



THE DENVER FOUNDATION



Building From the Baseline

The Inaugural Cohort of the
Colorado Health Access Fund
of The Denver Foundation

THE COLORADO HEALTH ACCESS FUND 2016 ANNUAL EVALUATION REPORT
EXECUTIVE SUMMARY FEBRUARY 15, 2017





THE DENVER FOUNDATION

Dear Stakeholders,

The Denver Foundation is pleased to present “Building from the Baseline,” the Colorado Health Access Fund’s 2016 Annual Report.

Established in 2015 with an anonymous gift of \$40 million, the Colorado Health Access Fund is dedicated to improving health outcomes for underserved Coloradans. Between 2015 and 2022, the fund will award up to \$5 million per year to initiatives that serve high-needs populations across the state. The Colorado Health Access Fund is a Field of Interest Fund managed by The Denver Foundation, which is entrusted to oversee its grantmaking and evaluation.

“Building from the Baseline” is an evaluation of the activity and impact of the Colorado Health Access Fund’s inaugural cohort of 28 grantees from across the state, who shared in nearly \$2.2 million in multi-year grants. Prepared in partnership with the Colorado Health Institute, Colorado’s experts in health and health evaluation, “Building from the Baseline” is the first of what will become an annual evaluation of the activity and impact of the fund.

Providing behavioral health services in Colorado—especially in rural and underserved communities—is no easy endeavor. In sharing this analysis with the community, The Denver Foundation aims to be transparent about the Colorado Health Access Fund’s successes as well as challenges. These findings will inform how we progress toward our goals in 2017 and beyond. They also advance the fund’s objectives by contributing to a collective body of knowledge on behavioral health programming in Colorado.

The past year has brought major new developments to the field of behavioral health in Colorado, including the opening of the National Behavioral Health Innovation Center at the University of Colorado Anschutz Medical Campus; the implementation of the State Innovation Model, designed to integrate behavioral and physical health across the health care system; and the launch a statewide crisis hotline championed by Governor John Hickenlooper.

We are proud to be part of this moment of change and forward momentum in the field of behavioral health. The Colorado Health Access Fund will continue to pursue its goals in partnership with grantees, experts, and the community to improve the health and lives of thousands of Coloradans.

Christine Márquez-Hudson
President and CEO

EXECUTIVE SUMMARY

Providing behavioral health services in Colorado — especially in rural and underserved communities — is no easy endeavor.

The Colorado Health Access Fund (the Fund) of The Denver Foundation aims to make it easier. An anonymous donor established this \$40 million dollar fund as a Field of Interest Fund dedicated to the health of the underserved.

In its first year, the inaugural cohort of 28 grantees from across Colorado received almost \$2.2 million in grant dollars from the Fund. Programs supported by the Fund range from expanding the number of behavioral health providers serving a particular area to implementing tele-psychiatry services to establishing substance use disorder services in school-based clinics. Many grantees are focusing on efforts to integrate behavioral health services with primary medical care.

Our Analysis

The Denver Foundation retained the Colorado Health Institute (CHI) to conduct an annual evaluation of the Fund. The evaluation addresses questions in three tiers:

Tier One: Grantee Contributions

- What impact have grantees made on access to behavioral health care? This tier uses a specific framework – called RE-AIM+P – described below.

Tier Two: Fidelity to the Fund's Intent

- Is the Fund effectively aimed at efforts to improve access to needed services and health outcomes among Coloradans with high health care needs?
- Has grant-making targeted the four focus areas?
- Are grants equitably allocated among rural, urban, and suburban areas?

Tier Three: Moving the Needle

- Has access to health services for Coloradans with high health care needs improved since the Fund was established?
- In what ways has the Fund contributed to the improvement of behavioral health among these Coloradans?



During the November 2016 Learning Circle for grantees, Maristela Smith and Margo Casey share their experience delivering care at Inner City Health. Photo: Flor Blake

Figure 1.

What is a Field of Interest Fund?

A Field of Interest Fund is separate from The Denver Foundation's community grantmaking. These funds are assigned specific criteria to ensure they are used in line with the original intent of the fund's creators. In the case of the Colorado Health Access Fund, the purpose is to improve access to care for people with high health care needs across Colorado.

