agencies, Regional Accountable Entities, and technical organizations.

The **community leadership and shared governance** category of investment includes the funding needed to support collaborative leadership, including the costs of convening, strategic planning, analytics, and evaluation.

In this plan, **community leadership** is defined as:

- People who contribute as individuals to advocate for and raise the priorities of their own neighborhoods and communities, and
- Community-based organizations, groups, or collectives who advocate for and provide services and resources for certain communities or populations.

In this plan, authentic community engagement refers to commitments and activities that drive strengthened partnerships and alliances with community leadership, expand knowledge and understanding, improve programs, policies, and health, and promote thriving communities. See the MDPH Connected Community of Care Community Engagement Plan for more details.

Commitments
1.a. MDPH partners will develop and approve an annual budget to support community leadership and shared governance, including the costs of authentic community engagement within the integrative governance structure.
1.b. MDPH partners will support shared grant proposals to fund community engagement and shared governance activities, through letters of commitment, matching contributions, and grant writing and reviewing. This commitment does not prevent partner organizations from applying separately to the same funding opportunities, if appropriate. Each organization is encouraged to proactively seek opportunities to collaborate with other MDPH partners whenever possible. MDPH partners will communicate transparently about intentions to apply to funding opportunities collaboratively or separately.
1.c. MDPH partners will develop and approve a tiered member contribution model to fund community engagement and shared governance activities over 10 years. The contribution model will not include binding financial commitments but will offer clarity on expected member contributions in advance. The intent is to provide a roadmap for internal budgeting and planning purposes at each organization.
1.d. MDPH partners will provide in-kind support for community engagement and shared governance activities. Each organization will determine the amount and type of in-kind support it provides based on the capacity of the organization. In-kind support may include staff time to participate in meetings and events, to draft and review documents, or to complete certain tasks or activities on behalf of the partners in the connected community of care (e.g., analyzing a data set). In-kind support may also include resources such as event space or meeting supplies.
Designated Activities and Timelines
All MDPH Partners: • Participate in the integrative governance process to reach consensus on the annual budget and tiered member contribution model. *Timeline:* 2023 and ongoing

- Support shared grant proposals through letters of commitment, matching contributions, and grant writing and reviewing, as appropriate.
  Timeline: 2023 and ongoing

- Provide in-kind support including staff time, event space, meeting supplies, and other resources, as appropriate.
  Timeline: 2023 and ongoing

Trusted Convener:

- Facilitate the integrative governance process. Document and distribute the agreed-upon annual budget and tiered contribution model.
  Timeline: 2023 and ongoing

- Serve as lead coordinator on all shared grant proposals, including drafting grant proposals and facilitating review among the partners, as appropriate.
  Timeline: 2023 and ongoing

- Identify and coordinate in-kind support from partners.
  Timeline: 2023 and ongoing

Recommended Tools and Resources

MDPH Connected Community of Care Accountability Plan

MDPH Connected Community of Care Community Engagement Plan

MDPH Connected Community of Care Implementation Plan

Ripple Health Beyond the Grant: A Sustainable Financing Workbook

What Are the Typical Costs Included in This Category?

The **community leadership and shared governance** category describes the investment in collaboration between partners, including community leadership. This category includes the following types of investment:

Community Leadership: Many of the leaders in the Metro Denver Connected Community of Care initiative receive compensation, professional opportunities, and relevant training through the organizations they represent in MDPH. In contrast, many community leaders who contribute as individuals — and not on behalf of an organization — do not receive the same supports. MDPH will improve equitable access to leadership opportunities by offering community leaders the following supports:

- Stipends to compensate for time spent in meetings and for work completed in between meetings.
- Personalized coaching sessions to empower full participation.
- Access to technology to support remote participation.

- Child care and transportation support for in-person events.
- Interpretation services to address language barriers and accessibility tools to address visual or hearing impairments.
- Registration fees for relevant events and training.

Community Engagement: MDPH partners commit to long-term, meaningful community engagement. The MDPH Connected Community of Care Community Engagement Plan outlines recommended events, workshops, community conversations, key informant interviews, and other opportunities to engage additional community members beyond the community leaders participating directly in the integrative governance structure. MDPH will improve equitable access to these opportunities by offering community members the following supports:

- Stipends to compensate for time spent engaging in activities.
- Access to technology to support remote participation.
- Child care and transportation support for in-person events.
- Interpretation services to address language barriers and accessibility tools to address visual or hearing impairments.
- Scheduling events and activities during times that accommodate work, school, personal, and family obligations.

Convening: Each group within the integrative governance structure has a purpose and responsibility. MDPH partners participate based on where they can best leverage and contribute their knowledge, skills, and expertise in service to the overall initiative. Each group meets on a regular cadence, with meetings planned and facilitated by a trusted convener.

