

**COLORADO
SPRINGS
HEALTH
FOUNDATION**

**Collaborative Efforts:
A Landscape Scan**

January 2020

BACKGROUND AND INTRODUCTION

The purpose of this landscape scan is to provide an overview of the collaborative efforts related to Colorado Springs Health Foundation's funding focus areas. At the time of the scan, CSHF's funding focus areas were:

- Expand access to healthcare for those in greatest need
- Address the healthcare workforce shortage
- Prevent suicide
- Cultivate healthy environments within high-need, underserved communities.

In 2018, CSHF set out to learn about how its funded partners understood five areas of interest: collaboration, culture of learning, evidence-based practices, health equity and sustainability. With respect to collaboration, the process revealed that some funded partners desired greater opportunity for connection and coordination, and that the term "collaboration" was used to describe a range of collaborative efforts. As such, CSHF wanted to understand more about the current state of collaborating, coordinating and/or networking opportunities occurring within its funding focus areas.

For the purposes of this landscape scan, CSHF uses the term "collaborative effort" to describe a spectrum of inter-organizational interactions. This includes true collaboration (CSHF defines true collaboration as multiple organizations, perspectives and disciplines working together in pursuit of a common goal) as well as coordination and networking activities.

PROCESS

- CSHF staff selected the initial interviewees based on two qualifications: They had an established relationship with CSHF and/or they had expertise in at least one of the four focus areas. A few of the selected interviewees currently lead collaborative efforts. Akin to snowball sampling technique, interviewees were asked to provide names of others who might have insight on local collaborative efforts in order to broaden the number of people interviewed.
- Each interview lasted approximately 30 minutes, was conducted by phone and followed a structured interview format.
- Interviewees were asked to speak about collaborative efforts related to one or more focus areas:
 - Twenty-four focused on access to health care
 - One spoke about the healthcare workforce shortage
 - Eighteen spoke about suicide prevention
 - Nine focused on healthy environments
 - Sixteen referenced other community health issues
- In total, staff conducted 31 phone interviews involving 33 individuals from 26 organizations. The interviews took place during third quarter 2019.

KEY FINDINGS

- There is no common definition of collaboration. Consistent with CSHF's previous findings, interviewees' understanding of collaboration varied significantly and reflected a range of collaborative efforts from coordinating bodies, coalitions, networks and true collaborations.
- There appears to be robust collaborative efforts related to access to health care, whereas there is less collaborative activity occurring within suicide prevention or healthy environments. Only one instance of

collaboration was mentioned relative to healthcare workforce shortage. This difference may be a result of the fact that access to healthcare is a very broad domain relative to the other funding focus areas. (Note: Some collaborative efforts fit into more than one focus area)

- Access to healthcare: 20 efforts
 - Healthcare workforce shortage: 1 effort
 - Suicide Prevention: 7 efforts
 - Healthy Environments: 7 efforts
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- Although there appear to be a number of collaborative efforts operating within access to healthcare, a number of interviewees noted that there remains fragmentation within the community behavioral health system, and as such, it may benefit from more collaborative initiatives.
 - A select number of organizations were identified as playing a key convening or coordinating role in local collaborative efforts: Colorado Springs Fire Department, Community Health Partnership, El Paso County Public Health and Teller County Public Health.
 - Interviewees identified a number of collaborative efforts associated within and beyond CSHF's funding focus areas. Previous feedback from funded partners indicates that they may not be aware of these efforts, thus suggesting a possible knowledge gap between perception and reality.

Please see the appendix for a complete list of collaborative efforts identified by interviewees. They are organized according to funding focus area.

