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Introduction

This report summarizes the Harder+Company Community Research evaluation team’s insights and observations of the Colorado Health Foundation’s Outreach and Enrollment (O&E) Funding Opportunity from March 2015 to February 2016. The team based report findings on various sources of information including two, cross-site in-person meetings; site visits to the ten funded communities; interviews with grantees; site data collection; review of Basecamp materials, and meeting observations.

This report is a point-in-time opportunity to reflect on successes and challenges of a complex, dynamic, multi-layered endeavor to improve Coloradans’ health coverage and, ultimately, Coloradans’ health.

Overarching Evaluation Questions

- 1. Did ACA enrollment increase?*
- 2. How did the capacity of organizations increase to better target outreach and enrollment?*
- 3. How did cross-sector collaboration support the “no-wrong door approach”?*
- 4. What policy/practice improvements were made to support local and state enrollment efforts?*

Health Coverage is one of the three priority areas of The Colorado Health Foundation (the Foundation) with the target that “by 2023, 95 percent of Coloradans will have health coverage and the percentage of Coloradans who are underinsured is reduced to four percent.” As part of this priority focus, the Foundation initiated the Community Approach to Outreach and Enrollment. This Funding Opportunity put into motion three elements:

- (1)** Grants to enhance cross-sector partnerships to improve a community’s O&E results;
- (2)** A Learning Collaborative to support coordination, share best practices, and develop a unified vision for the state’s O&E activities; and
- (3)** A rapid-cycle evaluation to provide ongoing insights and observations about the O&E process and encourage reflection and learning.

The Funding Opportunity overlaps with other Foundation funding, including to Connect for Health Colorado, Enroll America, PEAK, and others. For example, many of the Community Approach grantees also receive funding from Connect for Health Colorado and support from Enroll America- both Foundation grantees. While the Foundation required that the grantees include a short list of mandated partners, the Foundation generally took the position that collaboration between funded partners emerge from the grantees themselves instead of being prescribed by the Foundation. As this report highlights, this developmental process has organically supported interconnections within and between community and system partners that they hope will be sustained well beyond the grants.

Organization of the Report

1. Overview & Evolution of the Community Approach to Outreach and Enrollment
2. Strategies and Results of the Community-Level Approach
3. Nurturing the ecosystem
4. Considerations for the future



Overview & Evolution of the Community Approach to Outreach and Enrollment

The Foundation's Community Approach to Outreach and Enrollment Funding Opportunity (O&E Funding Opportunity) supports grantees to implement locally appropriate approaches to health insurance coverage outreach and enrollment efforts. It provides funding and intersections to technical assistance for communities to strengthen and enhance their local outreach and enrollment-related partnerships and networks, thereby maximizing the number of individuals outreached and enrolled in healthcare coverage. A community approach is even more critical given that the number of insured in Colorado reached an all-time high in 2015¹ and the remaining uninsured are harder to serve. The Foundation's broad definition of "community-level approach" and structure of this Funding Opportunity allowed grantees to develop approaches tailored to the needs of their local populations. It allowed grantee organizations – including government entities, social service providers, and community centers – to further strengthen the fabric of organizations within a community that are positioned to assist individuals' healthcare coverage and promoted coordinated efforts that move beyond the isolated interventions of a single organization. This section looks at how grantees (and their partners) defined their community-level approach and how those approaches evolved over the past year.

¹ Colorado Health Access Survey, 2015.
http://www.coloradohealthinstitute.org/uploads/downloads/2015_CHAS_for_Web_.pdf

Partnerships as the cornerstone of a community-level approach

The ten O&E Funding Opportunity grantees all proposed various types of community partnerships in order to promote health insurance coverage. While some partnerships were required by the Foundation – partnerships with schools, counties, healthcare providers to underserved populations, and Connect for Health Colorado assistance sites – all grantees leveraged other partnerships and built on existing community assets. Across the ten grantees, key partners included schools, clinics and hospitals, county services, brokers, resource centers, emergency support services such as shelters and food banks, and the criminal and juvenile justice system. By engaging a broad spectrum of partners, grantees sought to extend outreach to those eligible but not enrolled in their communities.

"Each partner has a different relationship with us. What works at one site, doesn't work at another site."

-Community O&E Grantee

From the onset of the grant, three types of partnerships became evident: 1) Independent Hubs; 2) Extended Networks; and 3) Integrated Hubs. While these are not completely discrete categories – some grantees incorporate pieces of different types – this typology is helpful in considering elements that work well and where there are opportunities for growth.



Independent Hubs are defined as lead grantees that serve as primary outreach and enrollment service providers to community partners. In these partnerships, the grantee leverages the trusted position of local social sector organizations (e.g., resource centers, libraries, food banks, etc.) to access consumers, thereby extending their ability to support populations with which they may have little connection. For example, the Health District of Northern Larimer County provides staffing to Poudre River Public Library on a regular basis to reach individuals attending the library. Similarly, Boulder Healthy Kids and Adults provides outreach staff to several health centers that serve primarily Latino/a populations. These grantees engage partners on a one-on-one basis to tailor their work and ensure it is mutually beneficial. Partners who are only independent hubs, however, may be missing an opportunity to strengthen the O&E system as a whole in their community because nurturing isolated relationships with key partners does not optimize relationships between partners.



Extended Networks are defined as grantees that coordinate with and link to other outreach and enrollment service providers. The core hub created by these partners – which often include intra-agency departments – provides an avenue to share tactics, challenges and opportunities, which in turn supports information exchange and relationship building between networks. In these “network of networks,” the lead grantee may work independently with other partners (e.g., schools, libraries, and other nonprofits). For example, Pueblo StepUp staff work closely with other Centura programs and county enrollment specialists to attend outreach events and hand off consumers. Similarly, Hilltop staff work closely with county enrollment specialists as well as several of Hilltop’s many programs. Extended networks maintain organizational independence, and do not necessarily have integrated community plans. O&E work of this type is often organic and bendable to meet the changing needs of the community, however, by placing most of their efforts in working only with established partners, grantees may be missing an opportunity to bring non-traditional partners to the table who can bring new and invigorating ideas.