MDPH also hosts a regular convening for the entire partnership, including all group members and additional staff from partner organizations. MDPH welcomes the public and anyone interested in learning more about the initiative to attend. The **community leadership and shared governance** category includes funding for the following convening costs:

- Planning and facilitation of ongoing governance groups.
- Planning and event costs for the annual convening and other occasions.
- Food and beverages for in-person meetings and events.
- Stipends for partner organizations that do not have the capacity to provide in-kind staff support to attend meetings and events.

Strategic Planning: A trusted convener supports the integrative governance structure. The trusted convener coordinates and manages all logistics for the listed activities (community leadership, community engagement, and convening). In addition, the trusted convener provides strategic planning support, including research activities, drafting strategic planning documents, developing communication materials, and recruiting and engaging new partners. The Colorado Health Institute is MDPH's current convener.

Continuous Quality Improvement and Evaluation: MDPH commits to designing and implementing robust processes to monitor, improve, and evaluate the implementation of the connected community of care. While the partners will be independently responsible for certain aspects of this work (e.g., reporting, and internal continuous quality

improvement), partners will also have shared activities to hold the connected community of care accountable for improving the health and well-being of individuals and families across the region. These shared activities include tracking key metrics, analysis of regional data, developing improvement plans, and producing evaluation reports for public review. For more information, see the MDPH Connected Community of Care Community Engagement Plan, the Implementation Plan, and the Accountability Plan.

Who Benefits the Most with Fully Funded Costs?

MDPH partners recognize the value of **community leadership and shared governance** as a public good. All partners benefit when this category of investment is fully funded. Community members benefit from improved access to leadership and engagement opportunities. Organizations benefit from improved engagement with community members and better coordination across organizations to address community priorities. **Community leadership and shared governance activities** reduce duplication of effort and increase the impact of investments in community health and well-being.

How Are These Costs Funded? What Funding Gaps Exist?

The **community engagement and shared governance** category is funded through grants and member contributions. MDPH partners budgeted $500,000 for this category in 2022. The budget is fully funded through a mix of grants (68%), one-time member contributions (29%), and ongoing MDPH membership dues (3%). The 2022-2023 Metro Denver Connected Community of Care budget did not include extensive community engagement activities but included support for the development of the MDPH Connected Community of Care Community Engagement Plan.

What Are the Limitations of Current Funding?

The current funding (97%) for the **community engagement and shared governance** category is one-time funding. One-time funding sources require significant staff time to secure in each funding cycle. Each funding source typically requires a new application (for grant opportunities) or a new scope of work (for one-time member contributions). MDPH partners also recognize that one-time funding sources can result in the work stopping and starting periodically to adjust for gaps between funding cycles.

Is Additional Funding Available through Other Potential Sources?

MDPH partners identified one potential sustainable financing structure for **community leadership and shared governance**: earned income through ongoing MDPH membership dues. Member dues cover a small fraction (3%) of the **community leadership and shared governance** category. As structured, MDPH is generally not eligible to receive funding directly through other sustainable financing options such as dedicated public revenues, health care payment models, or public appropriations. See A Typology of Potential Financing Structures for Population Health for more information on each potential financing structure.

Many partner organizations are eligible and receive funding through a variety of sustainable financing strategies. The **community leadership and shared governance** category could be funded by partners allocating a larger portion of sustainable funding streams to MDPH through ongoing membership dues. MDPH partners may also consider restructuring and formalizing the Connected Community of Care initiative to become directly eligible for sustainable financing sources (e.g., as an independent nonprofit organization or an accountable care organization).

How Can MDPH Partners Pursue and Secure Additional Funding Sources?

MDPH partners will pursue a phased approach to fund **community leadership and shared governance** over the next decade:

Phase I: Grants and Partner Contributions *(2022-2025)*

MDPH secured significant funding through grants and partner contributions to support **community leadership and shared governance** through June 2026. The partners anticipate award decisions on additional grant funding in summer 2023 and plan to continue submitting grant proposals on a regular basis to support this category through 2025. Each participating organization may also choose to contribute additional funding to support this category; MDPH is grateful for generous contributions above the minimum annual membership dues.

Secured Funding *(2023-2026)*:

Funding Source	Amount	Timeline
Colorado Department of Public Health & Environment (CDPHE) Health Disparities and Community Grants (HDCG) Program	$100,000[1,2] $150,000[1,2]	January-June 2023 July 2023-June 2024
CDPHE Evidence-Based Intervention Technical Assistance (EBITA) Grants	$100,000[2]	January-September 2023
CDPHE Cancer, Cardiovascular, and Pulmonary Disease (CCPD) Grant Program	$1,900,000[3]	July 2023 – June 2026

[1]The HDCG Program includes funding for the community leadership and shared governance category of investment.

[2]The HDCG Program and EBITA grants started in prior years. This table lists only the funding for January 1, 2023, and beyond.

[3]The CCPD grant includes funding for both the community leadership and shared governance and the internal implementation at partner organizations categories of investment.

Identified Opportunities:

The Telligen Community Initiative (TCI) offers awards of up to $75,000 per year in an annual grant cycle. MDPH received TCI funding in the past and will continue to apply to future grant cycles.

