

Hospital Transformation Program Community and Health Neighborhood Engagement

Final Report

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I. Instructions and Timeline

Hospitals must submit a Final Report at the end of the pre-waiver Community and Health Neighborhood Engagement (CHNE) process. The report will primarily focus on the efforts to prioritize community needs, select target populations, identify initiatives, and develop any partnerships.

The State will be reviewing the Final Report to ensure:

- A broad range of community partners were given meaningful opportunities to provide input into the hospital's planning for its participation in the Hospital Transformation Program (HTP);
- Input was reflected in the planning; and
- HTP initiatives under consideration are tied to the results from a meaningful CHNE process.

Please note that the word limits included are guidelines. Responses may exceed them as necessary.

Final Reports must be submitted in .pdf form with any supporting documentation included in one document by September 20, 2019 at 5pm to the Colorado HTP email address COHTP@state.co.us. Reports received after this deadline will not be considered.

Following the submission date, the State will review the reports. The reports will not be scored; however, the State will work collaboratively with participating hospitals to seek any missing information and clarifications needed as hospitals work on their program applications, and to ensure there is agreement between the hospital and the community as to the plan for ongoing CHNE throughout the hospital's participation in the HTP.



II. Contact Information

Please provide the legal name and Medicaid ID for the hospital for which this Final Report is being submitted.

Hospital Name: UCHealth Grandview Hospital

Hospital Medicaid ID Number: 9000162079

Please provide any updates to the hospital address as well as to the names, titles, addresses and contact information for the hospital executive with signatory authority to whom official correspondence should be addressed and for the primary and secondary points of contact if that information has changed since submitting the CHNE Midpoint Report. If this information has not changed, this section can be left blank.

Hospital Address: 5623 Pulpit Peak View, Colorado Springs, CO 80918-3954

Hospital Executive Name: Doreen Matson

Hospital Executive Title: Chief Financial Officer

Hospital Executive Address: 1400 E Boulder St, Colorado Springs CO 80909-5533

Hospital Executive Phone number: 719-365-2062

Hospital Executive Email Address: Doreen.Matson@uchealth.org

Primary Contact Name: Roberta Capp

Primary Contact Title: Medical Director Care Transitions

Primary Contact Address: 12401 E 17 th Ave, Aurora CO 80045

Primary Contact Phone Number: 720-848-6437

Primary Contact Email Address: Roberta.Capp@uchealth.org

Secondary Contact Name: Kellee Beckworth

Secondary Contact Title: Sr. Project Manager

Secondary Contact Address: 12401 E 17 th Ave, Aurora CO 80045

Secondary Contact Phone Number: 720-848-6525

Secondary Contact Email Address: Kellee.Beckworth@uchealth.org



III. Engagement Update

III.a. Please provide the information requested to share an update on the hospital's engagement activities to support the second half of the HTP CHNE process.

1. Please use the following grid to provide a list of engagement activities, (e.g. workgroups, committees, meetings, discussion groups, public forums, etc.) that the hospital has held or participated in during the second half of the HTP CHNE process. This should include both activities that the hospital began after submitting the Midpoint Report as well as activities the hospital continued from the first half of the CHNE process. Only those activities that were used to support the HTP CHNE process specifically should be included. Activities can be listed by type of meeting, forum, committee, etc and do not to be listed separately for each individual convening. Please list the partners included and the key topics of discussion for each activity.

Engagement Activity	Partners Included	Key Topics of Discussion
Involvement	Aspen Point	Further discussion about CHNA and HTP
Partnership	Memorial, Psych hospitals, CSPD, EPSO, CARES Program, CCHA, Aspen Pointe, Fire Department, CRT, Crossroads Detox	Advisory board of community stakeholders who oversee the CRT and Co-Responder Programs providing input of improvement needed for services, review data and trends, as well as keep agencies updated on any community changes of services.
Partnership	Aspen Pointe, Memorial, law enforcement, County Department of Public Health, county jail.	Discuss correspondent model. Discussion of programming and education to keep mentally ill out of jail. Review data for Co-Responder Program
Partnership	Memorial North and Central, GVH, Peak Vista, and CCHA	Complex Care Management for complex patients
Partnership	UCHealth, CCHA, Office of Guardians ad Litem, Kids Crossing, DentaQuest, TESSA, CPCD, Envida, Lutheran Family Services, Carol Collier, UCO/CMHIP, Central CO AHEC (Regional Health Connector), Urban Peak, Krys Arrick, Community of Caring, El Paso County DHS, Matthews-Vu Medical Group, The Arc PPR, RecRx, PASCO, Encompass Health, The Independence Center, CORHIO, Community Member, Colorado Springs Fire Department, NAMI, Women Partnering, AspenPointe, RMOLTC (Single	Regional PIAC discussed a variety of topics, including care coordination and care transitions HTP priority area.