Integrated Hubs are defined as a lead grantee that convenes a broad set of partners, beyond typical O&E providers, to make joint decisions about outreach and enrollment work. Some grantees leverage existing collaboratives while others convened a new set of partners to share in the decision making. Integrated hubs are more formalized partnerships with identified roles and responsibilities for each of the partners. In some cases some partners are funded subcontractors or have MOUs to formalize the partnership commitment. For example, Arapahoe County Early Childhood Council has subcontracts with Aurora Coverage Assistance Network and Aurora Mental Health. These partners collaborated to develop the Foundation’s required outreach plan and activities. While this model works in some communities, it may not be the best fit for all. Formalizing partnerships, especially with nontraditional partners, may increase the administrative burden for those not receiving funds as part of their engagement (i.e., are not subcontractors, but due to the MOU now account for staff involvement in the O&E partnership).

It is important to note that the Foundation's support did not initiate all partnerships. Several grantees were part of well-established health collaboratives prior to obtaining the Foundation's O&E grant (e.g., North Colorado Health Alliance, Northwest Colorado Community Health Partnership, among others). However, the funding offered all grantees the opportunity to strengthen and extend both existing and new partnerships (see Appendix A for a listing of partners by grantee). It is evident that strong and broad partnerships have become the cornerstone of the community approach to outreach and enrollment. It remains to be seen how the partnerships grantees build are sustained and the level to which these partnerships affect a true "no wrong" door approach is created at the community level.

Evolution of partnerships

Over the last year, grantees have strengthened their existing partnerships and deepened their role in the community by creating new cross-sector partnerships. The following are highlights of how partnerships have evolved:

Stronger and broader partnerships: All of the O&E Funding Opportunity grantees invested in identifying the most appropriate way to partner with local agencies. While all grantees had existing partnerships, this Funding Opportunity provided the space to take risks, reach out to non-traditional partners, and spend the "people power" needed to nurture relationships. Grantees used the Learning Collaborative as an accelerator to connect to and learn from one another and identify ways to build cross-sector collaborations to ensure Coloradans obtain and maintain healthcare coverage. This is

particularly evident in the expansion over the course of the year of partnerships with non-traditional entities such as probation departments, universities, brokers, and key community employers.

A Focus on Partnering with Brokers

One clear area of growth for most grantees has been partnering with brokers. During the summer 2015 site visits, only three grantees identified clear working relationships with local brokers. During the February 2016 Face-to-Face meeting, however, it became clear that most partners are now working with brokers in one way or another. Several grantees noted success in including brokers at outreach events. One site noted that they have brought brokers into their site (e.g., at walk-in events) to support warm hand offs. In turn the broker benefited from the grantee's bilingual staff. Another site began co-branding materials with brokers in an effort to educate the public and ensure the O&E system appears as connected as possible. Despite these gains, it also became clear that there is no true and tried way of engaging brokers and duplication of efforts between Health Coverage Guides and brokers continues to occur and will be a future focus for grantees.

Bringing partners together: As noted above, grantees invested time and resources in creating and sustaining broad partnerships. Through this, a number of grantees have been able to not only improve their collaboration with a particular partner, but they have strengthened collaboration between their partners. This is particularly true of Extended Networks and Integrated Hub models.

Improving referral systems: Grantees and partners noted that referrals are often made on an ad hoc basis and without a clear mechanism to track the referral's success. During the summer site visits, no site shared a defined process by which consumers are transitioned or referred from one partner organization to another. This was primarily because partnerships and referral pathways are often relationship based, whereby partners refer consumers to a specific person based on their trust of that individual and understanding of their role. In the last year, a number of grantees developed explicit referral pathways as a tool for both consumers and their organizational partners. A number of grantees now have "consumer roadmaps" that are routinely used as a tool with both consumers and partners.

While there was clear growth in all of these areas, there are still opportunities to strengthen and deepen partnerships, convene cross-sector partners, and bolster referral pathways.

Extended partnership impacts

A number of grantees noted the key role the community approach fulfills in engaging populations with whom they have not been able to reach in the past. Partnering with organizations that already have the community's trust extends the reach of the grantee. For example, a number of grantees noted that through this grant they have tapped into communities they have not been able to in the past (e.g., mountain communities, specific ethnic or faith based communities, and seasonally employed communities).

Additionally, many partnerships noted impacts that extended beyond the number of people with healthcare coverage. For example, while the primary focus of a grantee attending another community organization (e.g., a library or school) is to educate consumers about health insurance options, they frequently educated that organization's staff as well. As a result, while partner organizations may not be fully trained in the details of health coverage, they are now knowledgeable about how to refer their clients to the appropriate support. This approach continues to build the knowledge base of an entire community including non-traditional partners such as employers.

Strategies and Results of the Community-Level Approach

Grantees and their partners utilize various outreach and enrollment strategies to enroll individuals and families in healthcare coverage. Strategies vary from developing shared outreach materials to co-location of staff. This section focuses on the outreach and enrollment strategies and tactics used by grantees and their partners, highlighting those strategies that proved the most successful.

Navigating the Outreach and Enrollment environment

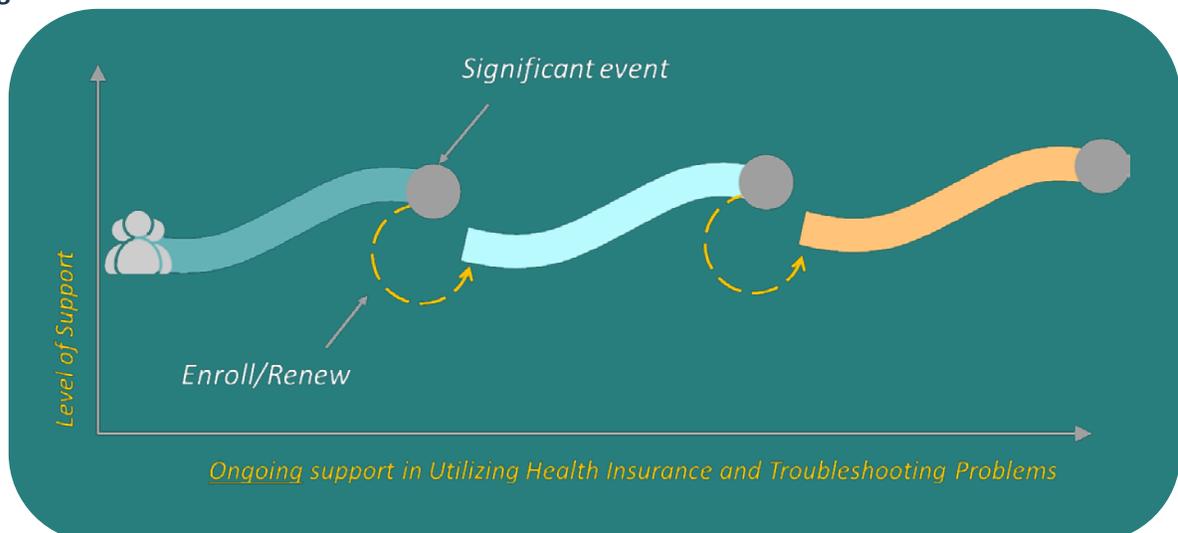
Outreach and enrollment is an ongoing process that requires differing levels of effort from grantee organizations and their partners (Figure 1). Whereas the focus of O&E efforts is enrollment and renewals, ongoing outreach must be sustained between those peak times to ensure that consumers remain insured. Many grantees are already supporting utilization of care in between enrollments, but as more