Phase II: Glide Path *(2024-2027)*

MDPH partners will develop and approve a tiered member contribution model to fund **community engagement and shared governance** activities in 2024 and beyond. The model will be based on long-term budget projections and provide guidance to partners on the annual MDPH membership dues that will be needed to cover those anticipated costs. The intent of the model is to inform budgeting processes rather than secure long-term financial commitments to fund this work years in advance. MDPH partners will continue to approve the budget and minimum membership dues on an annual basis based on the actual costs of the previous year, available grant funding, and the proposed activities in the upcoming year.

Phase III: Beyond the Grant *(2026-2031)*

During Phase II, MDPH partners will explore two options for funding **community leadership and shared governance** in 2026 and beyond:

Ongoing MDPH Membership Dues: If partner organizations succeed in allocating adequate funding through ongoing MDPH membership dues to support this category, MDPH may decide to continue that approach indefinitely. This option eliminates unnecessary administrative costs and supports an inclusive structure where new partners can easily join MDPH and expand the partnership.

Restructuring the Initiative: MDPH may decide to restructure the Connected Community of Care initiative as an independent organization to become directly eligible to receive funding through sustainable financing options such as dedicated public revenues, health care payment models, public appropriations, or reinvestment. This option represents a significant undertaking that would require considerable administrative, governance, and legal support. This approach may also introduce new layers of competition among partners if a restructured initiative begins to draw from the same sustainable funding streams that participating organizations may otherwise rely upon. MDPH needs to thoroughly evaluate the advantages and drawbacks of this approach before planning to move forward.

Category II. Shared Interoperability Implementation

Commitments and Activities

A connected community of care will require shared infrastructure to support robust and reliable connections and coordination between partners, including shared technologies, data standards, personnel resources, and best practices. MDPH plans to leverage existing and planned interoperability infrastructure to the maximum extent possible and identify the gaps that remain for further investment. For more information, see the MDPH Connected Community of Care Implementation Plan.

The **shared interoperability implementation** category of investment includes the shared technologies, resources, and tools required to share information across systems and sectors in the connected community of care.

Commitments
1.a. MDPH partners will assess the immediate and long-term costs of leveraging existing or planned infrastructure to support interoperable S-HIE in the region. Partners will develop shared assessment criteria, including equitable access and long-term maintenance costs, to guide decision-making on implementation options within the integrative governance structure.
1.b. MDPH partners will coordinate closely with regional and statewide partners to support and inform planned and ongoing development projects. The partners do not intend to develop new technology separately from these efforts.
1.c. MDPH partners will work toward consensus on funding strategies to address gaps between existing or planned infrastructure and what is still needed to support interoperable S-HIE in the region. The partners will consider a variety of approaches to address gaps, including directly funding work as a partnership, seeking grant funding, and engaging in coordinated advocacy to external funders (e.g., philanthropy).
1.d. MDPH partners will prioritize financial sustainability in shared interoperability implementation decisions, recognizing that every dollar spent on ongoing costs to maintain interoperable S-HIE is a dollar that cannot be used to provide direct services. Shared S-HIE infrastructure should expand and enhance each organization's ability to serve individuals and families, rather than siphoning funding away from those services.
Designated Activities and Timelines
All MDPH Partners: • Participate in the integrative governance process to reach consensus on how to leverage existing and planned infrastructure and address remaining gaps, while keeping both initial and ongoing maintenance costs low. *Timeline:* 2023 and ongoing

• Participate in efforts to inform the development of statewide interoperability infrastructure, if and when appropriate. *Timeline:* 2023 and ongoing
Trusted Convener: • Facilitate the integrative governance process. Document and distribute the agreed-upon financial considerations for existing and planned infrastructure, and ongoing maintenance. *Timeline:* 2023 and ongoing • Coordinate MPDH partners to engage in opportunities to inform statewide interoperability infrastructure, if and when appropriate. *Timeline:* 2023 and ongoing
Recommended Tools and Resources
MDPH Connected Community of Care Implementation Plan Ripple Health Beyond the Grant: A Sustainable Financing Workbook

What Are the Typical Costs Included in This Category?

The **shared interoperability implementation** category describes the investment in shared infrastructure needed to exchange information across systems and sectors, including technologies. This category includes the following types of investment:

Shared Technologies: Technology systems and functions will need to match and exchange data between partners in the connected community of care. While each participating organization remains responsible for implementing its own internal systems to support and engage in interoperable S-HIE, the partners also identified initial, shared technologies that will require investment, including:

- A centralized data repository for screening and assessment records
- An integrated community resource inventory
- An identity resolution function

The **shared interoperability implementation** category includes the costs of developing and maintaining these shared technologies, as appropriate. See the MDPH Connected Community of Care Implementation Plan for more information on these shared technologies.