BROADER THEMES RELATED TO COLLABORATIVE EFFORTS

Interviewees shared their thoughts on collaborative efforts more generally even though this was not part of the structured interview format. Some themes emerged:

- There is a desire for more professional development, trainings and workshops on collaboration: what it is, what it means, when and how it is done, key success factors. This includes learning more about how backbone functions can strengthen a collaboration's impact.
- True collaboration requires investment: time, money, shared risk.
- Most collaborative efforts tend to involve those in leadership. While leadership participation is crucial to the success of almost any collaborative effort, it may limit opportunities to involve and engage middle management and the direct line workers who do the work and experience system barriers most directly. How best can collaborative efforts engage and harness the important voices and insights at all levels of an organization?
- Collaborative efforts rise and fall on relationships. When people leave an organization, they often take with them key knowledge of community resources, which can lead to program duplication across organizations. How do our community organizations mitigate this risk?
- How do we move beyond the summits, initial meetings and gatherings that rarely result in follow-up or next steps? Most collaborative discussions end in 1-3 meetings. People are ready to participate, yet how can we move from initial conversation to intentional and coordinated action?

POTENTIAL OPPORTUNITIES FOR INCREASED COLLABORATIVE EFFORTS

Interviewees identified opportunities where a collaborative approach may make a positive difference vis-à-vis community health challenges.

EXPAND ACCESS TO HEALTHCARE FOR THOSE IN GREATEST NEED

Interviewees remarked on several behavioral health-related challenges that may benefit from greater collaborative effort. These challenges included but were not limited to: barriers to accessing treatment (behavioral health provider shortage, understanding insurance coverage, cost, transportation); connecting people with services; and coordinating care in the face of privacy laws.

Collaboration-related ideas for address these challenges included:

- Convene providers serving similar populations in order to increase inter-organizational communication, understand common problems, and develop or share solutions.
- Implement a common technological platform where community agencies can navigate clients/care/services with each other.

ADDRESS THE HEALTHCARE WORKFORCE SHORTAGE

Interviewees underscored the criticality of two key healthcare workforce shortages: the behavioral health provider shortage and the certified nursing assistant shortage, particularly CNAs who work with older adults. They noted that recruitment is less of a concern than retention.

SUICIDE PREVENTION

At the time of the interview, several interviewees noted that there is no collaborative effort focused on suicide across the lifespan. In addition, they noted an interest in greater analysis and evaluation of suicide trends, e.g. Why have El Paso County youth deaths by suicide declined in the last couple of years? It was suggested that there be a suicide prevention collaboration focusing on all ages, including older adults and veterans. *(Note: Since the landscape scan interviews were conducted, an all-ages suicide prevention collaboration has been initiated with Community Health Partnership serving as the backbone organization.)*

CULTIVATE HEALTHY ENVIRONMENTS WITHIN HIGH-NEED, UNDERSERVED COMMUNITIES

Interviewees remarked on the large and growing problem of food insecurity; food deserts and swamps; transportation barriers to accessing healthy, affordable food; and access gaps to sports and recreation facilities, particularly indoor facilities. In addition, it was noted that our community is missing a multigenerational approach to active living and nutrition.

Ideas to address these concerns included:

- Create an active living collaboration similar to the food policy advisory committee
- Establish a collaborative to focus on multigenerational active living and nutrition.

- Bring the medical profession and community together to work on the intersection of healthy eating, active living and mental health.

OTHER OPPORTUNITIES

Interviewees also mentioned other health-related needs that would benefit from some form of collaborative effort:

- Health equity: Some mentioned the need for intentional, multi-organizational conversations about health equity.
- Housing: Interviewees noted that the lack of affordable housing not only affects health, it also affects recruitment and retention of the healthcare workforce. It was suggested that a collaboration of organizations be established to increase affordable housing.
- Transportation: Interviewees appropriately noted that a lack of transportation affects many dimensions of health: income/employment, education, access to food and opportunities for physical activity, and access to clinical care. It was also noted that transportation barriers are more pronounced in rural areas such as Teller County and have an impact on the recruitment and retention of the healthcare workforce. It was recommended that a collaborative effort involving transportation providers may be beneficial to improving multi-modal transit options, to include ride-sharing services such as Uber and Lyft.

