Bridging Community-Based Human Services and Health Care Case Study Series: Executive Summary

Given the importance of social factors in influencing health and wellbeing, health care organizations and community-based organizations (CBOs) across the country are increasingly interested in working together in new ways to address social needs that may be contributing to poor health outcomes and unnecessary costs. As these cross-sector relationships emerge, there is much to learn about these innovative partnership models as well as the strategic, cultural, operational, and financial approaches that drive their success.

Case Studies

- Meeting the Health and Social Service Needs of High-Risk LGBTQ Youth in Detroit: The Ruth Ellis Health & Wellness Center
- Ensuring Healthy Outcomes for Louisville's Vulnerable Children: Health Access Nurturing Development Services (HANDS) Program
- Collaborating to Reduce Hospital Readmissions for Older Adults with Complex Needs: Eastern Virginia Care Transitions Partnership
- Housing is a Health Intervention: Transitional Respite Care Program in Spokane

With support from the Robert Wood Johnson Foundation, the *Partnership for Healthy Outcomes* brought together Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities to capture and share insights for partnerships between health care organizations and CBOs, particularly those that serve low-income and/or vulnerable populations. As a key input to this work, *Partnership for Healthy Outcomes* released a national request for information (RFI) in January 2017 to identify promising partnership models and to better understand challenges in building effective partnerships between health care organizations and CBOs. More than 200 RFI responses were collected, representing a wide range of partnerships serving all 50 states, and offering key insights about the current landscape of partnerships.

To build on the RFI responses and delve more deeply into core partnership components, we selected four partnerships from among the responses to explore through comprehensive interviews. We targeted a diverse set of partnerships that offered health and social services to a range of populations in different geographic areas, and that were mature enough to be able to reflect on lessons learned. Some partnerships supported short-term, targeted cost reduction goals, while others focused on the longer-term health goals of specific populations, including providing integrated services more seamlessly.

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Bridging Community-Based Human Services and Healthcare, a collaborative of

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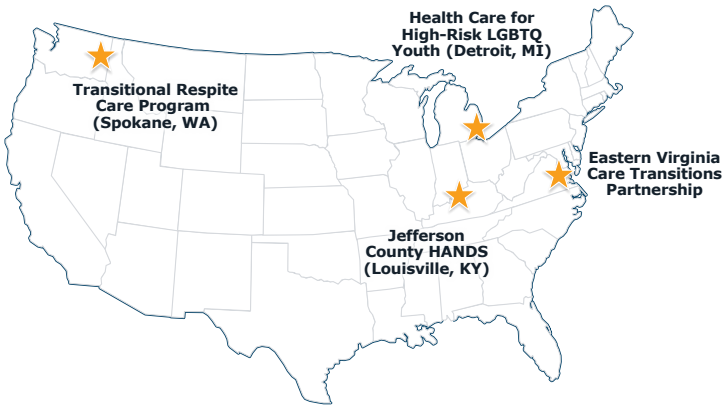
The partnerships detailed in case studies are:

- Eastern Virginia Care Transitions Partnership (southeastern Virginia);
- Health Access Nurturing Development Services Program (Louisville, Kentucky);
- Health Care for High-Risk LGBTQ Youth (Detroit, Michigan);
- Transitional Respite Care Program (Spokane, Washington).



Through each of these case studies, we examined the operational aspects of the partnership, including: service delivery model; information sharing and reporting across partners; and patient and community engagement strategies. We also explored broader infrastructure that is critical to strong partnerships, including shared governance approaches, the funding models, and evaluation approaches.