Coloradans become insured, grantees will need to pivot some of their efforts to focus on supporting ongoing utilization of care, which in turn encourages ongoing enrollment. Grantees already indicated that their efforts are expanding beyond basic outreach and enrollment support with a focus on supporting consumers from “coverage to care.”

Tensions in the Outreach and Enrollment environment

Community approaches to outreach and enrollment are embedded within broader tensions. As grantee organizations navigate the O&E environment within their communities, they also face various obstacles that can make basic O&E efforts more challenging. It is important to acknowledge, and as much as possible, address these tensions as they have an impact on O&E efforts.

Figure 1: O&E Environment



- ***Tension between funding internal capacity and funding a community approach:*** Many grantees used the funding to increase their FTE staff to ensure they have the capacity to enroll more consumers in coverage, particularly as the remaining uninsured are harder-to-reach. However, the Foundation is beginning to advance the concept that grantees think beyond internal capacity (i.e., staffing) more towards sustainable approaches (i.e., referral networks and tools that last beyond the O&E funding).
- ***Serving the hard-to-reach and reaching quota:*** Despite expanded O&E efforts, there are small pocket of Coloradans who are more difficult to reach and enroll in coverage. Finding and supporting these consumers can be very time intensive. Therefore, grantees continue to try to find the right balance between focusing on those hard-to-reach consumers and ensuring they are still enrolling the number of people they proposed they would enroll.
- ***System change and meeting local needs:*** A number of systems changes occurred in the last year (e.g., different data reporting systems for Connect for Health Colorado, Colorado HealthOP closing). It is challenging for grantees to remain abreast of these system changes and translate those into what it means for their consumers and for those individuals not enrolled in health coverage.
- ***Managing population challenges:*** The community approach to O&E acknowledges that there is no “one-size-fits-all” approach to O&E throughout Colorado. Each community has its own challenges to navigate such as distrust of government,

language barriers, or transient populations. Grantees are wrestling with employing promising practices, leveraging knowledge from other grantees, and meeting the unique needs of the populations they serve.

Overview of Outreach and Enrollment strategies

Grantee organizations used a wide range of O&E strategies within their communities. The Foundation required that each grantee develop an outreach workplan to guide their community approach, and provided access to Enroll America for technical assistance in plan development. Generally, grantees shared the following five overarching strategies: 1) develop and expand community partnerships; 2) utilize data to identify uninsured populations; 3) organize outreach events; 4) create and deploy media campaigns; and 5) develop outreach materials. The specific tactics within these strategies were tailored to the specific partnership structures and population needs of the communities.

Throughout the third Open Enrollment (OE), grantees provided insight into O&E efforts that proved successful. Below is a summary of the strategies and tactics that grantees identified as most successful. These strategies may prove as useful tools for grantees in planning for OE4.

- ***Co-location:*** Co-location continues to be a highly successful strategy. Co-location varies slightly by grantees but most often includes grantee staff providing enrollment assistance at partner sites to reach those partners’ clients. This can also include co-locating grantee and partner staff with different roles. For example, a county department may provide a Medicaid assistance enrollment

specialist to work side by side with the grantee's Health Coverage Guide. Co-location ensures that grantees and their partners have access to various systems, including CMBS and the Marketplace, and allows for on-the-spot troubleshooting of enrollment issues that may come up. This tactic decreases the need for follow-up appointments by ensuring consumers have all of the support they need in one visit and therefore lessens the potential for loss to follow-up of consumers during the O&E process.

- **Creating retail sites:** A "retail site" is walk-in site located in a highly visible, non-traditional site, such as a shopping center. These sites create unique opportunities to conduct outreach and on-the-spot enrollment assistance. Grantees indicated that this resource was invaluable to attracting and retaining consumers from year-to-year. Similar to co-location, operating a retail site as a resource for the community provides a one-stop location for consumers to get resources and support in enrolling in coverage. It also provides a consistent place for consumers to return to from year-to-year to reenroll in coverage.
- **Outreach events at targeted sites:** Holding outreach events at a specific location, such as a homeless shelter, school, low-income housing, or a restaurant helped grantees reach specific target consumers. Some grantees even saw an increase in referrals from organizations after they partnered with them to host an event.
- **Expanded hours:** Grantees saw an increase in traffic when consumers had access to resources beyond regular business hours. Having walk-in sites open and events held on

evenings and weekends was key to meeting the needs of diverse populations.

- **Inclusion of brokers at events:** Over the course of OE3, more grantees deliberately partnered with brokers. This included inviting brokers to outreach events and having established partnerships with brokers in the community. Developing this relationship provided a warm handoff between enrollment specialists and brokers creating a more streamlined process for consumers.
- **Post event debrief:** Provided dedicated time for staff to debrief after events and at the end of open enrollment period as a space for partners to discuss what worked and what did not, what can be done better next time, and what training would most helpful to support future efforts. Grantees indicated this simple, intentional check in point was successful because it allowed them to strategize while things were still fresh in their minds.
- **Employing community connectors:** "Community connectors" are people who go out into the community and are able to relate more directly with specific target populations. Similar to the "*promotora*" model, this strategy extends the reach of community approaches by going deep into the trust networks of hard-to-reach communities.
- **Development of a consumer roadmap:** Several grantee organizations noted the importance of developing a road map for partner organizations to use. This roadmap outlines the steps to enrollment and identified partners who can help. Many grantees use this tool for both network understanding as well as tailoring a version for the consumer.