Interoperability Resources and Tools: MDPH partners identified resources and tools that will aid partners in interoperability implementation. One example is a shared document repository of standardized screening/assessment tools, complete with example policies and procedures to aid new and existing MDPH partners in implementing screening and assessment workflows within their organizations. This shared document repository will reduce the administrative burden of implementation for partners and promote shared best practices. Other examples include standardized legal agreements and data standards

documentation. The **shared interoperability implementation** category includes the costs of developing or curating these interoperability resources and tools, as appropriate.

Consulting and Technical Assistance: Additional technical expertise may be needed beyond the support offered directly by vendors providing shared technologies. This includes consulting and technical assistance provided through national initiatives such as the Gravity Project or Open Referral. While substantial assistance and learning opportunities are frequently available at no-cost through these initiatives, staff time is still required to leverage them. The **shared interoperability implementation** category includes the cost of staff time to seek technical expertise and assistance on behalf of the partnership as well as the cost of paying external experts to provide services to the partnership, if needed.

Who Benefits the Most with Fully Funded Costs?

The value proposition of interoperable S-HIE within a connected community of care is focused on the benefits to individuals and families. MDPH partners remain committed to this value proposition and will purposefully design **shared interoperability implementation** activities that ensure individuals and families benefit the most when these costs are funded.

When individuals and families receive better coordinated services, institutions (e.g., government agencies and health insurers) also benefit. Colorado's government agencies and health insurers share some of those benefits with organizations providing coordinated services through alternative payment methods, social impact bonds, and other innovative financing structures. These innovative structures intend to align incentives so that service organizations, including health systems and community-based organizations, benefit when individuals and families benefit, rather than being paid on a fee-for-service basis that generates more revenue when individuals and families use more services. MDPH anticipates that financing structures will continue to mature and evolve to incentivize coordinated, comprehensive care.

How Are These Costs Funded? What Funding Gaps Exist?

Existing and planned interoperability infrastructure is funded primarily by Colorado's state agencies, including the Department of Health Care Policy & Financing, the Department of Public Health & Environment, the Department of Human Services, and the Office of eHealth Innovation housed in the Lieutenant Governor's Office. Each of these agencies provided substantial funding for the planning and development of interoperability infrastructure, and they all announced plans for further investment in this area over the next five years.

MDPH partners recognize the importance of these funding opportunities to support the upfront costs to develop shared technologies and interoperability resources and tools. State funding may also be available to cover ongoing maintenance costs (see Identified Opportunities).

What Are the Limitations of Current Funding?

While current state funding spurred progress toward interoperable S-HIE across Colorado, the available funding streams were not well coordinated and did not produce a comprehensive statewide architecture. Rather, a variety of pilot projects and plans reinforced old siloes and introduced new ones. The Office of eHealth Innovation works with all state agencies to improve alignment between funding sources and advance the vision for a statewide unifying architecture. This work takes time. While MDPH seeks to advance a connected community of care quickly, the partners recognize the value of coordinating with statewide efforts and commit to supporting and informing these efforts as appropriate.

Is Additional Funding Available through Other Potential Sources?

Colorado's state agencies collectively budgeted more than $30 million to support statewide care coordination infrastructure in the coming years (see Identified Opportunities). This substantial public funding stream will significantly impact the statewide interoperability landscape. To avoid creating duplicative or unnecessary technologies, MDPH partners intend to coordinate closely with planned and ongoing regional and statewide development efforts rather than starting new regional development efforts. Additional regional infrastructure may be needed, but that determination cannot be made until further decisions are made about the statewide unifying architecture.

MDPH partners anticipate ongoing costs of this category after initial development; however, it is difficult to estimate the ongoing cost or identify potential funding sources to support those ongoing costs until further decisions are made about the statewide unifying architecture.

How Can MDPH Partners Pursue and Secure Additional Funding Sources?

MDPH partners will pursue a phased sustainability approach to **shared interoperability implementation** over the next decade:

Phase I: Grants and Partner Contributions *(2022-2025)*

MDPH anticipates that funding opportunities through Colorado's state agencies will make a significant impact on the cost of the **shared interoperability implementation** category through 2025. MDPH partners will apply to funding opportunities as appropriate; however, much of the funding will likely pertain directly to technical vendors to develop statewide technical architecture. MDPH will engage in opportunities to inform decisions about statewide interoperability infrastructure and will work to coordinate regional plans with statewide development efforts.

Identified Opportunities:

- The Colorado Office of eHealth Innovation, in partnership with the Department of Health Care Policy & Financing, plans to invest $22.5 million in a S-HIE Statewide

Unifying Architecture between July 1, 2023, and June 30, 2025. A portion of that funding ($7.5 million) is reserved to support regional Connected Communities of Care.
- Senate Bill 22-177, passed in 2022, allocates $12.2 million to the Department of Human Services for use by the Behavioral Health Administration to invest in statewide care coordination infrastructure.

Phase II: Glide Path *(2024-2027)*

In Phase II, MDPH partners will identify gaps between existing or planned infrastructure and what is still needed to support interoperable S-HIE in the region and plan for the ongoing costs associated with the **shared interoperability implementation** category. Key decisions about the statewide unifying architecture are expected to be made by 2024, allowing the partners to better identify remaining gaps, anticipate ongoing costs, and identify potential funding sources. Potential financing structures may include public appropriations, earned income (licensing fees), or reinvestment. See A Typology of Potential Financing Structures for Population Health for more information on each potential financing structure.

