

The Community and Public Health (CPH) Division of CSFD professionally and compassionately helps people receive the right care, at the right time, in the right setting with the right resource, by providing integrated navigation for individuals in need of non-emergency services.

3 **CSHF** Grants since 2016

- 2 program grants to support patient navigation that redirects patients from emergency system to appropriate care
- General operating grant to support existing navigation programs and expansion into new program areas

CPH is a "learning lab" for innovative approaches. That [general operating] funding kept us sustained. I could breathe and keep running programs while we ventured into new areas of impact, which have ended up becoming extremely successful.

MILESTONES

- ✦ Expanded from 1 to 4 navigation programs specific to certain populations (homeless outreach, inmate re-entry, aging in place, frequent users of the emergency system)
- ✦ Grew from one Community Response Team (CRT) unit to four plus two Alternate Response Team (ART) units
- ✦ Expanded from 2 to 11 city-funded positions
- ✦ Received a national award for innovation in tiered response from the Congressional Fire Services Institute



IMPACT

- ✦ In 2018, 90% of patients went to the hospital following a responder visit compared to less than 25% in 2022; 72% of patients were treated in place.
- ✦ CPH has provided navigation for 402 community members, provided 5,400 resources, had 10,024 interactions on behalf of clients and housed 67 clients.
- ✦ Community members who successfully completed the 6-month CARES program had a 70% reduction in emergency department visits and a 50% decrease in 9-1-1 calls.
- ✦ Had 2,684 face to face interactions with homeless individuals, with 4,602 resources provided. 41 enrolled in the homeless outreach program and 11 were housed.

SUPPORT FROM CSHF

Without the funding that CSHF provides, we couldn't do this work, because of the intensity of it. Medicaid doesn't reimburse enough; this is not a population you can call to remind them to go to their primary care visit; it's not uncommon to take 1-2 years to get people to finally start taking the steps they need. This is not a sustainable model under a profit-based system. But they're still human beings with worth, dignity and value and their lives matter. And due to the trauma they've experienced, or the organic disease, it just takes control of them. These are really hard populations to make an impact with."



Organizational Overview

The Community and Public Health (CPH) Division of the Colorado Springs Fire Department (CSFD) was established in 2012. CPH's vision is to professionally and compassionately help people receive the right care, at the right time, in the right setting with the right resource, by providing integrated navigation. The mission of CPH is to fully integrate the CSFD into the broader healthcare system to improve the health outcomes and quality of life for individuals in need of non-emergency services. Through partnerships with public and private resources, CPH aims to increase access to the appropriate level of healthcare, behavioral health and social services in a timely and cost-effective manner. CPH works to address the region's most pressing behavioral and health access issues and simultaneously increase 9-1-1 response availability by utilizing the appropriate response team for community members in crisis.

Areas of Focus and Key Programming

CSFD deploys Community Response Teams (CRTs) to assist patients suffering from acute behavioral health crises or Alternate Response Teams (ARTs) to respond to low acuity 9-1-1 calls such as medical or mental health welfare checks. These response teams use a cross-agency response to navigate people to the right care and services and free up emergency services for true emergencies.

The Community Assistance, Referral & Education Services (CARES) program began alongside CPH in 2012. CARES was the template navigation program for responders to support people experiencing crisis but not in need of emergency response services. CARES is now considered the "umbrella" over all navigation programs, including:

- **Homeless Outreach Program (HOP):** conducts intensive outreach with individuals experiencing homelessness with high-acuity behaviors. HOP is designed to increase access to healthcare and improve quality of life, offering resources and navigation.
- **Transition Assistance Program (TAP):** provides navigation services for inmates of the El Paso County Criminal Justice Center identified as high risk/high need. TAP assists community re-entry by creating and managing individualized treatment plans and connecting to resources to stay healthy, connect to the community, and decrease recidivism.
- **Aging in Place Program (APP):** connects elders who are struggling to age in place with resources and support. APP maximizes the first responder's role, as they are often first to recognize when a senior citizen is struggling to age in place.
- **Super Utilizer Program (SUP):** assists frequent users of the 9-1-1 system and emergency departments with their physical, medical and behavioral health needs through outreach, assessment, connection to community resources and care navigation.

Colorado Springs Health Foundation Grants

The Colorado Springs Fire Department has received three CSHF grants to expand access to healthcare for those in greatest need:

1. Program grant to support expansion of CSFD's flagship navigation program, Community Assistance Referral & Education Services (CARES) which redirects patients from the emergency system to more coordinated and appropriate care (2016);
2. Program grant to support the staffing of patient navigators for a Tiered Response Community Medicine (CMED) Unit to respond to low acuity 9-1-1 calls and reduce emergency department visits (2017);
3. General operating grant to support established CSFD programs when a government funding source that accounted for one-third of the CPH budget unexpectedly ended. This grant allowed for continuation of existing programs and expansion into new program areas while CSFD applied for other sources of funding (2020).