- **Keeping partners accountable:** Grantees and their partners identified several ways to keep each other accountable to the community approach. This has included setting shared goals and workplans, identifying key roles for each organization within the partnership, developing shared resources and tools, focusing on supporting consumers beyond basic O&E, and formalizing partnership through signed MOUs.
- **Learning from others:** Grantees all utilized Basecamp to connect to other grantees and share their most promising tactics. Basecamp became a place where staff of varying organizational levels shared what was working in their community. Oftentimes grantees connected with one another before trying a new tactic. This led to more tactics that worked rather than tactics that didn't.

What doesn't work?

It is difficult to identify a list of tactics that did not work because oftentimes what does not work in one community may work in another. Grantees reflected, however, that unsuccessful tactics tend to be:

- when outreach is broad and not tailored to the population they are trying to reach (e.g., attending a community fair is often less successful than creating an O&E-specific event)
- when they did not have partners (or the right partners) at the table
- when they do not have clearly identified outcomes for the tactic

Telling the story through data

One of the requests from grantee communities was a better understanding of the data to know how to target their outreach and enrollment and what strategies are most effective for which populations. During 2015, grantees were responding to numerous reporting requests and in various databases. This included DART, the Connect for Health Colorado database (which was in transition to the Enroll America Connector database), grantees own databases, and various and overlapping reporting requirements and responsibilities. Grantees early on identified the need for common data. In response, the evaluation team convened a Data Workgroup to identify shared data elements to be collected by all grantees. The intent was to build on the data systems and requirements already underway instead of creating new ones. Data was collected between November 2015 and January 2016 (during OE3). Data collected included results of outreach; numbers of consumers enrolled; referrals to and from grantee organizations and barriers encountered by grantees. The following graphics summarize these results.

Limitations of data: In an effort to not duplicate data collection and reporting, grantees were asked to provide data that they were already reporting to other entities. The evaluation team was limited in our ability to aggregate data across grantees because not all grantees are collecting the same data or in the same way. Additionally, there are also varying levels of capacity within organizations to both collect and provide all of the requested information. Some grantees were able to pull data directly from Efforts to Outcomes (ETO) or the Connector while others relied on their own Excel databases or paper charts.

OE3 Outreach Data Summary

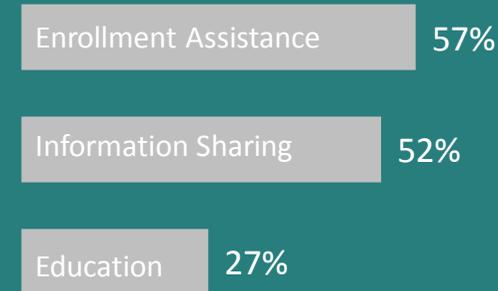
Outreach events varied across grantee sites from large outreach events at health fairs to small targeted events with partner organizations. The majority of outreach occurred through instances of “colocation” – where staff from the lead grantee conducted outreach at a partner’s office or site. The following presents data for those outreach efforts focused on engaging individuals (walk in events, enrollment specialists at partner sites, etc.). Overall, there were a total of 183 outreach instances, the majority of which focused on enrollment assistance and/or information sharing. From the 183 outreach instances, 5,041 people were assisted and 175 follow-up appointments were scheduled.

Data shown here is for outreach conducted between November 2015 and January 2016.

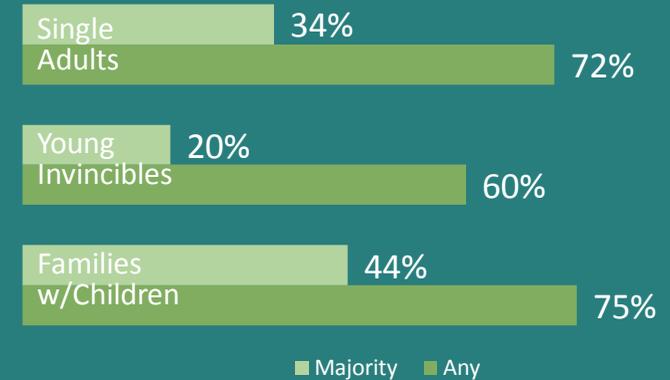
183 outreach instances

5,041 people assisted

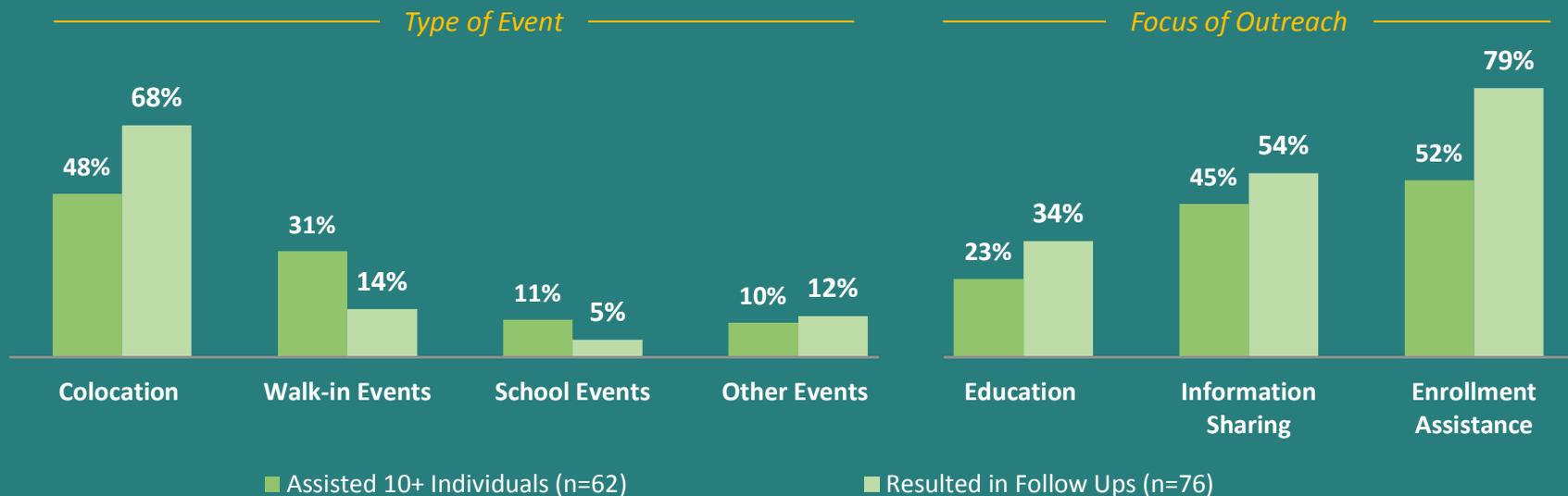
Focus of Outreach Events (n=183)