About the Colorado Health Institute

The Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. The Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust, and the Colorado Health Foundation.

Tier One

To assess grantee contributions under Tier One of CHI’s evaluation, results were structured around six areas: Reach, Effectiveness, Adoption, Implementation, Maintenance, and Policy. Collectively, this model is referred to as RE-AIM+P. Findings and recommendations include:

Reach

This section asks two questions:

- Approximately how many people were served by programs funded by the Fund?
- What are the demographic, geographic, and health status characteristics of the target populations served by grantees?

Key Findings:

- The Fund provided almost 32,000 Coloradans with access to behavioral health services.¹
- The Fund supported programs targeting Coloradans with high health care needs and who are at risk of facing barriers to care.
- Though the Fund served diverse clients, it could improve its geographic diversity.

Primary Recommendation:

The Denver Foundation should place even greater

importance on where the behavioral health demand is greatest. This may mean making grants to programs that serve broad populations or those serving a specific vulnerable population with the greatest need for behavioral health services.

Effectiveness

This section gauges the extent to which programs are increasing access to care among people with high health care needs and how the programs are tailored to meet the unique characteristics of the region they serve.

Key Findings:

- The Fund made possible a variety of programs that are tailored to their target populations to increase access to behavioral health care.
- To roll out effective programs, grantees made recommendations focused on client relationships, program staff, community context, and program agility.

Primary Recommendation:

The Denver Foundation should ensure its grantee review process evaluates organizations on how well they:

- Possess the ability to plan ahead and adapt if things don’t go as expected.

Figure 2. Percentage of Funds Allocated to Grantees Focusing on Specific Populations, 2015-2016
All Grantees Could Target Multiple Populations

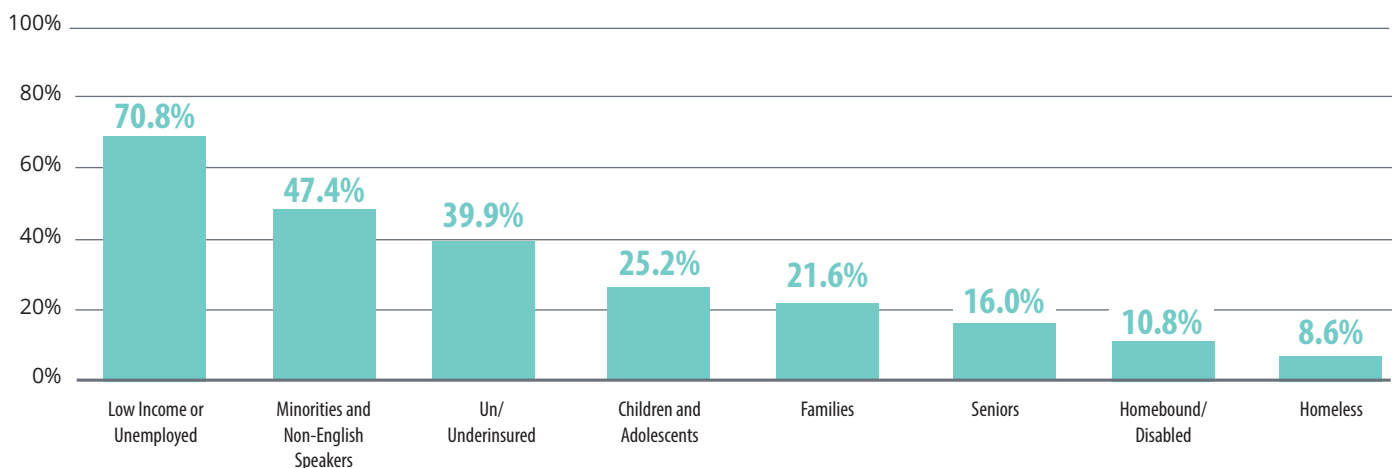


Figure 2 illustrates the percentage of funds allocated to grantees that focused on specific populations. The majority — 71 percent — of the Fund’s dollars in the first year supported grantees that targeted low income or unemployed Coloradans.

- Have thought out a Plan B and Plan C, particularly if they are unable to find the appropriate staff.
- Demonstrate the capacity to learn from self-evaluation and make mid-course corrections, if warranted.
- Are willing to work with The Denver Foundation to find alternate solutions, if needed.