Key Organizational Milestones

Since 2016, when CSFD began to receive support from CSHF, the organization has shifted its work significantly. Notable milestones named by key staff members during this time period include:

- Expanded from one community navigation program that connects community members to appropriate non-EMS care to the current four programs (there was also a program that was piloted and terminated during this time because of a lack of effectiveness).
- Grew from one Community Response Team (CRT) unit to four plus two Alternate Response Team (ART) units.
- Hire and trained responders with expertise in the specific populations and conditions that are most in need of resources and support. This has deepened the care responders are able to provide and allows for more specialized support for people with complex and high needs.
- Increase in program funding by the City of Colorado Springs. Initially, two positions were funded by the city; today, there are eleven city-funded positions.
- CSFD has grown its partnerships with community organizations and government agencies to support the most difficult-to-serve populations in Colorado Springs. These include the Colorado Springs Police Department's Homeless Outreach Team (HOT), Downtown Area Response Team (DART), local hospitals, the City of Colorado Springs Homelessness Prevention & Response Coordinator, Homeward Pikes Peak, The Place, Community Health Partnership, Silver Key Senior Services and NAMI Colorado Springs, among others.
- Shifted from a 90-day intervention followed by a 30-day monitoring period to a 6-month intervention followed by a 6-month monitoring period. This was based on data and a better understanding of the time it takes to see behavior change occur.
- CSFD dedicated a quarter of CSHF's general operating grant to stand up the Homeless Outreach Program and was able to leverage the funding to gain additional funds from the city and the Downtown Development Association. The program successfully launched in 2020 and expanded that to a second full time team in 2021.
- In 2023, CSFD won a national award for innovation in tiered response from the Congressional Fire Services Institute, presented in Washington DC. A known innovator in

the field, over 50 fire departments across the nation have met with CSFD personnel to learn about their navigation programs.

Measuring Impact

CPH considers itself a “learning lab,” piloting programs and measuring their effectiveness through data collection. The impact of the different CPH programs are assessed against specific program goals (i.e. reduced ER visits, reduced recidivism, increased quality of life for seniors aging in place, etc.). In working with the homeless population and inmates, individualized goals (i.e. getting housing, sober living, etc.) are set and progress is tracked toward meeting those goals. Each program also tracks encounters, calls, program enrollment and retention, resources provided and where patients ultimately went for care.

Working with transient and high needs populations with mental health conditions and comorbidities is difficult; not all community members willingly enroll in CPH programs. Staff interviewed said: “Without the funding that CSHF provides, we couldn't do this work, because of the intensity of it. Medicaid doesn't reimburse enough; this is not a population you can call on the phone to remind them to go to their primary care visit; it's not uncommon to take 1-2 years to get people to finally start taking the steps they need. This is not a sustainable model under a profit-based system. But they're still human beings with worth, dignity and value and their lives matter. And due to the trauma they've experienced, or the organic disease, it just takes control of them. These are really hard populations to make an impact with.” Despite these challenges, data collected shows successful outcomes for those who participate in the programs.

Selected Outputs and Outcomes

Significant outcomes and outputs of CSFD initiatives supported by CSHF include:

- A shift from 90% of patients who went to the hospital following a responder visit in 2018 to less than 25% in 2022. In 2022, 72% of patients were treated in place.
- In 2022, CPH provided navigation for 402 community members and provided 5,400 resources, had 10,024 interactions on behalf of clients and housed 67 clients. Only one responder call in 2022 resulted in a person ending up in jail out of nearly 1400 contacts. Prior to this coordinated, multidisciplinary response, people were more likely to end up being taken to jail due to extreme agitation and safety concerns for the first responders.
- In 2022, CARES navigated 120 community members to services. CARES program members who successfully completed the 6-month program had a 70% overall reduction in emergency department visits and a 50% decrease in 9-1-1 calls.
- There were 2,684 face to face interactions with homeless individuals in 2022, with 4,602 resources provided. Forty-one members were engaged in the homeless outreach program and 11 were housed.

While CPH programs are aimed first and foremost at ensuring that the individual receives the care they need, the program has also resulted in more efficient utilization of the Fire Department, Emergency Medical Services (EMS) and the Police Department, relieving the Emergency Department from misuse and overcrowding and releasing important emergency services back into

the community. Staff interviewed said that the CARES and CRT grants have been a “massive success... they pull thousands and thousands of calls off the engine and trucks to take higher acuity calls. Prior to the start of the CARES program, firefighters rarely had time to train - they had sometimes 25 calls in a day. Doing this allowed them time to train... We hope to keep adding these units for a while.”

Importantly, CSHF funding allowed CSFD to pilot new approaches and innovate. By the time the initial 2016 CSHF grant had been approved and was ready to implement, CSFD had already learned from previous experience that what they initially proposed could be improved upon. Staff asked CSHF to modify the original proposal and they worked together with the CSFD to revise it. The new approach was what ultimately changed the deployment and navigation strategy for the CSFD. The next year, the application for the 2017 program read: “The CSFD is seeking funding precisely for the potential for growth and learning. For many governmental agencies, implementing new programs without data proving the value to taxpayers is too high risk. This sustained year-long project will gather sufficient data to draw conclusions and incorporate lessons learned into daily operations.” The grant allowed CSFD to more deeply understand barriers for the populations they serve, demonstrate effectiveness and gain other funding, including significant investment by the City of Colorado Springs.

The CSFD was particularly grateful for the 2020 general operating support from CSHF at a time when the department had significant funding cuts but was trying to build its new specialization programs under the CARES umbrella, stating: “We were in a time of desperate need and in dire straits financially. That funding kept us sustained. I could breathe and know we could keep running programs while we ventured into new areas of impact, which have ended up becoming extremely successful. That has been huge because for as many programs as I run, I can plug it in where I need it most.”

Relationship with CSHF

What stood out to CSFD staff about CSHF as a funder was the support for innovation and learning, responsiveness to the needs of the department in their willingness to provide general operating support, and shared commitment for taking care of the most vulnerable parts of society. “They are great people. I know what their passions are and how they want to support the community. We work with people on the very margins of society and they support that. I know there is more behind the foundation, but to me, it is Cari and Jamie. And we have a great relationship- it's open, it's transparent, we can be truthful with each other. If I called them up today and said, I really need to talk, they would find a way to talk. I really value that--the personal relationship, the understanding they have of the work we do. They are comfortable saying hard things to me. I'm comfortable asking for things I need from them. And I know they love the same population I do.”