CONCLUSION AND NEXT STEPS

El Paso and Teller Counties boast a fair number of collaborative efforts, especially those related to select dimensions of access to healthcare. Yet, opportunities may exist to bolster collaborative efforts related to behavioral health, the healthcare workforce shortage, affordable housing and transportation. Examples of true collaboration are rare, and there appears to be confusion about what, when and how collaboration (vs. other models) should be deployed.

Suggested next steps:

- Increase knowledge/awareness of existing collaborative efforts to support greater engagement among interested organizations
- Offer regular learning opportunities on the topics of collaboration, collaborative models, collective impact, backbone organizations and related topics
- Continue to invest in collaboration through the Fostering Collaboration funding opportunity, especially efforts that incorporate principles of and learnings from the Collective Impact framework.
- Participate in select collaborative efforts to better understand the challenges involved in collaborative work and to participate in solutions to remediate those challenges (Current examples: Youth Suicide Prevention Workgroup; Firearm Safety Think Tank)
- Selectively encourage and/or initiate collaborative efforts where and when both a gap exists and community readiness is ripe

APPENDIX

COLLABORATIVE EFFORTS ORGANIZED BY CSHF FOCUS AREA

The following is a list of collaborative efforts collected from landscape scan interviews. This list is not intended to be a complete and exhaustive list of all collaborative efforts, and, given that it was collected during third and fourth quarter 2019, some of these collaborative efforts may no longer be operating and/or the leader or name may have changed. Other collaborative efforts may exist, but just may not have been brought to our attention during the interviews. The list includes efforts in El Paso and Teller Counties, not beyond.

In most cases, the collaborative effort provided the description, but in some cases, CSHF staff wrote the description, which is denoted with a*.

ACCESS TO HEALTHCARE FOR THOSE IN GREATEST NEED

Name: Age Friendly Colorado Springs Working Group *

Lead: Innovations in Aging

Description: Community and health services working group. Monitor action items that are part of the Age Friendly Colorado Springs.

Name: Behavioral Health Control Committee

Lead: Colorado Springs Fire Department

Description: Provides oversight to assure coordination of services for CSFD CARES and CRT programs.

Name: Coalition for Prevention, Addiction Education and Recovery (CPAR)

Lead: Community Health Partnership

Description: CHP provides backbone support for a coalition of stakeholders engaged in coordinated community-centered planning to mobilize our collective resources to address the opioid epidemic and other substance use issues.

Name: Communities that Care, Fountain Valley

Lead: El Paso County Public Health

Description: A prevention system that has been proven to reduce alcohol and tobacco use, crime and violence among youth.

Name: Community Care of Central Colorado – Performance Improvement Advisory Committee*

Description: Quarterly meeting of Medicaid members and stakeholders who serve Medicaid clients.

Name: Coordinated Access to Community Health (CATCH)

Lead: Community Health Partnership

Description: CATCH is a network of independent safety net clinics. CHP supports this network by coordinating donated medical services, providing patient navigation, and making training available to safety net providers.

Name: Criminal Justice Coordinating Council Funding Committee*

Lead: El Paso County

Description: To address funding needs identified by the Criminal Justice Coordinating Council that support system innovations to improve how the judicial system works with people with behavioral health and substance use issues.

Name: Detox Community Committee *

Lead: Colorado Springs Fire Department

Description: Improving and bridging Systems. Participants include detox, behavioral health control committee, hospitals, Aspen Pointe, Colorado Springs Police Department, El Paso County Public Health Medical Director, Corrections, (state) Office of Behavioral Health.

Name: Healthy Community Collaborative

Lead: El Paso County Public Health

Description: A stakeholder group of community partners who have been working together since 2011 to implement strategies identified in the El Paso County Community Health Improvement Plan (CHIP). The HCC consists of more than 60 representatives from schools, hospitals and health systems, non-profit organizations, city and county government agencies, public health, medical providers, and interested citizens.

Name: Health and Wellbeing Committee

Lead: Alliance for Kids

Description: Participants look at social emotional health and nutrition support to families. Participating organizations include Aspen Pointe, CCHA, and Culture of Wellness.