Adoption

This section asks: Of all those eligible to participate in programs funded by the Fund, what portion opted in? It includes community partner participation as well as Coloradans seeking care.

Key Findings:

- The Fund reached roughly six percent of Coloradans ages 5 and older reporting poor mental health.
- More than 90 percent of grantees saw a large part of their target patient population and community partners opt into their programs — success that could be linked to strong relationships with other actors working in their community.
- Stigma and geographic barriers were reported as common challenges to program adoption.

Primary Recommendation:

The Denver Foundation should consider making grants to programs that can demonstrate their community leadership. Applicants should already have the necessary partnerships in place for successful implementation. Letters of support could be included as evidence.

Implementation

This section examines the collective progress that grantees have made toward their original goals and objectives. The guiding questions include:

- To what extent do Fund grantees implement the program described in their Request for Proposals applications? Is there consistency?
- What significant challenges have grantees faced over the past year? For example, demographic changes, program challenges, or community issues beyond their control?

Key Findings:

- Most grantees made progress toward the goals they set in their applications.
- When objectives weren't met, grantees cited common problems, including staffing, billing for services, and contextual issues such as stigma, geography, and social barriers.

Primary Recommendation:

The Denver Foundation should work to set up programs for success by encouraging grantees to plan for long-term financial sustainability, bearing in mind the challenges of staffing, financial sustainability, and geographic and social barriers. Another strategy is to match grantees with peer organizations undertaking similar interventions.

Maintenance

This section examines whether funded programs will have a life after the Fund's support ends and whether a program has potential to be scaled to a larger group of Coloradans. Guiding questions include:

- Will the programs be sustainable without Colorado Health Access Fund support?
- If so, what will be the impacts?

Key Findings:

- Though many grantees have a clear plan to ensure their programs will continue after support comes to an end, the majority will need to strengthen their long-term sustainability plan.
- Ensuring a smooth transition could mean hiring more staff or finding alternate funding sources.

Primary Recommendation:

If not already doing so, The Denver Foundation should consider strengthening its assessment of grantee sustainability and scalability. A few strategies include:

- Assessing a grantee's ability to expand a successful intervention to new locations or populations.
- Requiring awardees to identify a specific milestone-based plan to ensure sustainability — particularly pertaining to financial solvency and the right staffing.

- Developing a collection of best practices that grantees have employed to scale and sustain their programs with support from the Fund.

Policy

The Fund cannot be used to advocate for policy changes. However, the Fund represents a unique opportunity to identify key policy hurdles and opportunities in behavioral health.

This section addresses three guiding questions:

- Does the policy context contribute to or detract from program effectiveness?
- What policy barriers or opportunities exist?
- Can the philanthropic community be an advocate?

Key Findings:

- Grantees cited recent legislation as positive steps toward adequate payment and reduced barriers to accessing behavioral health care.
- But barriers remain. Changing the way behavioral health practitioners are reimbursed and credentialed as Medicaid providers could increase behavioral health care access in Colorado.

Primary Recommendation:

Experiences of Fund grantees point to a handful of policy levers for future philanthropic action. These include lightening the load of Medicaid credentialing, or changing reimbursement rates for behavioral health services.

Figure 3. Percentage of Funds by Grantee Location, 2015-2016



Urban/Suburban **64.8%** Rural **26.1%** Statewide **9.2%**

Tier Two

Part of The Denver Foundation’s charge is to adhere to the original donor’s intent for the Fund, and part of this evaluation assesses the extent to which that happened. Simply put, CHI’s findings show that the Fund did meet this goal during its first year.