Events with ‘Any’ or ‘Majority’ Specific Populations (n=163)*



Result of Outreach Events by Event Type & Focus



Two out of five (41%) of outreach occurrences resulted with follow up appointments and one third (33%) assisted more than 10 individuals. Events that assisted the most people and resulted in at least some follow-up appointments included colocation, enrollment assistance and information sharing events.

* ‘Any’ refers to events that reported any number of attendees fitting into the following categories: Single Adults, Young Invincibles, or Families with Children. Events with ‘Majority’ include events where more than 50% of the attendees fit into the identified categories. Populations were not recorded for all events.

Overall, nearly approximately 9,598 consumers received enrollment assistance. The majority of assistance provided to consumers consisted of information and education, health insurance literacy and Medicaid/CHP+ application assistance. Nearly 25% of consumers who were provided enrollment assistance were assisted with enrolling in coverage for the first time. Nearly two-thirds of those provided enrollment assistance enrolled in either Medicaid/CHP+ (47.0%) or Connect for Health Colorado (20.4%).

9,598

Received enrollment assistance

4,515

Medicaid/CHP+ Enrollments

1,962

Connect for Health Colorado Enrollments

Enrollment Assistance Received by Individuals (n=9,598)

48%

Information & Education

40%

Health Insurance Literacy

36%

Medicaid/CHP+ Assistance

23%

Enrolling for the First Time

16%

Created PEAK or Marketplace Account

9%

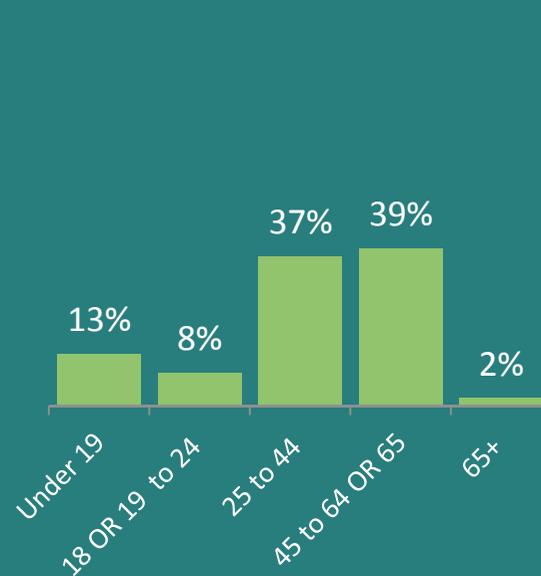
Marketplace Application Assistance

6%

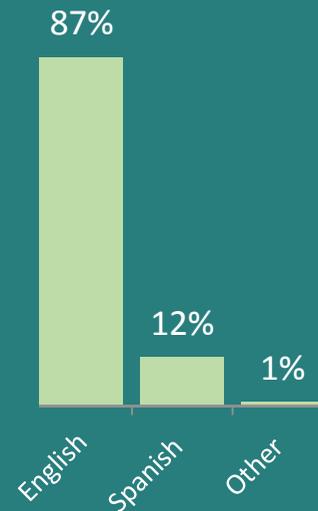
Renewal

Demographics of those assisted

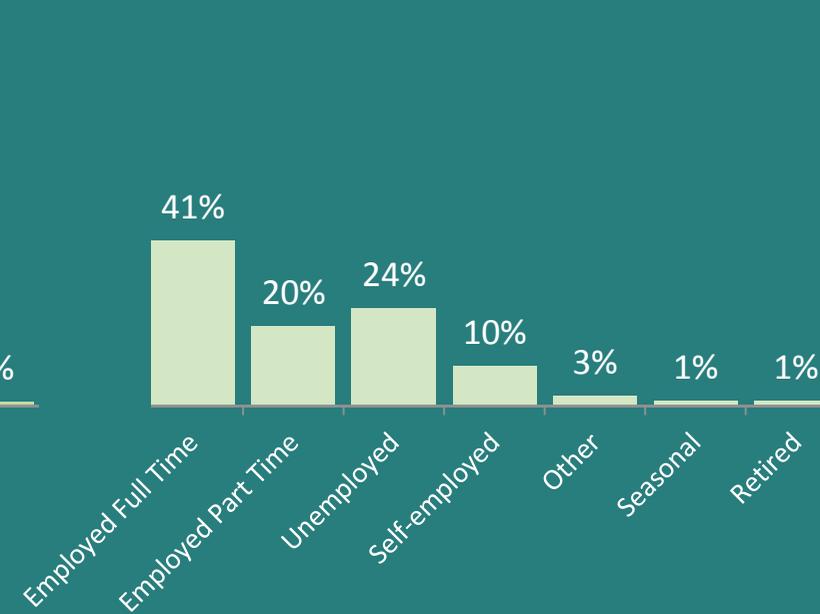
Age
(n=3,558)