Phase III: Beyond the Grant *(2026-2031)*

During Phase II, MDPH partners will develop a plan to fund ongoing costs associated with the **shared interoperability implementation** category. The partners will work closely with external funders (e.g., state agencies) as needed to implement the plan in Phase III.

Category III. Internal Implementation at Partner Organizations

Commitments and Activities

MDPH partners will implement screening and assessment, referral, care coordination, and community health analytics activities based on their organizations' services and capacity within the connected community of care. MDPH respects the autonomy of each partner in internal implementation, providing guidance and resources to support those efforts rather than prescriptive directions. For more information, see the MDPH Connected Community of Care Implementation Plan.

The **internal implementation** category of investment refers to the expenditures required for each partner to implement internal technologies, policies, and workflows related to screening and assessment, referral, care coordination, and community health analytics.

Commitments
1.a. MDPH partners will assume responsibility for funding internal implementation activities within each organization. The partners may decide to prioritize certain internal implementation activities or adopt a phased implementation approach based on internal budget considerations.

1.b. MDPH partners will collectively identify and pursue external funding opportunities to support internal implementation, when available. The partners will develop separate or shared proposals as appropriate for each funding opportunity. For shared opportunities, MDPH commits to prioritizing partner organizations that are least able to fund this work independently.
Designated Activities and Timelines
All MDPH Partners: • Develop an organizational budget for internal implementation costs and prioritize implementation activities as needed based on available funding. *Timeline:* 2023 and ongoing • Pursue funding opportunities as appropriate, whether developing a separate proposal or contributing to a shared proposal. *Timeline:* 2023 and ongoing
Trusted Convener: • Identify and distribute information about funding opportunities to support internal implementation costs. *Timeline:* 2023 and ongoing • Coordinate efforts among partners to submit shared proposals when appropriate. *Timeline:* 2023 and ongoing
Recommended Tools and Resources
Ripple Health Beyond the Grant: A Sustainable Financing Workbook

What Are the Typical Costs Included in This Category?

The **internal implementation** category describes the investment required for MDPH partners to implement internal technologies, policies, and workflows related to screening, referral, care coordination, and community health analytics. This category includes the following types of investment:

Internal Technologies: Most partners will implement technical systems internally to conduct screening and assessment, referral, care coordination, and analytics activities. Examples of commercially available technical systems include electronic health records (e.g., Epic, MEDITECH) and referral platforms (e.g., findhelp, Unite Us). Partners may also build technical solutions in house, such as Boulder County Connect. The internal implementation category includes the costs of selecting, developing or purchasing, and implementing internal technologies. Organizations (e.g., small community-based organizations) may be eligible for free access to commercial technologies.

Internal Upgrades to Enable Connections: Each organization may encounter different types of costs when preparing to connect internal systems to shared technologies. For

example, one organization may need to upgrade broadband service while another may need to switch to a new electronic health record.

Planning and Workflow Development: Screening and assessment, referral, care coordination, and analytics activities will require significant planning and workflow development at each organization. The internal implementation category includes staff time devoted to planning for internal implementation.

Staff Training: Each organization will need to provide initial and ongoing training to all staff involved in screening and assessment, referral, care coordination and analytics activities. While MDPH may develop and offer shared training opportunities, each organization remains responsible for internal training. The internal implementation category includes the costs of developing and delivering internal training, as well as staff time to attend training.

Staff Time Representing Their Organization: Each organization will likely devote staff time to use interoperability resources and tools and engage in learning opportunities on behalf of the organization.

Who Benefits the Most with Fully Funded Costs?

MDPH partners will benefit from more successful implementation of screening and assessment, referral, care coordination, and community health analytics activities when **internal implementation** is fully funded. These activities will ensure improved experience for individuals and families served across partner organizations.

How Are These Costs Funded? What Funding Gaps Exist?

The **internal implementation** category is funded separately by each partner through a wide variety of funding mechanisms. MDPH partners have not shared comprehensive details on how they fund their internal activities or the specific funding mechanisms used. However, the partners discussed a broad spectrum of funding, ranging from organizations funding all activities comprehensively to organizations only funding limited screening and assessment, referral, care coordination, or analytics activities.

What Are the Limitations of Current Funding?

MDPH recognizes the inherent disparities that result from each partner funding the **internal implementation** category separately. Partners that have access to more resources will find it easier to fund and implement robust screening and assessment, referral, care coordination, and analytics activities, while partners struggling to secure resources may not implement core functions of a connected community of care at all. MDPH will work to identify opportunities to support partners with fewer resources to successfully fund internal implementation costs.

Is Additional Funding Available through Other Potential Sources?