For example, the donor designated 20 percent of the

Figure 4. Percentage of Grantees Working in Each Focus Area, 2015-2016

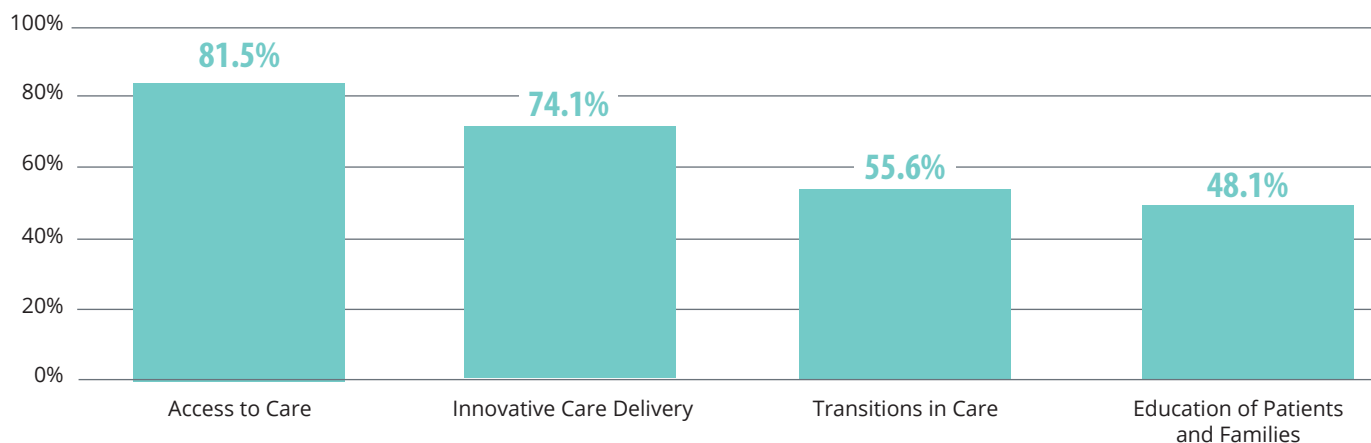
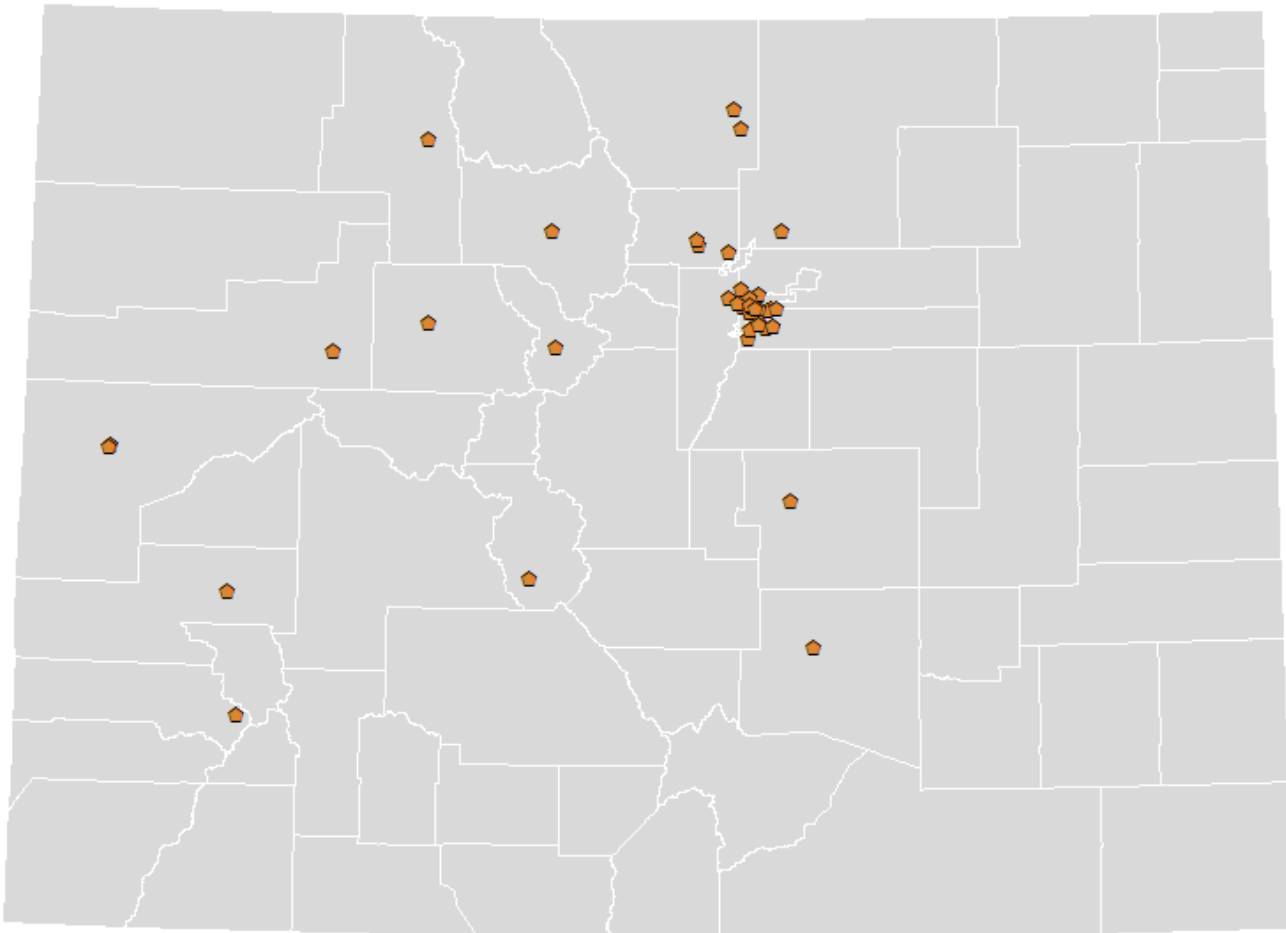


