ACKNOWLEDGMENTS

Colorado Health Institute Staff Contributors
Karam Ahmad, Policy Analyst
Jeff Bontrager, Principal Investigator
Alexandra Caldwell, Director
Brian Clark, Creative Director
Chrissy Esposito, Data Visualization and Policy Analyst
Cliff Foster, Editor
Adriana Gomez, Research Analyst
Joe Hanel, Managing Director of Strategic Communications
Jaclyn Zubrzycki, Communications Specialist

The Denver Foundation’s Colorado Health Access Fund Advisory Committee
Harry Budisidharta, Chief Executive Officer, Asian Pacific Development Center
Carl Clark, MD, President & Chief Executive Officer, Mental Health Center of Denver
Venita Currie, Founder and Chief Executive Officer, Currie Consulting Group
Steph Einfeld, Chief Executive Officer, Northwest Colorado Health
Alicia Haywood, Legislative and Regulatory Analyst, Colorado Department of Public Health and Environment
Peggy Hill, Deputy Director, National Behavioral Health Innovation Center
Deidre Johnson, Chief Executive Officer, Center for African-American Health
Kay Ramachandran, Executive Director, Marillac Clinic
Charlotte Yianakopulos-Veatch, Ph.D., Chief Clinical Officer, Health Solutions
Maria Zubia, Director of Community Outreach, Kids First Health Care

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Stef Flores, Program Assistant
Kristi Keolakai, Director, Colorado Health Access Fund
Dace West, Vice President of Community Impact
Cindy Willard, Senior Program Officer
Dear Colleagues and Friends,

The Denver Foundation is pleased to share the annual evaluation report on the Colorado Health Access Fund. Excitingly, the third year of the Colorado Health Access Fund (the Fund) was a watershed year. The Fund increased support for programs that reach diverse populations in need of behavioral health services, with an emphasis on those in rural areas. This brought the three-year total of Coloradans served by the Fund to 75,000. An ever-increasing number of projects have a clear path to sustainability.

Last year, a higher number of grants supported programs that reach our focus populations—those who experience racial health disparities, immigrants and refugees, people experiencing homelessness and those with histories of trauma, among other groups with limited access to care. These populations align with the Fund’s original intent of reaching those who live with high health care needs and face the greatest barriers to accessing treatment. In this report, we highlight stories and examples of organization’s that reflect the Fund’s alignment with this intent and value.

As the Fund is time-limited, it has always focused on sustaining the increases in access created by the grants awarded. This year’s report shows that two-thirds of grantees have identified a clear or partial sustainability strategy that will allow them to continue programming after the term of their grant ends.

What we’ve learned over the course of our evaluation is that persistent challenges accompany our progress. The challenges identified in this report are similar to those reported by grantees in years past. They include hiring the right staff, adapting to changing funding environments, and navigating policy barriers that impact reimbursement and billing. We invite you to learn more about our evaluation findings in the following pages or to access the full report on our website.

As The Denver Foundation continues the work of the Colorado Health Access Fund in the next four years, we remain committed to our current funding approach. We have also added several new strategies. During 2018, the Fund conducted a strategic refresh of our priorities and will explore new opportunities in the coming years. Based on the research and community conversations conducted along with staff analysis, the following additional strategies will be explored: care in the community, workforce support, innovation in the behavioral health safety net, and policy advocacy to include support for the healthcare safety net.

We are grateful for the many partners and organizations that share The Denver Foundation’s commitment to broadening access to behavioral health care for people in our community and across the state. We know that it will take a collective effort to improve behavioral health in Colorado. We look forward to working with you to increase access to care.

Sincerely,

Dace West, VP of Community Impact
ABOUT COLORADO HEALTH ACCESS FUND

The Colorado Health Access Fund is a field of interest fund of The Denver Foundation, established in 2014 with an anonymous gift of $40 million. The Fund is dedicated to improving health outcomes for underserved Coloradans by increasing access to behavioral health services.

Between 2015 and 2022, up to $5 million per year will be awarded through the Fund to rural, urban, and suburban initiatives that increase access to health care and improve health outcomes for populations with high health care needs. Specifically, the Fund enables work that supports people who have an identified behavioral health issue and are a member of populations that are known to be unserved/underserved.