Name: High-Intensity Patient Task Force

Lead: Colorado Springs Fire Department

Description: Region 7 PIAC

Name: Hospital Innovation Project

Description: Collaborative approach to address health disparities using Medicaid dollars more effectively. DHS, and Teller County Public Health. Goal is to reduce ER admissions and reduce readmissions in Teller County.

Name: Hospital Transformation Project

Description: Collaborative approach to address health disparities using Medicaid dollars more effectively. El Paso County Public Health, UC Health, Centura, Children's Hospital, FQHC's, mental health providers. Goal is to utilize Medicaid dollars more effectively, reduce costs and increase accountability.

Name: Mobility on Demand

Lead: Envida

Description: Envida, Silver Key and Fountain Valley Senior Center form the Mobility on Demand collaboration to utilize an on-demand transportation technology to increase transportation system efficiencies and improve health outcomes.

Name: Project Detour

Lead: Community Health Partnership (transitioning to Homeward Pikes Peak)

Purpose: CHP is piloting a program to coordinate substance use disorder treatment and housing for women experiencing or at risk of homelessness with addiction issues and criminal justice system involvement to reduce recidivism and improve health outcomes.

Name: Program Improvement Advisory Committee (PIAC)

Lead: Colorado Community Health Alliance

Description: PIAC brings together a diverse, multi-disciplinary network of health care providers, community organizations and other service providers to share feedback on processes and systems to improve health, access, cost, and satisfaction of members and providers

Name: Southern Colorado Health Collaborative

Description: Connecting physical and behavioral healthcare professionals and affiliates to share knowledge, bridge the gap in communication with the goal of creating a more collaborative health care continuum and a higher level of care for people of all abilities from pediatric to geriatric in Southern Colorado.

Name: Teller County Mental Health Alliance*

Lead: Teller County Public Health & UC Health

Description: Increase access to mental healthcare and suicide prevention.

Name: SATURN*

Lead: Teller County Public Health

Description: A community coalition that follows the Communities that Care model to prevent youth problem behaviors within Teller County. Focus on youth substance prevention, reducing stigma for mental health and suicide prevention.

Name: Tobacco Free Alliance

Lead: El Paso County Public Health

Description: The Tobacco Education and Prevention Partnership (TEPP) is a grant-funded program that works with community partners to: Help adults and youth quit tobacco, prevent youth from starting tobacco and decrease exposure to secondhand smoke

Name: Woodland Park School District, Aspen Pointe and UPRAD*

Lead: Woodland Park School District

Description: Increase capacity to do work within the schools and gain greater understanding of community resources.

ADDRESS THE HEALTHCARE WORKFORCE SHORTAGE

Name: Pikes Peak Workforce Center Regional Healthcare Sector Partnership *

Lead: Pikes Peak Workforce Center

Description: This group seeks to proactively drive results for health care needs through intentional collaborative efforts. This collaboration is listening to the needs of the industries and bringing education, government, agencies, public and private sectors together.

SUICIDE PREVENTION

Name: Child Fatality Review Team

Lead: El Paso County

Description: Multidisciplinary reviews of child abuse, neglect, and fatalities can lead to a greater understanding of the causes of, and methods of preventing, child abuse, neglect, and fatalities.

Name: El Paso County Suicide Prevention Task Force (Colorado National Collaborative)

Lead: Community Health Partnership

Description: Colorado National Collaborative: Is a partnership of local, state, and national scientists and public health officials working with health and social service agencies, nonprofit organizations, businesses, academic organizations and Colorado Residents to identify, promote and implement comprehensive state and community based strategies for suicide prevention in Colorado. The goal is to create a comprehensive suicide prevention model to reduce suicide statewide by 20 percent by 2024. El Paso County is one of six Colorado counties selected to be part of this effort.