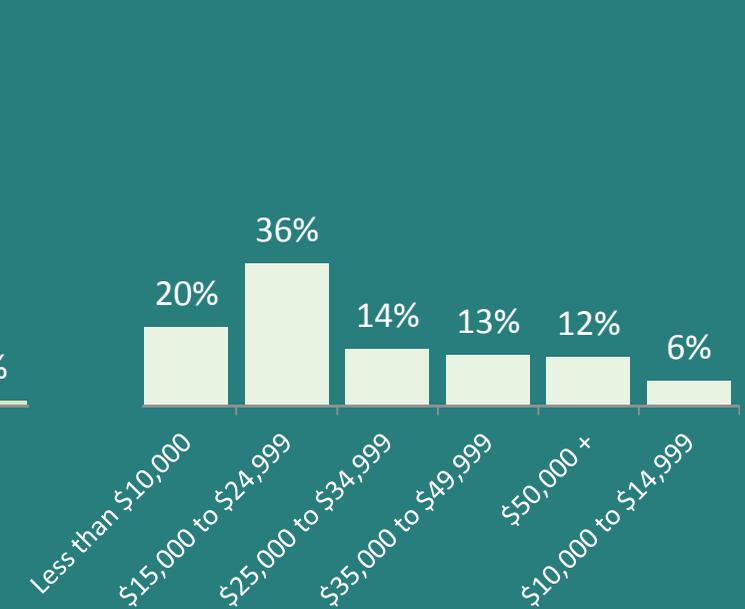
Language
(n=4,739)



Employment Status
(n=2,073)



Income
(n=2,148)



System Building: Creating the Bigger Picture

The health coverage system in Colorado is a complex network of interrelated and interdependent components. Because of the systems interconnections, changes initiated to the underlying structures and support mechanisms on behalf of the ten Community Approach to Outreach and Enrollment communities could positively affect the larger system. The Funding Opportunity supported five different potential system improvement processes. Depicted in the graphic, the processes have created a framework for improving the health coverage system in Colorado within and beyond the ten communities.



Looking back at funding: During 2015, the Foundation supported two different activities to inform their thinking on health coverage funding in the state and the strategic opportunities for the Foundation's relatively modest investment. The first activity was an analysis of public and private outreach and enrollment investments. This document assisted the Foundation in considering implications for how their dollars could be maximized. The second activity was to map who is funding what activities. This "mind map", currently under development by CKF with feedback from Connect for Health Colorado and Enroll America, has the potential to identify overlaps and support better alignment of health coverage activities. While these two activities are useful to aligning and maximizing current resources, funding will continue to be an issue

as the number of uninsured drops; those remaining uninsured are harder to find and enroll; those enrolled who drop insurance/churn between, and the ongoing changes in both the market and the Marketplace (C4HCO). Grantees note that the harder-to-find require funding for staff to execute intensive, targeted outreach. However, the cost-per-enrolled will likely be a deterrent for public and private funders with limited health coverage dollars. The Foundation's aspiration is that the community approach will widen the connections far beyond any one organization to better find the uninsured. These same community approaches may also provide a legacy for communities pivoting to new opportunities related to supporting health coverage (e.g., health literacy, access, utilization).



Looking back at the community

approach: Over the course of the year, each site expanded and deepened their relationships with

their partners. During the summer site visit process mapping exercise, sites identified core partners that they partner with to support a consumer's enrollment. By the completion of the year, sites added between 1 and 9 additional partners/partner groups, with brokers and county services being amongst the most common additions. In many cases, these additions were "system expanders"- first time partnerships between community-based programs, public, and private entities. For example, a number of community approaches expanded partnerships through co-location between community programs with CBMS specialist and/or brokers. The sustainability of the system expander relationships will be even more important this year, as the end of the Funding Opportunity approaches, and the need for health coverage support remains.



Looking back at collaboration: In addition to the community partnerships and collaborations discussed above, the Funding

Opportunity supported three other types of collaborations: 1) system re-envisioning; 2) cross- community collaboration; and 3) system partner collaboration. The Advisory Group, supported by CKF, is the mechanism for system re-envisioning. The group is a broad collaboration of the health coverage ecosystem including "tree top" partners (system partners such as Connect for Health Colorado, Department of Health Care Policy and Financing) and "grass top" entities (i.e., the funded communities). The Advisory Group's charge is to develop a common, future focused,

and action-oriented vision for outreach and enrollment in Colorado. To date the Advisory Group has created a shared language and understanding of outreach and enrollment. Given the tree top to grass tops composition of this group, there is an opportunity to set a vision that goes beyond outreach and enrollment to include health care access and health literacy. Feedback from Advisory Group partners suggests the need for a stronger purpose statement; a targeted, action-oriented approach (ex: clear objectives for meetings and a timeline for execution); and action items for members to work on outside of the formal meetings to maintain momentum.

An additional element of collaboration is the relationships and interconnections between sites, supported by CKF's Learning Collaborative activities. During 2015, the Learning Collaborative facilitated sites' ability to share approaches that could be exported and adapted in other communities. Through this, grantees developed an understanding of one another's work and identified opportunities for joint action, such as collective media buys and leveraging Connect for Health Colorado's media plans. The Learning Collaborative in 2016 will need to actively facilitate and support these joint action opportunities to ensure they are realized.

A final collaboration element is system partner collaboration. This element emerged in the last months of 2015 and early 2016, through the ongoing facilitation of the Foundation's meetings with its funded system partners (C4HCO, CKF, Enroll America, and Harder+Company). These meetings have explored the opportunities for streamlining processes and supports, as communities noted that they engage in multiple and overlapping

technical assistance, progress calls, and reporting processes with different funders, all aimed at the same issues. This duplication of effort takes time away from health coverage work in the communities.



Looking back at data: One of the kernels at the heart of creating a stronger health coverage system is the collection and use of data to inform local and system actions. The lack of common and/or streamlined data between funders has been a major issue as grantees report multiple elements to different databases and at different times. This duplication takes valuable time away from the front line. Additionally, the data collected is widely not accessible- either due to database issues or the technical ability to extract the data- creating a knowledge vacuum for the sites. The Foundation and its ten funded communities could use this Funding Opportunity to support a more integrated data reporting process across funders (including the Foundation, Connect for Health Colorado, Department of Health Care Policy and Financing). This would not only

increase the time site staff have to do health coverage work, it also would encourage using data for improvement and set the stage for a better understanding of health coverage work across the state.



Looking back at learning: The final element of developing a strong health coverage system is learning. The Funding Opportunity included a number of supportive learning processes from grantee communities, including an internet enabled sharing system (Basecamp) and various learning opportunities (virtual learning sessions, TA calls). Basecamp facilitated connections between grantees for real-time trouble shooting and sharing best practices. However, the content is lightly curated and somewhat searchable, thereby limiting its full potential. The learning sessions and TA calls provided intentional pause points in the work for reflection and learning and grantees noted they were most effective when they included grantee-to-grantee connections around practical, immediately relevant issues.