The Fund includes four focus areas for the projects it funds:

- **Improved access to care, particularly in rural communities.**
- **Transitions in care to behavioral health services.**
- **Innovation of care delivery.**
- **Education of those with high health needs, as well as their families and caregivers.**

Between 2015 and 2018, the Fund has supported specific projects and programs, capital improvements, general operating funds, and multi-organization collaboratives.

ABOUT THIS EVALUATION

The Denver Foundation retained the Colorado Health Institute (CHI) to independently evaluate the Colorado Health Access Fund. CHI is a health policy research organization that is a trusted source of independent and objective health information, data, and analysis.

This evaluation measures the reach, effectiveness, adoption, implementation, and maintenance of the Fund’s work. CHI added a policy component to identify hurdles and opportunities in behavioral health. The evaluation also examines how well the Fund adheres to its strategic intent.

This evaluation report examines the work of the Fund’s third year (2017-18). It is based on data from evaluation reports submitted by 37 of the 38 grantees that completed a funding year in 2018. (One grantee completing funding in 2018 had to terminate its grant.) Some grantees completed their first year of funding in 2018 and others are in their second or third year of multi-year grants.

THE RE-AIM+P EVALUATION FRAMEWORK

CHI’s third annual evaluation of the Colorado Health Access Fund assesses the contributions grantees have made to increasing access to behavioral health services for Coloradans with high health care needs. The evaluation also examines the extent to which the Fund has been implemented as expected. The evaluation team used quantitative and qualitative information from reports submitted by each grantee and other data collected in partnership with the Fund’s team. Specifically, this evaluation report explores the reach, effectiveness, adoption, implementation, maintenance, and policy opportunities of the grantees’ work.

The grantee contributions portion of this report is organized under the RE-AIM+P evaluation framework. This is an established evaluation framework that examines a program’s Reach, Effectiveness, Adoption, Implementation, and Maintenance. CHI added a Policy component to help identify policy hurdles and opportunities in behavioral health. The framework measures how well the funded projects:

- **REACH the Focus Population:** How many — and what proportion — of people with high health care needs in Colorado are being served by the Fund?

- **Demonstrate EFFECTIVENESS:** To what extent are programs increasing access to care among people with high health care needs? How does effectiveness vary at the community level? What key achievements were made possible by the grant?

- **Are ADOPTED:** To what extent were programs adopted by all target staff and partners? If a program was not adopted by all, why not?

- **Are IMPLEMENTED:** To what extent do Fund grantees implement the programs described in their Request for Proposals applications? What implementation challenges have programs faced?

- **Are MAINTAINED:** Will the programs be sustainable once the funding cycle ends? Will new programs or program expansions continue without Fund support?

- **Adapt to the POLICY environment:** Does the rapidly changing policy context contribute to or detract from program effectiveness? What policy barriers or opportunities exist?

This report summarizes key findings identified using RE-AIM+P. It also includes CHI’s recommendations about how the Fund can support ongoing efforts in behavioral health care and provide leadership through 2022, when the Fund concludes.
INTRODUCTION
The Colorado Health Access Fund is focused on bringing behavioral health services to those who have had the least access and face the highest barriers to care. In its third year, 38 grantees from across Colorado received $3.8 million from the Fund and reached 25,000 Coloradans with needed care.

The Fund’s support for innovative behavioral health programming couldn’t come at a better time. There is a gap between Coloradans’ needs and their access to services. According to the Colorado Health Access Survey, about one in 13 Coloradans (7.6 percent) and one in six Medicaid members (15 percent) did not get needed mental health services.

REACH
In its third year, the Fund provided access to behavioral health services to more than 25,000 Coloradans. That number includes those who received direct services like in-person counseling sessions and telehealth therapy. It excludes indirect services, like screenings for mental health or substance use challenges.

Grantees reported serving 32,000 Coloradans in Year 1 and 17,000 in Year 2. The dip between Years 1 and 2 was due in part to the end of several large one-year grants and the launch of a number of new grantees that needed time to ramp up programs. The increase between Years 2 and 3 shows the increasing stability of grant-funded programs.