Name: Colorado Springs Fire Arm Safety Think Tank

Lead: Dr. Erik Wallace

Description: How to reduce or prevent firearm related injuries and deaths (accidental injury, death, suicide prevention, violence prevention)

Name: Social Emotional Wellness Coalition (Tri-Lakes Area)

Lead: Tri-Lakes Methodist Church

Description: We will enrich, improve, and save lives. To do this we will evaluate the current social emotional climate and provide opportunities to work together to construct sustainable community-wide strategies for improved youth social emotional wellness, learn about resources and projects already existing in our area, discuss ways we can better connect with one another, and offer community programming (i.e. Sources of Strength, Community Conversations, Evidence-Based Trainings etc.) that strengthens individuals and families

Name: Youth Suicide Prevention Workgroup

Lead: El Paso County Public Health

Description: El Paso County Public Health convenes a work group of nearly 90 community partners to take collective action in support of youth mental health and suicide prevention.

Name: Youth Suicide Prevention Workgroup – Faith based community subgroup*

Lead: Matt Burnett, Britney Riffle and David Gavin

Description: Monthly meetings with youth pastors and advisors. Training in Youth Mental Health First Aid, Sources of Strength.

Name: Youth Suicide Prevention Workgroup- School based Community

Lead: D20 and D11

Description: Focus on social emotional learning, mental health and suicide prevention. Help each other so no one needs to reinvent the wheel. What districts have which mental health trainers? Resource list for each other.

CULTIVATE HEALTHY ENVIRONMENTS WITHIN HIGH-NEED, UNDERSERVED COMMUNITIES

Name: Food Policy Advisory Board

Description: Understand food issues across El Paso County and provide information to the City Council and County Commissioners. Appointed by Colorado Springs City Council and Board of County Commissioners.

Name: Healthy Community Collaborative

Lead: El Paso County Public Health

Description: A stakeholder group of community partners who have been working together since 2011 to implement strategies identified in the El Paso County Community Health Improvement Plan (CHIP). The HCC consists of over 60 representatives from schools, hospitals and health systems, non-profit organizations, city and county government agencies, public health, medical providers, and interested citizens.

Name: Health and Wellbeing Committee

Lead: Alliance for Kids

Description: Participants look at social emotional health and nutrition support to families. Participating organizations include Aspen Pointe, CCHA, and Culture of Wellness.

Name: Generation Wild

Lead: Catamount Institute

Description: To reconnect kids with nature and get them to experience the incredible benefits that are right outside the front door.

Name: Green Cities Coalition – Local Food Coalition

Description: The mission of the Local Food Coalition is to expand access to locally grown food through education and collaboration. Our current projects include developing an El Paso County Food Security Plan (i.e. Local Food Ambassadors, Village Shift Project) and outreach at the Colorado Farm & Art Market on Wednesday afternoons.

Name: Peak Living Community Foundation (Manitou Springs)

Description: Support residents as we pursue individual, collective health, healing and wellbeing.

Name: WELCO

Lead: Woodland Park School District

Description: Whole School, Whole Community, Whole Child model that encompasses 10 components of health and wellness. The mission is to improve the climate of our schools and increase the academic achievement of our students through education, program services and activities that promote positive, healthy lifestyles, choices and habits.

OTHER COLLABORATIVE EFFORTS MENTIONED

Name: Pikes Peak Continuum of Care

Lead: Community Health Partnership

Description: A community plan to organize and deliver housing and services to meet the needs of people who are homeless as they move to stable housing and maximize self-sufficiency.

Name: RISE Coalition

Lead: El Paso County Health Department

Description: The RISE Coalition is dedicated to the “enhancing Southeast Colorado Springs from within through citizen-led change.” Convenes and supports resident-led steering committee and partner coalition supporting upstream efforts.

Name: Teller County Resource Group

Lead: Aspen Mine Center

Description: A monthly meeting with agencies serving Teller County. The collaborative meeting helps prevent service duplication, educates everyone on the services offered, and how to support each other and provide services in a uniformed way.

Name: Community Outreach Center Coalition Networking Meeting (Eastern El Paso County)

Lead: Patty Jolly

Description: The COC Coalition meeting is a networking opportunity where service providers and local community members come together to discuss needs of our rural communities and share information with those that might benefit from this information.