Looking Forward

The Community Approach to Outreach and Enrollment has shown progress on creating, enhancing and expanding local networks that extend the impact well beyond what one organization could do. It also provides a foundation for pivoting to other health coverage related work that should be explored by each site this year. This section offers key, large-scale considerations for the future as well as some immediate, opportunities that could be quickly acted upon.

- ***Developing targeted, streamlined and actionable data for Outreach and Enrollment***

improvement: Over the year, the ten grantees expressed a hunger for understanding the most effective outreach and enrollment strategies for the target populations they serve. This understanding requires both sufficient information to assess effectiveness and a process to share that information with the ten sites. In order to develop a stronger evidence base, five key areas must be strengthened: 1) sufficient planning to establish measurable SMART (Specific, Measurable, Agreed, Realistic, Time bound) outcomes; 2) support capacity of sites to import/export from existing databases; 3) collect consumer information via an exit survey; 4) use the data to inform action on the ground; and 5) use data to inform the system (the “Change Package”). A more detailed workplan will be developed with the Data Workgroup for consideration.

Immediate Opportunities

1. **Continue site-to-site sharing.** Grantees noted that peer based interactions are powerful opportunities for refining existing and accelerating new approaches to the work. Examples include cross-site reviews of one another’s workplans to sharing strategies and best practices.
2. **Develop a joint marketing plan.** Share marketing workplans between sites and with Connect for Health Colorado and develop a collaborative marketing plan to leverage one another’s work.
3. **Continue Curating Basecamp** so the information is synthesized and easily retrievable.

- ***Partnership continuance planning:*** While the end of the Funding Opportunity is a year away, sites are encouraged to reflect on opportunities to integrate their community approach elements into regular practice. Collaborative meetings, referral pathways and client roadmaps, and even opportunities for continued co-location may be tactics that can be continued regardless of funding and would benefit all partners involved.

- ***Pivoting to the future of health coverage:*** The community approach offers a powerful platform for the future. The partnerships being strengthened and expanded through this Funding Opportunity are building relationships, trust, connections, and pathways that could be used for a variety of applications. Given that funding in the state and nationally frequently favors collaborative approaches, the communities may be positioned to seek other funds and supports for their work. The Foundation’s funding analysis and mind mapping activities pursued by the

Foundation may offer opportunities for communities to consider what the next step will be in supporting the health of their communities.

- **Continued development of systems collaboration.** The ten communities have been an opportunity for system partners (foundations, public sector, and infrastructure support organizations) to practice how they can work together to address the issues that are too big for any one of them. The Foundation, Connect for Health Colorado, Enroll America, Colorado Covering Kids and Families, and Harder+Company have begun the work to align data collection activities and other supports. The Building Better Health conference has been and will continue to be a powerful opportunity for systems collaboration. This nascent work should be continued, nurtured, and connected to the Advisory Group.



Appendix A: Identified Partners by Grantee

| Lead Grantee | County Services | Education | Clinics & Hospitals | Comprehensive Family Support* | Criminal Justice | Emergency Family Support** | Brokers | Existing Collaborative*** |
|----------------|---|---|--|--|------------------|--|--|---------------------------|
| Boulder | <ul style="list-style-type: none"> Housing and Human Services- Healthy Kids and Adults Boulder County Jail | <ul style="list-style-type: none"> St. Vrain Valley School District Boulder Valley School District | <ul style="list-style-type: none"> Clinica Family Health Salud Family Health Boulder Valley Women’s Center Dental Aid | <ul style="list-style-type: none"> Imagine! Nederland’s Columbine Family Health Lyons Emergency Assistance Fund (LEAF) Allenspark Community Cupboard | | <ul style="list-style-type: none"> Community Food Share Emergency Family Assistance Center OUR Center Sister Carmen Community Center | | |
| FIRC | <ul style="list-style-type: none"> Summit County Dept of Social Services Summit County Dept of Public Health NWCCOG (Northwest Colorado Council of Governments) Youth and Family Services | <ul style="list-style-type: none"> Summit County School District Summit County Dept of Public Health Kaiser Permanente Clinic Frisco | <ul style="list-style-type: none"> St. Anthony Summit Medical Center St. Anthony Summit Charity Assistance Program Summit County Community Care Clinic School Based Health Clinics High Country Health Care | <ul style="list-style-type: none"> FIRC Father Dyer Methodist Church Food Bank Food Bank of the Rockies | | <ul style="list-style-type: none"> FIRC | <ul style="list-style-type: none"> Independent Broker Arrow Insurance | |

| Lead Grantee | County Services | Education | Clinics & Hospitals | Comprehensive Family Support* | Criminal Justice | Emergency Family Support** | Brokers | Existing Collaborative*** |
|--|---|--|---|--|--|--|---|--|
| La Plata Family Centers Coalition | <ul style="list-style-type: none"> Archuleta County Dept of Human Services La Plata Dept of Human Services | <ul style="list-style-type: none"> Archuleta School District Bayfield School District Durango School District Ignacio School District Citizens Health Action Coalition Southwest Colorado Area Health Education Center | <ul style="list-style-type: none"> Mercy Regional Medical Center Axis Health Systems San Juan Basin Health Dept | <ul style="list-style-type: none"> La Plata Family Centers Coalition Pinon Project | | <ul style="list-style-type: none"> Volunteers of America Southwest Safehouse | <ul style="list-style-type: none"> Independent Brokers | <ul style="list-style-type: none"> Medical Care Collaborative² |
| Pueblo StepUp | <ul style="list-style-type: none"> Pueblo Dept of Social Services | <ul style="list-style-type: none"> Pueblo Triple Aim | <ul style="list-style-type: none"> Parkview Medical Center Centura SET/Health Links St Mary Corwin Pueblo Community Health Center Health Solutions | <ul style="list-style-type: none"> Pueblo StepUp Southern Colorado Health Network –AIDS Project Pueblo Senior Resource Development Agency | | <ul style="list-style-type: none"> Health Communities – Pueblo County | | |
| The Pinon Project | <ul style="list-style-type: none"> Montezuma County Public Health Dept Montezuma County Dept of Social Services | <ul style="list-style-type: none"> Montezuma-Cortez School District Dolores County School District Southwest Open School | <ul style="list-style-type: none"> Southwest Health System Axis Health System/Cortez Integrated Healthcare | <ul style="list-style-type: none"> The Piñon Project The Bridge Emergency Shelter | <ul style="list-style-type: none"> Montezuma County Sheriff's Office and Jail Montezuma County Probation | <ul style="list-style-type: none"> The Piñon Project La Plata Family Centers Coalition | | <ul style="list-style-type: none"> The Interagency Oversight Group (was an existing collaborative, but not partnership) |
| ACECC | <ul style="list-style-type: none"> Arapahoe County Department of Human Services City of Aurora – Office of International & Immigrant Affairs Arapahoe Douglas Workforce Center | <ul style="list-style-type: none"> Aurora Public Schools Cherry Creek School District | <ul style="list-style-type: none"> Tri-County Health Department Colorado Access Rocky Mountain Youth Clinic Aurora Mental Health Center Colorado Refugee Wellness Center | | | <ul style="list-style-type: none"> Aurora Community Connection (ACC) Asian Pacific Development Center (APDC) Colorado African Organization (CAO) The Center for African American Health (CAAH) Servicios de La Raza | <ul style="list-style-type: none"> Rocky Mountain Health, Inc. ACA Insurance Ltd. John D. Reeves, III, LLC | <ul style="list-style-type: none"> Arapahoe Early Childhood Council (ACECC) Aurora Coverage Assistance Network (ACAN) (lead subcontractor) Aurora Health Access (AHA) |