The Fund’s grantees served Coloradans with the highest health needs and most significant barriers to care, such as Coloradans affected by trauma, people with substance use disorders, and immigrants and refugees. As Figure 1 illustrates, more than three-quarters (78 percent) of programs are expressly focused on serving trauma-affected populations — groups of people who have potentially experienced the lasting effects of past events or circumstances that were physically or emotionally harmful. Two-thirds of grantees’ services are directed towards families and/or adolescents. More than two-thirds of grantees are focused on serving people of color.

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Coloradans served by Fund-supported programs are diverse, disproportionately young, and likely to be Medicaid members. For the first time since the Fund’s inception, grantees reported demographic information on the 25,000 people they reached in Year 3. Not all grantees could report the same types of information or level of detail, but the results provide some insight into who is benefiting from the Fund’s supported programs.

On average, programs reported that more than half (57 percent) of the people they served use Medicaid or Child Health Plan Plus (CHP+) as their primary insurance. That’s compared to about one in five (21 percent) Coloradans using those insurance types statewide.

The Fund supported 81,221 unique direct services to Coloradans in 2017-18, including one-on-one therapy or counseling sessions, teletherapy sessions, brief clinical assessments, and other touch points. Of the more than 81,000 services provided, the most common was one-on-one in-person counseling sessions with a behavioral health professional. The Fund supported 27,000 of these services in Year 3. Grantees facilitated another 12,000 behavioral health services remotely via telehealth (15 percent) in the
2017-18 time period (see Figure 2).

For example, Kids First Health Care provided family therapy, crisis interventions and psychoeducation services.

**EFFECTIVENESS**

The Fund supports a variety of programs that increase access to care, including direct behavioral health care services, “extended” direct services like teletherapy and care in non-traditional settings, and strengthening connections to services with programs funded for behavioral health integration and transitions to care.

Each grantee’s program focuses on at least one of the Fund’s four focus areas — education, access to care, transitions in care, and innovation in delivery. The grantees implement various activities within each focus area. Figure 3 displays the three main types of activities that grantees pursue with their grants. Though most grantees focus on multiple approaches, the most common approach is to offer direct counseling and behavioral health services such as in-person therapy at a health care clinic. For example, the Medication Assisted Recovery Center (MARC) at Health Solutions in Pueblo, for one, treated 260 people in the first 12 months of operation, more than twice what the organization projected for 2017.

Some grantees extend direct behavioral health services into non-traditional settings to meet Coloradans where they are — whether that’s in school, in court, during a law enforcement encounter, or in their homes. The Aurora Mental Health Center used funding to provide therapy, trauma services, and substance use treatment to youth with therapists and a bilingual Licensed Addiction Counselor in schools.

Several grantees are focused on strengthening transitions to behavioral health services from other facilities or health care settings.

Grantees that were most effective in meeting the unique characteristics of the regions they serve reported two important strategies: Hire staff who can meet the needs of target populations and address common barriers to accessing care such as transportation and appointment hours.

Many grantees reported hiring staff who speak multiple languages, share cultural values or religious practices, and are culturally responsive to the target population. The Asian Pacific Development Center’s program, for example, focused on engaging Vietnamese

*Figure 2: What Services Did Fund Grantees Provide?*

*Figure 3: Grantee Strategies for Increasing Access to Behavioral Health Care Services*
community members. That effort could not be successful without staff with strong connections to that community, which has a diverse set of backgrounds, beliefs, barriers, and strengths.

**ADOPTION**

Almost 90 percent of grantees reported that their programs were adopted as planned or exceeded expectations.

In Year 3, nine in 10 grantees said the program’s target health care providers, patients, external partners like schools, and referral partners “bought in” to the program. Some organizations introduced a new program to a non-traditional location successfully. Rocky Mountain Immigrant Advocacy Network (RMIAN) brought a social worker directly into a detention facility and exceeded its goal of serving more than 35 immigrant detainees with direct legal representation and social services support. It served 42 in the grant year.

**Grantees reported that clear communication and coordination can streamline program adoption.**

Grantees like Inner City Health Center that are promoting integrated behavioral health services recommended increasing program adoption by equipping provider “champions” or “early adopters” of integration with resources and leadership opportunities.

**When the program wasn’t adopted as planned, challenges were often deeply entrenched or out of the grantee’s control.**

While grantees shared several challenges, multiple grantees cited that stigma around mental health deterred possible consumers from seeking services. Patients of the Chanda Plan Foundation, for example, indicated that they needed behavioral health services but declined to make an appointment, reporting that “they were not crazy.”