Grants, institutional investments, and free access opportunities may be available to assist partner organizations in funding the **internal implementation** category. Grant funding may include opportunities like the Behavioral Health Administration Community Investment Grants, which will provide support to local governments, community-based organizations, federally recognized tribes, and nonprofit organizations offering care navigation and coordination services through December 2024. Institutional investments might include larger MDPH partners providing grants to smaller MDPH partner organizations to strengthen the connected community of care. Several commercial vendors, including findhelp and Unite Us, offer free or reduced-price access to their technologies for organizations that qualify.

How Can MDPH Partners Pursue and Secure Additional Funding Sources?

MDPH partners will pursue a phased approach to funding the **internal implementation** category over the next decade:

Phase I: Grants and Partner Contributions *(2022-2025)*

MDPH partners will work collaboratively to identify and distribute information about grant funding opportunities to support **internal implementation** costs through 2025. For shared opportunities, the partners will prioritize participating organizations with the least resources to fund this work independently.

Phase II: Glide Path *(2024-2027)*

As the network of partners in the connected community of care matures and develops, MDPH will assess the long-term feasibility of each partner organization funding the **internal implementation** category independently. The partners may consider alternative approaches, including the following options:

- **Intraorganizational Contracts, Grants, or Subsidies:** Partners may consider a variety of ways to transfer resources between organizations in the partnership. Partners already contract with or provide grants to other organizations to support specific services or activities. Those arrangements could be expanded to include **internal implementation** activities. Partners might also contribute funding to provide subsidies to other organizations, such as a health system that covers all licensing fees for partner organizations using the same referral platform.
- **Collaborative Funding:** MDPH partners could consider expanding the tiered membership dues model to cover the costs of **internal implementation** for certain members.

Phase III: Beyond the Grant *(2026-2031)*

During Phase II, MDPH partners will reassess the funding strategy for the **internal implementation** category and may adjust as needed in Phase III.

Category IV. Service Provider Capabilities and Capacity

Commitments and Activities

The Metro Denver Connected Community of Care will only be as strong as the capacity and capabilities of direct service providers in the network. Screenings, assessments, and referrals cannot improve community health if services are not available on the receiving end of a referral. This is known as "coordinating to nowhere" and it stymied high-profile care coordination efforts across the nation. MDPH partners commit to addressing this issue to ensure that every individual and family has access to the right services at the right time and in the right place.

The **service provider capabilities and capacity** category of investment supports the capabilities and capacity of direct service providers to participate in the connected community of care and to serve individuals and families referred through its partner network. MDPH distinguishes between service provider capabilities and capacity:

- **Capabilities** refers to the knowledge, skills, and tools required to provide services and to participate fully in a connected community of care, including with interoperable technology.
- **Capacity** refers to the ability to provide the volume of services requested through the network and to engage in timely coordination activities with other organizations.

MDPH includes a wide range of partners who provide direct services, including health systems, Regional Accountable Entities, local public health agencies, human service agencies, and community-based organizations. While all direct service providers are critical partners in an effective connected community of care, MDPH identified **community-based organizations** as the top priority for near-term investment. This sustainability plan focuses on commitments and funding strategies to support community-based organizations participating in the connected community of care, though these strategies could also support other direct service partners.

Commitments
4.a. MDPH partners will implement payment arrangements between referral partners to support service provider capabilities and capacity, as appropriate and feasible. One partner may benefit financially from a service that another partner provides; payment arrangements should ensure that these financial benefits are shared to support sustainability of the service generating the benefit. One example might be a health system providing payment to a community partner that offers home-delivered meals, recognizing that medically tailored meals for people with certain chronic diseases can reduce hospital readmissions.

Payment arrangements will be negotiated and implemented between partners on a case-by-case basis. MDPH will provide tools and resources to support the exploration, development, and implementation of these arrangements between partners.

4.b. MDPH partners will provide guidance to participating partners on how to braid and blend funding streams to support service provider capabilities and capacity. Guidance provided may include research to identify funding sources, information on how to access different funding sources, and training on managing braided and blended funds.

4.c. MDPH partners will continue to explore innovative approaches to fund service providers' capacity, including global budgets, social service vouchers, and philanthropic partnerships. The partners will conduct an annual scan of emerging best practices across the nation to identify new approaches that could be implemented in the Denver region.

Designated Activities and Timelines

All MDPH Partners:

- Collaboratively pursue grant funding that supports technical assistance for service providers to braid and blend existing funding streams to enhance service capacity.
  Timeline: 2023 and ongoing

- Expand existing and pursue new payment arrangements between partners to support service provider capacity.
  Timeline: 2023 and ongoing

Trusted Convener:

- Identify and distribute information on funding opportunities that support technical assistance for service providers to learn and implement braiding and blending funding models, where feasible.
  Timeline: 2023 and ongoing

- Coordinate efforts among partners to submit shared proposals, when appropriate.
  Timeline: 2023 and ongoing

- Research existing payment arrangements that support community-based organization capacity and share best practices for MDPH partners to pursue.
  Timeline: 2023 and ongoing

- Facilitate an annual scan of emerging best practices to identify new approaches to payment arrangements that support community-based organization capabilities and capacity.
  Timeline: 2023 and ongoing

Recommended Tools and Resources

Ripple Health Beyond the Grant: A Sustainable Financing Workbook

What Are the Typical Costs Included in This Category?