Figure 5. Grantee Locations, 2015-2016

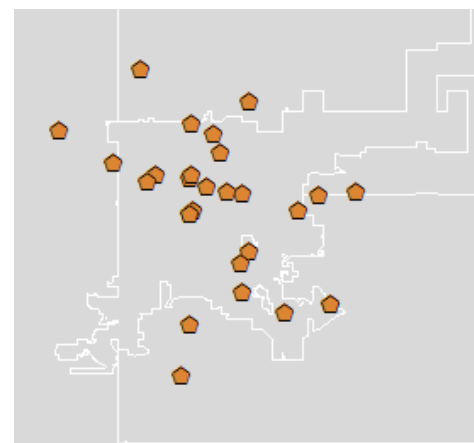
Grantee*



The map shows that grant-making focused on programs located on the Interstate I-25 corridor. Very few programs served the Eastern Plains.



Finding Common Ground: Christian Mueller, Executive Director of the Counseling and Education Center in Grand Junction, Colorado, seeks guidance from fellow grantees on how to address barriers to his program’s implementation. More than 50 staff representing new and continuing grantees of the Fund gathered in November 2016 at the second Learning Circle of the year.



Denver County

Fund for support of programs serving rural Colorado. Figure 3 shows that 26 percent of the Fund's dollars supporting the inaugural cohort of grantees supported programs located in rural areas. Figure 5 displays the locations of grantees around Colorado.

Grantees also demonstrated innovative work in the Fund's four focus areas of education, access to care, transitions in care, and innovative care delivery. Figure 4 shows that grantee efforts were least devoted to the education of patients and their families. This represents a potential area of focus and exploration for future grantmaking.

Several setbacks during the first year can also provide learning opportunities for future. For example, a vetted grantee closed its doors after a year of funding due to financial trouble. And managing the inaugural 28 grantees was too burdensome, leading to 12 or fewer grantees in future cohorts.

Primary Recommendation:

- **Future grantmaking should increase focus on educating Coloradans with high health care needs.** The Fund's Advisory Committee can play an important role in informing these programs.
- **Grantmaking should represent all parts of the state** – by population density and by geography.

¹ This figure includes direct services provided at least in part by the grant, including counseling sessions, warm hand-offs, scaling up of existing programs, and development of individual care programs. It does not include screenings or education and outreach session attendance.

Tier Three

This tier looks at the state-level contributions that the Fund makes to impact care access and health outcomes for Coloradans with high health care needs.

The data presented in the report provide an initial baseline on mental health in Colorado. Compared to 2013, that need is growing. It's clear that the need for behavioral health services in Colorado is significant.

Conclusion

The Fund's first year saw much success. Three cohorts of grantees rolled out new and innovative programs to address the continuing need for behavioral health care in Colorado.

And year two of the Fund holds opportunity. Another cohort of grantees will put their awards into action. Multi-year grantees will make course corrections using their evaluation results and their first year of grant experience. And grantees will draw from their collective knowledge, with CHI and The Denver Foundation as the enabling links.



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