² Medical Care Collaborative (MCC) includes: Archuleta County Department of Human Services , La Plata Department of Human Services, Archuleta School District , Bayfield School District , Durango School District , Ignacio School District , Citizens Health Action Coalition , Southwest Colorado Area Health Education Center, Mercy Regional Medical Center, Axis Health System/La Plata Integrated Health Clinic, San Juan Basin Health Department , La Plata Family Centers Coalition

| Lead Grantee | County Services | Education | Clinics & Hospitals | Comprehensive Family Support* | Criminal Justice | Emergency Family Support** | Brokers | Existing Collaborative*** |
|---|--|---|--|--|-------------------------|--|---|---|
| | | | <ul style="list-style-type: none"> Metro Community Provider Network NextCare Urgent Care | | | <ul style="list-style-type: none"> Aurora Welcome Center | | |
| Hilltop | <ul style="list-style-type: none"> Mesa County Health Dept | <ul style="list-style-type: none"> Mesa County Valley School District #51 | <ul style="list-style-type: none"> Marillac Clinic (2 locations) Mind Springs | <ul style="list-style-type: none"> Mesa County Workforce Center | | <ul style="list-style-type: none"> Catholic Outreach | <ul style="list-style-type: none"> Independent Brokers (WRAHU) | |
| NCHA | <ul style="list-style-type: none"> Weld County Dept of Human Services Weld County Dept of Public Health and Environment | <ul style="list-style-type: none"> Weld County School District | <ul style="list-style-type: none"> North Range Behavioral Health | | | | <ul style="list-style-type: none"> Brokers/ agents | <ul style="list-style-type: none"> North Colorado Health Alliance |
| Health District of N. Larimer County | <ul style="list-style-type: none"> Larimer County Dept of Human Services Larimer County Dept of Health and Environment Workforce Center | <ul style="list-style-type: none"> Poudre River Public Library District Loveland Library Colorado State University – Extension Svc. Front Range Community College College America CSU Health Center | <ul style="list-style-type: none"> Health District of Norther Larimer County | <ul style="list-style-type: none"> Murphy Center | | <ul style="list-style-type: none"> Food Bank for Larimer County | | |
| NCCHP | | | <ul style="list-style-type: none"> Grand County Rural Health Network Yampa Valley Medical Center Northwest Colorado Visiting Nurse Association (fiscal sponsor) | | | | | <ul style="list-style-type: none"> Northwest Colorado Community Health Partnership³ |

* Comprehensive Community Support includes emergency support services such as shelters and food banks

** Emergency Family Support includes comprehensive family and individual supports such as resource centers

*** Existing Collaboratives refer to groups of organizations that were working formally together prior to the Funding Opportunity

³ The Northwest Colorado Community Health Partnership is a partnership of the following organizations/departments: Middle Park Medical Center, Mind Springs Health, Northwest Colorado Dental Coalition, Pioneers Medical Center, Routt County Department of Human Services, Steamboat Medical Group, Steamboat Springs Family Medicine, The Memorial Hospital, Yampa Valley Medical Associates



Appendix B: 2016 Evaluation Questions

The evaluation in 2016 will be guided by the follow learning and evaluation questions.

Learning Questions: Addresses Opportunities to Improve the Process

- L1. What data and information can and should be tracked to evaluate the effectiveness of O & E strategies/activities?
- L2. What tools can help track O & E strategies/activities (e.g., action plan, media plan, outreach plan, etc.)?
- L3. What are the best ways to facilitate learning and sharing between sites?
- L4. What information, training, and TA do O & E organizations need/want to know (e.g., O & E best practices, messages that resonate with community members, policy/operations changes related to health insurance affordability programs, etc.)?
- L5. What is Colorado's strategic plan and vision for O & E work and outcomes and how can it be supported?

Evaluation Questions: Addresses Progress of the Work

- E1. What O & E strategies/activities are the most effective in identifying uninsured Coloradans and enrolling them in health coverage?
- E2. How well are we doing enrolling different populations and decreasing the eligible but not enrolled (mixed status families, age groups, income, region, etc.)?
- E3. Once enrolled, what supports do newly insured need?
- E4. How extensive was the progress communities made?
- E5. How strong is the sustainability of the models adopted by the communities?
- E6. How did communities approach the concept of a 'community-level approach' to coordinated outreach and enrollment activities?
- E7. How successful were communities in implementing their plans?
- E8. How do O & E organizations strategies/activities change based on region (e.g., urban, rural, frontier, plains, etc.), population (e.g., immigrants, school-based, faith-based, etc.) and the organization's focus/mission (e.g., providers, food assistance, etc.)?
- E9. To what extent does a community-focused approach create additional value in outreach and enrollment efforts? (e.g., compared to funding organization by organization)