The **service provider capabilities and capacity** category describes the investment required to cover the administrative and programmatic costs of delivering community-based services to individuals and families within a connected community of care. This category includes the following types of investment:

Service Gaps: MDPH partners will evaluate the community-based services available in the metro area to address gaps between existing services and the support that individuals and families seek. The **service provider capabilities and capacity** category includes investments that may be needed to fund new services to address these gaps.

Service Volume: An effective connected community of care will require a sufficient supply of services to meet increased demand. While some services are underutilized, organizations often reach or exceed the limit on how many individuals and families they can serve at any given time. Additional investment will be needed to increase the quantity of services that can be provided in response to referrals.

Access to the Connected Community of Care Through Interoperable S-HIE: Each MDPH partner will implement its own internal systems to support and engage in interoperable S-HIE within the connected community of care (included in the Internal Implementation at Partner Organizations category). However, MDPH recognizes that all partners will not have the resources to implement sophisticated interoperable technologies. These partners should be granted access to interoperable S-HIE through web portals or other tools, offered free of charge to qualifying organizations. MDPH partners will collaboratively develop standard guidance on types of qualifying organizations and will use that guidance to communicate and engage with new partners interested in joining the connected community of care.

Additional Training Support: MDPH partners provide training to internal staff on workflows and best practices to implement screening and assessment, referral, and care coordination activities (included in the Internal Implementation at Partner Organizations category). Partner organizations may need to provide additional training on topics such as Health Insurance Portability and Accountability Act (HIPAA) compliance or electronic data management if these topics are not covered in existing staff training programs. The **service provider capabilities and capacity** category includes the cost of additional training for these organizations.

Who Benefits the Most with Fully Funded Costs?

Individuals and families benefit directly when **service provider capabilities and capacity** are fully funded. This category of investment increases access to care by ensuring sufficient supply of services to meet the demand. The benefits range from something as modest as avoided frustration to something as significant as improved health outcomes resulting from housing support, income support, nutrition support, care coordination, and other services.

All MDPH partners benefit when individuals and families receive the right services at the right time and in the right place. Benefits might take the form of avoided medical costs or

improved administrative efficiency. The benefits associated with all other categories of investment will be limited or negated if the **service provider capabilities and capacity** category of investment is underfunded. The entire connected community of care relies on sufficient service capacity to meet the goal of improving the health and well-being of individuals and families.

How Are These Costs Funded? What Funding Gaps Exist?

The **service provider capabilities and capacity** category of investment is funded through a multitude of funding streams specific to each type of service provider.

Health systems and Regional Accountable Entities rely primarily on contracts with health insurance providers, especially Health First Colorado, Colorado's Medicaid program. County, state, and federal programs fund services provided by local public health agencies and county human service departments, although many county governments seek grants to expand and enhance their services.

Community-based organizations often depend heavily on grants and donations with uncertain funding streams that can rise and fall unpredictably. For this reason, community-based organizations generally experience more vulnerability with funding gaps and shortfalls. MDPH recognizes the importance of these services and will prioritize efforts to stabilize and enhance the funding streams available to community-based organizations.

What Are the Limitations of Current Funding?

Current funding streams do not sufficiently support **service provider capabilities and capacity** across all service types. Funding shortfalls result in dramatic differences between supply and demand for services, especially housing. For example, housing vouchers are so limited that the Denver Housing Authority implemented a lottery system to apply for a voucher. Individuals and families not selected must wait until the following year to enter the lottery again.

MDPH understands the challenge of fully funding the **service provider capabilities and capacity** category across all service types. The dollar amounts that would be required (likely to be measured in billions) exceed the current scope of MDPH. This plan focuses on a narrow slice of this category: support for community-based organizations participating in the connected community of care. MDPH partners identified this as a critical, yet feasible, piece of work that needs to be done.

Is Additional Funding Available through Other Potential Sources?

New funding sources support the **service provider capabilities and capacity** category of investment, including alternative payment models for health care services and flexible funding models for governmental services. These funding streams remain siloed and may introduce externalities, where the financial benefits that result from a service accrue to an organization that did not provide the service. This is known as "the wrong pocket" problem.

For example, a nonprofit housing organization might repair a staircase, reducing the number of falls among residents which would have otherwise led to costly hospitalizations. The cost savings of this service might benefit the local hospital under an alternative payment model, rather than the housing organization that provided the service. Additional financial arrangements would be needed to ensure that the housing organization receives funding to continue to provide that service. MDPH identified this opportunity to support and expand payment arrangements between partners to fully leverage the funding sources available to support the ecosystem.

How Can MDPH Partners Pursue and Secure Additional Funding Sources?