Key Takeaways from Successful Partnerships

Nearly all organizations that responded to the RFI noted expanding their networks, skills, and capacities through partnership — particularly in improving programs, using and sharing patient and program data, and generating new funding sources. Following are key takeaways from successful CBO-health care partnerships across the country:

Partnership Motivation and Structure

- **Upfront Relationship-Building**. CBO and health care partners leverage pre-existing relationships, but dedicate significant resources to further align shared efforts. Partners build trust with one another through shared governance, contributions of in-kind services, and sharing patient data — with each contributing distinct and complementary areas of expertise. This relationship-building process also extends to patients becoming more engaged in their own care as the partnerships support a more person-centered approach.
- **Common Vision and Active Champions**. Partners benefit from complementary organizational missions and unified goals for the partnership, and are supported by committed and engaged internal champions, from *both* the CBO and health care partners, to drive the work and promote the partnership within their respective organizations.
- **Formal Partnership Mechanisms**. Most respondents have at least one formal agreement in place to guide the partnership — agreements include structured roles for each partner that build upon each partner's strengths and specific referral criteria.

Program Design and Service Delivery

- **Tailored Goals to Address Short- or Long-Term Needs**. Partnerships most often provide services to impact immediate-term clinical needs and avoidable costs (e.g., reducing hospital readmissions, length of stay), while some focus on population health improvements over time. This may be due, in part, to a health care environment with payment incentives for cost reduction.
- **Flexible Service Models**. Partnerships adapt their service models based on community feedback, outcomes data, and changes in the local/federal political and regulatory environment. Furthermore, CBO and health care partners generally refine their workflows through an iterative process, which is time-intensive and requires clear and structured roles for each partner. This continual evolution has enabled partners to

maximize their value over time, including existing relationships with their target populations. In a few cases, the patient community played a particularly active role in identifying unmet needs and making suggestions for program design.

Funding Model

- **Diverse Funding Sources**. Partnerships use a variety of funding sources that change over time as the program matures. These include private foundations, health care systems, managed care organizations, and government entities. Partnerships generally rely on upfront grant money to get started.
- **Sustaining Funding and Scaling Services.** Partnerships are exploring multi-prong strategies to sustain and scale their services, including a blend of funding models. While some of the partnerships face challenges in securing ongoing and reliable funding, others have been successful in identifying sustainable funding arrangements with new and existing partners. Some are focused on achieving economies of scale, building on initial success to expand the services provided to broaden their reach, scope, and impact.

Data, Evaluation, and Impact

- **Evolution of Data Sharing**. Most partnerships have data-sharing systems in place, though these vary in complexity and sophistication. For some partnerships, data shared between partners has evolved from basic utilization measures, which were simplest to vet with the group at first, to more sophisticated trend analyses and quality improvement indicators, through a "learn-as-you-go" approach. Many share patient-level data as part of service delivery, while some share data to communicate progress toward partnership goals internally and/or externally.
- **Clear Program Metrics.** Identifying program metrics that resonate across all partners and reaching consensus on an effective outcomes-reporting process is often time-intensive and complex, yet vital to the ongoing success. The CBO and health care partners interviewed are working toward more formal evaluations of cost savings realized through partnership, which to date have generally been tracked anecdotally.

Case Study Examples by Key Takeaway

The following examples from the case studies help illustrate a subset of the above key takeaways at the ground-level (see the individual case studies for more detail):

Upfront Relationship-Building

- **Health Care for High-Risk LGBTQ Youth.** In moving to a fully integrated primary and behavioral health care model in a community setting, Henry Ford Health System (HFHS) "loaned out" its directors of facility development and its community-based health program, to provide in-kind expertise to staff at the Ruth Ellis Center, a social services agency for at-risk lesbian, gay, bi-attractional, transgender and questioning (LGBTQ) youth. HFHS also agreed to set up and maintain an electronic medical record system with no cost to its partner. Ruth Ellis guided HFHS in making the new health and wellness center a welcoming place for LGBTQ youth and understanding existing barriers for them in seeking medical care at the hospital. This process leveraged the complementary expertise of each partner and further built trust among partners.

Common Vision and Active Champions

- **Eastern Virginia Care Transitions Partnership.** The president of Bay Aging, the partnership's lead Area Agency on Aging (AAA), and the vice president of clinical integration for Riverside Medical System, not only encouraged other AAAs and hospitals to join this partnership to reduce readmissions among older adults in the state, but also personally addressed early concerns from AAAs and health systems. Both acknowledge that the partnership would not have been successful without strong representation from each.