Other patients reported feeling that their physical health was a higher priority than their behavioral health—meaning they were less likely to seek behavioral health services.

**IMPLEMENTATION**

Most grantees reported successful program implementation. Many attributed their success to effectively supporting, connecting, and caring for their staff.

Organizations with the most successful program implementation secured the tools and resources needed to set their staff up for success.

Clinica Family Health reflected in its grantee report that having a new behavioral health consultative provider required devoting time and resources for that provider to establish trust with a range of clinicians.

Others reported clear workflow decisions that led to patient retention in their program.

Grantees made those workflow changes by assessing the barriers faced by parents and adapting their processes and care delivery.
to overcome the challenges. Jewish Family Service of Colorado offered interpreters for all therapy sessions working in its Refugee Mental Health program and recommended staffing the same interpreter for an individual patient if possible.

On other hand, where program implementation didn’t happen as planned, most barriers were also related to program staff—hiring new staff, retention of existing staff, and staff buy-in to the program.

Having the right staff allowed programs to thrive — and struggling with staff caused difficulties for grantees.

Staff buy-in also posed a challenge for some grantees. In some cases, not all staff believed that the program’s new care model or workflow changes were the right investments to make.

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Maintenace

Compared with 2016-17, a greater number of grantees have a clear or partial plan in place to sustain their programs after the Colorado Health Access Fund’s support ends that is not solely reliant on additional grant funding.

On average, the Fund represented the largest portion — about 43 percent — of grantees’ program budgets in 2017-18. These findings are notable because the Fund is intended to provide temporary financial support to programs that expand access to behavioral health services. The hope is that the Fund will stimulate program growth and achieve revenue-based financial stability to ensure these services will continue beyond the term of the grant.

Two-thirds of grantees (65 percent, or 24 grantees) have identified a complete or partial strategy for continuing their program after their Colorado Health Access Fund grant ends. That’s up from about 43 percent of grantees in 2016-17.

Of those 24, 15 have clear plans in place for sustainability.

Despite the uptick in sustainability plans, many grantees did not identify robust sustainability strategies. Almost a quarter (24 percent, or 9 grantees) focused their sustainability plans on securing future grants rather than identifying more predictable sources of revenue. Another 19 percent (seven grantees) did not include enough information in their description to make an assessment.

Some of the seven grantees indicated they were exploring funding options but did not have concrete plans. Others indicated they would be reviewing a return on investment assessment or evaluation results to determine the level of sustainability needed to support programs after the end of their Colorado Health Access Fund grant.

COLORADO HEALTH ACCESS FUND’S FOUR FOCUS AREAS

The Fund includes four focus areas for the projects it funds:

1 Improved access to care, particularly in rural communities.
2 Transitions in care to behavioral health services.
3 Innovation of care delivery.
4 Education of those with high health needs, as well as their families and caregivers.
A FOCUS ON RURAL COLORADO

The Colorado Health Access Fund aims to support access to behavioral health care throughout Colorado – including in rural, suburban, and urban areas. In Year 3, how are the funds allocated among different geographic regions? Do grantees reflect the state’s geographic diversity?

Year 3 of the Fund marks a high point in the proportion of funding supporting rural Colorado. Almost a third (29 percent) of this year’s funds targeted rural parts of the state (see Figure 4). That’s up from closer to one in 10 dollars (12 percent) in the previous year. In total, about one in five dollars (22 percent) from the Fund so far have supported rural parts of the state.

Major drivers of this achievement include significant grants going to Mind Springs Health (see photo above), which serves the western slope, Tri-County Health network in rural southwestern Colorado, and Mountain Family Health Centers in the Glenwood Springs area.
Recent immigration and detention issues may deter patients from seeking services. The Fund's reach to those who need it most might have been even greater had it not been for these concerns.

Multiple grantee organizations identified clients’ fear and confusion around immigration policies as barriers to getting needed care. Some noted decreases in the number of clients who are covered by Medicaid.

Some grantees credit Health First Colorado — the state’s Medicaid program — for successfully expanding access to services, while many cite it as a hindrance.

In Year 3, some grantees cited the benefits of Colorado’s expansion of Medicaid to many working-age adults under the Affordable Care Act. They indicated that they are now able to secure Medicaid reimbursement for elements of care such as screenings and indirect consultations between a counselor and provider.