MDPH partners will pursue a phased approach to funding the **service provider capabilities and capacity** category, with a focus on support for community-based organizations over the next decade.

Phase I: Grants and Partner Contributions *(2022-2025)*

MDPH partners will work collaboratively to identify and pursue grant funding to support technical assistance to service providers in braiding and blending existing funding streams.

MDPH partners will identify existing payment arrangements that support community-based organization capabilities and capacity and develop best practices for payment arrangements between MDPH partners.

The partners will continue to explore innovative approaches to fund service providers' capacity, including global budgets, social service vouchers and philanthropic partnerships. MDPH will conduct an annual scan of emerging best practices across the nation to identify new approaches that could be implemented in the metro Denver region.

Phase II: Glide Path *(2024-2027)*

MDPH partners will encourage the expansion of payment arrangements between partners, especially those that support community-based organization capabilities and capacity to participate in the connected community of care. The partners will also pursue innovative approaches identified in Phase I.

Phase III: Beyond the Grant *(2026-2031)*

MDPH partners will establish a comprehensive network of payment arrangements between partners, with a focus on those that support community-based organization capabilities and capacity. The partners will continue to pursue additional innovative approaches identified in Phases I and II.

Glossary

Better cross-sector coordination begins with shared vocabulary. The following are definitions for terms used within the Metro Denver Connected Community of Care initiative.

Community-Based Organization or Service Provider: A private, nonprofit organization, which may include faith-based organizations, that provides direct services and/or advocates for a certain population in the community. Direct services may include food pantry services, home-delivered meals, transportation, utility assistance, housing navigation assistance, temporary housing or shelter, or other services that address an individual or family's social needs.

Connected Community of Care: A network of partners who coordinate care and services for individuals and families, and who make collaborative resource investments to promote health equity and resiliency. A connected community of care:

- Is made up of cross-sector partnerships among health systems, clinics, public health and human service agencies, Regional Accountable Entities, community-based organizations, and mental health and behavioral health providers.
- Uses interoperable technology, such as social-health information exchange (S-HIE), as a tool to share information appropriately and securely, coordinate care, and determine how to make informed community health investments.

Family: May refer to adults who are responsible for the care of children or minors or vulnerable adults, or an older adult being cared for by another relative. A person served through guardianship may be another example when referring to a family unit. MDPH partners must follow applicable laws when managing privacy and consent of family members.

Governmental Services: Services provided by local public health agencies, local human service agencies, or other government-funded programs. Examples include Supplemental Nutrition Assistance Program and Special Supplemental Nutrition Program for Women, Infants, and Children.

Health Insurance Portability and Accountability Act (HIPAA): 1996 federal law that requires the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

Integrative Governance: The organizational and decision-making structure required for shared leadership, responsibility, and accountability in the development and management of the Metro Denver Connected Community of Care initiative. The Metro Denver Connected Community of Care integrative governance structure is based on the ReThink Health integrative activities. Within its integrative governance structure, MDPH commits to collaborative decision-making with community leadership to ensure the connected community of care is community-driven and responsive to individuals' and families' needs.

Interoperability: The ability of different information systems to connect, work together, and share information.

MDPH Partners: All people and partner organizations participating in the Metro Denver Connected Community of Care initiative, including public health agencies, health systems and hospitals, Regional Accountable Entities, health alliances, community-based organizations, community members, and a trusted convener.

Person- and family-centered care: Views patients and clients as unique individuals who are partners in making decisions about their individual and family's care and services, alongside of their health care and social service providers.

Regional Accountable Entity (RAE): An organization responsible for coordinating Health First Colorado (Medicaid) members' care, ensuring they are connected with primary and behavioral health care and community resources when needed.

Shared Social-Health Information Exchange (S-HIE) Infrastructure: A technical solution that allows health care and social service providers to share individual and aggregate level data across their separate S-HIE systems or electronic health records. Shared S-HIE infrastructure allows health care and social service providers to work as a team to screen, assess, and refer people to resources and services, provide care coordination when appropriate, and evaluate overall impacts on health and well-being. Shared S-HIE infrastructure is a tool for a network of providers to coordinate services for individuals and families, identify resource or capacity gaps, and determine opportunities for collective investments in community health promotion and improvements.

Social-Health Information Exchange (S-HIE) System: A technology tool or platform that allows health care and social service providers to screen, assess, and refer people to resources and services to address their social needs. S-HIE systems include individual and aggregate level data. Commercial examples may include Epic, findhelp, MEDITECH, Salesforce, Unite Us, and others. A local example is Boulder County Connect.

Social Needs: Also referred to as health-related social needs. Social needs include food security, housing security and quality, utility assistance, transportation, and interpersonal safety.

Social Service Providers: A general term used to collectively describe community-based service providers and human service agencies.

Trusted Convener: An organization that provides strategic planning, technical assistance, facilitation, and project management for a group of organizations working on a shared initiative or priority.

Use Case: A real-world scenario that illustrates how a connected community of care could be used to address a specific need (e.g., stable housing).