	Entry Point), Peak Vista, Peak View Behavioral Health, Park County Public Health, Children's Hospital Colorado Safe Kids Colorado Springs, TRE (Community Centered Board), Park County DHS, Rocky Mountain Rural Health, Member	
Partnership	Memorial and CCHA	Meeting to review what is working well and what is needed for improvement of partnership to provide medical and behavioral health care to Medicaid Members
Partnership	Memorial, Penrose, Children's Hospital, Psych Hospitals, Community citizens, School of Medicine students, law enforcement	Collaborative community stakeholders and partners coming together to discuss statistics and problem solve ideas for community action change to prevent injury and death from firearms..
Partnership	Memorial, Psych hospitals, CSPD, EPSO, CARES Program, CCHA, Aspen Pointe, Fire Department	Community Detox was closed to relocate and meeting was to review admission criteria and how community stakeholders will work with Crossroads. Meeting has developed into how community agencies work with detox and meeting the needs of individuals who suffer with SUD
Partnership	Memorial UHealth and Colorado Springs Police Department	Working relationship between clinical staff, security, and law enforcement in care of behavioral health patients.
Involvement	Over 70 Community Partners	EPCPH CHIP
Partnership	Memorial, El Paso County Public Health, representatives from most agencies providing behavioral health services in the county, Teller County agencies, suicide prevention organizations, schools, faith based organizations, parents, and community members.	Discuss interventions to prevent suicide.
Partnership	CCHA, UHealth	Discussed potential partnership or alignment opportunities in the South Region to support projects to address HTP Measures.



Partnership	Public Health, Coroner, Aspen Pointe, Peak View, bank of Colorado, NAMI Executive Director, Community Attorney,	Community education event related to mental illness and suicide prevention
Involvement	Over 15 organizations represented	Affordable Housing and Healthy Communities
Involvement	RISE, Aspen Pointe, El Paso County Public Health	RISE community updates
Consultation	Memorial Hospital and Sandstone Care	Developing relationship and education on programs offered by Sandstone for potential use by UCHealth Southern Region Behavioral Health to refer patients in need of SUD treatment.
Involvement	Community Providers, Public Health, UCHealth	Access to Mental Health Care
Involvement	UCHealth, SummitStone, Northern Colorado Health Alliance, Health District, Banner Health, Estes Park Hospital, Larimer County Health Department, North Range	Discussed ways to collaborate on behavioral health HTP measure prioritization and selection. Consider leveraging multiple hospital efforts and alignment to support community.
Involvement	UCHealth, H2H, Kaiser, Centura, Peak Vista, Aspen Pointe, CHP, El Paso PHD, Matthews Voo	Educated audience about HTP; next steps related to HTP; and opportunities to collaborate

2. Please use the following grid to list any external organizations that the hospital has newly engaged to support its HTP CHNE process since submitting the Midpoint Report. Only those organizations that were engaged specifically in the CHNE process and that were not engaged during the first half of the process should be included. Please include the organizational contact and the type of organization. Please also note any specific connection of the organization to HTP priority populations and / or project topics. If no new organizations have engaged, you may leave this chart blank.

Organization Name	Organizational Contact	Organization Type	Connection to any specific HTP priority populations and / or project topics, as applicable
Community Health Partnership	Amber Ptak	Community organization addressing Social Determinants of Health (SDOH)	Care Coordination and Care Transitions
Sandstone Care	Colt Smith	Mental Health Center	Behavioral Health and Substance Use Disorder Coordination
Northern Colorado Health Alliance	Heather Ihrig	Health Alliance	Behavioral Health and Substance Use Disorder Coordination



III.b. Please respond to the following questions to provide an update about the experience of executing the hospital's Action Plan, including challenges faced and any adjustments made in light of those challenges. If a question or part of a question is not applicable to the hospital, please note that in the response.

1. Please use the space below to share:

- Whether any organizations that were engaged in the first half of the CHNE process failed to continue to engage as the hospital has identified priorities, target populations and initiatives and began planning its HTP application and engagement;
- An explanation of why the organization(s) stopped participating, as known; and
- A description of attempts to address any resulting gaps in engagement.