On the other hand, at least a dozen grantees reported problems with Health First Colorado. Many cited significant delays in receiving payment during the grant period due to the 2017 transition by the Department of Health Care Policy and Financing (HCPF) to a new electronic billing and information system.

Grantees were divided on whether Health First Colorado’s new Regional Accountable Entities (RAEs) align with their own goals of integrated physical and behavioral health.

In July 2018, HCPF launched the Accountable Care Collaborative Phase Two, which established seven new RAEs responsible for managing the care of Medicaid members within their regions. The RAEs are administering behavioral and physical health care together for the first time and replace a former system in which two separate entities had administered physical and behavioral health.
RECOMMENDATIONS
CHI’s recommendations for the Fund fall into three themes:

• Build on key successes.
• Develop relationships and partnerships.
• Reflect on how to sustain and further the Fund’s reach.

Theme 1: Build on Key Successes
Continue dedicated outreach to rural areas to maintain momentum. Consider encouraging past grantees with a proven record to apply again with another project.

Maintain or increase dedicated Fund staff support. This may require additional philanthropic staff to oversee the new advocacy portfolio.

Promote grantee best practices. Continue to connect grantees to each other or available resources to address workforce challenges. One idea is to transform the Peer-to-Peer Learning Network into a grantee mentorship program to address challenges with sustainability, evaluation, and workforce recruitment.

Theme 2: Develop Relationships and Partnerships
Pursue partnerships with grantees in areas where local behavioral health ballot initiatives passed to ensure the Fund’s efforts are complementary and not duplicative.

Identify, reach out and build relationships with the governing bodies/entities overseeing the provision of funding from these ballot initiatives. Consider inviting representatives to be on the advisory board.

Theme 3: Reflect on How to Sustain and Further the Fund’s Reach
Connect the new advocacy/policy cohort to current grantees. This new cohort represents an ideal opportunity to strengthen the core grant program’s focus on gaps and areas in need of innovative programming.

Build upon The Denver Foundation’s philanthropic experience to identify factors that contribute to financial sustainability. CHI’s tracking of local ballot initiatives will provide additional insights into emerging behavioral health initiatives and opportunities for the Fund to leverage local investments.

Focus the annual Learning Circle on program sustainability. CHI and Fund staff can strategize on following up with past grantees to see if their programs have continued.

CONCLUSION
In the Colorado Health Access Fund’s third year, grantees took innovative approaches, served diverse populations, and continued to bring vital behavioral health services to people throughout Colorado.

Grantee stories highlight those creative approaches to reaching Colorado’s diverse communities, especially those that have been marginalized or underserved.

As the steward of the Fund, The Denver Foundation will continue to have opportunities for partnership with statewide and local leaders and leadership across the behavioral health funding community. With the recent focus on behavioral health initiatives in the 2018 midterm election, the Fund has already taken the mantle by monitoring behavioral health investments created by ballot initiatives and other funding opportunities to ensure the Fund complements those initiatives.

These developments demonstrate a growing interest and willingness of Coloradans to take action in their local areas to support behavioral health services. The Fund can harness this momentum into the future to sustain the important work begun by the Fund and its supported grantees.

ENDNOTES
The Colorado Health Access Fund
LOOKING AHEAD

The Fund completed a strategic refresh to consider new strategies. The following opportunities were identified as areas of cross-cutting investment in the Fund’s remaining years:

Direct Public Policy Advocacy
Direct public policy was a consistent theme. In early 2019, nine advocacy partners were selected. These partners will play a steady role in public policy advocacy until 2022.

Care in the Community
The Fund is exploring a systems approach to equip community members with strategies to care for persons experiencing a mental health issue.

Innovation in the Safety Net
The Fund is considering unique opportunities to create and support a culture of innovation in behavioral health.

Strengthening the Behavioral Health Workforce
Fact-finding has begun for the statewide loan repayment program for behavioral health providers serving the safety net and rural communities.

In addition, The Fund made the following modifications to internal operations to maximize partnerships:

Impact Investing
The Fund will now consider impact investing projects and programs.

Elimination of Capital Spending Limits
The pressing need for community-based crisis services and expansion of care in rural communities guided our decision to eliminate the original mandate on capital spending.