

Bridges Not Band-Aids

Building a Collaborative Community Response (CCR)

Too many Coloradans are falling through the gaps
between our current systems of care.



May 3, 2022

To whom it may concern,

We are a coalition of community leaders, advocacy organizations, as well as health and human services providers, called the Collaborative Community Response Initiative (CCR). We have formed to reimagine how we can help Colorado's families and communities thrive. The COVID-19 pandemic has exposed the dysfunction and disparities that exist within our fragmented systems of care, especially for the underserved. Behavioral health and related crises demand a robust response. We have a unique opportunity to build on existing community-led programs by investing in our statewide human and technical infrastructure to bridge the gaps and improve the wellbeing of all Coloradans.

Colorado should no longer settle for incremental reforms with limited impact. We need to support whole-person health. But our public health, behavioral, primary care, social, and human services systems are organized, funded, and currently function in vertical silos that do not coordinate effectively or deliver the best outcomes. Within the healthcare sector alone, an estimated 25% of our expenditures are wasted due to fragmentation, including duplicated services, unnecessary testing, and more. Furthermore, our health and social services over-invest in acute care and under-invest in prevention. Instead, we propose investing in a sustainable collaborative community infrastructure designed to tear down the silos to provide the individualized whole family wraparound social and clinical support services people need to thrive. Ultimately, helping families thrive will cost less than we currently spend on sickness and social failure.

Our message is simple: fragmentation of health and social services is a crippling problem that impairs any of those services from reaching their full value. Siloed spending, no matter how great, and program-specific reforms may ameliorate but can never solve the tangled problems facing us today.

We suggest accelerating and linking initiatives that Colorado has or is about to launch (e.g., improving behavioral health, care management, state level IT support services, workforce development). At its core, the CCR model is about developing collaboration across sectors within a community to develop a "Commons". Community initiatives and community leadership should be supported by state level Activity Teams and an interoperable IT infrastructure that integrates

existing and future systems. The foundation for this integrated approach is the human infrastructure created at the individual community level by formally bringing together behavioral health, primary care, public health, social services, and community leaders, and empowering them to collaboratively address the holistic needs of individuals and families. We suggest supporting each “Commons” within a community with six statewide public/private Activity Teams (Finance, Metrics, Workforce, IT, Community, and Best Practices Model). The Activity Teams would consist of state agency members, content experts, and community members, providing detailed best practices suggestions and ongoing support services.

We advocate accelerating the deployment of a common IT infrastructure to support delivery of all social and clinical programs, sharing information with beneficiaries, and across agencies and organizations, decreasing duplication and increasing accountability. As described by the Office of eHealth Innovation Roadmap, it should be interoperable, open architecture, standards based, and connect existing and future systems. Designed around the needs of beneficiaries, not agencies, it should connect existing applications, and offer common utilities to enhance interoperability and efficiency, allowing local collaborations flexibility without having to develop their own systems. We emphasize the importance of participation and local hiring from the communities themselves in their Commons, so decisions are made by and with community members. These “Commons” are designed to address the historic inequities in health outcomes based on race and income. The attached information sheet describes our vision.

We call upon our state leaders to focus on collaboration, as well as specific programs:

1. Fund local “Commons” pilots in diverse communities, including the common human infrastructure and increasing investment in prevention
2. Fund statewide IT to support family-centered, cross-sector collaboration
3. Fund Activity Teams and services so communities can focus on their unique challenges
4. Incentivize collaboration between existing, locally-driven programs and newly proposed initiatives

We respectfully ask that the state prioritize funding for collaborative connections and holistic models of support and care to improve the lives of Coloradans.

Sincerely,

Chronic Care Collaborative
Colorado Area Health Education Center
Colorado Academy of Family Physicians
Colorado Association of Family Medicine Residencies
Colorado Consumer Health Initiative
Colorado Health Institute
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

Eugene S. Farley Jr. Health Policy Center

Family Resource Center Association

Healthier Colorado

HealthTeamWorks

Midvalley Family Practice

Montbello Family Health Center

New Era Colorado

Practice Innovation Program, University of Colorado Department of Family Medicine

SummitStone Health Partners

The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado

The National Institute for Medical Assistant Advancement

Trailhead Institute

Visible Network Labs

Young Invincibles