Response (Please seek to limit the response to 500 words or less)

During the midpoint report process, we worked with many groups to guide a community health needs engagement (CHNE) assessment of the local groups. We also actively reached out to groups that were interested in projects that aimed at making one or more HTP quality measure results better.

We have stopped work in activities that were not in line with meeting the quality measures tied to the HTP or because the group(s) stopped having meetings on these topics. We told this to our community partners by email. We also thanked them for working with us and explained that our work was done. We told groups how they could contact us so we could get feedback from all that were part of the HTP. No groups returned any feedback, ideas, or concerns to us at the UCHHealth HTP team.

We have made a webpage that is open to the public. It has the reports that UCHHealth wrote along with updates on the HTP (<https://www.uchealth.org/about/hospital-transformation-program/>). Also, we named one community forum in each hospital, where a local UCHHealth team member can come to and give updates on ongoing HTP work. For the UCHHealth Grandview Hospital, we will be going Health Community Collaborative (HCC) meeting. This is hosted by El Paso County Public Health.

2. Please use the space below to describe any new or continuing challenges in implementing planned activities as described in the Action Plan and the cause of the challenges.

Response (Please seek to limit the response to 500 words or less)

When carrying out the planned activities, as stated in the Action Plan, new and continued challenges existed. Many community groups noted that the planned HTP quality measures are not in line with their group's strategic priorities. In many cases, their priorities might be more in line with other hospital-community efforts.

We also found it was hard to join the environmental scan findings with some of the proposed quality measures. Having things in line will be needed for the final project selection. For instance, the environmental scan asked questions about end of life care, but there are no quality measures to support this need. On the other hand, the environmental scan did not ask questions about some of the proposed quality measures, such as the energy star score for hospitals' rating

As well, there is a large amount of language built into the quality measures that promotes team work among hospitals and Regional Accountable Entities (RAEs). Details of what the state expects of this



partnership and having joint quality measures is not clear. To make this clear and to know what is expected, we suggest a joint meeting between:

- Health Care Policy and Finance
- Colorado Hospital Association
- Regional Accountable Entities
- hospitals

We could also use the ongoing HTP monthly workgroup meetings to talk more about this.

We have found a large community group we can go to on a routine basis. This will let us work well with groups in the community. We can also work with our other hospital partners to engage the community and give updates on the program. For the UCHealth Grandview Hospital, we will be going Health Community Collaborative (HCC) meeting. This is hosted by El Paso County Public Health.

We hope that the Health Care Policy and Finance proposed yearly HTP meeting will also give a way for hospitals to share information with the broader community as a group. We also made a webpage for the public (<https://www.uchealth.org/about/hospital-transformation-program/>), so that our community partners could keep track of our progress and learn more about our HTP's state report.

Many community groups have named would-be programs or other actions looking at community needs that will need more financial support. While the HTP program does not come with a set funding stream, we will still work with our partners to find new assets or those already in place to look at community health needs.

3. Please use the space below to describe any additional divergences from the final Action Plan made since submitting the Midpoint Report in order to successfully complete the pre-waiver CHNE process, including those made to address the challenges described above.

Response (Please seek to limit the response to 500 words or less)

UCHealth met with all stakeholders listed in the Action Plan. We used larger community meetings to get feedback from many stakeholders when we could. We also used participation and community partnerships that are in place right now between UCHealth and community groups. There were no other changes from the final Action Plan since we sent in the Midpoint report.



IV. Feedback Gathered

IV.a. Please use the space below to provide a summary of feedback received from stakeholders relative to planning for the hospital's HTP participation as well as any feedback received relative to the CHNE process. The response does not need to be inclusive of every comment shared but should include common themes of input and any additional feedback that was considered particularly relevant and / or influential.

Response (Please seek to limit the response to 1,500 words or less)

We have reached out to our community partners asking for both quantitative (things that can be counted) and qualitative (describes but is not counted) feedback about the Hospital Transformation Program (HTP) and the Community Health Neighborhood Engagement (CHNE) process when working with UHealth. After reading the feedback from our community partners, some themes came to light. Most groups valued the ongoing and steady communication about the HTP. Also, the feedback showed the need for more ways to work together to help patients move safely to the community and taking care of behavioral health needs. For instance, Colorado Community Health Alliance articulated that they "Really appreciate the ongoing, consistent engagement of UHealth and commitment to Medicaid." Furthermore, El Paso County Sheriff's Office indicated, "UHealth is an engaged partner in numerous professional groups in the community related to behavioral health. The Emergency Department staff are always welcoming, polite, and professional with our co-responder unit. They make themselves available for our team to give them a briefing on the patient and allow us to get back into service quickly."