Flexible Service Models

- **Transitional Respite Care Program (Respite Program).** During the program's early stages, an emergency department doctor and nursing student, with guidance from the partnering shelters, invested significant time educating hospital staff about appropriate patient cases to refer to the shelters, which was instrumental to the program's initial success. In establishing the Respite Program, Catholic Charities needed to broaden the typical services provided to individuals who are homeless. Beyond short-term housing, meals, showers, and laundry, Respite Program participants also began to receive care coordination and case management services, health education, medication management, and chronic disease management support.
- **Jefferson County HANDS.** Because the Louisville Metro Department of Health nurses have specific daily work hours and schedules, this limited the provision of service hours for nurse case managers to work with HANDS participants. As the health department transitioned out of direct patient care services for the HANDS program, Family & Children's Place (F&CP) took over both case management and visitation duties. F&CP could be nimbler in terms of service delivery, because they had the flexibility to hire social workers rather than RNs to conduct home visitation and could offer part-time schedules.

Diverse Funding Sources

- **Health Care for High-Risk LGBTQ Youth.** HFHS pays the salaries of the physician, nurse practitioner, and medical assistant, as well as their malpractice insurance, while the Michigan Health Endowment Fund supports the salary of the health and wellness center's front-desk staff. Medicaid, through contracted managed care organizations, reimburses health care services provided by HFHS and behavioral health services provided by REC, with the partnership covering any copays.
- **Jefferson County HANDS.** Initially, the Kentucky Department of Public Health (DPH) supported the Jefferson County-based HANDS program using state funds. Recognizing that 90 percent of participating mothers were eligible for Medicaid, DPH approached Kentucky Medicaid to include HANDS assessment and visitation services as reimbursable Medicaid benefits. Kentucky used a State Plan Amendment, approved by the Centers for Medicare & Medicaid Services, to make HANDS available to Medicaid-enrolled first-time parents statewide.

Moving Forward

As CBOs and health care organizations increasingly work together to improve health outcomes, they can use practical guidance on how to partner more effectively with the goal of providing more effective, more person-centered care. The RFI responses and case studies highlight practical considerations and potential models for existing and emerging partnerships across the country. While nearly all organizations acknowledged valuable benefits through partnership, partners emphasized the need for ongoing capacity-building, including:

- Advice on **financing and potential funding models** to support partnership activities.
- Support with planning for and building appropriate capacity, including **estimating the costs** related to providing specific partnership services.
- Guidance on **measurement approaches for collecting and communicating data across partners** and making informed decisions based on this data.
- Assistance with more **formal evaluations of outcomes and cost savings** to supplement the largely anecdotal findings that have been tracked to date.

Building off these case studies, a self-assessment and planning tool has been developed and will be shared nationally in late Fall 2017. The tool is designed to help CBOs and health care organizations gauge partnership

strengths against key benchmarks and identify areas for development to maximize the impact of their partnerships.

We hope these insights and concrete examples will inform opportunities for partnerships across the country focused on improving the health and wellbeing of vulnerable populations.

For More Information

This case study series is a product of the *Partnership for Healthy Outcomes*, a year-long project of Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities with support from the Robert Wood Johnson Foundation. To learn more about the *Partnership for Healthy Outcomes*, access the following resources:

- **Working Together Toward Better Health Outcomes:** This report shares key findings from the RFI survey of more than 200 health care and community-based organizations that are partnering in shared pursuit of better health outcomes.
- **How Health Care and Community-Based Human Services Organizations are Partnering for Better Health Outcomes**: This *Health Affairs* GrantWatch blog post shares a snapshot of early lessons learned from efforts by the *Partnership for Healthy Outcomes*.
- **Partnering to Improve Population Health: Exploring Effective Community-Based Organization and Health Care Models**: This CHCS blog post introduces the *Partnership for Healthy Outcomes* project and explores the potential benefits of successful health care and community-based organization partnerships.