IV.b. Please use the space below to provide an explanation of how the feedback the hospital has received has been considered and incorporated into planning for the hospital's HTP participation and, as applicable, any adjustments to the CHNE process.

Response (Please seek to limit the response to 1,000 words or less)

Based on the feedback described in IV.a., UHealth took time to think about the feedback we got. We thanked each group for their dedicated time and efforts by sharing this valued information.

Most groups would like to keep getting updates about the Hospital Transformation Program efforts at UHealth Grandview Hospital. Because of the feedback, we have made a public webpage that has UHealth's state deliverables and updates on the Hospital Transformation Program (<https://www.uhealth.org/about/hospital-transformation-program/>). Also, to have an in-person UHealth representation in the community, we named one large community forum that we will go to on a routine basis. This gives us a way to give updates on the program. For the UHealth Grandview Hospital, we will be going Health Community Collaborative (HCC) meeting. This is hosted by El Paso County Public Health.

We have heard from community groups that, at times, it is not easy to find the team leader for any given HTP effort or project, mainly because each hospital will have many project leaders. Due to this feedback, we have made one email address that anyone can use to ask questions about to the HTP across the UHealth system. UHealth also named a system-wide UHealth HTP project manager. The project manager reviews the program's email account routine basis. From here, pointing the person asking to the correct local hospital project leaders can be done. This "single entry-point" lets



people from the community groups to find the right stakeholder at any one of our UCHealth hospitals.



V. HTP Planning

Please use the space below to outline the hospital's preliminary decision-making regarding:

- Community needs that will be prioritized in the HTP;
- Selection of target populations;
- Opportunities for intervention and initiatives under consideration; and
- Any partnerships.

This response does not need to reflect final decisions.

Please also provide a rationale for decisions based on:

- Findings from the environmental scan;
- Feedback received during the CHNE;
- The priorities of the HTP; and
- Other state and hospital initiatives.

Response (Please seek to limit the response to 2,000 words or less)

To help each of our hospitals chose what projects about the Hospital Transformation Program's (HTP) quality measures to work on first, we are making a way to give a score to the quality measures. This will assign points to each quality measure based on what is needed the HTP (such as the mid-point report findings). It also looks at other important factors such as:

- resource needs
- how community partnerships work together
- having quality measures that work with other payers

The process mentioned above will let HTP leadership fill out the measures and intervention proposal piece of the Hospital Application and Measures and Initiative Proposal report.

As stated in the midpoint report, these are early ideas that we are looking at right now. The final measures were given 7/31/2019 and the measure specification record will be supplied when it its ready. This is an initial decision-making process and does not mean these are the final decisions.

UCHealth's preliminary community needs as highlighted in the mid-point report include:

- decrease suicide rate specifically in males
- desire to understand social determinants of health despite limited resources
- limited access to primary care and specialty services
- limited availability for long term care facilities to accept patients with behavioral health conditions
- needs related to improving complex care management and care coordination services amongst different organizations



- limited home visitation programs to promote maternal health
- limited behavioral health services
- limited homeless medical respite and “step-down” care for vulnerable populations
- inadequate food insecurity and transportation options
- high prevalence of opioid use disorder with lack of Medication Assisted Treatment (MAT) programs to support treatment of this chronic disease

The following are target populations identified in the mid-point report:

- members with behavioral health disorders defined as those with mental health and substance use disorders
- members with significant physical chronic conditions
- members with co-morbid mental health
- members with disabilities
- vulnerable populations (homeless and moms)

Opportunities for intervention and initiatives under consideration could include the following:

- collaboration between RAEs and hospitals on care transitions for complex patients (medical, social, behavioral)
- increased capacity and coordination of homeless care transitions with medical respite programs
- integration and operationalization of social determinants of health screen questionnaire and referral tool
- training and implementation of SBIRT and/or opioid MAT programs
- implementing alternative to opioid clinical pathways into the physician’s workflow and hold physicians accountable for measure
- mental illness/substance use disorder follow-up with RAE
- co-responder model (police officer, paramedic, and behavioral health clinician).

Potential Hospital Transformation Program project-community partners include

- Regional Accountable Entity: Colorado Community Health Alliance
- Local Public Health Agencies: El Paso County Sheriff’s Office Co-Responder
- Behavioral Health Criminal Justice Community Committee lead by El Paso County



-community organizations addressing social determinants of health: Ascending to Health

-Long-term Support Services: Union Printers Home

-Behavioral Health Organizations: The Independence Center, Peak Vista, Crossroads Detox, Sandstone Care, Springs Recovery Connection, AspenPointe, and Peak View Behavioral Health

We have found the projects and priority areas we might focus on. These are based on many factors, including but not limited to:

- findings from the environmental scan
- feedback received from our community groups
- local hospital leaders



VI. Planned Future Engagement Activities

VI.a. Please use the space below to outline the hospital's preliminary thinking regarding the types of activities the hospital will utilize for ongoing CHNE throughout participation in the HTP. This could include establishment of a committee, regularly scheduled meetings, regularly scheduled public forums, etc. Detailed plans are not required and this response does not need to reflect final decisions. Further information regarding required level of effort will be provided before implementation and reporting begins.

Response (Please seek to limit the response to 500 words or less)

We will insert the Hospital Transformation Program efforts into the hospital frameworks that are now in place.

Through the use of surveys and by talking with our partners, we have found that they want to work in many ways with our hospital during the next 5 years. Some want to be closely involved. They would like to work on a project by aligning efforts and agreeing on ways to achieve a common HTP quality measure outcome. Other community groups want to be informed and have a way to share details with others in the community. Lastly, a few groups want to know how they can take part in the HTP-related activities.

We believe our community group partners may change and grow over the next 5 years. Our goal is to be flexible and responsive to the needs noted during the HTP implementation phase.

As we find a specific project(s) and community partners linked with such projects, we will assign a team lead from the hospital. The role of the project team lead is to help build be responsible for building relationships and keep information flowing with local groups that want to partner and align services with UHealth. These one-on-one meetings are vital to make sure that the operations of each project are a success and last over time.

We believe that the relationship between the hospital and community group must be equal. As such, UHealth has made a webpage where we showcase each hospital's progress on the HTP. We hope to use this forum to give ongoing updates on projects and UHealth HTP outcomes to groups and the public.

We have also made an email address (hospitaltransformationprogram@uchealth.org) that anyone can use to ask questions related to the HTP across the UHealth system. The UHealth system also named a project manager. This person reviews the email account and connects hospital project leaders and community stakeholders. Having this contact site lets representatives from the community tell the UHealth team of possible new partnerships or ways current project goals may line up.

To close, we will be using ongoing community forums that unite many key groups on a routine basis. For the UHealth Grandview Hospital, we will be going Health Community Collaborative (HCC) meeting. This is hosted by El Paso County Public Health. We will also use the existing yearly meeting required by the Community Benefit Reporting Accountability (HB19-1320) to address any overlap with HTP. We also hope to use HCPF's proposed yearly HTP conference to share information, network and grow our community partnerships. Making the most of these efforts may reduce fatigue by these groups while keeping the community well informed.



VI.b. Please use the space below to explain whether the hospital expects any current stakeholders to stop participating in an ongoing CHNE process and / or any stakeholders to become newly engaged.

Response (Please seek to limit the response to 500 words or less)

Please see question 1. Section III.b. We have stopped working with some groups since the Hospital Transformation Program quality measures do not line up with the group's strategic goals. Another reason for stopping hospital-community joint activities included the fact that we could combine workgroups and meetings. Partners that work at like-minded groups go to many community-wide meetings. After talking with local UCHHealth agents, we decided that we will keep going to each hospital's largest and most influential regional community forums. The last reason in some cases, some community groups stopped their activities.

It was also noted in section III.a. question 2, that there were more community partners that UCHHealth started to work with in the ongoing Community Health Needs Engagement (CHNE) process. We may find new partners through the 5-year program.

Overall, we worked with many community group partners through the pre-program phase. UCHHealth plans to work with a set of community groups that share a common goal, such as improving one or more HTP quality measure score. As projects grow, our partnerships and stakeholders may change as well.



VII. Additional Information (Optional)

Please include the space below any additional information about the CHNE process, as desired.

Response (Please seek to limit the response to 250 words or less)

There are no other details about the CHNE process.

